



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
COMMISSIONER'S OFFICE
COA Accredited Agency**

Steven L. Beshear
Governor

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Audrey Tayse Haynes
Secretary

September 30, 2014

The Honorable Steven L. Beshear
700 Capitol Avenue, Suite 100
Frankfort, Kentucky 40601

Dear Governor Beshear:

The Cabinet for Health and Family Services, Department for Community Based Services has enclosed its responses to the most recent Kentucky Citizen Review Panel's annual report.

Kentucky's Citizen Review Panel is a volunteer organization. Its existence and annual report are components of an eligibility requirement for Kentucky's continued receipt of federal funds authorized by the Child Abuse Prevention and Treatment Act (CAPTA), which was most recently reauthorized in 2010. CAPTA also requires the state child welfare agency to submit a public response. Both the annual report and response are submitted to the U.S. Department of Health and Human Services, Administration for Children and Families.

If you have any questions or need additional information, please contact Tina Webb, Assistant Director for the Division of Protection and Permanency, at 502-564-6852.

Sincerely,

Teresa C. James, LCSW
Commissioner

Enclosure





**CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services**

Steven L. Beshear
Governor

Commissioner's Office
275 East Main Street – 3WA
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Audrey Tayse Haynes
Secretary

September 30, 2014

Marcia Seiler, Acting Director
Director of Education Accountability
Legislative Research Commission
700 Capital Avenue, Room 300
Frankfort, Kentucky 40601

Dear Ms. Seiler:

The Cabinet for Health and Family Services, Department for Community Based Services has enclosed its responses to the most recent Kentucky Citizen Review Panel's annual report.

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Sincerely,

A handwritten signature in blue ink that reads "Teresa C. James".

Teresa C. James, LCSW
Commissioner

Enclosure

DEPARTMENT FOR COMMUNITY BASED SERVICES

RESPONSE TO CITIZEN REVIEW PANEL ANNUAL REPORT

September 30, 2014

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Department for Community Based Services**

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Audrey Tayse Haynes
Secretary

September 30, 2014

Dr. Blake Jones
Coordinator, Kentucky Citizens Review Panel
University of Kentucky, College of Social Work
1 Quality Circle, Suite 700
Lexington, KY. 40507

Dear Dr. Jones:

On behalf of the Department for Community Based Services, I want to express appreciation for the submission of the Kentucky Citizen Review Panel for Child Protective Services Annual Report (2014)*. The report provides a valuable tool for quality improvement in accordance with 42 U.S.C. 5106a(c).

This letter precedes the responses to the panel's recommendations and observations. Please ensure that the panel members are commended for their diligent work and partnership with the Department for Community Based Services to improve the safety, permanency, and well-being of children, youth, and their families.

Sincerely,

A handwritten signature in blue ink that reads "Teresa C. James".

Teresa C. James, LCSW
Commissioner

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*Retrieved 9/19/14 at:

<http://www.uky.edu/SocialWork/crp/states/ky/Kentucky%20Citizen%20Review%20Panel%20for%20Child%20Protective%20Services.%202014.pdf>

Responses to the Statewide Citizen Review Panel (CRP or panel)

In State Fiscal Year 2014, the statewide panel worked on two projects: 1) foster care drift (i.e., placement stability), and 2) expanding the pediatric forensic medical consultation service that is currently provided by the University of Louisville School of Medicine and directed by Dr. Melissa Currie.

Topic One: Placement Stability

Child welfare professionals usually refer to the tendency of foster children to move as “placement stability”; thus, the Department for Community Based Services’ (DCBS) response uses that terminology. As requested, DCBS provided information to the panel about the number of placements of children in foster care within certain timeframes. DCBS considers this area of critical concern, because the ultimate goal for our children in care is to have a safe and nurturing placement, obtain permanency within a timely fashion, and experience the fewest number of placements possible. The panel’s analysis of the data is consistent with the DCBS’ analysis of the statistics. Generally, a longer length of time in foster care for a child correlates with the child experiencing more placements. More time in foster care typically means more placements. Over the past year, there have been several initiatives by DCBS to address this issue.

DCBS has partnered with the University of Louisville to address placement stability with a project called “Safe Space Grant.” The purpose of this grant is to initiate a thorough trauma-informed, mental health screening of a child at the beginning of their placement in state care. This mental health screening will serve two main goals. First, it will better ensure that children are being served and their needs are being met comprehensively upon foster care entry, and those children will receive services aligned with their need. Secondly, the assessment and subsequent service referrals will assist children with their needs on the front end, thereby enhancing their placement stability and permanency.

In addition, the Kentucky Children’s Justice Act (CJA) task force is funding a statewide trauma-informed care training to assist multiple professionals working with DCBS families to understand how a child’s trauma can impact their behavior, current needs, placements, etc. CJA is collaborating with the University of Louisville grant coordinator to ensure that the roll out of both projects coincides to provide the best services and response for DCBS families and children.

DCBS has also made concerted efforts to ensure that the number of children in residential care declines. When children come into care, they are given a level, which indicates the level of care and supervision that would best serve their needs. The levels range from 1-5, with one having the least intensive service needs, and five having the most intensive needs. Level three children are the children in the middle. The DCBS Commissioner directed all staff to re-evaluate children on their caseload who were level three. Those children have been re-evaluated throughout the year with the support of DCBS Central Office staff and have been referred to more wrap-around services to meet the child’s needs. A vast number (175 out of 190 children) have been transitioned into therapeutic foster homes, other more home-like settings, or a lower level of care.

The panel has expressed a potential need for further analysis of this topic. If the panel chooses to do so in the upcoming year, DCBS looks forward to the outcome and recommendations of the analysis. DCBS will also continue to partner with this panel on this topic, because the topic is vital to the children served.

Topic Two: Expansion of Pediatric Forensic Medicine Consultation

As likely relayed to this panel, Dr. Melissa Currie has described the difficulty in recruiting new child abuse certified pediatricians, because child abuse medicine has only recently (i.e., within the last five years) become a medical sub-specialty. The sub-specialty requires physicians to obtain additional years of medical training above and beyond medical school. Additionally, doctors often times do not wish to pursue this sub-specialty for a variety of reasons, including that the sub-specialty area is not financially lucrative, it is often times more emotionally taxing than other specialty areas, and some doctors are not able to cope with the trauma of seeing abused and neglected children.

For this topic, the statewide citizen review panel indicated plans to survey both nurses and frontline DCBS staff regarding service needs, gaps, and deficiencies. In addition to the findings and recommendations of the panel, DCBS anticipates that the survey will inform initial and ongoing staff trainings about this program.

Responses to the Jefferson Service Region CRP

The Jefferson panel requested DCBS Service Region Administrator for Jefferson, Jackie Stamps, to provide them with topics that were of interest to the region. The panel worked on three main topic-specific goals: 1) to review and remark on findings of data provided by DCBS concerning cases that were past due in their completion by investigative workers; 2) to review and remark on findings from data provided DCBS in regards to initiation of abuse or neglect reports that were considered high risk within a one hour initiation timeframe; and 3) to review and remark on findings from data provided DCBS in regards to face-to-face meetings with children in out-of-home care that are required monthly. Additional projects were discussed throughout the year and were initiated, but they are still in the process of being completed. Those projects will be detailed later.

Goal One Topic: Past Due Investigations

The topic of past due investigations is one that has been discussed at length by upper management and regional management. Through this response, DCBS would like to address misinterpretation presented in the Jefferson panel's portion of the report. Per agency standard, an investigator has 45 calendar days to complete an investigation, which amounts to 30 working days. In the data shared by DCBS, investigations labeled 15-45 days are not past due. Of the data provided, anything over 45 days is considered past due and is out of compliance. In addition, a worker is allowed to request up to two extensions if a case falls within an exception written into agency protocol. DCBS standards for past due rates, as evaluated in yearly performance evaluations, specify that a worker is expected to have 80% of the worker's investigations typed, completed, and approved by the worker's supervisor within 45 days.

The panel created inaccurate tables and drew incorrect conclusions due to the panel's misreading of DCBS-supplied data. For example, the panel's report concludes that Cumberland and Eastern Mountains Service Regions "...are the highest for those that are late 15-45 days." In actuality, the numbers reflect that those two regions specifically are the most current in compliance with policy, because cases are not considered out of compliance until after day 45. The panel data also did not discern investigations with valid extensions, which would not be considered past due.

To address the past due issue, Jefferson Service Region has been provided 11 positions over and above their employee cap. DCBS also began offering overtime for staff to complete these cases and hired interim staff and agency retirees on contract to assist with past due investigative cases. DCBS also implemented a new investigative template and established new data entry screens in January 2014. The later changes were designed to enhance workers' attentiveness to risk factors and protective factors and, at the same time, to provide a faster, more efficient documentation process—both of which will subsequently reduce past dues and improve quality.

In addition, the Jefferson Service Region has engaged in several initiatives over the last year to address the issue of past due investigations. One initiative is to provide protected "locked in" time during which the worker is taken out of rotation and is not assigned a new case for the day or the length of time as determined by management. The "locked in" time allows workers of Service Region to focus on the completion of past due cases. Jefferson Service Region also worked with the courthouse personnel and was able to secure a room for child protective services workers to type and work while they wait for their court case to be called, thereby assisting with worker efficiency. Additionally, Jefferson Service Region

has recently asked DCBS Central Office to assist some workers with completion of past due investigations by mentoring them with time management issues, helping make follow-up home visits or phone calls to collaterals, and in some cases, actually assisting to type up past due investigations.

The panel did not make any recommendations related to past due investigations. DCBS will continue to work with regional personnel to implement strategies to reduce the incident of past due investigations.

Goal Two Topic: Initiation Timeframes for High Risk Cases

Data were provided to the panel delineating initiation rates for high-risk cases (i.e., investigations that were initiated in 24 hours or less) versus low risk cases (i.e., investigations that were initiated in 48 hours or less) in Jefferson Service Region, as compared to statewide.

The expectation for timely initiation of an investigation in Kentucky is the same for all DCBS regions and is specified by 922 KAR 1:330. The federal expectation is that the state complies with its own requirements, and defines initiation as face-to-face contact with the victim. Kentucky's standards are some of the strictest.

- Kentucky: Reports of imminent danger or human trafficking are initiated in 1 hour. Non-imminent physical abuse reports are initiated in 24 hours. Non-imminent, non-physical abuse reports are initiated in 48 hours.
- Tennessee: Reports of imminent danger are initiated in 24 hours. Non-imminent injury or risk of injury are initiated within 48 hours. Low risk situations are initiated within three business days.
- South Carolina: If children are in present or immediate danger, the response is within 2 hours; all other reports require a 24 hour response.
- Georgia: Reports of severe nature require immediate to 24-hour response. "Immediate" means at the moment. Reports of a less severe nature/without present danger are to be responded to within two to five work days.

The Jefferson Service Region has been working with DCBS Central Office on initiation of all cases for some time now. The internal work has resulted in a steady increase in timely initiation for all cases. Within the past year and a half, the region completed an updated training with all workers about the standards of initiation timeframes. The region also implemented internal changes in regards to assignment of cases. This area of work continues to be closely monitored regionally and at the DCBS Central Office level.

Goal Three Topic: Face-to-Face Visits with Children in Out-of-Home Care

DCBS provided data about its rates of face-to-face visits with children in out-of-home care. The data indicated that Jefferson Service Region was within compliance of agency and federal standards. The panel is correct that, in 2013, the federal government changed the way it calculated percentages, thereby increasing states' compliance rates and the Jefferson Service Region's. The Jefferson Service Region also made internal changes to assist workers to collaborate and streamline their visits to foster homes and foster children, which improved the region's performance data.

Additional Proposals

The panel is working to advocate for DCBS by contacting a local legislator to discuss the possibility of the legislature re-authorizing pilot personnel projects, which would allow for quick hiring of frontline child protective services staff and mentoring of those staff prior to them actually being hired. Jefferson, as well as other Service Regions, struggle with staff turnover, and recruitment and retention of qualified staff is a subject that DCBS continually monitors and addresses within available resources.

The panel is also working on the production of a calendar to distribute to parents with whom DCBS is currently working. The calendar would provide information centered on child abuse prevention and would also have a pocket that would allow parents to keep up with important documentation provided by their DCBS worker. If the panel is able to complete this project, this would be valuable resource for parents working with DCBS.

Responses to Southern Bluegrass CRP

The Southern Bluegrass panel examined the topic of foster parent recruitment and retention. Both foster parents and DCBS recruitment and certification workers were surveyed. Survey results showed that 73.3% of foster parents indicated (either strongly agreed or agreed) that they were provided proper training by DCBS about being a foster parent. Also, 62.7 % either agreed or strongly agreed that they were provided proper guidance by their DCBS worker. Survey results indicated that foster parents noted the hardest part of being a foster parent is not being “kept in the loop” regarding the child’s actual case status. Survey results provided positive feedback, particularly for the Southern Bluegrass Service Region’s recruitment and certification team, as well as positive feedback toward the training program in place for new foster parents. The foster parent survey also provided insights that may guide strategies for recruitment of new foster parents.

The Southern Bluegrass CRP also hosted the 2nd Annual Conversation on Collaboration 2.0. The conference was well attended and centered around conversation and communication between community partners. The collaborative event is an effort by the panel to bring community partners together and break down barriers to service provision for families. Attendees gained information about different community agencies that assist in child protection at a community level.

The panel did not make any recommendations to DCBS in regards to this goal, but did engage in two separate recognition efforts. First, the panel handwrote thank you notes to all foster parents in the Southern Bluegrass Service Region. The second panel recognition effort was employee recognition. That recognition was peer nominated. DCBS commends the panel for the recognition efforts to those who are often not recognized or given their due appreciation. This project showed the true dedication and concern that this panel has to not only children, but also those persons who oversee the safety of, and are the change impetus for, children.