

Annual Report 2005



Kentucky Citizens Review Panels for Child Protective Services

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Acronyms contained in this report and their meanings:

CRP Citizen Review Panels

CFHS Cabinet for Health and Family Services

CPS Child Protective Services

SRA Service Region Administrators

QSR Quality Service Review

CQA Continuous Quality Assessment

DCBS Department for Community Based Services

Web sites:

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

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

**** All recommendations are in BOLD print**

Dear Citizen,

Thank you for taking a moment to read the 2005 Annual report of Kentucky's Citizen Review Panels. The Panels were formed in 1999 as a result of a federal amendment to the Child Abuse and Prevention Treatment Act. There are over 70 Panel members serving on five regional and one statewide Panel in Kentucky, representing thousands of volunteer hours.

The Panels' mandate is to evaluate the policies and practices of the Kentucky Cabinet for Health and Family Services and to make recommendations for the improvement of child protective services. In turn, the Cabinet is required to respond to the Panels' recommendations—in writing—within three months. This year, we have added the Cabinet's 2004 response to these recommendations in this report.

I would like to emphasize that this report was written by the Citizen Review Panel members themselves. Within their recommendations and rationale, I hope you will see their deep commitment to fairness and their dedication to assisting the Cabinet in better protecting Kentucky's children.

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

I would like to thank Gayle Yocum, our Frankfort-based liaison for all of her hard work, and the many volunteers for their tireless efforts of behalf of Kentucky's children.

Blake L. Jones, Ph.D.
Program Coordinator

Your children are not your children. They are the sons and daughters of Life's longing for itself.

Kahlil Gibran

Images....



Robyn Zapp, Gretchen Hunt and husband



Deborah Featherstone and Toya Nicholson



Fayette Citizens Review Panel



Cheryl Love of Gateway Buffalo Trace

Cabinet's Response to 2004 Citizen Review Panel Annual Report

September 23, 2004

Dr. Blake Jones
University of Kentucky
1 Quality St., 7th Fl., Suite A
Lexington, KY 40507

Dear Dr. Jones:

The 2004 Citizen Review Panel Annual Report has been reviewed. It is clear from reading this document that Panel members have an understanding of the needs of Kentucky families and the intricacies of state government. On behalf of Undersecretary Foster and staff with the Cabinet for Health and Family Services, Department for Community Based Services, I would like to express my appreciation for the efforts that the Panel members have put forth in developing this report. The Citizen Review Panel members are excellent partners with the Cabinet and your commitment to improving services for Kentucky's families is obvious.

A new format for the Cabinet's response has been utilized this year. Policy pertaining to the recommendation has been incorporated into the narrative. The Service Region Administrators' responses to specific regional recommendations are included as you requested. Your feedback as to this format will be appreciated.

The Cabinet will use this document as a discussion point with regional staff and management. The Cabinet continues to work on the Performance Improvement Plan to address issues noted in the Child and Family Services Review and the Citizen Review Panel Annual Report will be an extremely useful tool.

The Citizen Review Panel members are definitely meeting the requirements of the Child Abuse Prevention and Treatment Act and are a valuable partner in the quest for improved services. Your hard work and commitment to the families in Kentucky is greatly appreciated.

Sincerely,

Mike Robinson
Commissioner

MR:DPP:GY

Pc: Barbara Carter
Marian Call
Gayle Yocum

Gateway/Buffalo Trace Regional Recommendations and Response:

When possible, joint investigations between Child Protective Services (CPS) staff and law enforcement should be conducted, especially in cases that involve serious physical abuse, sexual abuse and child fatality incidents when child abuse is alleged.

REGIONAL RESPONSE: Following standards of practice, all Gateway/Buffalo Trace protection and permanency offices contact law enforcement whenever there is a referral of sexual abuse or child fatality. If there will be a significant time lapse for initiation of a sexual abuse referral due to lack of law enforcement manpower, P&P staff may need to initiate the referral on their own, in order to ensure child safety. Law enforcement would be made aware of the initiation and brought into the investigation as soon as possible. Law enforcement is also notified immediately of all serious physical abuse referrals. The decision to actively participate in those investigations has been left to the discretion of law enforcement.

Policy regarding Child Protective Services investigations and FINSA is listed as Attachment A. Policy provides specific guidelines for notification of referrals to law enforcement and when/how they are to be involved. Cabinet staffs are trained on these policies in the Protection and Permanency Academy and there are joint training opportunities with law enforcement. There are differences in the responsiveness of law enforcement agencies across the state. Staff in local DCBS offices makes every attempt to foster positive professional relationships with their local law enforcement and Kentucky State Police. The investigation track is followed for reports that meet acceptance criteria and are assessed as high risk or moderate risk, this includes matters in which there are additional risk factors, such as when a protection case is already active; the Family In Need of Services (FINSA) track is followed for reports that are assessed as low risk. In some circumstances, low risk reports are accepted as investigations.

CPS staff and the Citizens Review Panel should work towards the establishment of functioning Child Fatality Teams in each county of our region.

REGIONAL RESPONSE: We whole-heartedly agree there needs to be a Child Fatality Team in each county. There are a few active teams within the region. We understand the Health Department has a program that assists the coroners, who are designated to chair the teams, in developing the teams. We are very supportive of the CRP advocating for Child Fatality Review Teams in each county.

Regional staff needs to be able to close foster homes when justified and standards of acceptance needs to be raised.

REGIONAL RESPONSE: There is recently revised policy regarding closure of resource homes found in SOP 3.14. We follow the SOPs regarding approval of resource homes, so therefore any changes would need to be made at the state level to the SOPs.

The Cabinet should encourage legislative change in the wording of child fatality review teams from “at the discretion of the coroner” to “mandatory.”

Cabinet Response:

Staff with the Child Safety Branch are currently working in collaboration with other professionals, to revise the protocol pertaining to child fatalities. The protocol guidelines should result in more statewide uniformity in these cases. The regulation pertaining to child fatalities will be opened and this will be an opportunity to make any needed changes. Suggestions from the Citizen Review Panel will be shared with the Department for Policy Development.

When after care/safety plans are established on cases during an investigation but when no case is opened, the CPS worker should do a follow-up visits to check compliance with the agreed upon action items.

Cabinet Response:

Policy pertaining to After Care and Prevention Plans is in Attachment B. Effective June 25, 2004, policy changed to eliminate Safety Plans. Upon review of current 922 KAR 1:330, Child Protective Services regulation by Office of Legal Services, it was determined that use of the Safety Plan dictated that a case be opened. Field staff, during initial investigations/FINSAs, have utilized the Safety Plan for situations where a case is not opened for ongoing services. In order to comply with the proposed revised KAR (removing use of the safety plan), best practice and to establish uniformity in procedures, information that was previously captured on the Safety Plan, will now be documented on the Prevention Plan. Staff will use the Prevention Plan to facilitate an agreement with families and other partners to prevent risk during an investigation just as they had with the Safety Plan, however a case will not be required to be opened for ongoing services. SOP 7C4.4's (Introduction) outlines the reasons for eliminating the Safety Plan. Procedures are outlined in the new SOP 7C.4.4(A). Family members and community partners can be invited to the planning session for the After Care Plan. Appropriate tasks would be assigned and a commitment made for that person/agency to follow-through with their role. It is the responsibility of that person/agency to notify Cabinet staff if there are issues with compliance or progress. Intervention by Cabinet staff would depend upon the nature of those concerns.

Explore the possibility of establishing drug and alcohol screening and urine drug testing at local Health Departments for DCBS clients.

Cabinet Response:

One of the most effective methods used by workers in the field to ascertain whether or not a parent/caregiver is adhering to a treatment plan and abstaining from substance abuse is having the parent/caregiver submit to random screens for substances. In the past, DCBS staffs were able to utilize the services of the local Health Departments for alcohol and drug screenings. At the request of the local Health Departments, the contract was terminated. This was very distressing to DCBS staff as the resource was heavily utilized. It was also detrimental to clients who needed consistent screening to be in compliance with their case plans and to reflect any progress they might be making. In some areas the local Health Departments were the only resource available for this service. However, when other resources were available, clients often could not access them due to the inability to pay for the service. A committee was formed to find a provider for screenings utilizing available funding of two hundred fifty thousand dollars (\$250,000). The Request for Proposal process will be utilized to secure a contract. In the interim, Service Regions were given the authority to cover the cost for the screenings through Preventative Assistance funds. When court ordered, a request could be made to Central Office for payment of the screening.

Cabinet should take over medical transportation financial reimbursement for foster parents.

Cabinet Response:

The cost for transportation to cover all the extracurricular transportation i.e. school functions, shopping, family visits, normal routine transportation was rolled in to the per diem rate for Resource Homes in 2002. DCBS staffs are available to assist with transportation at the request of the foster parent. DCBS has never paid for medical transportation. Cabinet for Health and Family Services foster parents are Medicaid Transportation providers and bill the transportation brokers for Medicaid directly.

Increased accountability within the current foster parent-training program (i.e.) through pre-post tests of foster parents who go through training)

Cabinet Response:

The Preservice Preparation training curriculum for foster parents has recently been revised and is being implemented. The Cabinet for Health and Family Services Training Branch staff certifies Recruitment and Certification staff to train foster

parents. Each region is responsible for the foster parent training of applicants. The Preservice Preparation training consists of 30 hours of instruction. Patricia Parrish with the Office of Human Resource Management Training Branch, stated pre and post tests have been considered for the more advanced training curriculums. Individual test outs of skills is being considered in the Care Plus curriculum. Participants in the medically fragile training practice the skills in class with the instructor. A section on culture has been included in the new preservice training. Attachment C provides detailed policy regarding training for resource homes.

Jefferson Citizens Review Panel Recommendations and Response:

Jefferson CPS should identify at least one program, initiative or service and feature it in press releases, morning talk shows, letters to the editor, etc. Feature initiatives in foreign language media TV (Amigos en Louisville), radio and newspapers (Hoy en Las Americas).

The Jefferson County Department for Community Based Services agrees that information sharing is key to public awareness of child protective services. There are many ways in which the Department attempts to keep the public informed, not the least of which is through the Neighborhood Place infrastructure and the respective Community Councils. The local department also has an extremely active Communications Committee that includes representation from the Cabinet's Office of Communications and from other community partners. This group of individuals has promoted information sharing through spots on morning talk shows, newsletters, safety forums, etc. There is currently a thirteen (13) week, one hour radio show on child safety and protection that is airing every Saturday from 6:30 – 7:30 p.m. on WLOU/LLV. It is sponsored and promoted through the Ujima Neighborhood Place Community Council, and local Department for Community Based Services staff are/have been active participants. The Communications Committee is charged with developing annual plans for public awareness and would welcome a CRP representative to the table.

Cross training with other providers and immigrant groups (for example, Americana, Catholic Charities, Kentucky Refugee Ministries)

- **Jefferson County DCBS staff are represented on the statewide LEP cultural competency workgroup that has been developing a state plan of action.**
- **Jefferson County has access to language line at each Neighborhood Place and can utilize it when more cost efficient interpreter services are not available.**

- **Jefferson County routinely accesses interpreter services through Catholic Charities and has for many years.**

State and Regional CHFS should continue to cooperate with CPPC and data collection. Results of the research will provide areas to target for prevention and education.

Cabinet Response:

State and regional DCBS supports CPPC in a number of regions in addition to Jefferson. In 2002, the regions of Kentucky River and Big Sandy were awarded grant money by the Cabinet to implement Community Partnerships for Protecting Children (CPPC). In 2004, Fayette and Barren River Regions were awarded funds as well. Implementing a successful community partnership requires full participation and support from DCBS, community partners and community residents. The SRAs in these regions drive the CPPC process to meet the needs of their region and will improve outcomes for safety, permanency and child well being in their communities.

In Jefferson County, specifically, the evaluation teams of the Community Partnership for Protecting Children and Family to Family Initiatives have merged. They, together, with the University of Louisville Kent School and the Cabinet's Office of Information Technology will continue to produce child welfare (CPS & foster care) data by Neighborhood Place region for use by the Community Partnership and Neighborhood Place Community Councils. Implementing this integrated evaluation process of CPPC with the involvement of TWIST data has been in development for several years and has just recently come to fruition with the work of the Cabinet's staff.

The Governor and the Secretary of CHFS need to investigate the parity of reimbursement and increase reimbursement as needed to cover costs to employees for use of personal vehicles.

Cabinet Response:

Regulation on Travel Expense and Reimbursement 200 KAR 2:006 states the reimbursement rate is determined using the American Automobile Association (AAA) Daily Fuel Gauge Report for Kentucky for regular unleaded gasoline. The

gasoline cost used for the calculation is located on the AAA website at <http://198.6.95.31/KYavg.asp>.

During the 2005 fiscal year, the mileage reimbursement rate will be calculated quarterly during the weeks of June 13, September 12, December 12, and March 13 based on the average retail price of regular unleaded gasoline. Mileage for in-state travel shall be based on the “Kentucky Official Highway Map”, mileage software or MapQuest website. Out-of-state mileage shall be based on the most recent edition of the “Rand McNally Road Atlas”, mileage software or MapQuest website.

An inventory should be completed by state CHFS Office of Technology of the number and age of computers used by field staff. Computers should be updated and/or replaced to provide staff with updated technology.

An assessment should be conducted regarding TWIST to include surveys or focus groups with staff to identify problems and to determine the efficiency of this program.

Cabinet Response:

The Office of Technology completed an equipment inventory of Cabinet for Health and Family Services two years ago. The operating budget for Office of Technology includes replacement for old, outdated equipment with a refresh cycle of 3 years. Currently there are 2270 machines that are being shipped and deployed to staff who have equipment that does not meet the Cabinet’s current requirements. The next replacement shipment will be in the April 2005 budget quarter.

Issues pertaining to concerns about TWIST should be addressed in the local CQI meetings and moved through the process as appropriate. TWIST currently does not utilize any type of assessment process and relies on the field to forward issues through CQI. There have been focus groups working to revise and develop CQA’s and staff from the field has been an active partner in this process. Part of this work has been reviewing current TWIST screens, assessing their effectiveness and making recommendations to TWIST for any changes needed.

Both state and regional CHFS should participate in the CQI process as outlined in policy. Datelines should be given regarding feedback to insure that issues do not get forgotten or are not acted upon.

Cabinet Response:

The Cabinet desires to continuously improve our long-term viability as Kentucky's strongest advocate for its less fortunate citizens. In response to COA best practice standards, the Cabinet has instituted a continuous quality improvement (CQI) process throughout the organization. Every staff person participates in the process

and there is a burgeoning understanding that everyone, regardless of capacity, has a stake in improved service delivery. The Cabinet for Health and Family Services maintains an Intranet site that has a page pertaining to CQI. The site has minutes from the CQI state level meetings, current action plans and resolved action plans, information regarding case reviews and a list of CQI Specialists for each region. There is a defined statewide process for CQI.

Hook up the crisis line for child and adult protective services to a language service. Ensure that all surveys and accountability tools incorporate non-English speaking families in order to assess strengths and challenges in providing services to immigrant and/or non-English families.

Cabinet Response:

The Cabinet has diligently worked to meet the needs of non-English speaking families. There has been a concentrated effort to have forms translated into Spanish and to provide staff with translation resources. The researcher for the Cabinet has been informed of the panel's recommendation that surveys be accessible for non-English speaking families. The Office of Equal Opportunity Employment has recommended to Cabinet leadership in their Limited English Proficiency Report, that the crisis line be connected to a language service. They anticipate having a response in the near future. The following is a list of forms that are currently available in Spanish.

- [CFC 300](#) - Notice of Privacy Practices Acknowledgement Cover Sheet
- [CFC 301](#) - Request for Client's Access to Protected Health Information (PHI)
- [CFC 302](#) - Request for Amendment of Protected Health Information (PHI)
- [CFC 303](#) - Request to Restrict Protected Health Information (PHI)
- [CFC 304](#) - Request for Accounting of Disclosures of Client's Protected Health Information (PHI)
- [CFC 305](#) - Authorization for Release, Use or Disclosure of PHI
- [CFC 305A](#) - Authorization for Release, Use or Disclosure of Psychotherapy and/or Psychiatric Records
- [CFC 306](#) - Revocation of Authorization for Release, Use, or Disclosure of Health Information
- [CFC 307](#) - Record of Verbal Agreement Concerning Protected Health Information (PHI)
- [CFC 308](#) - Complaint Form For HIPAA Compliance OF Protected Health Information (PHI)
- [CFS-1](#) Informed Consent and Release of Information and Records
- [CFS-1A](#) Informed Consent and Release of Information and Records Supplement
- [DPP-152](#) CPS Substantiated Investigation Notification Letter
- [DPP-152A](#) CPS Unsubstantiated Investigation Notification Letter
- [DPP-153](#) CPS Family In Need of Services Assessment Notification Letter
- [DPP-153A](#) CPS Family **Not** In Need of Services Assessment Notification Letter
- [DPP-154](#) - Service Appeal Request
- [DPP-154A](#) - Notice of Intended Action
- [DPP-155](#) CAPTA Appeal

- [KC-01](#) - Kinship Care Program Statement of Rights and Responsibilities
- [P&P-156](#) - Central Registry Check
- [Standardized Spouse/Partner Abuse Letter](#)

In order to provide services that are culturally appropriate, we recommend that the Cabinet provide cultural competency training to both workers and foster parents so that children will receive services that are appropriate.

Cabinet Response:

DCBS staffs are currently required to participate in training entitled “Exploring Cultural Diversity and Prejudice”. The course is approximately 11.5 hrs. It is required training for all CHFS employees. The goal is to prepare the participant for working with the diverse population of clients in the human services system to avoid discriminatory practices. The training creates a safe learning environment for examining individual biases and how those biases can relate to culturally competent service delivery and for exploring the misinformation often present about other groups.

A new course will be developed and delivered beginning in the fall of 2004 to aid the Cabinet in meeting the needs of the Hispanic Latino families and children. The course will be entitled: Cultural Competency with Hispanic/Latino clients.

“Gretchen Hunt and the Cultural Competency Workgroup, with the Jefferson County CRP reported that training will be conducted and designed in a collaboration with a trainer who is a consultant to the Equal Opportunity Compliance Branch; Division of Professional Development and Training; and two pilot regions: KIPDA Jefferson and KIPDA Salt River Service Regions. The regions will identify the number of participants who will complete 'Limited English Proficiency' (LEP) training sessions and the number of employees identified as qualified interpreters. After the training’s are completed, an assessment of customer satisfaction with the piloted training delivery methods will be conducted. This training pilot will help to develop and implement a learning reinforcement model for LEP, build internal capacity, support staff interpreters, satisfy Title VI/LEP mandates, and demonstrate compliance efforts. The course will also foster an organizational culture of diversity, improve the Cabinets ability to address immediate service needs of LEP customers, and provide evaluation tools and guidelines for future LEP training delivery systems. Training will be provided to agency foster and adoptive parents and staff, Independent Living Coordinators and Private Child Caring service delivery staff, group home workers and case managers using IV-E training funds. This training will be coordinated by DCBS and provided through the Cabinet for Health and Family Services Training Division. “

Fayette Citizen Review Panel Recommendations and Response

State legislators and/or Cabinet officials shadow local DCBS workers for one day.

Cabinet Response:

The Cabinet would certainly welcome the opportunity to inform legislators of the unique and demanding work of Child Protective Services staff. Consideration for the confidentiality of the client would need to be addressed. Service Region Administrators have the autonomy to invite state legislators and Cabinet officials into local offices to shadow staff. Mike Fields, Undersecretary, shadowed a worker in Bluegrass (Fayette) Region last year.

Provide a software program (i.e.) Via Voice and/or Totally Voice) for workers in order to complete documentation in a timely manner.

Cabinet Response:

Dr. Ruth Huebner is actively working on Project SafeKids with the Cabinet. She reports that “Project SafeKids is Kentucky’s prototype that will revolutionize CPS assessment using Tablet PC technology, Global Positioning Systems, and digital camera capabilities. A GPS unit and digital camera have numerous benefits in documenting child injuries and circumstances, electronically recording the child’s picture, validating the exact location of a child, documenting worker visits, and locating a worker in trouble if needed. The technology interface bypasses entering hand written notes into the data system - a time consuming, duplicative, and error prone process. Project SafeKids will guide the novice worker in gathering facts to inform difficult and complex decisions. Project SafeKids will build systematic understanding of child and family needs and evidence for evaluating practices and predicting outcomes. Hewlett Packard donated mobile PC devices that have been successfully programmed in a proof-of-concept application. We want to pilot this technology in two state regions.

The results of two simultaneous efforts are converging to create the foundation for Project SafeKids.

Mobile Computing Project:

- Supports uploading case specific information from TWIST into a mobile PC prior to the assessment.
- On-site, the worker can access the case specific information and enter data.
- A picture of the child can be taken with the attached digital camera. The picture will be Global Positioning System (GPS) coded, dated, stored in the PC, and ready to upload into case files.
- Notes on the case can be entered using a mobile keyboard.

- The worker inserts the device into a port to upload the data, child picture, and notes into the contact screen and completes the documentation of the case.

Revisions of Kentucky's Assessment Procedures include:

A series of specific assessments for investigations, ongoing, and adoption casework for multiple decision points in the life of the case. All assessments:

- Upload previously entered information from TWIST into the report.
- Include structured decision-making measures.
- Are designed for integration into field-ready technology applications.

We plan to evaluate the effectiveness of this project though measuring worker satisfaction, quality of the assessment process, child safety outcomes, timely documentation of assessments, cost-benefit analysis, and predictive validity.”

Via Voice and Totally Voice are basically dictation devices. These systems would work well for word processing but would not be a time saving measure for TWIST as the worker would still have to navigate through the individual screens.”

Implement a weighted case assignment system. (This would include assessment of the family as a case, not just the child or children.)

Cabinet Response:

Vincent Geremia, SRA in FIVCO Region is very interested in this concept and plans to convene a work group that would create a rubric outlining the aspects of a case and what each should weigh. The weight would be based on type of case, where the case is in our system, the complexities of the case, and available resources. The dynamic nature of this type of case weight system would require at least monthly meetings between the FSOS and the worker. This process is very complex and will need to be carefully considered.

Recommendation from Jefferson and Fayette:

Full cooperation and assistance should be given to the Jefferson CRP as it attempts to do exit interviews with DCBS staff who are leaving the region.

Encourage and allow Panel members to perform exit interviews with departing staff.

Cabinet Response:

A meeting with Goldie Williams, Claudie Blaylock, Blake Jones, Undersecretary Eugene Foster, Commissioner Mike Robinson and Gayle Yocum was held on July 16, 2004. The issue of exit interviews with DCBS staff who have left employment

with the Cabinet was discussed. It was the opinion of Commissioner Robinson that there may be legal issues involved in the Cabinet sanctioning volunteers to conduct exit interviews with staff who are no longer employed with the Cabinet. It was the consensus of Undersecretary Foster and Commissioner Robinson that they would prefer the CRP focus on supporting currently employed staff and assessing their perceptions of strengths and barriers in their jobs. The Cabinet is proposing the CRP collaborate on an extensive project with a focus on staff well-being and staff retention. These issues are directly tied to the State Plan and the Performance Improvement Plan.

Gateway/Buffalo Trace



Chairperson: Douglas Brown

Marilyn Slone

Cindy Kerns

Shirley Price

Sue Hill

Genrose Turner

Cheryl Love

*Jackie Johnson**

Jennifer Vaden

** DCBS Liaison*

The Gateway/Buffalo Trace Citizen Review Panel had a very productive and informative year. This year the group decided to evaluate the Child Protective Services Intake Process. The panel evaluated this intake process using a focus group format. Throughout the region, focus groups were held with Cabinet staff. In addition to these focus groups, one focus group was held with the region's supervisors. Emphasis was placed on studying the intake Matrix and current intake policies and procedures. The information gained through these focus groups was analyzed for common themes. As a result of this analysis the following recommendations are presented by the panel.

Focus group discussion began with a case scenario of a phone call making a report of child sexual abuse. Participants responded to the scenario in writing and with

group discussion. The responses indicated inconsistencies as to whether the report would be accepted or denied.

Concerns were expressed regarding the Multiple Response Matrix and the variety of interpretations workers can make at the onset of phone contact when using this Matrix. Focus group participants pointed out two individuals using the Multiple Response Matrix could in fact have two different responses or determinations. This lack of uniformity and interpretation exists within as well as between regions. This subjectivity has led to mounting concerns that all situations are not receiving a good assessment. With the possibility of incorrect assessments, it is feared that situations that need important attention are easily missed.

All respondents agreed that the ultimate decision rested with the county supervisor. This leads to the recommendation of: **Cabinet for Health and Family Services form a task force to look at the regionalization/centralization of the intake process.**

An additional recommendation is that there should be an emphasis on: **Increased uniformity within and between regions when applying the Multiple Response Matrix.**

Logistically, there were concerns expressed about the reliability of the computers available. An example of the concern was workers putting in data only to have their computers shut down without warning. This resulted in the need to repeat work, costing time and productivity. All computers should be updated models with the older out-of-date models being removed from operation. There should be assurances in place that all confidential data would be erased from hard drives before old computers were disposed of as surplus. This leads to the recommendation of: **Updating the computer main frames/networking systems to promote more effective productivity.** This updating also includes the Commonwealth's Office of Technology updating the system's capacity to fully operate with less down time. Make the system more efficient and reliable.

Considerable concern of focus group participants surrounded the practice of notifying workers of policy changes on a daily or weekly basis through the e-mail system. These concerns centered around proper integration of the new information into working practice, fear of not getting the changes (i.e. putting total faith in the e-mail system), and the implementation of the new policy without clarification. This leads to the recommendation of: **Cabinet for Health and Family Services policy changes be implemented at 3- or 6-month intervals.** Considerations should be given to supervisors receiving the changes or additions and educating the staff. This hopefully will lead to more consistency in interpretation and practice.

During the focus group meetings it became evident that there is a strong possibility that workers are not receiving credit for all of the responsibilities they assume. This was highlighted in the discussion of all of the multiple tasks that arrive within a day that are not considered within the count of active cases. Examples of this are the frequent calls from family members, needs requests from former clients and community members, courtesy interviews among counties and states, court reports and court updates, and multiple children in cases. Training outside the worker's assigned county also reduces workers' client service time.

This leads to the following recommendation: **Credit be given for all job-related tasks assumed by the workers including work activities of required documentation as well as any other extraneous activities.**

A correlated recommendation is: **That training be brought to the county offices to the maximum extent possible.**

Due to the multiple transportation needs of the clients served and the liability concerns of transporting these clients in order to meet their needs, it is imperative that a state car be assigned to each county office. Workers are not able to secure extra personal car insurance or rider plans that would protect them in case of an accident when

transporting clients. Without the availability of a state car the workers are bearing all of the risk of liability. This leads to the recommendation of: **The Cabinet for Health and Family Services have a state car assigned to each county office.**

The panel wishes to thank everyone who met with us in focus groups throughout the region. The panel met many wonderful workers who do an outstanding job for children and families. After talking with staff the panel gained invaluable insight into the demands and magnitude of a CPS job. Workers love their jobs, but feel they are not as effective in protecting children as they might be due to a number of factors they have no control over.

Summary of Concerns:

- On intake:
 - Workers can see that even with the Multiple Response Matrix that the intake process is subjective. Cases are handled differently between counties.
 - Problem areas are:
 - Hearsay reports.
 - Multiple false reports.
 - Understanding of intake criteria.
 - Coordination with LE sexual assault investigations.
 - Drugs – Is it abuse?
- They feel they are evaluated on work completed on the computer, not how well their client families are protected.
- This mandates that they must spend more time in the office each week making entries into the TWIST system than they spend in the field providing services to clients.
- Also eating into client service time are understaffing and caseload issues, case weighting that treats large families the same as small families, and the age and workability of some computers and systems.

- Example: TWIST requires some information be entered on multiple screens where the database should only need it once.
- In addition, travel training mandates and work not counted interfere with client service and reporting requirements.
- Liability issues make transportation without state cars a problem.
- Client drug issues and drug testing are a growing problem.

Summary of Recommendations:

- Centralize CPS intake.
- Email policy changes on a 3- or 6-month cycle.
- Make the TWIST and related network systems faster and more user friendly, to reduce work time spent at keyboards. Continue upgrades to replace aging desktop systems.
- Count all productive activities.
- Maximize training at county training sites.
- Provide a state car for each county office.
- Provide secure drug testing capability to meet counties' needs.

Purchase Citizen Review Panel



Ladonna Butler, Chair

*Peggy Meriedeth**

Steve Jimenez

Gloria Olney

Ralph Prince

Cheryl Dodd

Kim Brand

Wendy Lay

Cindy Darnell

Carol Sampson

Elizabeth Riley

Cindy Graham

Ronald Pullen

Stephanie Hooper

Paul West

** DCBS Liaison*

The Purchase Citizen Review Panels enjoyed a successful year. The Panel met monthly and formed two working teams around the areas of mental health issues and mandatory reporting. Each team developed recommendations, which are highlighted below.

Additionally, the Panel engaged in some outreach activities with the regional DCBS staff. During the month of April (Child Abuse Awareness Month), the Panel took refreshments to all of the local offices as a way to say “thank you” to the social workers and other staff.

There was also a need expressed among staff members that there was no central directory that listed social services in the area (i.e., housing, child care, mental health

treatment). The Purchase Citizen Review Panel took it upon themselves to develop such a directory, bind it, and distribute it to all of the county offices in the region.

The Panel is planning a retreat for August, 2005, in which they will develop goals for 2005-06.

Recommendations:

Within School Systems

School personnel are not adequately trained in the information needed to constitute a report to Protection and Permanency. Currently, the overview provided to the educators is either inadequate or non-existent. The educational system at large, does not know the verbiage to convey and communicate pertinent details in alleging a report.

School administrators, faculty and staff should be provided with ongoing training for their role as mandated reporters of child abuse and neglect.

- 1. Information should be readily available to train educators on their responsibility as mandated reporters.**
- 2. Educators should receive training on recognizing patterns of abuse and/or neglect, as well as what necessitates an immediate referral.**
- 3. A training time should be set apart from other school trainings. During this time, a Service Region Administrative Associate or a designee should address all of these issues including communication of details.**

Within Community

All citizens are not adequately trained in the information needed to constitute a report to Protection and Permanency. The community at large does not know the verbiage to convey and communicate pertinent details in alleging a report. **A Request for Proposal**

or funding should be established to provide community education to the general public regarding how to insure allegations are specific enough to warrant an investigation.

In addition, to insure the safety of the social worker, more details of the home, such as animals, weapons, and dangerous surroundings are essential when making a report. The public needs to be educated in the importance of giving vital information for social workers' safety.

Mental Health Recommendation:

The Purchase Area Citizen Review Panel recommends substantially increased funding to the Department for Community Based Services, earmarked for mental health services. Currently, mental health facilities are available in only one-half of the eight counties in the Purchase Area. Additionally, some clients lack the ability to pay for these services and many lack the transportation to travel the great distance to obtain these services where available.

Services, such as Parenting Assessments, Psychological Testing, and Substance Abuse Counseling are not available due to funding cuts in both DCBS and Mental Health. A substantial increase in funding would enable services to be available in every county. Assistance in payment for clients without a medical card or insurance, and transportation to and from these services is needed.

Jefferson Citizen Review Panel



Gretchen Hunt, Chairperson

*Robyn Zapp**

Carla Tyree Curry

Bonnie Swicegood

Dwala Griffin

Becky Lewis

Mary Lou Cambron

Barbara Dempsey

Sheila Nelson

Gretchen Hunt

Bryan Fantoni

Constance Ard

Phillis Thompson

Abraham Solano

**DCBS Liaison*

The Jefferson Citizen Review Panel continued to meet monthly this year in Louisville. A strategic planning retreat was held in August, 2004, and the Panel decided to perform their evaluation in two sub-committees: employee wellness and child fatalities.

The Panel met with front line staff to discuss their needs and opinions and also reviewed Cabinet policy regarding the employee wellness and child fatality issues.

The following is the report from these two working teams:

Child Fatality Working Team

Recommendation:

Supervisors need to monitor more closely the assessments being made by their staff to make sure the level of risk is being adequately assessed.

Rationale: More than 50% of the child fatalities in Kentucky were in families active with the Cabinet within the last 12 months. The assessment tool being used is incident related. As assessment based on the total family picture including past histories is needed.

Concern is also noted that during periods of high intake or overload staff in other units handle these cases. These staff workers are not equipped with all information needed to make appropriate assessments.

Recommendation:

That a system be developed to forward the recommendations identified by our local child fatality team to the local SRA and the State Fatality Review Team.

Suggestion: The local child fatality review teams should forward written recommendations quarterly to the local cabinet administrator regarding issues, systemic patterns and trends identified by their review. The Service Region Administrator would then make a written response back to the Child Fatality Review team with a copy to the Citizen Review Panel outlining the action plan(s) to address the recommendations.

Recommendations and responses to the recommendations should be sent to the State Fatality Review Team to look for issues and trends statewide.

Rationale: No mandatory system currently is in place to look at the systemic trends on the local or statewide level for child fatalities.

The Jefferson County Child Fatality Review Team identified a disturbing number of unexpected deaths of infants. Most of these babies were sleeping in unsafe surroundings

or sleeping with other people. A Safe to Sleep Committee was formed of local public and private agencies to develop a community educational campaign. The Jefferson County CRP was a part of this effort.

There should be specific interventions for workers and supervisors when a death occurs on their case load.



Employee Wellness Working Team

After meeting and surveying several Jefferson County child protective service workers and the court support team, we became aware of several concerns around workers' knowledge of local school policy and procedure and federal laws (e.g., IDEA) regarding services to students with special needs (academic, physical, emotional and behavioral). Workers cannot be advocates for families and children when they are unfamiliar with the process.

Recommendations:

Provide training for workers on school policy, procedures and law. Many workers are not familiar with the Individuals with Disabilities Education Acts (IDEA 2004) and Section 504, which outline programs, services and procedures for children with special needs.

Provide training for workers on Jefferson County Public Schools local policies and procedures. This would include the student assignment plan, transfer policy and procedure, transportation policies, attendance, health requirements, suspensions, and how to be an advocate for a child in the school setting.

The SRA should have regular dialogue with the Board of Education regarding systemic issues.

The SRA should continue efforts to keep children in their home schools when placed in foster care.

Concern: A large number of overflow investigations (domestic violence, out-of-home perpetrators, day care operators or employees, truancy) could possibly be investigated by and provided services from community partner agencies, freeing up time for the Cabinet to concentrate on the needs of families.

Recommendations:

Study and research national best practices for definition of “caretaker” and review how other states deal with these issues.

Research the possibility of other agencies investigating these cases—for example, reports regarding day care providers should be investigated by the Inspector General’s office; out-of-home perpetrator reports should be investigated by the police.

Examine structure and hiring patterns. How many vacancies exist? What are the plans to hire front line staff? Examine if the Cabinet is becoming too top-heavy. Please justify the hiring of higher level staff while direct services are losing staff through vacancies not being replaced.

Examine Cabinet responsibility in court. What is the rationale for Cabinet CPS workers to file their own petitions in court? Why has that duty, traditionally held by the prosecutor, been placed in the hands of CPS?

Cabinet workers should be valued and treated with respect in the court system. To better accomplish this goal, we recommend more training for staff in the court process and also joint meetings with key players (Judges, GALs, parents' attorneys, the school system) so that CPS workers may voice their concerns. This is necessary if CPS workers are going to be able to continue to work in a collaborative manner in court.

Look at the overflow cases from the flood of APS cases involving children witnessing domestic violence. Is there a possibility of designating more APS workers to cover child protection? If so, would these staff be trained in child protection? There is concern that APS may be handling child protection cases without adequate training and support.

The state should examine the legislative definition of cases taken by the Cabinet. For example, in cases where the abuser is a "caretaker," could this investigation be taken over by other more appropriate agencies? For example, the police or nursing home investigators?

When there is a child fatality, the responsible worker's emotional and other well-being should be a priority. A plan should be put in place to guarantee, among other responses, that the affected worker receive some time off, be given a chance to meet with a counselor, and have timely information regarding the investigation and the future of her work with the Cabinet. Other affected staff (supervisors, peers) should be given support and option of counseling as well.

Training: Court workers should receive adequate training to better anticipate the adversarial nature of court proceedings, which differs a great deal from social work practice. Court workers should also be trained in how to effectively advocate with other players (GALs, parents' attorneys, prosecutors, judges) in order to do their jobs effectively. Such training would supplement the existing training. It would be

geared to address the employee's concerns that they be respected as equal partners in the court process.

Technology/Space: In order to make use of the long hours employees spend waiting for their case to be called, improve the capability of employees to do other work during that time. Make computers with TWIST (or updated data entry systems) available to employees while they wait in court. Provide an office or room for employees to work on casework while waiting for court. Purchase two-way radios for court support staff to facilitate communication between court rooms, and to alert workers of their cases being called.

Court parking: Allow workers to park at the state-owned lot at 6th and Cedar for court needs. The current shuttle bus system is not adequate to cover the needs of staff.

Fayette Citizen Review Panels



Rashmi Adi-Brown, Chair

Kimberly Hamilton, Co Chair

Stephen Skaggs

Joanne Bell

Jan Hellebusch

Pamela Black

Carol McDonald

Claudia Blaylock

Carol Mayabb

Janet Doss

Sherrian Peyton

Teri Faragher

Robin Richmond

Debbie Featherstone

Vicky Ritter

Rebecca Graff

Linda Skaggs

*Connie Boyd**

** DCBS Liaison*

The Fayette Citizen Review Panel members recognize and endorse the vision of child safety and an effective protection system we share with fellow panel volunteers across Kentucky and the nation. Further, we voice our continued commitment to fulfilling our statutory responsibilities with regard to Kentucky's children. We pledge our time and talents to educate ourselves in order to better explore, understand, and

communicate the issues of abused and neglected children and the staff that daily address these compelling needs on a local and state basis.

SUMMARY OF ACTIVITIES

This year, the Fayette Panel concentrated on direct exploration and interaction with staff, as well as analysis of the information/ data from frontline service staff, supervisors, and Cabinet sources to identify needs and to help prioritize the issues to be addressed. Awareness, understanding, and a shared sense of community support for children's needs were a focus as well.

Nurturing and strengthening community partnerships in addressing systemic issues has continued to be viewed as a very high priority.

The following year's activities are highlighted:

- The Panel continued the monthly face-to-face reporting and dialogue with the Fayette DCBS Liaison who provided valuable detailed information re: particulars of services and operations i.e. case-loads and vacancies,
- At least quarterly, discussions with DCBS management staff and direct service teams continue affording the Panel opportunities to monitor service, understand staff perspectives, and identify issues to address and monitor ongoing, such as caseload size and multi cultural communication,
- On a monthly basis a Case Review work group of the Panel convenes with Connie Boyd, supervisor, to review specific child cases using the specialized form developed,
- There was successful recruitment of four new Panel members, and a plan for reviewing membership with regard to addressing possible gaps, attendance issues, etc.,

- Recognizing the substantial needs of our families and the key role of community partners, the Panel has continued strategic discussions and collaborative planning, i.e. supporting these other agencies participating actively in the Family Team meetings,
- Co-sponsoring of a forum focused on family violence issues targeted judicial and legislative candidates,
- Contributing to and participating in the creation of a state Citizen Review Panel has affirmed our belief in the value of networking and partnerships on behalf of children.

AREAS OF CONCERN

The following major areas of concern have been identified or confirmed during activities over this last year:

EMPLOYEE STRESS AND MORALE

- **STAFF TURNOVER and Continual Vacancies:** 20% of Front Line staff in Fayette County have 1 year or less experience and 11% have less than 6 months. The administration of the Cabinet has long recognized that Fayette County has a much higher than average rate of staff turnover and that Cabinet salaries are not competitive in Fayette County. Fayette County has one of the highest costs of living in Kentucky and most agencies competing with the Cabinet for qualified staff offer higher salaries. Despite this recognition, no action has been taken to specifically address Fayette County's unique situation. In addition, the lengthy process of filling vacancies has resulted in positions remaining vacant for extended periods.

- **LARGE HIGH-RISK CASELOADS:** Staff turnover has been exacerbated by increased, high-risk caseloads. When the caseloads of Protection and Permanency staff for the period of January through March of 2004 are compared with the same months in 2005, the comparison reveals:
 - a 15% increase in work load,
 - a 17% increase in the total number of investigations,
 - a 15% increase in the number of investigations involving children under the age of 3 years,
 - a 19% increase in the number of investigations involving domestic violence,
 - an alarming 77% increase in the number of investigations involving substance abuse,

- **DOCUMENTATION PROCESSES AND SOFTWARE** are time-consuming and duplicative in numerous areas and could potentially be streamlined and integrated.

CHILD AND FAMILY NEEDS

- Lack of resources to address **MULTILINGUAL AND CULTURAL ACCESS ISSUES**,
- **INCREASING NUMBERS** of families with abuse of chemicals and prescription medicines, ie. Methamphetamine, Hydrocodon, Adderall, etc.
- With 32 **CHILD FATALITIES** last year, this compelling issue warrants closer scrutiny with a prevention focus.

2005-06 PLANNING AND RECOMMENDATIONS

The Fayette Panel recognizes new as well as ongoing child and family issues warranting greater concentration via public awareness and advocacy. There are also opportunities for additional partnerships in service and planning. These collaborations

are well-documented as resulting in improved outcomes for children and families. There is also an awareness that current panel membership numbers and levels of highly focused participation must be enhanced in order to address issues that have been identified. Strategic planning, partnering, and member recruitment are priority in the next quarter.

The Panel recognizes the complexity of the link between employee mental health, job retention, and wellness with high caseloads, vacancies, overwhelming needs of families in crisis, and limited available resources. It is clear that addressing any of these issues in isolation will yield less than optimal results. The Fayette Panel's existing processes and activities in place to understand, support, and advocate for staff and managers will continue.

The Fayette Panel asks DCBS management to join a work group designed to address this complex and critically important link. Further, we extend an invitation to panel members and Cabinet representatives from other regions. We believe that a very focused statewide work group can develop a plan with specific strategies and can advocate effectively for the needs of children and staff.

In the same networking spirit, we ask the Jefferson Panel and the DCBS staff who have focused on solutions to the language and cultural access issues to lead a work group for Fayette representatives and those from other panels in better understanding the multicultural issues, processes, and outcomes to assist all regions.

The Fayette Panel began its work in July of 1999. It has identified some very important local issues and has joined DCBS management, staff, and community partners in implementing many successful strategies over the years. Given the current challenges identified, the Panel will begin a review in July of membership, data, and information gathered, and content from community interactions. Revisiting the work done to date, the issues currently identified, and the compelling needs that must be addressed will guide us in a revision of our current strategic plan and refinement of goals. The Panel has

renewed its commitment to Fayette's children and their families, and to those dedicated and tireless staff who serve.

The Fayette Panel recognizes the richness of experience, diversity, and life wisdom brought to the table by our local membership and that of all of Kentucky's panels. With our DCBS colleagues and other community partners, we create a powerful force to educate and inspire our communities in understanding abuse and neglect issues. The potential to make changes is greatly enhanced with the formation of the Statewide Panel and we hope that it will create more opportunities to network on those specific issues that have impact in all areas of the state. Further, together, each Kentucky citizen can act to protect and nurture our children, strengthen their families, and advocate for those who serve them best.

Respectfully submitted,
Fayette Citizen Review Panel
June 2005

Big Sandy Citizen Review Panel



Troy Price, Chair

*Deborah Price**

Mark Walz

Audrey Collins

Sherry Bruckner

Adreanna Isaacs

Jean Rosenberg

Dr. Zella Wells

Rita Whicker

Anita Cantrell

Kathy Strout

Rita Setels

** DCBS Liaison*

The Big Sandy Citizen Review Panel was the “new kid on the block” this year. The most recently formed Citizen Review Panel is located in Southeastern Kentucky. The Panel did not let their “new” status slow them down, however. After their initial training, the Panel quickly went to work identifying the needs in their area.

The Big Sandy Panel chose to focus on two areas: assisting the Cabinet in recruiting foster parents in Magoffin and Floyd counties, and beginning to do an evaluation of why there is a large number of children who are reported for maltreatment in the Big Sandy area.

The “Foster Care Recruitment Team,” led by Rita Whicker, assisted the Cabinet in re-vamping the recruitment folder that is used for prospective foster parents in Magoffin and Floyd Counties. Additionally, several members attended various festivals and events in the area in order to recruit new foster parents.

The “Maltreatment Prevention Team,” led by Sherry Bruckner, decided to do a survey of attorneys, judges, social workers and other community partners in order to gain their perspective on what leads to repeat maltreatment of children in the area. Over 200 people responded to the survey in the counties of Pike, Martin, Magoffin, Johnson, and Floyd.

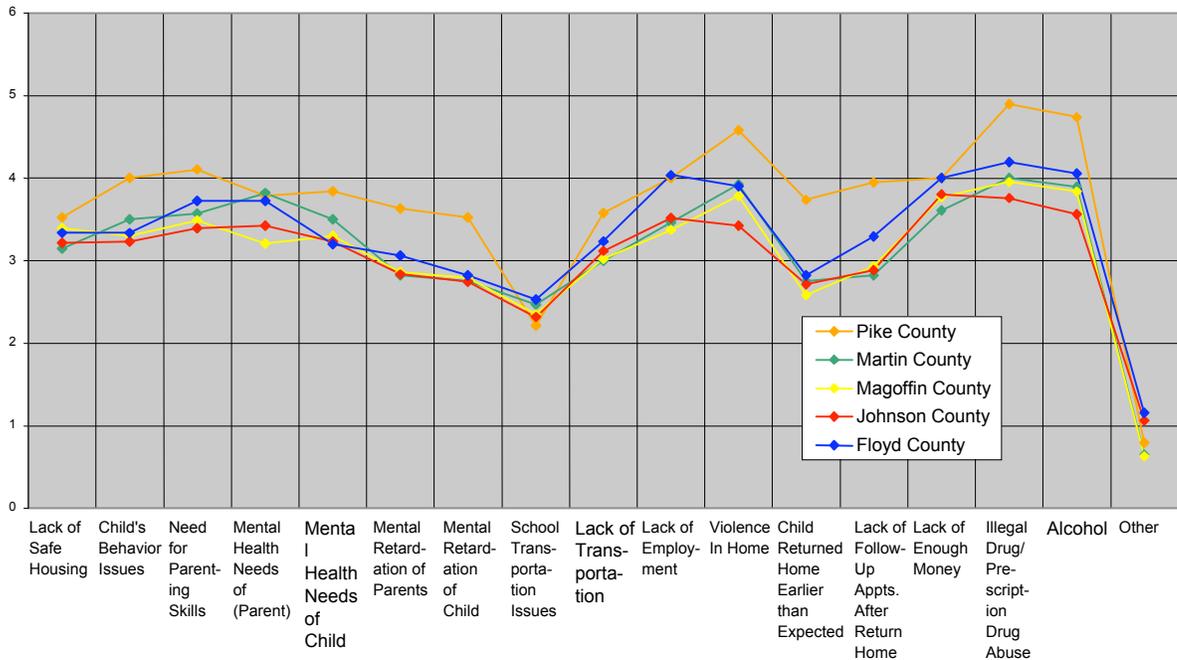
Survey respondents were asked two questions:

1. What causes repeat maltreatment of children in your county?
2. How would you rate the services of the community partners involved in the child’s case?

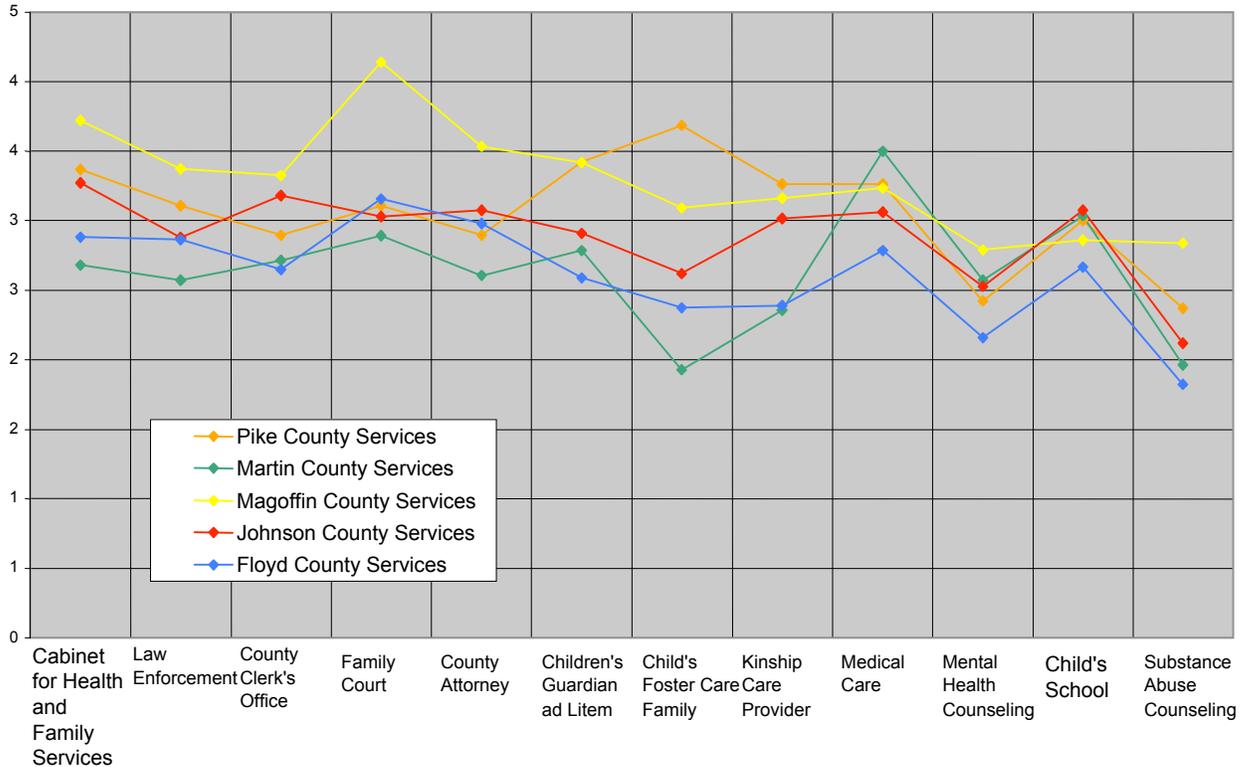
The responses are below:

What Causes Repeat Maltreatment of Children in Your County?

5 point scale (1=no stress, 5=high stress)



**How Would you Rate the Services of the Community Partners Involved in the Case?
5 point scale (1=Extremely poor, 5=Excellent)**



The Panel will continue to discuss the results of the survey in 2005-06 and to make recommendations from them. A strategic planning retreat is planned for September 9, 2005.

General Recommendations from the Big Sandy Panel:

- **There should be increased training for social workers regarding the recognition of drug-induced behavior**
- **There needs to be a way for social workers to have clients drug tested in an efficient way**
- **In the Big Sandy Region, there appears to be an inordinate amount of work being done by social workers which should really be in the purview of court workers or county attorneys (i.e., filing of petitions, copying, etc.). We would like the Cabinet to survey workers throughout the state to determine what**

roles they are playing in juvenile court proceedings. For example, some counties are required to do Emergency Protective Orders which would not meet Department for Protection and Permanency criteria for investigations. Intervention is needed with the county attorney, judges, and clerks to define roles.

- **Whenever possible, we recommend that more trainings be offered regionally in order to cut down on travel time and other expenses for workers**

Statewide Citizen Review Panels



Cheryl Dodd, Chair

*Gayle Yocum**

Rashmi Adi-Brown

Goldie Williams

Pamela Black

Sue Hill

Phillis Thompson

Gretchen Hunt

Ladonna Butler

Cheryl Love

** DCBS Liaison*

The Statewide panel began meeting bi-monthly in November of 2004. The focus for our panel this year was on Child Fatalities and Employee Wellness. Recommendations from each sub-committee are discussed below.

CHILD FATALITIES

There should be specific interventions for workers when they experience a death on their caseload. This should include emotional and, if needed, mental health support and should be extended to supervisory staff as well.

Rationale: While we realize that employees have an *Employee Assistance Program* available to them for emotional and mental support, we also recognize that the majority of people will not make such a call for two reasons: 1) fear of it being on their personnel records, and 2) many people view the making of such a call as a sign of weakness.

The Cabinet should “spell out” exactly what it means by “collaboration” in the context of child fatalities. This could include proactively providing training for mandated reporters.

The Cabinet should continue moving toward a more transparent system in terms of consistently providing uniform data to the public for the purposes of discussion, debate, and improvement of services.

Rationale: While conducting our research, we found many documents difficult to obtain and some that were not up to date. Being consistent and timely would allow individuals or organizations to be more effective in their research.

The child fatality reporting form needs to be changed so that it is a faxable document. Additionally, the category “other” should be added as a separate category to this form

Rationale: At present, this document is difficult to read due to the small print. Also, we feel that not every death will fit into a predetermined category; therefore, the option of other, with a line for explanation, should be added.

The state child fatality team should widen its efforts in the following areas:

- **Encourage the continued funding of a public health coordinating nurse to work with local child fatality teams**
- **The development of training for local teams**
- **Make sure the local teams are established and functioning**

- _ Make recommendations to the Legislature, regarding the mandating of local teams, including how often they meet**

- _ The state team should be allowed and encourage to review child fatalities in order to look for trends**

Rationale: In conducting our research, we have found that the state child fatality team rarely meets. We have also discovered that some communities within Kentucky utilize multi-jurisdictional teams in place of child fatality teams. While we recognize that the number of fatalities is low in some areas, we feel that it is imperative that all communities be prepared and adequately training in the event of a child fatality.



EMPLOYEE WELLNESS

Protection and Permanency should move toward a weighted case system, similar to the one that is used by Family Support. This would allow the Cabinet to more readily assess the true workload of frontline workers.

Rationale: In conducting interviews with personnel throughout the state, we have found that many employees feel they are overloaded and cases are not distributed evenly. By moving to a weighted case system, the workload would be distributed more evenly.

Supervisors should have enhanced training in the area of supporting their employees (including personal support for a job well done and professional

development support). We recommend that, if possible, supervisors be trained in a “retreat-like” setting to reward them for their difficult jobs.

Rationale: Many supervisors are placed in their positions based on time served and previous work performance. We recognize that tenure and quality work are to be rewarded, but we also recognize that while an individual may be a good caseworker, they may not have the skills and personality necessary to supervise others. By providing training to these new supervisors, they will be more prepared to handle the skills of their new position.

Workers (including supervisors) should be required to attend a minimum of training. For example, two courses per year (with a minimum number of hours) should be required of all workers. Ideally, this training would be related to workers’ professional development plans as outlined in their quarterly evaluations.

Rationale: During our research, we have found that many employees are not exposed to any new training once they fulfill the initial requirements. We feel that by mandating training, employees will continue to receive knowledge essential for their positions. Additionally, this will encourage the employee to become more involved in the preparation of their professional development plans.

Workers do not seem to be clear about the mission and goals of the Cabinet. Have these remained the same since the administration of Secretary Miller? If so, this needs to be communicated to the workers so that their work can coincide with the larger mission of the Cabinet.

Workers expressed an ongoing need to have clients drug tested in an efficient way. **We recommend that the Cabinet contract with an outside agency to do this testing.**

We recommend that the new Employee Wellness coordinator spend considerable time going out into the sixteen regions to help tailor the Cabinet's Wellness initiative to the region's specific needs.

Rationale: Although the wellness events being implemented at the main campus in Frankfort are to be applauded, there may be regional and even county differences that would call for a more customized approach to "wellness."