

State of Kentucky Child Abuse and Prevention Treatment Act State Plan, June 2011

I. Introduction

The Cabinet for Health and Family Services, Department for Community Based Services (department) presents the state's Child Abuse and Prevention Treatment Act state plan. The department is the entity responsible for administering the state's statutes and regulations relating to child welfare. The report was completed per program instructions ACYF-CB-PI-11-06. The Child Abuse Prevention and Treatment Act (CAPTA), as reauthorized, requires States to submit a new state plan to remain in effect for the duration of the state's participation in the grant program, with provisions to periodically review and submit substantive changes as appropriate. This section outlines Kentucky's eligibility, chosen purposes and related justification, and discussion of past and prospective tasks within the CFSP. (See Attachment 1 for the CAPTA assurance.)

II. State Eligibility, Notice of Significant Changes in the State's Plan, Notice of Significant Changes to State Law or Regulations Pertaining to Child Welfare Services or Treatment.

Kentucky maintains eligibility and compliance with the CAPTA assurances. This submission of the state's CAPTA plan does not have any significant changes from the state's previously approved plan. The state has not had substantive changes to state law or regulations pertaining to child welfare services and treatment that would affect the state's eligibility for the CAPTA state grant.

III. Selected Program Areas for Improvement (from the fourteen areas delineated in section 106(a)(1) through (14) of CAPTA or 42 USC 5106a)

- Purpose 2: ...Improving legal preparation and representation, including- (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
- Purpose 4: Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols;
- Purpose 6: Developing, strengthening, and facilitating training including—(A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for case workers;
- Purpose 14: Supporting and enhancing collaboration among public health agencies, the child protective system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education system) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

IV. Activities, Services, and Training to Be Funded (in Whole or Part) Under CAPTA:

The University of Kentucky Comprehensive Assessment and Training Services (CATS) Project (purposes 4 and 14)

The University of Kentucky Comprehensive Assessment and Training Services (CATS) Project, developed in 1999, provides multi-dimensional, comprehensive, proactive assessments of children and families identified by DCBS. This assessment provides a “snapshot” of the child and family strengths and vulnerabilities within five (5) major domains: 1) Family/social; 2) Emotional/behavioral; 3) Attachment; 4) Life history/traumatic events; and 5) Developmental/cognitive/academic. For each of these five (5) domains, quantitative and qualitative data are gathered using developmentally appropriate measures. The children that are targeted for this project are from birth to three (3) years old, are in concurrent, pre-adoptive or post adoptive homes, and were exhibiting evidence of attachment difficulties. The information is used by Cabinet for Health and Family Services (CHFS) personnel to more effectively negotiate and implement a case plan that includes family and individual level objectives that will address safety and permanency issues for children. Obstacles to safe and effective parenting are more likely to be removed or treated if identified through a comprehensive assessment. Also, through this comprehensive assessment, guided interventions can be developed to prevent out of home placements for children or more timely reunification in the cases where a removal has occurred. The CATS report is a valuable tool available to assist personnel in expediting permanency for children. CATS’ personnel frequently provide testimony in termination of parental rights cases. The CATS project also helps to enhance a child’s well being by increasing the likelihood that a child will receive treatment for medical, behavioral, and mental health issues that have been identified.

The CATS project requests (and often receives) treatment and interventions summaries from many community health, mental health and social service agencies. The results of these interventions are often summarized in the CATS report in order to provide an accurate overview of the child and families in regard to strengths, community resource utilizations and in order to determine and assess on-going risk for repeat child maltreatment. At times, collateral interviews are conducted with community partners who have worked with families being assessed.

Pediatric Forensic Medicine Contract (Purpose 2B and 14)

Funds will be used to support agency efforts in legal preparation and representation in cases involving child abuse and neglect. A contract for the provision of pediatric forensic medical consultation will also support collaboration with health providers in child abuse and neglect cases. Under the contract, the providers will:

- Perform consultations/forensic evaluations on children when abuse and neglect reports received by the Cabinet for investigation, and the origin of injuries are not clear, and
- Provide up to 20 hours of education about recognition of child physical abuse to DCBS staff or affiliated partners at no additional charge.

Additionally, an interdisciplinary team, headed by at least one pediatrician with specialized training & experience in child abuse recognition, will be available to consult with DCBS (CPS staff at the local, regional and/or central office levels). The team will coordinate with the departments’ regionally based Commission for Children with Special Health Care Needs nurses. Those consultations may be brief and include phone consultation; however, a comprehensive evaluation will be provided as required by the child’s needs, including a full forensic examination (which may include photo documentation, addition procedures such as X-rays, CT scans, or eye

exams). Contracted providers will produce written medical opinions and documentation of the results of consultations & evaluations. Contracted providers will produce written documentation of consultations and evaluations within 30 days, and providers will be available for court testimony as needed.

Ongoing DCBS Staff Training Efforts (Purpose 6)

Funds will be used to develop, strengthen and facilitate training opportunities and requirements for staff in protection and permanency responsible for overseeing and providing services to children and their families through the child protection system. The DCBS Training Branch will continue to provide training/educational courses designed to strengthen the child protection system.

V. Policies and Procedures that Promote Family Engagement in Decision-Making

Agency personnel are encouraged to engage families in decision-making throughout the life of the case. As such, instead of a single specific procedures, language supporting engagement as a practice are interwoven throughout the state's written procedures, practice guides, training materials, and case review instrument. However, some particularly relevant materials can be read directly at:

Kentucky Standard of Practice:

- [Section 3.4 Preparation for the Initial Case Planning Conference](#)

Kentucky Standard of Practice Resource:

- [Visitation Between Caseworker and Parents Tip Sheet](#)
- [Visitation Between Caseworker, Child\(ren\) and Care Provider Tip Sheet](#)
- [Involvement of Fathers Tip Sheet](#)
- [Promoting Family Team Meetings \(FTM\) Tip Sheet](#)
- [Strengths in Families Worksheet](#)

VI. Policies and Procedures that Promote Collaboration with Service Providers

Ultimately, a significant portion of the state is primarily served by local community mental health agencies. Community mental health agencies offer mental health services and substance abuse services. Domestic violence victims can receive additional services through the state's domestic violence association, including case management and emergency shelter. Language supporting collaboration with service providers is interwoven throughout the state's written procedures, practice guides, training materials, and case review instrument. However, some particularly relevant materials can be read directly at:

Kentucky Standard of Practice:

- [Section 1.9 Working With Service Providers](#)
- [Section 21.4 Referral to Spouse Abuse Center](#)

Kentucky Standard of Practice Resource:

- [Partnerships for Service-A Manual of Collaboration for Kentucky's Social Service and Mental Health Agencies](#)

VII. Policies and Procedures Regarding Differential Response

Procedures regarding Kentucky's use of differential response can be read directly at:

Kentucky Standard of Practice: [2.1 Receiving the Report](#)

VIII. Citizen Review Panels

A copy of the annual Citizen Review Panel report and agency response is attached (Attachment 2).

IX. Annual Data Report

Juvenile Justice Transfers

Juvenile Justice transfers refers to the population of children who are transferred from the department's custody to the responsibility of the state juvenile justice agency, either placed in that agency's custody or through legal commitment. Once the court order is issued, the DPP caseworker enters the change in the SACWIS by noting an "exit" in the child's placement screen. Department personnel are directed to enter data in a TWIST field designated as "Transferred to Another Agency," and the juvenile justice transfer number is extrapolated from that field. Additionally, the department and the state Department of Juvenile Justice have an informal agreement to share data on this population. Data sharing among agencies occurs in alignment with the Federal AFCARS submission twice per year. Children who exit to the state juvenile justice agency may do so for a variety of reasons associated with their specific situation and court case. Typical reasons for transfer include the receipt of a criminal conviction for crimes committed prior to or during their commitment to the child welfare agency. During calendar year 2010, 50 children under the care of Kentucky's child protection system were transferred into the custody of Kentucky's juvenile justice system (Department of Juvenile Justice).

Information on Child Protective Service Workforce

CAPTA requires states to report information regarding its personnel who are responsible for intake, screening, assessment, and investigation. In Kentucky, workers do not experience differences in classification (job title), core curriculum training, or pay based on caseload type. Some workers do carry entirely investigative caseloads; however, any worker could be tasked with an investigation since the agency's expectation and design is towards a generic workforce. The direct line of leadership supervising an individual position has the flexibility to task specific individuals or create teams of specific individuals who only do investigations for efficiency. However, there are regional and county situations where every worker is generic, or at least flexible, and carrying a mixed caseload of investigations and ongoing at any given time. Thus, the state's data system does not separate worker data based on specialty, since the system is designed to consider every position generic.

Education, qualifications, and training requirements
established by the State for child protective service professionals,
including for entry and advancement in the profession,
including advancement to supervisory positions;

Department personnel are organizationally aligned by their class title. A class title encompasses the duties and the qualifications, education, and training requirements considered necessary to execute the duties successfully. For each class title, the duties and qualification requirements are described by the class specification. For all of state government in Kentucky, class titles and class specifications are established by the Personnel Cabinet in conjunction with the agency or agencies that uses the class title to deploy any part of its workforce. A table of all Kentucky's applicable child welfare titles and specifications which summarizes all the relevant class specifications is provided as Attachment 3. Any applicant may theoretically enter the state's system at any classification, as long as they: meet the minimum requirements as depicted on the class specification, are selected by the designated interview panel for that individual vacancy, and are ultimately appointed by the state's appointing authority. Child protective services workers (i.e. caseload carrying workers, regardless of whether they work as an investigator, an ongoing worker, or a generic worker) are classified under four distinct titles which are separated based on the minimum requirements necessary to qualify under any title. Caseload carrying workers and immediate supervisors are listed below and linked to their class specification information on the Kentucky Personnel Cabinet website.

- [Social Service Worker I](#)
- [Social Service Worker II](#)
- [Social Service Clinician I](#)
- [Social Service Clinician II](#)
- [Family Service Office Supervisor](#)

Regions have the flexibility to deploy their leadership team based on the strengths of the personnel in regional positions. In some areas, administrator associates and clinical associates supervise personnel and casework. In other areas, administrator associates may only supervise personnel while the clinical associates is most often the line of authority for case decision making. Ultimately, regional structures guarantee that there is an associate available, with the necessary educational and experience, to guide casework decisions. Regional positions that supervise cases are cited below in increasing order. Positions on the same row are of the same pay grade. These positions generally work under the next applicable grade level:

- [Service Region Administrator Associate](#); [Service Region Clinical Associate](#)
- [Service Region Administrator](#)

Additional positions, designed to perform a variety of clinical, direct service, or administrative functions—but who do not carry or supervise a caseload, are listed in increasing rows based on their level of responsibility within the agency:

- [Social Service Specialist \(a regional position\)](#); [Internal Policy Analyst III](#)
- [Human Service Program Branch Manager](#)
- [Assistant Director](#)

Class titles are represented below as potential promotional paths for workers who may wish to promote upward, depending on their desire to supervise personnel and/or supervise cases. All classifications are listed directly under the entity that is responsible for their direct supervision.

Grade				
17	Service Region Administrator			Assistant Director
16	Service Region Administrator Associate Service Region Clinical Associate			Human Service Program Branch Manager
15	Family Service Office Supervisor			Internal Policy Analyst III
14	Social Service Clinician I	Social Service Clinician II	Social Service Specialist	
13	Social Service Worker I	Social Service Worker II		

*Leadership positions above a grade 17 are non-classified, i.e. appointed by the current administration.

Demographic Information and
Education, Training and Qualifications of Investigators

The tables below provide demographic information for caseload workers and their supervisors. For the purpose of this report, “workers” refers to anyone working under the following classifications: Social Service Worker I, Social Service Worker II, Social Service Clinician I, and Social Service Clinician II.

Demographic Information Tables and Discussion

	Age (% at indicated increments)	Gender (F=female, M=male)	Years of Service (% at indicated increments)	Educational Background (% with degree by degree type)
Workers	21 – 30 years: 26.1% 31 – 40 years: 40.7% 41 – 50 years: 20.4% 50+ years: 12.3%	84.0% female 16.0% male	00-5 years: 46.7% 06-10 years: 28.1% 11-15 years: 15.9% 16-20 years: 4.9% 21+ years: 2.9% Not Indicated: 1.4%	96% Bachelor's 16% Master's
Supervisors	21 – 30 years: 0.01% 31 – 40 years: 45.8% 41 – 50 years: 34.9% 50+ years: 18.4%	85.2% female 14.8% male	00-5 years: 5.1% 06-10 years: 28.2% 11-15 years: 32.9% 16-20 years: 20.8% 21+ years: 12.9%	99% Bachelor's 53% Master's

Note: Educational background column categories are not mutually exclusive, and represent the percentage of staff possessing each degree type. Therefore, the percentages may total more than 100%.

The demographic information indicates that about half of the cabinet’s workers have less than 5 years experience, but about half are over 30 and have 5 or more year’s experience. Workers are supported by supervisors who are predominantly characterized by more than 10 years of experience, and just over half possess a Master’s Degree.

The workforce is largely Caucasian, consistent with the state’s racial composition. A side by side comparison of worker racial demographic with statewide characteristics is presented in the table below.

Race (% of staff identifying themselves has having a particular race)	Statewide Racial Composition as noted from US census data.
Workers: 84.7% Caucasian 10.9% African-American 02.2% Not Specified 01.0% Other 00.8% Hispanic 00.3% Asian 00.2% American Indian	89.6% Caucasian 07.9% African American 02.7% Hispanic 01.1% Asian 01.1% Biracial 00.3% American Indian
Supervisors: 91.0% Caucasian 08.2% African-American 00.4% Other 00.4% Not Specified	

Note: Hispanics may be of any race, so also are included in applicable race categories. Therefore, demographic figures from the US Census data may total more than 100%.

Specific information about personnel training rates is included below. The agency’s core curriculum (courses 1 and 2) were implemented in 2001. Of currently employed workers and supervisors, 596 of 1708 were hired prior to 2001, and their training curriculum is not depicted here. Of the workforce hired in 2001 or later, the majority of both workers and supervisors have completed both courses 1 and 2 of the core curriculum. The department’s “Course Catalog,” staff development plans, and training worksheets are available as Attachment 4.

Completion Rates for Core Curriculum for all Workers Hired After 2001

Course	FSOS Total (56)	FSOS %	SSW/SSC Total (1,026)	SSW/SSC %
01	45	80%	797	78%
02	55	98%	984	96%
03	34	61%	834	81%

Notes:

Completion of the preceding course is a prerequisite for registration for the following course; however, workers hired as part of the Public Child Welfare Certification Program (PCWCP) program receive the course 1 curriculum as part of their undergraduate education, and are not required to complete course 1 after employment. So, completion rates for course 1 are lower, but do not reflect a lack of training (See Attachment 5 for a description of the PCWPC program).

Course 3 was added in 2008, and is a requirement only for worker's hired after 2008. Course 3 contains specialized information on child sexual abuse that was previously integrated into course 1 for personnel trained between 2001 and 2008. Therefore, a lower percentage of participants for course 3 does NOT indicate that fewer personnel received that training.

Caseload or Workload per Worker and Supervisor

No regulation or statute prescribes caseload limits for supervisors. Caseload or workload requirements for all workers, regardless of an internal specialization are prescribed by statute: [KRS199.461 Monthly statewide caseload average for social service workers --Requirement of report if average in excess of specified quantity.](#)

- 1) As used in this section, "social service worker" means a social worker employed by the Cabinet for Health and Family Services, Department for Community Based Services, to provide direct casework services in foster care, child protection, juvenile services, or adult protection.
- 2) As used in this section, "active case" includes the total number of cases for which the family service worker has responsibility.
- 3) The monthly statewide caseload average for social service workers in the area of foster care, child protection, juvenile services, or adult protection shall not exceed twenty-five (25) active cases.
- 4) Nothing in this section shall prevent the department or a social service worker from handling emergencies to carry out statutory mandates. If the monthly statewide caseload average for social service workers exceeds twenty-five (25) active cases for ninety (90) consecutive days, the department shall report the fact to the Governor and to the Legislative Research Commission together with a description of the factors contributing thereto and shall make recommendations related thereto. The report shall include, by county and district, social service worker caseload averages; the number of established social service worker positions; and the number of vacant social service worker positions.

X. State Liaison Officer

Please direct any questions or concerns to the state's CAPTA coordinator, Gretchen Marshall.

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