

## **NORTHEASTERN (formerly GATEWAY/BUFFALO TRACE) REGIONAL PANEL**

The panel evaluated the relationship between local child protection workers and school counselors. Many children are interviewed at school and every effort should be made to protect the child's confidentiality and integrity. The Cabinet has specific policy pertaining to interviews at school. The sections of policy which pertain to recommendations from this panel are SOP 7B.2 – Interviews at School, SOP 7B.8.6 – Investigations of School Personnel and SOP 7B.9 – Determination of Findings of Investigation or FINSA and are included. The Tip Sheet developed pertaining referrals on school personnel is also included for your information.

### **Recommendations from the Northeastern Citizen Review Panel**

- 1. The recommendation is made to the school system and the Cabinet that they work together to develop a protocol whereby children are called out of their classrooms in a respectful and private manner. This is especially important during initial investigations in order to calm the child's emotions and provide them with the support they need.***
- 2. The recommendation is made that the school system and the Cabinet develop a PRIVATE area in each school where children can be interviewed.***
- 3. The school and Cabinet are asked to encourage DCBS workers to obtain collateral information from teachers and other school personnel at the time they are doing investigations.***
- 4. It is recommended that the Cabinet work closely with our school systems to develop child abuse and neglect in-service trainings BEFORE the start of school. This should include the elements mentioned in the previous recommendations as well the proper protocol for child abuse investigations.***

These are all excellent recommendations and areas in which child protective services staff strive to create the best possible situation for children and youth. The county Department for Community Based Services (DCBS) offices would have the responsibility for meeting with school personnel to develop a protocol for interviews at school. The Panel's recommendation will be shared with the Service Region Administrators (SRA's) and they will be encouraged to discuss this with the county supervisors. Child Protective Services (CPS) staff realize that children and youth have a mixture of emotions when being interviewed and the goal is to alleviate their anxiety in order to obtain the most accurate and thorough information. School personnel have been very helpful in locating a private area in which the child or youth can be interviewed. Space is usually at a premium in school systems, so the interview area is often a counselor or principal's office. These often work well as it is an environment that is familiar to the child and helps to make them feel more comfortable. SOP 7B.2 #3 and SOP 7B.8.6-#6 pertains to privacy during interviews. SOP 7B.2-#3, SOP 7B.8.6-#1, #3, and SOP 7B.9-#1, #13, #14 pertains to collateral interviews. It is certainly the most efficient use of time for the CPS staff to conduct the collateral interviews while at school. School personnel see the child on a consistent basis and often have very critical information pertaining to the well-being of the child. While it is desirable to conduct the collateral school interviews while the CPS worker is on the school property, schedules sometimes make it necessary to arrange the interview for another date.

The recommendation to conduct in-service trainings before the start of school is very pertinent. It would provide an opportunity for school personnel to be informed about the Kentucky Revised Statute (KRS) pertaining to making reports of child maltreatment. It is always helpful to school personnel to provide them with information regarding the responsibilities of mandated reporters and the process the Cabinet follows upon receipt of reports. Most schools have specific protocol regarding making reports of child abuse and/or neglect. However, it is useful to enforce the concept that each person knowing or suspecting child abuse or neglect is mandated by KRS 620.030 to report or cause a report to be made. Several county offices are already on in-service agendas to provide this information. There are some county offices that have CPS staff assigned as a liaison to a specific school as a point of contact. The Cabinet has recently printed the "Reporting Child Abuse and Neglect" handbook which is available for distribution. This is certainly an area where the SRA can be made aware of the recommendation and asked to discuss with the supervisors.

## INTERVIEWS AT SCHOOL

### COA STANDARDS:

- NA

### LEGAL AUTHORITY:

- [KRS 600.020\(50\)](#)
- [KRS 620.040\(4\)](#)
- [922 KAR 1:330](#)

### PROCEDURE:

1. Upon receipt of a report of abuse or neglect of a child the assigned SSW may:
  - (a) Initiate an Investigation or FINSA at the child's school; and
  - (b) Review and copy relevant school records pertaining to the child.
2. When a SSW intends to interview a child at school, the SSW:
  - (a) Informs the appropriate school personnel of their need to interview the child regarding a report;
  - (b) Indicates which child(ren) and collaterals (as appropriate) need to be interviewed;
  - (c) Gives necessary information concerning the allegation and investigation only to school personnel with a legitimate interest in the case; and
  - (d) Shows their identification card.
3. A private interview of the child is desirable; however, there may be occasions when the child may request the presence of a teacher, counselor or other school personnel. School personnel are allowed to be present at the SSW's discretion if it is determined that it is in the best interest of the child. If such a determination is made, the SSW:
  - (a) Makes the school personnel aware that they are subject to subpoena to court for any disclosure statements that the child may make; and
  - (b) Instructs the school personnel to remain:
    - (1) Silent during the interview; and
    - (2) Out of the line of sight of the child.

## INVESTIGATIONS OF SCHOOL PERSONNEL

### COA STANDARDS:

- **S10—Child Protective Services**

### LEGAL AUTHORITY:

- [KRS 620.030](#)
- [KRS 620.040](#)
- [922 KAR 1:330](#)

### PROCEDURE:

- 1. The SSW conducts interviews (away from school grounds, when possible) of the:**
  - (a) Child;**
  - (b) Parent or legal custodian;**
  - (c) Alleged perpetrator; and**
  - (d) Other collateral sources (if any).**
- 2. The SSW notifies the alleged perpetrator subject to an investigation of the allegations during the initial face-to-face contact with the alleged perpetrator by:**
  - (a) Verbally informing the alleged perpetrator of the basic allegations, void of any specifics that may compromise the investigation;**
  - (b) Verbally informing the alleged perpetrator that they will be provided notification of the findings upon completion of the investigation;**
  - (c) Providing the alleged perpetrator a copy of the [DPP-155, Request for Appeal of Child Abuse or Neglect Investigative Finding](#) explaining the alleged perpetrators rights to appeal a substantiated finding; and**
  - (d) Documenting the verbal notification of the allegations in the service recording of TWIST.**

If the identity of the alleged perpetrator is unknown at the outset of an investigation the aforementioned procedures are conducted during the initial face-to-face contact with the appropriate supervisor (e.g., principal).

- 3. The SSW may interview other children and staff as collateral contacts. If the SSW interviews other children as collaterals, they first obtain the parents' permission. If the parent is not contacted prior to the interview, the SSW informs the parent(s) as soon as possible after the interview and explains that his/her child is not the alleged victim.**
- 4. When a SSW intends to interview a child at school, the SSW:**
  - a) Informs the appropriate school personnel of their need to interview the child regarding a report;**
  - b) Provides necessary information concerning the allegation and investigation only to school personnel with a legitimate interest in the case;**
  - c) Indicates which child(ren) and collaterals (where appropriate) need to be interviewed; and**
  - d) Provides their identification card.**
- 5. The SSW notifies the parent(s) that there has been a referral involving their child and of the SSWs intention to interview the child. The SSW and FSOS in**

conjunction with the parent(s) determine an appropriate place to interview the child.

6. A private interview of the child is desirable; however, there may be occasions when the child may request the presence of a teacher, counselor or other school personnel. School personnel are allowed to be present at the SSW's discretion if it is determined that it is in the best interest of the child. If such a determination is made, the SSW:
  - (a) Makes the school personnel aware that they are subject to subpoena to court for any disclosure statements that the child may make; and
  - (b) Instructs the school personnel to remain:
    - (1) Silent during the interview; and
    - (2) Out of the line of sight of the child.
7. The SSW may review and copy school records pertaining to the child without parental permission.
8. The SSW completes the non-familial COA.
9. **The SSW follows procedures outlined in [SOP 7B.8 Specialized Investigations Process Overview](#) when sending notification of a substantiated or unsubstantiated findings to the:**
  - (a) **Alleged perpetrator (sent to each perpetrator via Certified, Restricted Mail, along with the [DPP-155, Request for Appeal of Child Abuse or Neglect Investigative Finding](#) when the finding is substantiation); and**
  - (b) **Parent or guardian.**
10. **The SSW sends substantiated findings to the perpetrator through certified, restricted mail.**
11. **The SSW sends a copy of the DPP-115 to the:**
  - (a) **Child Safety branch via fax at (502) 564-3096; and**
  - (b) **SRA or designee.**
12. **The SSW also sends notification:**
  - (a) **If substantiated, using the [DPP-152B](#) and information regarding the request for appeal of a child abuse or neglect investigative finding process using the DPP-155 to the:**
    - (1) **Appropriate supervisor (e.g., principal);**
    - (2) **School superintendent; and**
    - (3) **Education Professional Standards Board (100 Airport Rd. 3<sup>rd</sup> Floor, Frankfort, KY 40601.**

**The SSW copies and pastes part two (2) of the "Conclusion Summary" section of the CQA into the "factual basis for the finding of substantiated abuse or neglect" section of the DPP-152B.**
  - (b) **If unsubstantiated, using the [DPP-152A](#) to the appropriate supervisor (e.g., principal).**
13. **If the alleged perpetrator is a school employee who is not assigned to the school building (such as a bus driver or maintenance personnel), or is the principal, the school superintendent or appropriate supervisor is notified. If the alleged perpetrator is the superintendent, the Board of Education for the county is notified.**
14. **If the alleged abuse or neglect occurred when school personnel did not have custodial care, law enforcement is notified and the SSW does not conduct an investigation.**

15. **When there is indication of systemic neglect within the school, the SSW informs the FSOS, who then informs the SRA or designee. The SRA or designee, upon review and affirmation of suspected systemic neglect informs the Commissioner in writing, outlining what efforts have been made to address the concerns with the school system. Approval by the Commissioner is required prior to pursuing systemic neglect against the school.**

(Link to [Tip Sheet for Referrals on Schools](#))

DETERMINATION OF FINDINGS OF INVESTIGATION OR FINSA

COA STANDARDS:

\_ NA

LEGAL AUTHORITY:

- [42 U.S.C. 5106a](#)
- [922 KAR 1:330](#)

PROCEDURE:

- 1. The SSW (with supervisory consultation) makes a determination of a finding on all reports, based upon assessment of credible information and supportive documentation gained in the investigation or FINSA and the CQA process. Credible information consists of:**
  - (a) Personal observations of home, child(ren), neighborhood and family interaction;**
  - (b) Interviews with caretakers, alleged victims, alleged perpetrators and collateral sources of information (e.g., witnesses, teachers, neighbors or other sources of information regarding family functioning);**
  - (c) Written statements from caretakers, alleged victims, alleged perpetrators and collateral sources;**
  - (d) Pictures of injuries and/or detrimental living conditions; and**
  - (e) Expert opinions or statements from medical or other professionals who are able to make statements diagnosing a specific condition; or**
  - (f) An adjudication of same by the court.**
- 2. Substantiated means:**
  - (a) An admission of abuse or neglect by the person responsible;**
  - (b) An adjudication of the same by the court; or**
  - (c) There is a preponderance of evidence exists that abuse or neglect was committed (or dependency occurred) by the person alleged to be responsible. Preponderance of evidence means in order to support a finding that a particular person has committed child abuse or neglect, the documented evidence is to be sufficient to allow a reasonable person to conclude that it is more likely than not that the child in question was abused or neglected, and that it is more likely than not that the alleged perpetrator committed the act of commission or omission as governed by KRS 600.020(1).**
- 3. In determining whether or not to substantiate physical abuse, the worker considers that:**
  - (a) The alleged perpetrator must have inflicted injury upon a child by non-accidental means;**
  - (b) “Non-accidental” (see Definitions) does not mean it has to be non-intentional, and that the lack of reasonable judgment in the use of that force that caused a child’s injury should be considered;**
  - (c) Risk of physical abuse may be substantiated if a resource parent(s) utilized corporal punishment as their primary discipline technique; and**

- (d) **Kentucky allows corporal punishment even with instruments as long as injury does not occur. (However, risk of physical abuse may be substantiated if a parent or caretaker utilizes unusually violent corporal punishment as their primary discipline technique)**
4. **In determining whether or not to substantiate neglect, the worker considers that:**
    - (a) **A number of factors such as environment, medical care, diet and supervision contribute to the well being of the child;**
    - (b) **Neglect factors are relative to the health and safety needs of the individual child.**
    - (c) **Neglect may be substantiated if the parent does nothing to protect the child in cases where the parent knows that the child is exposed to risk of sexual harm or risk of physical harm.**
  5. **In determining whether or not to substantiate emotional injury, the SSW makes a determination, in consultation with their FSOS, as to whether or not emotionally abusive behaviors have occurred as outlined in SOP [7B.6 Child Emotional Injury Investigations/FINSA](#). If the SSW, upon consultation with the FSOS, does not find any evidence to support that emotionally abusive behaviors are occurring to the child, the Investigation/FINSA may be unsubstantiated/found not in need of services, without an assessment from a Qualified Mental Health Professional (QMHP). The Community Mental Health Center (CMHC) determines if an emotional injury has occurred. The CMHC gatekeeper assigns the Emotional Injury Assessment to a Qualified Mental Health Professional (QMHP) with experience in emotional abuse assessments for a determination as to whether or not the individual has suffered an emotional injury as a result of the abusive behaviors. This must occur for the SSW to substantiate emotional injury. If the QMHP finds the child to be at risk of an emotional injury, rather than an injury, risk of harm (neglect) may be based on KRS 600.020(1)(a)(b). If Court action is necessary, a neglect petition is filed.**
  6. **In determining whether or not to substantiate sexual abuse, the worker considers that:**
    - (a) **Sexual abuse involves the parent or caretaker using a child or allowing a child to be used for the purpose of sexual gratification or exploitation;**
    - (b) **A substantiation of sexual abuse may be based on the statements of victims, witnesses, siblings, alleged perpetrators and other caretakers, along with any behavioral indicators shown by the child and any physical or medical evidence; and**
    - (c) **Particular attention should be paid to the child's ability to describe the details of the molestation in a consistent manner.**
  7. **Found and Substantiated means that SSW finds physical abuse, sexual abuse, neglect or dependency substantiated that was not originally reported by the referral source. The SSW may find and substantiate abuse, neglect or dependency at any point:**
    - (a) **During an investigation;**
    - (b) **FINSA; or**
    - (c) **Prior to case closure and aftercare planning as outlined in [SOP 7G](#).**
  8. **Pursuant to 42 U.S.C. 5106a(b)(2)(xxi), if the SSW determines an investigation of abuse or neglect is substantiated on a child under three (3) years of age a referral for early intervention services is made:**
    - (a) **To the regional service provider, First Steps Contact (link to [contact information](#)) for early intervention services using established regional protocol/procedures (link to [child development information](#)); and**

- (b) Documents the referral in the CQA.
9. **If the SSW determines an investigation is substantiated and the alleged perpetrator of abuse, neglect or dependency is a child (age twelve (12) up until his/her eighteenth (18th) birthday) who was in a caretaking role, that child/adolescent is identified as the alleged perpetrator. The name of the alleged perpetrator is not being released except by court order pursuant to KRS 620.050.**
  10. **If the SSW determines an investigation to be substantiated, but the case will be closed, an Aftercare Plan is completed and the case is closed. (Used for both Substantiated and, Found and Substantiated)**
  11. **If the SSW determines an investigation to be substantiated, and the case will be opened, a Prevention Plan is completed.**
  12. **Unsubstantiated means that sufficient evidence, indicators, or justification does not exist for the substantiation of abuse, neglect, or dependency.**
  13. **If the SSW determines an unsubstantiated finding and there are no further issues, the referral is closed without an Aftercare or Prevention Plan.**
  14. **If the SSW determines an unsubstantiated finding and there are concerns, an Aftercare Plan is completed and the referral is closed.**
  15. **The finding Unable to locate may be used after the SSW makes reasonable efforts to locate the child and family, and documents those efforts in TWIST. The SSW may contact the landlord, post office, neighbors, extended family members, school, family resource center, family support, and any other viable resources to attempt to locate the family.**
  16. **The SSW does not make a determination of Unable to Locate until reasonable effort have been made, presented to the supervisor, and approved.**
  17. **The SSW does not make a determination of Unable to Locate if the victim and caretaker have been located and interviewed. Attempts to locate parent's alleged perpetrators, or other individuals should be documented and an assessment should be made on the information available to the SSW.**
  18. **The following terms refer to the results of a Family in Need of Services Assessment:**
    - (a) Family needs services – the SSW finds a need for services to assist the family that indicate low risk protection issues; or
    - (b) Family doesn't need services – the SSW determines that the family does not meet criteria for low risk protection issues based on the completed CQA.
  19. **The SSW consults with the FSOS when a family is found in need of services, but refuses ongoing preventative services. The FSOS must assess the situation using all available information. If the overall assessment rating shows moderate (7-13.9), significant (14-19.9) to high (20-28) risk the FSOS may move the case to Track 4 (Investigation) due to the family refusing to cooperate. If the issue or concern identified by the Cabinet falls below the level that would trigger a protection case being opened and the FINSA overall Assessment rating is in the low risk (0-6.9) category, the Assessment may be closed and an Aftercare plan is developed with the family that links them to community resources to prevent the reoccurrence of the reported incident.**
  20. **In specialized investigations, the investigative worker may substantiate against an individual who has been identified as a perpetrator of child abuse or neglect, the license holder for the setting where the incident is believed to have occurred, or both the individual and the license holder. When there is a systemic pattern of abuse or neglect,**

**the investigative worker may substantiate against the license holder of a facility or private child placing agency foster home. The investigative worker, SRA or designee, identified DPP staff, and Office of Legal Services are involved in decisions that are made with regard to substantiation of a systemic problem. Several factors or conditions may show that there is a systemic pattern of abuse or neglect, including:**

- (a) Management that fails to rectify the lack of supervision that creates a risk of harm to children in care;**
  - (b) A pattern of misuse of any type of child restraint, such as a therapeutic holding technique; and**
  - (c) Children have suffered serious injuries.**
- 21. If after an investigation the Cabinet finds that a child is dependent, abused or neglected, but the court does not concur based on the evidence presented, the FSOS changes the finding of the investigation to agree with the court's finding.**
- 22. The FSOS changes the finding of the investigation when the final order from a CAPTA Fair Hearing process as outlined in [SOP 1.5.1 CAPTA Appeals](#) overturns the Cabinet's substantiated finding that a child has been dependent, neglected or abused.**
- 23. The FSOS only changes the finding of the investigation and documents in the case record:**
- (a) The reason why the finding is being changed;**
  - (b) Files a hard copy of the court order or the final CAPTA order in the case record; and**
  - (c) Leaves the CQA as well as any other part of the case record as is, except the finding.**
- 24. After an adjudicatory finding, if the SSW believes that there is enough evidence to support the original investigative finding and the FSOS agrees:**
- (a) The SSW within forty-eight (48) hours contacts the OLS Regional Attorney for consultation;**
  - (b) After consultation with OLS the SSW and FSOS decide whether to proceed with contesting the court's adjudicatory finding on appeal; and**
  - (c) If the decision is to proceed the OLS Regional Attorney has:**
    - (1) Ten (10) days to file a motion to alter, amend or vacate the order; or**
    - (2) Thirty (30) days to file an appeal.**

## Referrals on Schools Tip Sheet

- When the allegation involves school personnel, an entrance interview is needed with the principal or designee to let them know you are conducting an investigation and sharing only basic information regarding the referral.
- Check to see if the school has done any type of review or conducted interviews regarding this matter. Some larger schools have School Safety Officers or Internal Investigators who look into allegations before reporting them to DCBS or may be doing an investigation at the same time. Look at any information they might have including interviews, pictures, etc.
- Consider carrying statutes relevant to interviewing children and obtaining records from schools in case they are needed.
- Interview the child (ren) away from school grounds *if at all possible* so the child will not feel as anxious. This would include collateral sources such as children who may have witnessed a particular incident.
- Interview any staff person who may have witnessed the alleged incident (teachers, aides, cafeteria staff, volunteers etc). Ask them if they are willing to put their information in written form.
- Consider a random sample from a classroom(s) if the allegation involves a teacher's behavior or discipline practices). A random sample could also be used on other type of allegations as well.
- Speak to the principal about their employee's (alleged perp) work history. Ask about similar issues/complaints regarding this worker or any disciplinary actions taken on this employee.
- The School Nurse is often a good collateral depending on the type of allegation made. Other good collateral staff to interview might include Family Resource Center Staff and the School Counselor.
- Negotiate a Prevention Plan with the principal and the alleged perpetrator to ensure safety of all children is protected until the investigation is completed. Should the local school system not be receptive to safety concerns, the Superintendent may need to be engaged in this process. Involve your regional attorney and Regional Staff if a resolution cannot be reached.
- If the allegations involve a bus driver, interview the person in charge of the bus garage and/or the immediate supervisor of the alleged perpetrator. Ask them about their policy and procedure on handling situations on the bus. Make a copy of any applicable policies.
- If the allegations involve the use of holds/physical holds due to out of control behavior, information on the type of model the school is using and the training given to staff prior to using this method. Are staff up to date and who provides quality assurance in regards to holds used? Also, what is the school's policy on using this method (who and when etc.), was the child injured, has this child had an ongoing behavior problem and, if so, what attempts has the school made to address

these behaviors. If the alleged victim is a special education student, what does their Individualized Education Plan (IEP) state in regards to how problem behavior will be handled? Review any documentation surrounding the holding incident (incident reports, medical reports, written accounts of the incident, training records etc).

- When interviewing the alleged perpetrator, ask how long they have been working for the school system, have they worked in other settings where children are present, have they ever had disciplinary actions taken against them. Ask them step by step what happened in regards to the allegation. Compare the information that is given to you with that provided by the child(ren) or other staff. Get them to sign a release if you think there is information you might need to obtain from the school or another source (just in case you encounter difficulty later in getting documentation).
- Building a rapport with the school system is great way to make investigations go smoother. It is easier to get documentation you may need when people know you and have had a positive experience with you previously.
- When entering the referral in TWIST, the case name should be under the alleged perpetrator (if more than one perp, choose one for the case name). The name of the facility is entered in the resource name field next to each perpetrator's name. This helps in tracking people should they move on to other facilities, or helps us see how many referrals we may have a certain facility.
- Consider an aftercare plan when there are issues that may need to be addressed with the school such, as training needs or documentation needs etc.
- SOP 7B.8.6 is on the DPP Website and focuses on the procedures for doing Investigations of School Personnel.

## **THE LAKES (formerly PURCHASE) REGIONAL PANEL**

The Lakes Panel focused on recruitment and conducted a survey with law enforcement officers to determine perceptions of their working relationship with the Department for Community Based Services (DCBS). Advocacy work was done with state legislators pertaining to the needs of families and children. A community resource book, bookmark and breakfast were provided at every DCBS office during Social Work Appreciation month.

There have been so many positive comments made by staff regarding the efforts of panel members during Social Work Appreciation month. Staff greatly appreciated the time panel members spent developing, printing and distributing the resource book. This is an extremely useful tool that aids Child Protective Services (CPS) staff in resource referral. Breakfast was a wonderful treat and such a thoughtful way to be recognized!

### **Recommendations from The Lakes Citizen Review Panel**

***The panel recommended establishing an account for utilization by DCBS when a client needs a mandated service such as parenting assessment, psychological testing, substance abuse treatment or other service not covered by the medical card.***

Linda Proctor with the Division of Medicaid Services was consulted on this recommendation. She stated substance abuse treatment for pregnant and postpartum women is covered under the medical card. Substance abuse treatment is covered for adolescents who have a medical card through EPSDT. However, there are not that many providers who have an EPSDT number. Some of the Community Mental Health Centers have EPSDT numbers. Any service that goes through EPSDT must be medically necessary. The only way that psychological testing is covered is in a certified mental health clinic (CMHC). The psychologist must bill for psychological testing under the CMHC number. Parenting assessments are not covered. Currently, there are discretionary funds available to the regional. The Service Region Administrator (SRA) has access to these funds which could be utilized for issues previously mentioned. There have also been occasions that Central Office has been contacted for assistance in obtaining resources for psychological assessment and testing and payment arrangements have been made.

***There was a concern by panel members that DCBS workers had indicated their pagers often do not transmit or signal or there is a delay in signaling.*** This concern was shared with Peggy Meredith in the Purchase Regional Office. She made the following statement:

“We continually strive to maintain cell phones and pagers that work. Part of the problem is the rural area we serve. Some areas cannot get service regardless of the provider. We ask staff to keep us alerted of problems, and then work to get appropriate coverage. We do have to go through a contact person in Frankfort when we have provider problems, but I can’t say that Senior Management is directly involved. We occasionally have complaints from community partners, but when I check they are sometimes not trying the pagers, but rather worker’s home phones. Workers occasionally complain that the regional beeper did not go off. I have

instructed staff to make sure that community partners (law enforcement, hospitals, etc.) have pager and home phone numbers, just in case. Regional Office lets staff know who is on call for Regional Office and provides home and cell phone numbers. We do have problems in certain rural areas where no pager or cell phone will work at times.”

Commissioner Emberton assured panel members at the annual meeting in May that he is committed to keeping panel members informed and sharing information. The DCBS liaisons are the point person for the regional panels. The liaison for each panel was emailed on August 1, 2006 regarding their correspondence with panel members. They were encouraged to keep members informed of new initiatives, progress on current initiatives and the reorganization. They were asked to be familiar with the recommendations of the regional panel and to keep members informed of any work being done pertaining to the recommendation. The recommendations of the panels are always shared with the appropriate office or branch and the Service Region Administrators.

The panel recommended revision of the forms that are to be completed by the natural parent in a stepparent adoption. Mike Grimes, Branch Manager for Adoptions, provided the following response. “The adoption form is incorporated by reference into the regulation (922 KAR 1:010) and can not be changed unless the regulation is opened. This would require a request to the Legislative Review Commission.” He recommended that the stepparent put NA on any questions that don’t apply to their situation.

## **JEFFERSON REGIONAL CITIZEN REVIEW PANEL**

*The Jefferson Panel focused recommendations involving the Code of Ethics and addressing issues of sexuality with youth. It was recommended that in the Private Child Care placement documentation, there should be language that explicitly includes sexual orientation.* Kathy Adams, Assistant Director for the Division of Protection and Permanency, reviewed the recommendation. She stated that the language in the Private Child Care agreement was finalized in June 2006. The language is standard boiler plate contract language approved by the Finance Cabinet which has contract oversight responsibility. The recommendation will be shared with the appropriate person in the Finance Cabinet for consideration in next year's contract development.

The Cabinet has a Code of Ethics for all employees. This document does not strictly pertain to Private Child Care agreements; however, it is included for the panels review and consideration. Section 1.05 Nondiscrimination specifically includes language directing social service professionals not to discriminate based on sexual orientation.

### **1.05 Nondiscrimination**

Social service professionals should not engage in and should act to prevent discriminatory behavior based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

Where personal or cultural differences could significantly affect Social service professionals' intervention with a particular individual or groups, Social service professionals should seek and obtain the supervision and training necessary to ensure that the intervention is unbiased, competent, and culturally appropriate.

## ***Employee Standards and Code of Ethics***

### [Statement of Employee Practices](#) [Code of Ethics](#)

Protection and Permanency Staff are to conduct themselves in a professional manner at all times. To assist staff in determining appropriate behavior, the Department has adopted two sets of guidelines for staff to follow in the performance of their duties. The first set of guidelines was developed by the panel on Governmental Ethics and Conflicts of Interest. These recommended guidelines have been adopted by the Commonwealth to be followed by all Kentucky State Government employees in the performance of their duties.

#### KENTUCKY STATE GOVERNMENT: STATEMENT OF EMPLOYEE PRACTICES

As public employees, we execute our responsibilities on behalf of the citizens of the Commonwealth. We must not use our positions for personal gain or influence. We shall continually strive to improve the quality and efficiency of services rendered by Kentucky State Government. To this end, the following statement is adopted by Kentucky State Government to be followed by all its employees in the execution of their official duties as employees of the Commonwealth.

Employees shall be honest, objective and diligent in the performance of their duties and responsibilities.

Employees shall not knowingly participate in any illegal or improper activity. In the performance of their duties, they shall be continually aware of the public trust they hold and their obligation to maintain a high standard of competence and dignity.

Employees shall not enter into any activity which may be in conflict with the interest of the citizens of Kentucky. Employees shall refrain from entering into any activity which may prejudice (or give the appearance of such) their ability to objectively perform their duties and responsibilities.

Employees or members of their immediate families shall not solicit or accept directly or indirectly, any gift, gratuity, favor or other economic consideration from any person, group, private business, or public agency which may affect the impartial performance of the employee's duties.

Employees shall be prudent in the disclosure or use of information acquired in the course of their duties. They shall not disclose information that may infringe upon another's right to privacy. They shall not use confidential information for any personal gain nor in a manner which may be detrimental to the welfare of the citizens of the Commonwealth.

Employees shall not use state resources, including time, facilities, equipment, supplies or uniforms, for private benefit or advantage. Employees shall secure prior approval of their cabinets' management before using state time, facilities, equipment, supplies or uniforms for community projects.

Employees shall strive for improvement in the proficiency and effectiveness of the service and products they deliver.

#### CODE OF ETHICS DEVELOPED BY THE NATIONAL ASSOCIATION OF SOCIAL WORK

The following was used with permission from the Illinois Department for Children and Family Services (DCFS) Child Welfare Code of Ethics. This Code of Ethics incorporates KRS 11A.020 and the National Association of Social Worker's (NASW) Code of Ethics (R.1999) as it relates to the work provided by employees of the Division for Protection and Permanency (DPP).

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**1. GENERAL RESPONSIBILITIES**

1.01 **Integrity**

Social service professionals should carry out their professional responsibilities with integrity, treating those with whom they have professional relationships in a dignified, respectful, honest, and fair manner.

1.02 **Propriety**

Social service professionals should maintain high standards of personal moral conduct when engaged in professional activity. Personal standards and conduct are private matters except when such conduct may compromise professional responsibilities or reduce public confidence in the Social service field.

1.03 **Competence**

Social service professionals should provide services only within the boundaries of their competence based on their education, training, supervised experience, and professional experience.

Social service professionals should accurately represent their qualifications, educational backgrounds, and professional credentials.

Social service professionals should be aware of current professional information and take advantage of continuing professional education in order to maintain a high level of competence.

1.04 **Avoiding Harm**

Social service professionals should act in the best interest of those toward whom they have professional responsibilities. It is understood, however, that choices must often be made from among competing values and responsibilities resulting in some values being given priority over others.

Social service professionals should promote the welfare of those toward whom they have professional responsibilities.

Social service professionals should avoid harming those toward whom they have professional responsibilities.

Social service professionals should minimize harm when it is unavoidable.

### 1.05 **Nondiscrimination**

Social service professionals should not engage in and should act to prevent discriminatory behavior based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

Where personal or cultural differences could significantly affect Social service professionals' intervention with a particular individual or groups, Social service professionals should seek and obtain the supervision and training necessary to ensure that the intervention is unbiased, competent, and culturally appropriate.

### 1.06 **Sexual Harassment**

Social service professionals should not engage in and should act to prevent sexual harassment.

### 1.07 **Conflict of Interest**

#### 1.07(a) **Multiple or Dual Relationships**

Social service professionals should take into consideration the potential harm that intimate, social or other nonprofessional contacts and relationships with clients, family members, foster parents, colleagues and supervisors could have on their professional objective judgment and performance.

Social service professionals should avoid any conduct that would lead a reasonable person to conclude that the Social service professional might be biased or motivated by personal or private interest in the performance of duties.

Whenever feasible, Social service professionals should avoid professional relationships when a preexisting nonprofessional relationship is present.

Social service professionals should discuss past, existing and potential multiple relationships with their appropriate superiors and resolve them in a manner which avoids harming and/or exploiting affected persons.

Social service professionals who are also foster parents should disclose and have ongoing discussions regarding these dual roles with their appropriate superior in order to prevent conflicts of interest, abuse of power, or the suggestion of impropriety in carrying out professional activities.

#### 1.07(b) **Private Interests**

Social service professionals should not allow their private interests or official position, whether personal, financial, or of any other sort, to conflict or appear to conflict with their professional duties and responsibilities. Any conduct that would lead a reasonable person to conclude that the Social service professional might be biased or motivated by personal gain or private interest in the performance of duties should be avoided.

Social service professionals should avoid professional matters where they have a private financial or personal interest. If a situation arises where such a conflict may exist, Social service professionals should consult with an appropriate superior and take steps to eliminate any potential or real conflict.

If a public servant appears before a state agency, they avoid all conduct which might in any way lead members of the general public to conclude that he is using his official position to further his professional or private

interest.

### 1.08 **Personal Problems**

Social service professionals should not perform professional activities when they know or should know that personal problems, mental health problems, or substance abuse could impede professional judgment and performance.

When such problems could interfere with performance, Social service professionals should consider obtaining appropriate professional help and determine, along with their appropriate superior, whether they should limit, suspend or terminate their professional duties.

### 1.09 **Documentation of Professional Work**

Social service professionals should accurately and truthfully document their professional work according to agency policy and/or legal requirements in order to ensure accountability and continuity in the provision of services to clients.

## **2. RESPONSIBILITIES TO CLIENTS**

The client is a child, adult or family who is receiving a professional intervention and/or social services from CFC or through an agency with which CFC has purchase of service contracts. The first responsibility of the social service professional is to the client; however, the specific nature of that responsibility differs depending on whether the client is a child, an adult, or a family member.

### **A. Responsibilities to the child**

The child becomes a client when the child's right to have basic needs met may have been compromised or denied. The Social service professional acts to ensure that the basic needs of the child are met by the child's parents. If this is not possible, the Social service professional acts in a timely manner to ensure that the basic needs of the child are met by others.

### **B. Responsibilities to the parents**

The parent becomes a client when the parent's ability to responsibly care for the child has been questioned. Both the parent and the child have the right to live together as a family, and the parent has the right to care for the child if the parent is able and willing to meet the basic needs of the child. The Social service professional makes reasonable efforts to help the parent meet the applicable standard of care, and recognizes the changing nature of the responsibilities of the professional to the parent based on the parent's response to intervention.

### **C. Responsibilities to the adult**

The adult becomes a client when services are voluntarily accepted by the individual or involuntarily provided when the individual is unable to provide for his own protection. The Social service professional acts to ensure the safety and stability of the adult in a timely manner while ensuring the self-determination of the adult to the greatest extent possible.

### **D. Responsibilities to other family members**

Other family members become participants in service planning when providing services to them will help meet the basic needs of the clients. The Social service professional acts to provide those services.

### 2.01 **Integrity**

Social service professionals recognize the vulnerability of their clients and the serious responsibilities associated with intervention. The behavior of Social service professionals should reflect the emphasis placed by the social service field on professional trustworthiness and on the values of respect for persons, client self-determination, individualized intervention, competence, loyalty, diligence, honesty, promise-keeping, and confidentiality.

### 2.02 **Client Self-Determination**

The mandated nature of the many social service professional/client relationship limits the options available to clients, but does not eliminate their right to self-determination. Client self-determination refers to the client's right to make self-determined choices and to freely act upon those choices without undue influence or coercion. It also refers to the client's right to receive information necessary to make a self-determined choice.

Social service professionals should evaluate the decision-making capacity of all clients and reevaluate it appropriately as circumstances change.

Social service professionals should ensure that all clients, whatever their age, have the opportunity to make self-determined choices according to their level of understanding and decision-making capacity.

Social service professionals should ensure that their clients have available to them all of the information necessary to make self-determined decisions.

Social service professionals should ensure that their clients have the opportunity to make self-determined choices from among the options available to them free from external coercion.

Social service professionals should ensure that psychological constraints to self-determined decision-making are addressed and, if possible, eliminated or reduced so that self-determination is enhanced.

### 2.03 **Informed Consent**

Informed consent emanates from the principle of client self-determination. It promotes decision-making by the client after complete and accurate information regarding the nature of the intervention and the possible consequences of that intervention have been fully discussed by the professional and the client. Social service professionals have the responsibility to engage in this process with mandated clients who have not chosen to become clients but who have options to consider and decisions to make within the framework of a mandated intervention.

Social service professionals should inform clients as soon as feasible and in language that is understandable about the nature of the professional relationship, the nature of the professional intervention, the professional's delegated authority and the limits of that authority, which decisions the client can make and which decisions the Social service professional will make.

Social service professionals should inform clients of the role of the court, if any, and of their legal and procedural rights.

Social service professionals should keep clients informed about the case plan throughout the entire intervention.

Social service professionals should obtain permission for intervention from a legally authorized person when a client is legally incapable of giving informed consent.

Social service professionals should seek assent for intervention from clients who are not capable of giving an

informed consent, giving due consideration to the clients' preferences in pursuing their best interests.

#### 2.04 **Confidentiality**

Social service professionals should respect the confidentiality rights of clients and those with whom they work or consult. Confidential information should be used only for professional purposes and shared only with authorized parties.

Social service professionals have a duty to be familiar with all relevant confidentiality requirements and limitations found in federal and state laws and agency rules that apply to the Social service field.

Social service professionals should inform clients of all relevant confidentiality requirements and limitations.

#### 2.05 **Sexual Relations with Clients**

Social service professionals are in inherently unequal relationships with clients creating the potential for abuse of power. In mandated relationships there is a special potential for harm and exploitation of vulnerable clients by Social service professionals.

Social service professionals should not engage in sexual activities with current clients.

Social service professionals should not accept as clients' persons with whom they have previously engaged in sexual activities.

Social service professionals should not engage in sexual activities with former clients who were adults during the professional intervention for a period of at least two years after the termination of the professional intervention. Because sexual intimacies with former clients are potentially harmful to the client, Social service professionals who do engage in sexual intimacies after a two-year period following termination of professional intervention are responsible for demonstrating that no exploitation is taking place.

Social service professionals should not engage in sexual activities with former clients who were minors during the professional intervention for a period of at least two years after the client has reached the age of 21. Because sexual intimacies with former clients are potentially harmful to the client, Social service professionals who do engage in sexual intimacies after this two-year period following the client's reaching the age of 21 are responsible for demonstrating that no exploitation is taking place.

Social service professionals who are still employed in the field should consult with their superior before initiating with a former client a relationship that has the potential for becoming intimate to help ensure that no exploitation will take place. Social service workers who leave the field continue to have the responsibility of considering the potential for exploitation and harm in relationships with former clients.

Social service professionals should not engage in sexual activity with clients' relatives or with other individuals with whom clients maintain a close personal relationship (such as foster parents) since such behavior has the potential of being harmful to the client.

#### 2.06 **Termination of Services**

Social service professionals should not abandon their clients. Social service professionals should continue appropriate intervention with clients until intervention is no longer required to meet the needs of the child or is no longer appropriate under the applicable statute. At that time, intervention is terminated.

Social service professionals should promptly notify clients when termination or interruption of services is

anticipated.

Prior to termination, for whatever reason, except precise order of the court, Social service professionals should provide appropriate pre-termination counseling and take other steps to facilitate transfer of responsibility to another colleague or provider of services if further intervention is required.

Social service professionals should request the transfer of a case to another professional when compelling reasons prevent successful professional intervention.

### **3. RESPONSIBILITIES TO COLLEAGUES**

Social service professionals should act with integrity in their relationships with their colleagues, treating them with respect, honesty, and fairness and accepting their right to hold values and beliefs that differ from their own.

Social service professionals should cooperate with colleagues in order to serve the best interests of their clients effectively and efficiently.

Social service professionals should accurately represent the views and qualifications of colleagues, making opinions on such matters known through the appropriate professional channels.

Social service professionals should extend to colleagues of other agencies the same respect, honesty, fairness, and cooperation that is extended to colleagues in their own agencies.

Social service professionals should extend to members of other professions the same respect, honesty, fairness, and cooperation that is extended to Social service professionals.

### **4. RESPONSIBILITIES TO THE COURT**

Social service professionals frequently are called upon to appear in court and participate in court proceedings. They have special responsibilities in that setting.

Social service professionals should treat all parties to the case with respect, honesty, fairness, and cooperation.

Social service professionals should thoroughly familiarize themselves with the background of the case involved.

Social service professionals should testify honestly in court. They should apprise the court of all relevant facts in the case, both positive and negative, of which they are aware.

Social service professionals should advise the court if they come to know of the falsehood of prior testimony given in a Social service proceeding.

Social service professionals should take appropriate action against any unethical conduct they observe in court.

### **5. RESPONSIBILITIES TO FOSTER PARENTS**

Foster parents act as a bridge between the client and Social service agencies. Therefore, Social service professionals should treat foster parents with respect, fairness, honesty, and cooperation.

Social service professionals should be familiar with and adhere to the Foster Parent Law

which sets forth the rights and responsibilities of foster parents.

Social service professionals should not engage in sexual activities with foster parents with whom they are presently working.

Social service professionals should consult with their appropriate superiors when initiating a potentially intimate relationship with a foster parent or if they have had an intimate relationship with a person who will now be working with them as a foster parent. These types of situations should be resolved in a manner which avoids harming and/or exploiting all affected persons. Failure to report and resolve such possible conflict of interests may lead to disciplinary action.

Social service supervisors, as members of management, recognize that their primary responsibility is to implement the policies and practices of their agencies so that the best possible services are delivered to clients. Social service supervisors also recognize their responsibilities to their supervisors, treating them with respect, fairness, and honesty; offering the professional support necessary to sustain the supervisors' continued motivated work; and providing a work environment which encourages ethical behavior.

#### 6.01 **Personal Integrity**

Social service supervisors should not use their position of authority to exploit their supervisees in any way.

Social service supervisors should not engage in sexual activities with current supervisees.

Social service supervisors should accept responsibility for their own decisions and the consequences of those decisions. They also have a high level of responsibility for decisions made by their supervisees and should accept appropriate responsibility for those decisions.

#### 6.02 **Management Responsibilities**

Social service supervisors should apprise supervisees of current professional information and encourage supervisees to take advantage of continuing professional education in order to maintain a high level of competence.

Social service supervisors should communicate, explain, and apply legislation, agency policies, and administrative decisions necessary for them and for their supervisees to perform their work competently.

Social service supervisors should act as advocates for their supervisees by apprising upper management of problems, which impede or prevent them from efficiently and effectively performing their duties. They should also suggest appropriate changes in policy and procedure.

Social service supervisors should provide necessary training and guidance when supervisors' personal or cultural differences could result in biased or discriminatory professional intervention with a particular individual or groups.

Social service supervisors should consult with supervisees and help with remedial action if they have knowledge of the supervisees' impairment due to personal problems, mental health problems, or substance abuse.

Social service supervisors should evaluate supervisors fairly and objectively on clearly stated criteria, sharing opinions about the supervisees' performance in an ongoing manner.

Social service supervisors should take appropriate steps to terminate employment of supervisees who are not competent and are not likely to become competent.

## **7. RESPONSIBILITIES IN ADMINISTRATION**

Social service administrators recognize that, although each Social service professional is responsible for his/her ethical behavior, the agency is responsible for the environment in which ethical judgments are made. Social service administrators, therefore, should nurture and model organizational norms that encourage and reward the ethical behavior for which society holds the Social service field accountable.

### **7.01 Personal Integrity**

Social service administrators should treat each client, colleague, and employee with respect.

Social service administrators should maintain truthfulness and honesty and not compromise them for advancement, recognition, or personal gain.

Social service administrators should take responsibility for their own decisions and behavior.

Social service administrators should conduct official acts without partisanship.

### **7.02 Public Welfare**

Social service administrators should exercise their discretionary authority to promote the values of the Social service field.

Social service administrators should respond to the public in ways that are complete, truthful, clear, and easy to understand.

Social service administrators should understand and apply legislation and regulations relevant to their professional role.

Social service administrators should work to improve and change laws and policies which are counter-productive or obsolete.

Social service administrators should prevent all forms of mismanagement of public funds by establishing and maintaining strong fiscal and management controls, and by supporting audits and investigative activities.

### 7.03 Organization

Social service administrators should enhance organizational capacity for open communication, creativity, efficiency, and dedication.

Social service administrators should subordinate institutional loyalties to the public good.

Social service administrators should establish procedures that promote ethical behavior and hold individuals and organizations accountable for their conduct.

Social service administrators should provide organization members with a working environment which permits frank discussion and criticism of agency operations and with an administrative means for dissent, assurance of due process, and safeguards against reprisal.

Social service administrators should promote organizational accountability through appropriate controls and procedures.

Social service administrators should maintain a high level of competence and provide support to upgrade competence throughout the organization.

Research performed by Social service professionals should be rigorous and relevant to the delivery of services, the outcomes of interventions, and policy formation in the Social service field.

Social service professionals should protect the rights and welfare of research subjects, treating them with respect and dignity and protecting them from harm, danger, unnecessary discomfort, and ethnic and/or social discrimination.

Social service professionals should obtain informed consent from their prospective subjects, after explaining in language that is understandable to them, the nature of the research; its possible risks, benefits, and consequences; alternative treatments or interventions; confidentiality rights; and the voluntary nature of participation with no penalty for refusing to participate or choosing to withdraw at a later date. Social service professionals should answer any questions the prospective subject asks.

When the prospective subject is not legally capable of giving informed consent, Social service professionals should give an appropriate explanation of the research, obtain assent when appropriate, and obtain informed consent from a legally authorized representative.

Social service professionals should conduct research according to accepted standards of professional competence, federal and state law and regulations, agency policy, and accreditation requirements.

Social service professionals should obtain the approval of the agency Institutional Review Board and other relevant regulating boards before initiating research and should conduct their research according to approved protocol.

Social service professionals should report the findings of their research truthfully and

completely. They should work to prevent misuse and distortion of their research findings.

## **9. RESPONSIBILITIES TO THE**

### **SOCIAL SERVICE FIELD**

Social service professionals should perform their duties in a competent, honest, diligent manner to ensure society's continuing trust in the Social service field.

Social service professionals should broaden the knowledge base of the Social service field.

Social service professionals should critically examine Social service policies and advocate appropriate change.

Social service professionals should take appropriate action against unethical conduct by any member of the Social service field.

## **10. RESPONSIBILITIES TO SOCIETY**

Social service professionals should apply the values and specialized knowledge of the Social service field and should work to increase public awareness of those values in order to promote the general welfare of society.

Social service professionals have a duty to be familiar with this Code of Ethics and to consider which ethical principles apply in each practice decision.

Social service professionals should follow applicable ethical principles in each practice decision. If there is a conflict between two or more ethical principles and/or responsibilities in a particular case, Social service professionals should consult with superiors and colleagues knowledgeable about ethics issues, or with the Social service ethics committee, in choosing a proper course of action.

If the demands of an agency with which Social service professionals are affiliated conflict with this Code of Ethics, Social service professionals should clarify the nature of the conflict, make known their commitment to the Code, and seek to resolve the conflict in a way that permits fullest adherence to the Code.

Social service professionals who observe a violation of this Code by a colleague should bring the issue to the attention of the colleague if an informal resolution appears appropriate. If the issue cannot be informally resolved, Social service professionals should refer it to appropriate superiors and/or to the Social service ethics committee.

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***In regard to the recommendation that facilitated staffing should address sexual activity in terms of health, safety, risk behavior assessment, responsibility, birth control and protection for males and females,*** Fawn Conley with the Department for Community Based Services was contacted. She provided the following information: “All youth who participate in the formal life skills classes at age 16 or above receive information about everything listed in the recommendation. The Community Resources component of the standardized curriculum emphasizes use of the local health departments to access birth control and for pre-natal checks and immunizations for children. Outside resources are frequently brought in to address classes about sexual risks and behavior, AIDS and other STDs and pregnancy. The state conference every year has a session that addresses all of these issues. Youth who are below the age of 16 should be receiving the information while in the foster home or PCC (Private Child Care) facility from foster parents or staff.”

***In regard to the recommendation that foster parents address issues of sexuality,***

Linda Taylor, Branch Manager for Training, responded to the recommendation: As the Division of Protection and Permanency develops SOP (Standard Operating Procedures) or Guideline/Tip Sheets we will revise our training presentations to include updates. Pending those changes, we are addressing the concerns related to workers’ discussion with youth on sexuality and sexual orientation in our *Understanding and Assessing Adolescent Issues* training.

We concur with the concerns related to addressing sexuality and sexual orientation issues within Resource Parent training. Training currently includes some case scenarios in training. Our trainers will work with Division of Protection and Permanency specialists to incorporate your suggestions. Also, we meet quarterly with the Adoptions and Out of Home Care Branches and I will request that these concerns be included as an agenda item at our next meeting.

***Specific recommendations were made from a review of the MAPP training in which foster parents participate.*** Martha Vozos-Branch Manager Out-of-Home Care Branch, Patricia Parrish-Training Branch and Caroline Crump-Murray State University collaborated to provide a thorough response to this recommendation.

It was determined that the CRP reviewed the Preservice "Family to Family " curriculum which is used only in Jefferson and Northern Kentucky regions. The rest of the state uses PS MAPP for curriculum. Questions relating to training in Jefferson should be directed to Kim Anderson or Angie Walz. The contact in Northern Kentucky would be Debbie Kallmeyer. Both curriculums contain the same elements of skill sets but use different (optional) examples to demonstrate and teach the skills to the parents.

DCBS participates in a workgroup that meets quarterly with the University Training Consortium (UTCs) to discuss, plan for and budget the Recruitment and Certification staff training and the foster and adoptive parent training.

Below is a summary of the meetings in PS MAPP that relate to the questions that were brought up.

Sexuality and cultural issues are addressed multiple times throughout the curriculum. There was a question about a teen panel—there is no teen panel included in PS-MAPP, but sometimes the regions do include panels at the meetings and a teen could be included. It is up to the region and the make up for each group as to who is on the panel.

**Meeting 1**-MEPA and ICWA discussion addresses some cultural issues; Handout 9: Case Example of Lily is the initial discussion of sexuality and sexually acting out.

**Meeting 2**-More discussion of MEPA and ICWA; Handout 15: Important information for foster parents about parenting youth who are gay, lesbian, bisexual or transgender. Handout 10: Assessing the well-being needs of children and youth in foster care. This handout includes 15 year old Jason who recently disclosed to his foster mom that he is gay. Participants list ways that Jason is different developmentally from other kids, given his life experiences and list his specific needs related to well-being.

**Meeting 3**-Handouts 4 and 5 again look at Jason, this time looking his needs in terms of loss and attachment and his sexual preference.

**Meeting 5**-Handout 7 continues the Jason story, this time looking at his needs in terms of discipline—he is expressing mood swings and drinking, some of which may have to do with his declaration of his sexual preference.

**Meeting 6**-In this meeting there is discussion about culture and identity. It includes more discussion of MEPA and ICWA.

**Meeting 8**-This meeting does not have specific activities regarding sexuality, but there is an activity that could easily incorporate the topics. The activity is called “What a Child Brings” and has a bag with words on cards or items in the bag. The child pulls out each item and the group discusses what this means to the child and how it will impact their home. Gay, Lesbian, etc. could be added. A card is already included that has the word “culture” on it.

***The Jefferson Regional CRP Child Fatality Committee recommended the Cabinet continue to support the Safe to Sleep initiative.*** Annette Harrod with the Community Collaboration for Children provided very helpful information. The Medical Examiner's Office in Louisville conducted a two-year retrospective case review on Co-Sleeping and Sudden Unexpected Infant Deaths in Kentucky. The review included infant fatalities related to SIDS that highlighted the need for education in the area of safe sleeping techniques for infants. Individuals involved in this initiative are representatives who serve on the workgroup such as the Health Department, various schools, FRYSC's, DCBS Community Collaborations for Children (CCC) and nursing staff, Norton Hospital Education staff, Medical Examiner staff, Prevent Child Abuse Kentucky staff, Healthy Start staff, a couple of pediatricians and a

representative of the faith community . Since this is an initiative that touches all regions, then many individuals who have received this material have also become involved. The initial roll out was in Louisville at a press conference in September 2005. All of the individuals who served on the workgroup were present as well as several parents of babies who assisted in demonstrating safe sleeping techniques. This was broadcast on the local news in Louisville. Dr. Troutman, Chief Administrator of the Health Department in Louisville served as the spokesman for the campaign at the press conference. Tracy Corey the State Medical Examiner, spoke about the proper sleeping arrangements for infants. The specific target audience was parents, child care providers, grandparents, or anyone who might be involved in the care of infants.

In December, Secretary Birdwhistell held a press conference in Ashland to "kick-off" the state wide campaign. That press conference included the introduction of "onesies" that carried the slogan: Front: "Please turn me over on my back" Back: "Safe to Sleep". The shirts have the Kentucky logo on them.

Each Birthing Hospital in the state was given "onesies" and brochures to distribute to new parents as well as information containing the research conducted by the Medical Examiners Office in Louisville. Each of the CCC Regional Networks were given brochures that were distributed to community partners such as Health Departments, FRYSCs, Head Start, CCC service providers, regional DCBS staff, pediatricians, and physicians who treat babies. This initiative was funded with the Community Based Child Abuse Prevention Grant (CBCAP) through Community Collaborations for Children. The "onesies" were funded by the Cabinet.

The plan is for this to be an ongoing effort. There are remaining brochures to be distributed. Currently CCC staffs do not know of any funds available to replenish the "onesies" distributed to hospitals. The workgroup is planning on a Public Service Announcement (PSA) for radio stations statewide. There will be a couple of versions of the PSA developed, which target specific populations within the state. The PSA is currently being developed by the workgroup in Louisville and will be produced via Eastern KY University. Other PSAs may be developed in the next two years.

The Safe to Sleep workgroup is responsible for information distribution within the Louisville area. CCC Technical Assistants through the Regional Networks are responsible for distribution of information across the state. The brochures can be found through the CCC Regional Networks in each region. CCC can provide anyone with the name of the Regional Network Coordinator for each service area. Also, a copy of the brochure is available through CCC and if many copies are requested one would need to contact CCC. The CCC coordinators are Annette Harrod, Lynne Mason and Kathleen O'Malley. They can be reached at 502-564-2136.

***The Jefferson Regional CRP Child Fatality Committee recommended managers be required to make contact with the Community Crisis Response Team as soon after a fatality as possible to provide staff support.***

Tina Webb – DCBS Child Fatality Specialist provided the following response: “DPP (Department for Protection and Permanency) currently utilizes both the Crisis Response Board and KEAP (KY Employee Assistance Program) as resources to provide de-briefing services to staff who investigate a child fatality or near fatality and to staff who have active cases with families that experience a child fatality even if it was due to natural causes. DPP is in the process of revising standards of practice for child fatality and near fatality investigations and this recommendation to make de-briefing mandatory will be part of the discussion.”

***The panel also recommended “that the Director of Protective and Permanency develop by September 2006 a policy and/or procedure that requires workers to access their contracted Employee Assistant Program (EAP) for a post traumatic stress assessment within the first two weeks of when a fatality or near fatality occurred on their caseload.”*** Tina Webb stated this recommendation would be discussed as part of the revisions to existing standards of practice.

*It was further recommended that during orientation and training for new staff more focus is needed on the assistance that is available when a serious event happens on their caseload and how to access that help. Panel members would like to be informed as to how and when this can be incorporated into the orientation and training.* Ms. Webb will discuss this recommendation with the training division as a component to include in the Academy Training that all new DPP staff attends.

Linda Taylor – Branch Manager for Training responded: “We appreciate your concerns and agree with this need. We will review our lesson plans for the new employee training and provide you with the requested information. This will be addressed specifically in our *Child Welfare* course’s medical indicators component which addresses child fatality issues, with the *Family Violence* course which addresses domestic violence, and with the *Foundational Substance Abuse* course.”

***The Jefferson Regional Panel was concerned about legal counsel for staff during the work day and after hours. The recommendation was for the immediate development and implementation of policy, procedure, or program that provides workers with direct, emergency access to legal counsel at all times.*** Mona Womack, Division Director, Office of Legal Services provided an in-depth response to this recommendation.

## JUDICIAL TEAM ACTIVITIES AND RECOMMENDATION

The Office of Legal Services (OLS) is available to CPS workers at any time during work hours. OLS has approximately twenty-one (21) regional attorneys who are placed in DCBS offices throughout Kentucky so that CPS staff has immediate and consistent access to attorneys throughout the work day. Jefferson County has four regional attorneys located in the L&N building. In addition, attorneys in the central OLS office (Frankfort) are available by phone during work hours to advise DCBS if the regional attorney is unavailable.

OLS is available to CPS staff during off hours by telephone or otherwise, if necessary. Assistant General Counsel and first line supervisor to the regional attorneys Sheila F. Redmond, is available to receive emergency calls outside of regular business hours. Division Director and second line supervisor to the regional attorneys Mona S. Womack has been provided a Blackberry and is available to respond to after hours emails from regional attorneys or DCBS social workers. In addition, most of the regional attorneys have provided home and cell phone numbers to regional staff for use in the event of an emergency. Accordingly, without further specific information which indicates that there is a need for a more extensive protocol or additional resources of staff, the Office of Legal Services sees no need for further response. However, OLS is willing to reconsider the matter in the event that specific information is presented which identifies a need for further attention.

The CRP recommendation appears to focus on a need for legal representation for CPS workers in their individual capacity. KRS 194A.030 provides that the Office of Legal Services (OLS) for the Cabinet for Health and Family Services shall provide legal advice and assistance to **all units of the cabinet** in any legal action in which it may be involved. The law does not provide that OLS can represent anyone, including a social worker, in his/her individual capacity. The Cabinet has previously represented individuals in civil lawsuits provided the worker was acting within the scope of their employment and the employee waived any rights regarding dual representation.

It has been and is the **practice** of the Office of Legal Services to support all social workers who are acting professionally, ethically and appropriately within the scope of their employment. When social workers have acted disrespectfully in court the Office of Legal Services has sought to act as an intermediary when a worker has been held in contempt of court, even when they were acting outside the scope of their employment. Sometimes that has been successful; sometimes not-but OLS has always tried to facilitate an acceptable resolution.

The Office of Legal Services will always attempt to communicate with the court and seek the release of any social worker who has been incarcerated due to contempt of court. The Office of Legal Services typically requests that the Judge allow the agency to handle the matter as a disciplinary action, provided the Cabinet determines that the facts warrant some disciplinary action.

However, if these efforts are unsuccessful, the Cabinet is statutorily prohibited from representing an individual in their individual capacity. The Office of Legal Services would

also be ethically restricted from representing an individual whose legal interests are adverse to the Cabinet's. Such would be the case if a worker acted contemptuously to the court.

Contemptuous behavior is outside the scope of a social worker's employment. Contemptuous behavior may include: interrupting or arguing with the Judge (particularly if the Judge has already directed the worker to say nothing further); disrespectful body language such as rolling of eyes, hand on hip, and other similar behaviors; or failing to follow court orders.

The Office of Legal Services would advise all workers to always respectfully request of the court permission to state the Cabinet's position on the record. In most instances, the local County Attorney will assist the worker in having the Cabinet's position stated on the record. However, in the event the County Attorney refuses, the worker should ask the court to make a statement for the Cabinet. If the court refuses the worker's request, the worker should return to the office and advise their supervisor who may then seek counsel from the regional attorney as to whether further action is warranted. A worker does not need to argue the Cabinet's position, merely state it for the record which will preserve the issue for review.

Likewise, if a worker believes that the court has made a ruling or order in error, the worker should consult with their supervisor to determine if consultation is needed with the regional attorney. The worker should never continue to argue with the court.

It should be understood that if a worker chooses to argue with the court or act in a disrespectful and contemptuous manner they do so at their own risk. Such behavior will not be supported and disciplinary action, up to and including dismissal, may be sought if it is determined upon the Cabinet's independent review of the facts that the social worker acted outside the scope of their employment.

The Office of Legal Services vision is to provide reasoned advice, wise counsel and skilled representation to the Cabinet's officers, employees and departments for the benefit of the citizens of the Commonwealth. We recognize that the practice of law is a profession of service. Our mission is to serve the citizens of the Commonwealth by being accessible, responsive, effective and courteous to all whom we encounter, whether client or adversary. Thank you for allowing us the opportunity to respond to the Judicial Team Activities and Recommendations.

*The recommendation asks how the results of the judicial survey have been or are being used to implement a plan to improve the working alliance with KY's judicial system. They also want to know to whom the survey & results were presented/shared and for what purpose. The*

*recommendation is that the Cabinet provides to CRP's, details of the plan being implemented to improve the working alliance between the Cabinet and the judiciary. It is further recommended that the Cabinet distribute to each community based worker and judge either a complete copy of the survey results or a condensed synopsis of the positive and negative observations contained in the survey. The CRP further recommends that the Cabinet endeavor to invite public comment on the survey results by releasing both a press statement relative to the survey results and allowing for comments or criticism from both judges and the community based workers being rated.*

The purpose of the judicial survey was to describe the relationship between the Kentucky Department of Community Based Services (DCBS) and judges in Kentucky. It was developed as part of the Court Improvement Project and was explicitly for the Cabinet and the judiciary. Two broad domains were measured: satisfaction with reports to the courts and satisfaction with the Cabinet/Court relationships. Survey content on court needs, possible barriers to collaboration, and perceived strengths of the system were included. Prior to the first mailing, community partners connected with the courts, one judge from another state, and staff and legal consultants of DCBS reviewed and revised the measure. A mailing list with all state judges was obtained from the Web Site of the Administrative Office of the Courts.

One hundred forty-nine surveys were returned with 134 complete and useable surveys. At least one survey was returned from 105 of the 120 counties in Kentucky (some judges serve multiple counties). Forty-eight percent of the surveys that were returned came from judges in district courts, 29% from circuit courts, and 22% from family courts. Results from the survey were analyzed and a report issued in June 2005. A synopsis of the results will be provided for your information.

A survey question concerns judge's satisfaction with written reports by DCBS. Strengths of written reports were endorsed more often than weaknesses and nearly 60% of judges did not endorse any problems with reports. On the other hand, more than 31% of judges did not endorse any strength of the reports. Although these results are encouraging, there are opportunities to improve the reports submitted to the courts. This issue will be addressed through a focus in training on the development of court reports.

In regard to the Cabinet's relationships with the courts, judges rated the following areas with the greatest satisfaction:

- Cabinet workers follow the rules of Court etiquette.
- Cabinet workers are credible when they present information in the Courts.
- Cabinet workers are prompt when attending Court hearings.
- I know who to call when I have questions or concerns about a case or Cabinet worker.

- Cabinet workers are diligent in providing adequate services to families.

Judges rated the following factors as those issues which make it difficult for Cabinet workers to keep the Court well-advised of developments in the case:

- Changes in Cabinet workers (51 judges).
- Cabinet procedures that conflict with the court or encumber the process (33 judges).
- Children placed out of the region (14 judges).
- Differences in opinions over what is the “best interest” of the child (25 judges).
- Poor knowledge of court processes (22 judges).
- Unrealistic expectations of the parent (20 judges).

Judges cited the following as relationship strengths:

- The working relationship between the Courts and Cabinet is improving (82 judges)
- The Cabinet uses community partners more often to assist (41 judges)
- Cabinet workers focus on family strengths as well as needs (45 judges)
- The workers are being trained well (38 judges).

In regard to overall satisfaction, the following is noted:

- Satisfaction is very poor. 1 judge, or .8%
- Satisfaction is poor. 8 judges, or 6.1%
- Satisfaction is adequate. 43 judges, or 32.8%
- Satisfaction is good. 57 judges, or 43.5%
- Satisfaction is very good. 22 judges, or 16.8%

In summary there are several opportunities to improve the Cabinet and Court alliance

- Improve treatment of families in professional and respectful manner.
- Improve the provision of services to families.
- Make sure that the communication between workers and the courts keep the court well advised of changes and developments in the case.
- When judges contact the Cabinet, they would like to be sure that their needs are addressed and that supervisors will assist workers in being prepared for court.
- Reports need to be submitted earlier to the courts.
- Reports need to include a clear documentation of the facts and recommendations.
- Systemically, the Cabinet may need to reduce worker turnover, align practices and policies to be consistent with court proceedings, and engage in a dialogue about what constitutes ‘best interests’ for the child.

As a result of the judicial surveys and other court related PIP initiatives, DCBS was able to significantly strengthen their relationship with the judiciary. This was accomplished through the convening of 16 judicial forums that were co-sponsored by the Administrative Office of the Courts that involved judges, attorneys and DCBS staff. Each of these forums provided a ‘safe place’ for discussion of barriers to permanency for children in Out of Home Care. Approximately 300 individuals participated statewide and worked through both local and

systemic issues. Discussion issues included status offenders, the role of GALs, the role of DCBS staff and parameters established by the federal government related to permanency. Each regional forum generated action plans related to enhanced communication and a dedication to cross training efforts on the regional level.

The judges, regional staff and Cabinet leadership received a copy of the report. Regional staff would include the Service Region Administrator (SRA) and their management team. Leadership included but was not limited to, the Secretary, Commissioner and Deputy Commissioner, Director of Permanency and Protection. The Cabinet agrees with the panel's recommendation that all appropriate staff should have access to the report. The report is available via the CHFS Intranet to which all Cabinet employees have access. The survey, results and Executive Summary are reported in its entirety. The Executive Summary is posted below for your information. The SRA was responsible for determining how to best utilize the information, share with staff and assess changes that need to be made in the region. Cabinet leadership assessed statewide issues and made assignments to appropriate Central Office staff for review of training, policy and procedures. The charge was to make recommendations for specific means to improve the Cabinet and Court alliance. The survey and results are not available for publication to a public audience as that was not stated in the original proposal or scope of work to which the judiciary agreed.

A contract has been awarded to the Administrative Office of the Courts (AOC) through the Children's Justice Act for the third year. AOC will provide court training for DCBS staff. The goal is to have a local judge participate at each training location. The training is a three and one half hour course which covers dependency, neglect and abuse law and is offered statewide. There is a review of the statutes pertaining to child abuse and neglect. The course offers participants guidance in writing court petitions; preparation and presentation of reports for court; etiquette in court; the role of the various players in court proceedings; and resources available to the worker. A Best Practice Manual for Dependency, Neglect and Abuse cases is provided to each training participant. The manual is reevaluated and updated to keep pace with current changes in child protection law.

It is important that the worker is knowledgeable of dependency court process and evidentiary issues because the worker becomes more efficient and competent in preparation for dependency court proceedings thus providing adequate services to the children. AOC has subcontracted with the Attorney General's Office and the Multidisciplinary Commission on Child Sexual Abuse, to present the curriculum developed by the Governor's Office of Child Abuse and Neglect and Domestic Violence, *Hidden Voices, Discovered Words*. The curriculum is designed for individuals who interview children about sexual abuse. The participants include DCBS investigative staff and law enforcement. An interviewer who is well trained in the art of forensic interviewing understands child development issues and is able to decrease systems trauma experienced by these children. A component of the training is *Legal Considerations and Effective Testimony*. A judge, prosecuting attorney and Commonwealth Attorney facilitate this exercise. An overview of key legal issues involving child interviews, including admissibility of child hearsay, and how child interviewers can be most effective in court during direct and cross examination about the interview; specific considerations related to defending the interview in court and explanation of the common

limitation of the rules of evidence are discussed. Participants consistently evaluate the Mock Trial as one of the most useful and effective components of the training. The Cabinet is thrilled to be able to offer this excellent training opportunity to DCBS staff again. The training is offered free to law enforcement in order to build on the working relationships between the two agencies.

Judicial Survey – Executive Summary 1 **Judicial Survey**  
Statewide Results: June 2005  
**Executive Summary**

**Purpose:** The purpose of this survey was to describe the relationship between the Department of Community Based Services and judges in Kentucky. Results will be used to implement a plan to improve the working alliance with Kentucky’s judicial system.

**Method:** Two-hundred forty-three surveys were mailed on March 22, 2004, with a second mailing in April; 145 were returned completed. Response rate = 65%. At least one survey was returned from 105 of the 120 counties. The survey measured two domains: *Written Reports to the Courts* and *Cabinet Relationships with the Courts*.

**Written Reports to the Courts:** Although 65% of judges rated the quality of reports as good to very good, 20% reported that the quality was inconsistent, and 21% were neutral. Strengths of the reports include; 1) consistent report format, 2) comprehensive assessment, 3) timeliness, and 4) factual basis well-written. Opportunities to improve include; 1) all important facts included, 2) ensure that a report is sent to court, 3) organize the information in reports, and 4) support the recommendations with facts. While 60% of judges identified no problems with the reports from the Cabinet, 31% of judges identified no strengths in the reports.

**Cabinet Relationships with the Courts:** Judges were most satisfied with Cabinet workers’ ability to observe Court etiquette, present information credibly, and attend promptly. Nearly 79% of judges knew whom to call with questions about a case or worker, but they were less satisfied with how their concerns were addressed and the availability of supervisors to assist the courts. Although 66% perceived that workers treated families professionally and respectfully and 59% were satisfied that adequate services were provided to families, 35-40% of judges were neutral or dissatisfied on these items. Additionally, 43% were uncertain or dissatisfied with how well they were advised about development in the case. The items checked as most problematic were; 1) frequent changes in workers, 2) Cabinet procedures that conflict or encumber the process, and 3) differences in opinions about ‘best interests’ of the child. Nonetheless, 62% reported that relationships with the Cabinet are improving and 60% rated their overall satisfaction as good to very good. Seventy-three judges (54.5%) added written comments.

**Comparative Data:** There were no statistically significant differences between the ratings of judges in family, circuit, or district court. Overall, judges identified twice the strengths compared to weaknesses.

**Conclusion:** Results of this survey identify many strengths and opportunities for improvement. These results are considered reliable because the responses for each judge included strengths and weaknesses, suggesting that responses were well considered for each item, a 65% response rate was achieved, and the survey measure was reliable.

## **EASTERN MOUNTAIN (formerly BIG SANDY) REGIONAL CITIZEN REVIEW PANEL**

***Panel members felt the local legal community had mixed impressions of DCBS staff in regard to court proceedings. The recommendation was made to review the GAL training curriculum.*** Lyn Guarnieri with the Administrative Office of the Courts responded that the Administrative Office of the Courts (AOC) is open for suggestions on improving the view of the legal community has of DCBS staff. Cabinet for Health and Family Services staff including Regional Training Coordinators, Office of Counsel, as well as local DCBS supervisors and staff often attend guardian ad litem education events. Attorneys who attend these events are instructed in DCBS roles and responsibilities during the training events. Also, many of the events have been co-hosted by and funded through the Cabinet.

As part of Court Improvement Program (CIP) activities, the AOC will be hosting a statewide child protection summit. As required through the CIP grant funding, the AOC will be working closely with the Cabinet in the planning and implementation of this event as well as other CIP activities. Also as part of the grant funding, the AOC was required to designate a task force that would implement the initiatives of the grant. Cabinet members on the task force include Jim Grace, Kathy Adams, Elizabeth Caywood, and Mike Fields.

***The panel recommended incorporation of the music video “11<sup>th</sup> Commandment” into public awareness efforts and community presentations currently offered by the cabinet.***

Everyone who sees the video “11<sup>th</sup> Commandment” is touched and it is a very effective public relations tool. Lisa Wallace, Office of Communications, was contacted about incorporating this video into public awareness efforts and community presentations. There are several factors which would need to be addressed: Do we have all the permissions necessary to use/distribute this video? Is use of the video sanctioned by the Cabinet leadership? Does the Cabinet have the budget to duplicate it in a format that can be distributed with any “public awareness” efforts and community presentations where we might use it (where there is not Internet access and/or MP3-capable software/hardware)? Holly Hopper, Project Manager with the Drug Endangered Child Training Network was contacted. The agency with whom she works developed the video. Ms. Hopper stated that the cabinet was authorized to use the video as long as it was not transmitted via satellite. The next steps would be to provide a copy of the video to Cabinet leadership for review and consideration for use of the video in public relations efforts. At present, I am unaware of financial resources to duplicate the video. There may be grant money available next year. An assessment would need to be made as to whether local offices had the necessary equipment to show the video in their offices.

The purchase of televisions equipped with DVD or VCR capability for each local DCBS office would not be feasible. However, those with the equipment could be provided with a copy of the video if we were able to reproduce it. Another option would be to show the video at the Cabinet's booth at the State Fair. This suggestion will be made to those responsible for organizing the booth.

The efforts of the panel members to recognize and express their appreciation for the work of DCBS staffs are greatly appreciated. Front line staffs have an extremely difficult job to perform, often under difficult circumstances. Several panels over the years, have made efforts to recognize the diligent commitment of staff to provide quality services to families and children.

It was recommended by the Eastern Mountain Regional Panel that the Cabinet implement strategies to reduce staff turnover. The Statewide Panel also recommended the Cabinet implement methods to aid in employee retention and morale. There are several initiatives to address this concern. During the restructuring process, an in-depth review of the number of intake reports and worker ongoing caseloads and their composition was completed. Information gained from this process contributed to the determination of regional composition. The following news release describes the goal of the restructuring and an anticipate impact on staff.

#### **Statewide News Release**

#### **Kentucky Health and Family Services Cabinet**

**Contact:** Vikki Franklin, (502) 564-7042; or Anya Armes Weber, (502) 564-6180

### **State Social Services Department Restructuring to Better Meet Clients' Needs**

*Modernization plan includes more front-line staff, smaller caseloads*

FRANKFORT, Ky. (Feb. 20, 2006) – To improve customer service and lighten staff caseloads, the Kentucky Cabinet for Health and Family Services is reorganizing its human services agency.

The Department for Community Based Services (DCBS) will have more family support workers and social service workers, with a more equitable distribution of casework, under the restructuring.

Approximately 250 staff would be added to the department's front lines. The number of staff working with clients applying for family services such as welfare benefits is expected to increase by almost 100 workers, bringing the total to approximately 1,518.

About 153 social service workers would be added to the protection and permanency program. Social service workers' average caseload is expected to decrease from 21 to 17, a cut of more than 15 percent.

"We have highly talented and committed people on our front lines across both family support and protection and permanency, but they are not consistently aligned with clients' needs," said DCBS Commissioner Tom Emberton Jr. "By transitioning many of the regional and non-direct service staff to front-line positions, we can concentrate our greatest human resources where they are desperately needed."

Staff caseloads have reached unmanageable levels partly because of the growing occurrences of domestic violence and substance abuse, Emberton said.

Emberton said he has received numerous positive responses from social service and family support workers across the state since the Feb. 13 announcement. “They have told me they’re glad their needs have been recognized. Our plan will target lightening their caseloads while improving consistencies in offices statewide.”

None of the department’s 4,700 employees will be laid off or lose pay, and no offices will close. The reorganization is expected to be complete by June 16.

The shift also restructures the department’s management system and combines 16 regions into four. The consolidation will lead to greater consistencies in program and case management, a better flow of accurate information and more opportunities for management response to problems, Emberton said.

Eugene Foster, Ed.D., the cabinet’s undersecretary for Children and Family Services, described the changes as an integral part of an overall modernization of the department. One proposed facet – already piloted in Hardin County’s Protection and Permanency office -- includes providing each protective services caseworker with an electronic “toolkit” that includes a laptop, digital camera and cellular phone.

“The DCBS modernization plan is not just about technology,” he said. “It’s about people, more consistent processes and better utilization of the valuable resources we have.”

Staff training and development opportunities will be enhanced, making them more accessible to staff in the 120 counties.

“We recognize that many of our regions have developed key relationships with community partners that aid DCBS staff in treating and preventing problems like substance abuse and domestic violence and helping low-income families attain self-sufficiency,” Emberton said. “We plan to continue to build upon these successes as we combat the multiple stressors directly and negatively affecting our clients.

“When we can remove these stressors on the families, they can be on their way to becoming healthier, stronger and self-sufficient,” he said.

Regional and Central Office workgroups were organized to provide input to the comprehensive reorganization plan that includes: 1) regional organizational realignment to strengthen the foundations of the DCBS service delivery system and improve the management and training support provided to staff; 2) a strategy to increase front line staff and bring greater equity in caseloads across the regions; 3) realign regions and central office to improve support to front line staff and, 4) most importantly, identify on-going strategies that will enable the Department to maintain the momentum developed through the Performance Improvement Plan (PIP) and other quality initiatives resulting in enhanced client-focused services.

There is an acknowledgement that current technological systems are at times a barrier. Front line staff have been asked for input and they feel their work can be enhanced if laptops, digital cameras, and cell phones were available. The laptops could be taken to court, children’s appointments on home visits to complete paperwork while waiting or to immediately input

information. Cameras are needed to provide documentation of injuries and or neglectful situations. The cell phones are an invaluable tool to provide staff with an immediate means to seek assistance or consult with supervisors. As a result of the realignment, staff will be provided with Tool Kits containing these items. It is anticipated providing staff with resources to feel more secure, have immediate access to supervision and maximize the use of time, will alleviate some of the pressure staff are feeling. The TWIST system used by all DCBS staff is in the second phase of development. The revised system will be Web-based, more user friendly with a streamlined entry. The current assessment tool, CQA has not been found to guide staff through the assessment of risk and safety. This often leaves staff feeling frustrated and anxious about the well-being of children. A new Dynamic Family Assessment is in development for the intake, ongoing and post-termination of parental rights phases of casework. The Dynamic Family Assessment utilizes an Evidence-based Decision Making format.

Changes to the training curriculum will be added. Supervisors are critical to the management of casework. In order to support supervisors and build their skill set, there will be a new emphasis on management and leadership training. Front line staff must feel supported by their supervisor and have confidence in their ability to provide case consultation and direction. Time is at a premium for all staff. It has been recommended by Citizen Review Panels in the past that training be brought to the front line staff. In the new realignment plan, training will be regionally based. Many front line staffs are faced with significant and chronic issues of substance abuse in the families with whom they work. There will be a focus on substance abuse prevention and awareness. Citizen Review Panel members have advocated for drug testing for consumers suspected to have substance abuse related issues. The Cabinet now has financial resources to cover the cost for drug testing. This resource is available statewide.

Citizen Review Panel members are aware that Centralized Intake was initiated within the Cabinet approximately one year ago. The initiative was gaining momentum and some regions had developed and implement protocol and organized centralized intake teams. The process was put on hold during the realignment. However, the goal remains for implementation and expansion to all of the nine (realigned) regions. It is anticipated that statewide centralized intake will improve the consistency and application of the screening and criteria utilized. Citizen Review Panel members have expressed concern for the inconsistencies in interpretation of the Cabinet's policy on Acceptance Criteria. This is an effort to address those concerns.

In a memo to all DCBS staff on July 17,2006, Mark Washington, Deputy Commissioner stated "DCBS is committed to improving the strength-based, family-focused overall system, its components and the resources available to staff. Our targeted outcomes and benefits of the realignment continue to be the following:

- Quality evidence-based decisions
- Consistency
- Caseload equity
- Efficient organizational structure
- Maximize resources and training model

Increase the ability to manage change  
Improve accuracy, accountability, access and services  
Improve fraud deterrence

As we enhance and maximize the system and structure within the DCBS in the continued effort to modernize, central office leadership is also beginning a plan to educate other governmental leadership on the long-term needs of DCBS to support enhancing prevention services for families and additional front-line staff. We will educate legislative leaders on the many facets of DCBS service delivery, share successes of pilot programs in substance abuse prevention, intervention and treatment, and demonstrate that family-focused preservation and reunification activities is a sound investment in the life of a child and for the Commonwealth as a whole.”

**SOUTHERN BLUEGRASS (formerly BLUEGRASS FAYETTE) REGIONAL  
CITIZEN REVIEW PANEL**

The panel recommended that a formalized plan of communication be developed with the Cabinet and panels be utilized as they were intended. The Statewide Panel supported the recommendation. There was discussion at the annual Citizen Review Panel meeting in May, that the panels develop a draft proposal of information they feel would be beneficial to their work. The proposal would also detail their recommendation for the process of disseminating information. As previously stated, Commissioner Emberton is committed to providing information to the panels that will aid them in their work. The DCBS liaisons have been contacted and asked to keep panel members informed. The Cabinet looks forward to the opportunity to review the proposed plan by panel members. A meeting has been scheduled with Commissioner Emberton, Deputy Commissioner Mark Washington, Dr. Ruth Huebner-Child Welfare Researcher for the Cabinet, Dr. Blake Jones-Coordinator Citizen Review Panel, Citizen Review Panel Regional Chairpersons and Gayle Yocum-DCBS CRP liaison for October 3, 2006, to discuss communication issues. Panel Chairpersons will bring information from this meeting back to the regional panels for discussion and comment.