

DEPARTMENT FOR COMMUNITY BASED SERVICES

RESPONSE TO CITIZEN REVIEW PANEL ANNUAL REPORT

November 4, 2011

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State Panel Recommendations

- That the Cabinet explore/consider recruiting and training facilitators for all Family Team Meetings to ensure consistency in the case planning process throughout the regions of the state.

Central Office Response

The department is collaborating with Casey Family Programs (CFP) to develop a cadre of staff within the Regions and Central Office to provide leadership in the area of facilitation. It is anticipated that this will be accomplished in calendar year 2012 through the support of CFP. The Permanency Roundtables (PRT) that began in 2009 required strong facilitation leadership that initially was provided by CFP staff, however, as the process progressed, DCBS staff transitioned to the role of PRT Facilitators in efforts to build capacity within the regions for the PRT process. Each region identified 4-5 staff facilitators who completed a targeted training program to increase their clinical skill set in the area of facilitation. The department's goal is to build upon this group of facilitators and establish targeted staff in each region that have the capacity to facilitate family team meetings, community partner meetings, staff meetings, etc. In late 2011 there will be a targeted facilitator skill-building training for this statewide group. In 2012, we hope to expand this group of staff and build a larger group of staff throughout the Commonwealth who have the skill set to provide strong facilitation for all types of meetings on behalf of the department and the children, families, and vulnerable adults we serve each day.

- That the Cabinet explore possibilities for ways in which the actual case plan (hard copy) can be simplified so that workers don't have to spend so much time on inputting it in TWIST.

Central Office Response

In 2010, the TWIST case plan was amended to streamline completion of the Objectives/Tasks section. These changes are also reflected in the hard copy of the plan.

State Panel Recommendations

- That the Cabinet actively attempt to involve community partners in the Family Team Meeting.
- That the Cabinet regularly and systematically invite area schools to become active members of the Family Team Meeting.
- That the Cabinet have a specific area on the goal list for "Community which includes the child's school and academic goals with input of teachers."
- That the Cabinet re-train workers on actively engaging community partners/resources in the Family Team Meeting process.

Central Office Response

The Standards of Practice (SOP) were revised in 2011. The case plan is based on a partnership with the family and others. There is a greater probability of success in goal achievement when the family members are equal participants of the team and empowered to make a significant contribution to their case plan. The case planning process, which assists the family to achieve safety, permanency and well-being, is based on strengths and needs identified by the family and the Social Service Worker (SSW) using the Continuous Quality Assessment (CQA) and family engagement.

The Department for Community Based Services (DCBS) encourages families served to participate fully in the process and to retain as much personal responsibility for case planning as possible. Policy directs that families have the right to choose whom to involve in their case planning, but are encouraged by the SSW to involve friends, family members and community partners that have the potential to be beneficial. For all cases except OOHC, non-familial case planning participants are optional based on the family's request. Parents are sometimes hesitant to invite others to the case plan conference. They have expressed feeling they may be seen negatively or their children treated differently.

The following SOP instructs the SSW to engage the family in considering the participation of community partners. Revisions were made to these chapters 12/03/2010. The highlighted language below addresses the recommendations.

SOP 3.4 - Preparation for the Initial Case Plan Conference

Procedure

The SSW:

1. Involves, to the fullest extent possible, the participation of the family which includes all children ages six (6) and older, other significant persons in the child's life not living in the family unit, such as legal and/or biological parents (including identified fathers as outlined in SOP 4.14 Family Attachment and Involvement) and relatives;
2. Assures that the case plan matches the intensity of the service with the intensity of need and:
 - A. Is based on family strengths, needs and resources;
 - B. Includes all services;
 - C. Describes how the services will be provided;
 - D. Specifies community partners;
 - E. Includes service goals and their:
 - i. Objectives;
 - ii. Task;
 - iii. Scope;
 - iv. Timing;
 - v. Expected duration of each service element; and
 - F. Specifies anticipated outcomes;
(Refer to **CPS CQA Anchors**)
3. Makes a concerted effort with the family to promote and explain the necessity for community partner involvement in case planning for successful attainment of desired outcomes;
4. Partners with families and other staff and uses engagement skills that focus on strengths of the family to build consensus about the case plan;
5. Documents in service recordings and contacts how the partnership is carried out in case planning and service delivery;
6. Explores the family's vision for a safe future, which may be included in the case plan, to encourage co-ownership and family engagement;
7. Updates the CQA and case plan as needed;
8. Documents in the running/service record when the family declines community partner involvement, to include:
 - A. Why the family refuses assistance/involvement from community partners in case planning, including the SSW's efforts to promote acceptance of community partner involvement; and

- B. The joint identity of potential community partners, which could make a significant contribution to the family;
9. Encourages and supports all team and family members to participate in case planning using the family solutions model;
 10. Incorporates information from all sources into a coherent, individualized planning document with specific and measurable objectives that will guide the provision of services;
 11. Incorporates the **Prevention Plan** as a worksheet, which is based on a family's strengths to develop primary objectives that are related to the prevention of further child maltreatment in the home and associated tasks to include:
 - A. Identifying strengths of the family;
 - B. Identifying high risk patterns;
 - C. Identifying early warning signals;
 - D. Planning to prevent high-risk situations;
 - E. Planning to interrupt high-risk situations early, if not prevented; and
 - F. Planning for escape from the high-risk situation, if early interruption fails;
 12. Identifies, with the family and others, as appropriate, the needed supports and services;
 13. Includes in the case plan all services offered to assist the family to improve the following:
 - A. Safety;
 - B. Care;
 - C. Relationship with their children; and
 - D. Parent's ability to fulfill their roles to promote child and family safety, well-being and permanency, whenever possible;
 14. Arranges for services from community partners, through use of the CQA and case plan, which may include, but are not limited to, the following:
 - A. Child care;
 - B. Family preservation and reunification;
 - C. Home health;
 - D. Mental health;
 - E. Physical health;
 - F. Education;
 - G. Housing; and
 - H. Clothing;

(Refer to **Mental Health/Illness Indicators Tip Sheet**)
(Refer to **Substance Use/Abuse Tip Sheet**)
 15. Reviews the case planning process with the family and members of the family's team, once a case has been opened for ongoing services;
 16. Provides information, during the initial contact to develop a case plan, when appropriate, about the following:
 - A. Basis for DCBS involvement;
 - B. Rights and responsibilities of the parent and child;
 - C. Roles of each team member and the court, including how DCBS staff will support achievement of desired outcomes;
 - D. Service options that address the:
 - i. Prevention of further maltreatment, presenting problem or need;
 - ii. Individual behavior changes needed;
 - iii. Risk factors that threaten the well-being of all family members; and
 - iv. Benefits and consequences of each.

SOP 3.5 Participants and Notification for All In-Home Cases

The SSW:

1. Encourages families to involve friends, family members and community partners that have the potential to be beneficial;
Considers involving the following individuals, not inclusive, in case planning:
 - A. Family members, including identified fathers as outlined in SOP 4.14 Family Attachment and Involvement, of appropriate age;
 - B. SSW and other staff involved;
 - C. Guardian Ad Litem, if court is involved;
 - D. Parents attorney;
 - E. Community partners including service providers; and
 - F. Other participants the family wants present.

SOP 3.6 Negotiating Objectives and Tasks

The SSW:

1. Negotiates objectives and tasks with the family and community partners, as applicable, during a case planning conference;
2. Documents in the case plan the start dates of tasks to achieve the objectives within the six (6) month timeframe;
3. Provides ongoing assessment of the family's progress towards the negotiated objectives and tasks, at minimum, by:
 - A. Monthly face to face contact by the SSW with the family and children in the home, including identified fathers as outlined in SOP 4.14 Family Attachment and Involvement; and
 - B. Quarterly contact by the SSW with community partners.

4.20 Participants and Notification for All OOHC Cases

The SSW:

1. Is required to invite the following individuals, not inclusive in case planning:
 - A. Both legal and biological parents, absent parents, non-custodial parents and family members, including identified fathers as outlined in SOP 4.14 Family Attachment and Involvement;
 - B. Children, six (6) years of age and older (unless there is a clinical justification for not doing so or the SSW has evaluated the child and deems it not in child's best interest to participate);
 - C. Other Cabinet staff involved, which may include the designated swift chair when the child's permanency goal is being changed to adoption and at subsequent case planning conferences as outlined in SOP 13.3 Swift Adoptions;
 - D. Objective third party as required for periodic reviews;
 - E. Parent's attorney, if applicable;
 - F. Child's attorney, Guardian Ad Litem;
 - G. County attorney;
 - H. Caregiver (foster parents, PCC provider, relative, etc.); and Court Appointed Special Advocate (CASA).

The following SOP for Family Team Meetings is being revised and is in DRAFT form. The SOP is based on interviews with family members, community partners and feedback from DCBS staff.

Family Team Meetings SOP 1.7

A family team meeting (FTM) is a tool for engagement used to assist a family in achieving safety, permanency and well-being outcomes and sustainable family changes.

Family team meetings are held:

- Ninety (90) days after the opening of a case (including in-home cases) or ninety (90) days after a child enters out of home care;
- Within thirty (30) days of reunification; and
- At other critical junctures, as requested by the family or DCBS.
- Emphasis on inviting formal and informal partners that can truly assist the family, and that we can be creative about how we involve them (by phone, by letter, etc.)
- Importance of documenting in service recordings attempts to engage relatives, fathers, and partners.
- If an FTM is held at times other than for case planning purposes, the SSW modifies the case plan in TWIST when new tasks are negotiated or changes in the case have occurred (child returns home, new baby is born, new adult household member is added such as a paramour, etc).

90 Day In-Home FTM

- Focus is on assessing progress and making sure we are wrapping services and supports around the family to prevent further maltreatment or maintain the family together safely at home.
- If this is a Kinship Care case, involve not only the parents but the relatives to make sure everyone is on the same page.
- Focus is on assessing the family's progress and making adjustments to case plan objectives and tasks as needed.
- Another point to look for or consider possible relatives for placement.
- Adds a concurrent planning permanency objective in the Child/Youth Action section of the case plan, if the case meets criteria for concurrent planning.
- Helping prepare parents and children if reunification is imminent.

Reunification FTM

- If held prior to children returning home, focus on increasing visitation and how to monitor this to assess safety and parent's readiness for reunification.
- Looking at transitioning of services current in place or what services are needed to help the family to be successful such as Intensive In-Home Reunification services or Family Reunification Services.
- Developing a plan to mitigate risks such as relapse plans for substance abusing parents, supervision plans, support plans, etc.

Case Planning SOP Updates

- Inviting people who can help the family and who the family wants there.
- Involving children whenever possible, particularly school age children and older, perhaps at the beginning of a conference to minimize their time out of school and not subjecting them to adult issues.

- Tools developed specifically for cases involving domestic violence.
- Case Planning Meeting Brochure so parents know what to expect prior to conference.
- Increased FSOS involvement in the case planning process.
- Objectives and tasks should be specific, realistic, measurable, individualized, time-limited and linked to the maltreatment identified in the CQA.
- The Elements of the Case Plan grid is found in practice guidance that talks about the difference between goals, objectives and tasks.
- Case Planning SOP and Concurrent Planning SOP were combined as the processes for children in OOHC need to occur simultaneously.

Jefferson Panel Recommendations

- The Panel recommends that a rotating team of supervisors meet with Intake on a quarterly basis to discuss and improve criteria and data collected via hot line calls.

Jefferson Region Response

This is an area that receives ongoing examination by the region. There is a natural tension between Centralized Intake and Investigations when the volume of referrals increase as it has in recent years. According to the CPS Call Fact Sheet 7/1/10- 6/30/11, there were 8,441 CPS calls to the hotline. 7,081 or 83.9% of the calls met criteria for acceptance. This is the highest percentage of any region in the state with Northern Bluegrass accepting 70% of calls as meeting criteria.

In Jefferson Service Region (JSR) the investigative supervisors and SRAAs who manage intake and investigations meet together every morning to assign cases, look at equalizing assignments, and assign overflow. If there is a referral that appears to not meet criteria or has insufficient identifying information to investigate, the Intake SRAA and Investigations SRAA meet about the specific referral after the morning meeting. If trends are identified training is provided to the CI staff by their supervisor to improve the work quality in assessing referrals.

In Jefferson County during the reporting period of 7/1/10- 6/30/11, 25% of referrals were substantiated or designated family in need of services (FINSAs). The state percentage was 23.4%. 59.4% of Jefferson cases were rated as low risk compared to 56.7% statewide.

Following discussions on acceptance criteria, the CI SRAA asked for Central Office assistance in reviewing the CI process for assessing calls that met criteria for a report based on SOP. The Child Safety and Adult Safety Branch Managers visited Jefferson region July 27, 2011 and spent the day observing the hotline workers. Those findings will be reviewed at the next CFSP meeting and next steps planned.

Acceptance criteria were addressed at the annual CI meeting held in September. Representatives from each region attended. Actual CPS and APS scenarios documented in TWIST were presented. Facilitated discussion followed as to perceptions of whether they met criteria.

The JSR Investigative SRAA is meeting with Family Court Judges and JCPS school representatives to look at more effective ways to address educational neglect cases which are often low risk cases. Regional management is talking with JCPS FRYSCs coordinators about using resource linkages as diversion.

The JSR believes the actions outlined above will help address questions regarding acceptance criteria. Given all these actions, JSR would request the panel clarify its recommendation for a quarterly rotating management with supervisors.

Parent Orientation Group

□ Based on DCBS' focus on family engagement due to the most recent CFSR findings and the statewide and Jefferson County Program Improvement Plans, the panel reviewed the Parent Orientation Program in Jefferson County within the context of other similar programs offered nationally ranging from an online video to a five-day educational session. Clearly this is an initiative requiring relatively minimal resources and significant potential impact for engaging families.

- a) Adequately staff facilitation of this program, while continuing to integrate it with similar initiatives such as the Parent Advocate Program.

Jefferson Region Response

The Parent Orientation Program has shown excellent results to date, with a survey of parents in 2010, showing 100% would recommend the Parent Orientation to another parent. The Orientations are facilitated by a CPS Specialist, a Parent Advocate and a Court Representative.

There is a Parent Orientation work group that meets regularly to update, revise and evaluate the program. The CQI Specialist, Parent Advocate Coordinator and OOHC specialist participate in this work group along with Parent Advocates. In fall 2011 two MSSW practicum students will be devoting time to community outreach and marketing of the program as well as facilitating and evaluating it.

- b) Engage community partners such as Family Resource Centers and Neighborhood Places to market the program and serve as locations for the orientation to be held so that implementation is closer to the community and more likely to promote family attendance.

Jefferson Region Response

The Parent Orientation work group has planned a pilot holding the orientations at 3 Neighborhood Places beginning this fall. They are the Cane Run NP, First NP, and Ujima NP.

- c) Revise the brochure ensuring that the language is at a level that is understandable to the majority of family members and emphasizes more effectively the true benefit of participating in this brief educational session.

Jefferson Region Response

The work group continues to look at the need for changes in the brochure. The Citizens Review Panel recommendation has been forwarded to them for consideration.

Central Office Response

The Permanency PIP Workgroup collaborated with the University of Kentucky Training Resource Center (UKTRC) to revise the "When Your Child Is Removed From Your Care – A Parent's/Guardian's Guide." This brochure will be provided to all parents/guardians

who have a child removed. Their rights and responsibilities are clearly explained, name/address/phone number for the social worker is listed and an explanation of the court procedures and case planning process is included.

- d) In addition to distributing the brochure with the letter regarding investigation findings, which may negatively impact families' likelihood of considering it, make marketing materials available in other, less-intimidating locations to encourage families to take advantage of the opportunity, such as FRYSCs, Neighborhood Places and other community agencies, in the offices of attorneys typically appointed to represent parents, etc.

Jefferson Region Response

The work group has already planned to send the dates and locations of orientations to all the parent's attorneys. The brochures are currently available in all the staffing rooms, in Family Court and conference rooms. Reminder emails with upcoming dates are being sent to all staff, court personnel, judges and attorneys quarterly by the OOHC specialist.

Jefferson Panel Recommendation

In light of the experience of furlough days and declining resource, the Panel requests a clarification from Central Office regarding the means of calculation of "caseload size" as this is reported to the Legislature and the Governor. The Panel believes that any such calculation should consider vacancies, new worker training and approved leave. This would reinforce our belief that teams who conduct CPS Investigations, like the State Police, should be exempt from furloughs; AND that every effort must be made to provide these teams with adequate resources and sufficient manpower to protect Kentucky's vulnerable children. Members of every Panel could be politically and personally helpful in advocating for these Teams if given this information.

Central Office Response

The agency strives to ensure its workers maintain manageable workloads. DCBS operates within both COA best practice guidelines as well as state statutory (KRS 199.461) requirements. KRS 191.461 sets forth the requirement that the monthly statewide caseload average for social service workers in the area of foster care, child protection, juvenile service or adult protection not to exceed twenty-five active cases, with "active case" being defined as the case for which the worker has responsibility. The monthly statewide average is determined by calculating the number of cases and staff in each program area for a four week time span. County and regional calculations are conducted in the same manner. The Department is only mandated to report to the Governor and Legislature if the statewide average is more than 25 for ninety consecutive days. The agency's ability to maintain manageable workloads within its regions is a result of its strategic multi-layered approach to caseloads that couples diligent case assignment with ongoing evaluation at both regional and central administration levels.

Case Assignments

Management procedures for case assignments concentrate on the examination of both skill and experience of workers taken in conjunction with considerations such as case complexity (e.g. severity of perceived maltreatment, number of children, family history, substance abuse, mental health, domestic violence, etc.) In addition, factors such as administrative duties (e.g. typing assessments, drafting case plans, court appearances, etc.), geographic location, cultural expertise, court appearances are also assessed at the time of case assignment.

Worker Vacancies

As the panel understands, worker absence due to medical leave, modified work duties or pending disciplinary actions along with worker resignation can cause episodic fluctuations in caseloads. These situations, which are not unique to DCBS, are remedied as quickly as possible. In the interim, cases will temporarily be assigned to another worker not only for case management responsibilities but also for tracking purposes within SACWIS.

Worker vacancies are filled based upon consideration of county caseload average and budgeted funds. Agency leadership has designated maintenance of the workforce as a top priority.

Southern Bluegrass Panel Observations

Supports

Families who have support (school connections, mental health provider connections, etc.) seem to have the best outcomes.

Central Office Response

DCBS concurs with the Panel's observation which is supported by research. The DCBS has promoted this concept through the Case Planning SOP revisions, training, coaching and mentoring. Those professional and lay persons providing services, encouragement, resources can have a tremendous impact in the growth and stability and enhanced capacity to identify and find solutions to barriers.

Collaboration

Working effectively with community partners is important. CPS workers and supervisors commented that collaboration is often difficult given hectic work schedules. Family Team Meetings are not consistently and effectively utilized for these cases. Existing supports (school counselors, therapists, etc.) for these families are often not made aware of an open DCBS case and/or plan.

Communication

Frequent contact between the in-home provider and CPS worker is important in effectively managing cases. CPS workers commented that weekly contact from in-home service professionals produces valuable information and creates an effective and collaborative relationship between providers. Email is likely the most feasible way to communicate at this frequency and works well for CPS workers. Not all in-home providers regularly update the CPS workers, which is problematic.

Central Office Response

The DCBS has always encouraged staff to collaborate with community partners during the investigative, case planning and ongoing services stages of the case. Families may determine who to invite to the case conference or Family Team Meeting on in-home cases. A renewed emphasis is being placed on the importance of including community partners in the assessment, case planning and service provision. Staff are coached to use alternatives to face-to-face meetings with community partners. A service provider may be contacted prior to a case plan conference to gather information to guide the process. Another option may be to have the provider join the group via conference call. SOP supports scheduling conferences at times convenient to the family and the community partners. The Department appreciates the

observation that communication is a two way street and that both DCBS staff and the in-home service provider bear a responsibility for maintaining communication. The department will share this observation at its next meeting with service providers and will strengthen that requirement in the issuance of future Requests for Proposals.

□□ In-Home Services

In-home programs are helpful in supporting families and assisting the CPS worker in managing cases. In-home programs sometimes have waiting lists, Medicaid requirements or restrictions on serving these cases (domestic violence, substance abuse in the home, etc.), creating barriers for families. The universal referral form has simplified the referral process.

Central Office Response

Services to support families with children in the home have increased over the past year. Intensive in-home services through Family Preservation and Community Collaborations for Children make every attempt to assess and initiate service provision timely. Restrictions related to eligibility are related to requirements of the federal program supporting the contract and, thus, cannot be waived.