CABINET FOR HUMAN RESOURCES
FAMILY SERVICE WORKERS' CASELOADS

Research Report No. 275

CABINET FOR HUMAN RESOURCES
FAMILY SERVICE WORKERS' CASELOADS

Adopted Report and Recommendations of the Program Review and Investigations Committee

Prepared by

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Research Report No. 275

LEGISLATIVE RESEARCH COMMISSION

Frankfort, Kentucky

Committee for Program Review and Investigations

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The Program Review and Investigations Committee is a 16-member bipartisan committee. According to KRS Chapter 6, the Committee has the power to review the operations of state agencies and programs, to determine whether funds are being spent for the purposes for which they were appropriated, to evaluate the efficiency of program operations and to evaluate the impact of state government reorganizations.

Under KRS Chapter 6, all state agencies are required to cooperate with the Committee by providing requested information and by permitting the opportunity to observe operations. The Committee also has the authority to subpoena witnesses and documents and to administer oaths. Agencies are obligated to correct operational problems identified by the Committee and must implement the Committee's recommended actions or propose suitable alternatives.

Requests for review may be made by any official of the executive, judicial or legislative branches of government. Final determination of research topics, scope, methodology and recommendations is made by majority vote of the Committee. Final reports, although based upon staff research and proposals, represent the official opinion of a majority of the Committee membership. Final reports are issued after public deliberations involving agency responses and public input.

FOREWORD

In 1995, the Legislative Program Review and Investigations Committee directed its staff to examine caseloads in the Cabinet for Human Resources, to assess the impact of caseload numbers on the delivery of social services. After a review of various departments, the Department of Social Services was selected for in-depth analysis, due to its responsibility for providing protective services to children, adults and the elderly. The Legislative Program Review and Investigations Committee adopted this report on October 12, 1995.

Several recommendations are intended to assist the Department of Social Services, and other key agencies influential in the provisions of protective services, in re-examining facets of their operations. The recommendations fall into the following categories: use of workers time, counting and reporting caseloads, and program effectiveness measures. The recommendations direct key agencies to develop strategies and outcome measures to address these and other service delivery deficiencies.

This report is the result of the dedicated time and effort of the Program Review staff and secretaries Jo Ann Paulin and Bonnie Jezik. In addition, we would like to express our appreciation to family service workers throughout the state for responding to the Program Review survey. Also, we wish to thank state agency personnel, representatives of the judiciary, advocacy groups, community service providers, and all other people who were interviewed or provided information for this study.

Don Cetrulo
LRC Director

August, 1996
Frankfort, Kentucky

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MEMORANDUM

TO: The Honorable Paul E. Patton, Governor
The Legislative Research Commission, and
Affected Agency Heads and Interested Individuals

FROM: Representative Jack Coleman, Co-Chairman
Senator Joey Pendleton, Co-Chairman
Program Review and Investigations Committee

DATE: October 12, 1995

RE: Staff Report -- Department for Social Services Caseload Study

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In February 1995, the Program Review and Investigations Committee directed its staff to review caseloads in the Cabinet for Human Resources, to determine whether caseload numbers were high and, if so, whether this was affecting service delivery. Staff focused its review on CHR's Department for Social Services (DSS) because of the role that the department plays in protecting and ensuring the safety of children, young people, and older citizens in the State. This Department also employs the bulk of social service workers.

In the early stages of this review, it became abundantly clear that DSS caseload numbers routinely exceeded state statutory mandates. A better picture, though, was gained by looking at caseworkers' workloads. Family service workers told staff in field interviews, and indicated on a survey, that their workloads are becoming increasingly complex and hard to manage.

Performance standards are good ways for agencies to define how they want to perform in order to be responsive to the public. This study found that the DSS has no standard way of monitoring or measuring workloads, but is making an effort to do just that.

FSWs also told staff that managing their cases involves an abundance of paperwork and can sometimes mean performing rather routine tasks, such as providing transportation and making calls to schedule appointments. Some family service workers interviewed by Program Review staff believed that certain tasks can be handled by other people, support staff within DSS, or even volunteers.

In 1994, CHR estimated that 300 staff positions would be needed to reduce the caseload average to the statutory standard of 25. Using the most recent quarterly report, Program Review staff calculated a "projected staffing need" and determined that 155 family service workers and 24 family service worker supervisors would be needed for DSS to meet the 25 intensive caseload rule. Total costs for adding staff under this review would be over $6.3 million.

With increasing client numbers and increasingly complex problems, the effectiveness of the DSS has been questioned from many fronts. The Cabinet's initiatives of shifting administrative staff to field positions has not noticeably altered caseload averages. The caseload numbers may not be as critical as reducing the workload complexity and focusing family service worker efforts on critical service tasks and shifting less critical tasks to other support staff, professionals, or agencies.

The following study makes several recommendations directed at the development of performance and outcome measures that will give the Cabinet for Human Resources and the Department for Social Services more reliable information for management decision-making processes and accountability in the social services delivery system. These include recommendations for re-examining the critical components of the FSW workload, including the average statewide worker caseload, and the accuracy and timeliness of the reporting of service activity.

We would like to thank the staffs of CHR, DSS and other State agencies for their assistance and cooperation in providing the data for this study.

Questions concerning this study should be addressed to Joseph Fiala, LRC Assistant Director, Office for Program Review and Investigations.

EXECUTIVE SUMMARY

In February 1995, the Legislative Program Review and Investigations Committee directed its staff to review caseloads in the Cabinet for Human Resources (CHR) to determine whether caseload numbers are high and, if so, whether this is affecting the delivery of social services. The Department for Social Services (DSS) is the main focus of this review. DSS employs the bulk of social service workers and plays a key role in providing protection to, and ensuring the safety of children, young people, and families in the Commonwealth through several program areas.

CHAPTER II

SOCIAL SERVICE DELIVERY SYSTEM

Central to the DSS mission is providing protection to children, young people, families, and the elderly. While DSS' central offices are in Frankfort, most people come into contact with family service workers (FSWs) located in 120 field offices across the state. The FSWs directly provide the required services, such as counseling, or refer clients to specialized contract services, and monitor client progress.

The numbers of clients served by DSS by specific programs has increased slightly more than 13% over four years. The agency's budget, as well, has increased by about 13% in real dollars over four years ($294.8 million for FY 1996). Yet the number of FSWs serving clients has remained relatively constant--1,455 as of June 30, 1995.

CHAPTER III

FAMILY SERVICE WORKERS' WORKLOAD

Increasingly, high caseloads and intensive workloads are problems that affect the delivery of services within the DSS. In 1986, the General Assembly enacted legislation limiting the number of intensive cases to 25, on average, for FSWs in areas of foster care, child protection, juvenile services, and adult protection. Yet, the DSS has exceeded the statutory limit for several years.

Simply raising the caseload standards or attempting to hire more FSWs would be a simplistic solution. Budget constraints, job burnout problems, and concerns about effectiveness call for more complex approaches. Solutions should focus on identifying and prioritizing FSWs' tasks and activities, allowing them to concentrate their efforts on critical activities, such as investigating cases, providing or seeking client treatment, and protecting clients.

RECOMMENDATION 1: RE-EXAMINE AVERAGE CASELOAD FORMULA

The Cabinet for Human Resources and the Department for Social Services (DSS) should re-examine the formula used to calculate the average statewide worker caseloads, to ensure that the information used is accurate and timely. The DSS should validate the accuracy of the data used. In addition, the DSS should include in its final quarterly caseload report of each fiscal year a description of the results or impediments faced in pursuing initiatives designed to reduce caseloads. Results would be reported to the Program Review and Investigations Committee by January 1996.

RECOMMENDATION 2: EXAMINE THE AMOUNT OF TIME FAMILY SERVICE WORKERS WAIT IN COURTS

The Cabinet for Human Resources (CHR), the Department for Social Services (DSS), and the Administrative Office of the Courts (AOC) should review court-related activities, requirements imposed on family service workers (FSWs), and the amount of time that FSWs spend waiting to make Court appearances or attend to other court-related duties. This review should identify ways of reducing the waiting time in the courts and determine whether the actions or requirements mentioned above can be reduced or modified, or whether other persons can substitute for the FSW in these capacities. Results should be reported to the Program Review and Investigations Committee by January 1996.

RECOMMENDATION 3: IDENTIFY TASKS NECESSARY TO BE PERFORMED BY FAMILY SERVICE WORKERS

The Cabinet for Human Resources and the Department for Social Services should review and identify the duties and tasks which require the skills and qualifications of a family service worker and those which could be performed by non-professional support staff, other professionals, agencies or volunteers. Results of the review should be reported to the Program Review and Investigations Committee by April 1996.

CHAPTER IV

PERFORMANCE OF THE SYSTEM

With the demand for social services increasing, and public dollars shrinking, questions arise about the performance of the social service delivery system in protecting the health and safety of Kentucky's citizens. The public wonders whether the system is effective. System performance can be gauged in various ways, including compliance with legal standards, levels of service activity, and efficiency in the management of resources.

Faced with heavy workloads, high caseloads, increasing liability, and high turnover for FSWs, the social service delivery system is being held to higher standards of accountability by executive branch administrators, legislators, and citizens. Currently, however, the Cabinet has no system in place for measuring the effectiveness of its service delivery system.

RECOMMENDATION 4: PROGRAM EFFECTIVENESS MEASURES SHOULD BE PART OF THE MANAGEMENT DECISION-MAKING PROCESS

The Cabinet for Human Resources and the Department for Social Services should continue to develop client outcome and program effectiveness measures for each program, and integrate these into the management decision-making process at all levels. Progress should be reported to the Program Review and Investigations Committee by January 1996.

CHAPTER I

INTRODUCTION

Every workday, Kentucky's Department for Social Services (DSS) programs caseworkers go about the task of securing services for those in need and protecting the sometimes neglected and abused members of society. The caseworkers do everything from providing counseling for clients to taking care of the needs of battered wives and helping find homes for children. The Legislature has set a benchmark average for these workers of 25 intensive cases per month. The average caseload has exceeded that number for several years, despite the Cabinet for Human Resources' efforts. Also, caseworkers say their cases are becoming more complicated and require more activities to manage. In some instances, caseworkers find themselves taking care of tasks that could readily be handled by support personnel.

Kentucky's registered social service cases are increasing, but the social service workforce has remained static. Faced with the increased complexity of their jobs, the danger, legal pressures, and low pay, some social workers are leaving jobs for other opportunities within the public and private sector.

Where does all this lead? Kentucky, specifically the Cabinet for Human Resources (CHR), will need to look at new ways to keep its social workers on the job, to lighten their load, and to protect them. Also, it will need to review its own standards and determine whether its programs are accomplishing their missions.

SCOPE OF STUDY

In February 1995, the Program Review and Investigations Committee directed its staff to review caseloads in the Cabinet for Human Resources to determine whether caseload numbers were high and, if so, whether this was affecting service delivery. Caseload numbers were reviewed for the Departments of Employment Services (no longer located in CHR), Health Services (DHS), Social Insurance (DSI), and Social Services. While staff examined caseload information for all departments mentioned, the focus of this review centers on the DSS. This agency was chosen for a more in-depth analysis because of the key role it plays in providing protection for, and ensuring the safety of children, young people, and families in the Commonwealth. Profiles of the departments other than the DSS have been developed to present information on their program missions, personnel and staffing structures, and available caseload numbers. (See Appendix A.)

METHODOLOGY

Program Review staff interviewed officials and employees of the CHR, including the current commissioners for the Departments for Social Insurance and Social Services, executive director of CHR's Office for Personnel and Budget, family service workers (FSW) in several field offices, local office supervisors, district managers, and DSS administrative employees. In addition, staff interviewed a former commissioner of the Department for Social Services, representatives of advocacy groups, service providers, municipal officials working in a collaborative project with the DSS members of the judiciary, and Family Court social workers. Interviews also were conducted with human services officials in other states and professionals with national associations.

Additionally, a randomly selected sample of family service workers was surveyed to elicit their opinions regarding the effectiveness of the DSS service delivery system and the FSWs' ability to deliver services. Responses were received from 165 FSWs, a response rate of 38%. Finally, case file reviews were conducted in two areas. First, the investigative files on child fatalities were reviewed, as a means of looking at the internal investigation process. In certain instances, the actual case files of deceased children were reviewed. Second, active case files were reviewed in seven districts throughout the State.

OVERVIEW

Chapter II discusses the operation of Kentucky's social service delivery system; Chapter III explains how the delivery of services within the DSS has been affected by increasingly high caseloads and intensive workloads; and Chapter IV discusses the performance of the State's social service delivery system.

CHAPTER II

THE SOCIAL SERVICE DELIVERY SYSTEM

The Department for Social Services (DSS), through its social services programs, is responsible for protecting and ensuring the safety of children, youth, families, and the elderly. The policies for this multifaceted mission are established in the DSS central office in Frankfort, and direct services are provided by family service workers (FSWs) located in 120 field offices across the State. The FSWs either directly provide the required services, such as counseling, or refer clients to specialized contract services. FSWs then monitor client progress. The number of clients served has increased in most programs, and budgets have increased over 13%, adjusting for inflation, over a four-year period. The number of FSWs, however, has remained about the same over a five-year period. The budget for DSS programs for FY 1996 is almost $300 million.

Department for Social Services Mission

The Department for Social Services is responsible for developing and implementing social services programs and receives much of its direction from statutory and federal mandates to provide such services as child and adult protection, foster care and adoption services, juvenile treatment services, and services to the elderly. DSS is the single point of entry for children, families, and adults needing crisis intervention or protective assistance. The service philosophy behind most DSS programs emphasizes community and family-based services, with clients served in the least restrictive environment appropriate to their needs. All services are family based, for

the most part, with the family serving as both the primary recipient of services and as caregivers to children and youth.

Few, if any, programs administered by DSS are truly "optional," because most are in response to federal statutory mandates and federal grant requirements. Expansion of the DSS programs over the years has resulted in changes in the philosophy of service delivery. The Family Preservation Program and requirements in the treatment of juvenile sexual offenders are relatively new program areas for DSS. The following statutes specifically empower DSS to fulfill program missions and goals:

• KRS 200.575--	establishes family preservation services as a distinct part of the DSS mission, delineating goals, duties, eligibility, desired effect, annual evaluation, and funding;
•KRS 600.010-- Juvenile Code	outlines legislative intent that family life for the protection and care of children be encouraged; that the biological family unit be strengthened and maintained; that least restrictive alternatives be attempted; that children have the right to treatment to improve their conditions; and that due process be employed;
•KRS 605.100-- Juvenile Code	authorizes care, treatment and rehabilitation of committed children, providing for classification, segregation, and specialized treatment based on special needs and characteristics;
•KRS 620.010-- Juvenile Code	describes the legislative intent that children have fundamental rights which must be protected, and that on occasion, it might be necessary to remove a child from the home for protection;
•KRS 199.470--	outlines requirements for and provisions of services for adoption; and
•KRS 199.8992-	authorizes contracting for day care service referrals.

DSS Has a Multifaceted Mission

The Department for Social Services' multiple missions are evidenced by its many roles as protector, service provider, treatment provider, and monitor. First, and perhaps most important, DSS acts in the role of protector through child and adult protective services, foster care and other

out-of-home placements, and guardianship services. As service provider, DSS offers services ranging from training, counseling, and child day care, to Homecare and other services for the elderly and disabled adults. As a treatment provider, DSS serves families in crisis, emotionally disturbed children, and juvenile offenders. Finally, DSS fills the role of monitor and evaluator as its social workers' conduct home visits and make other contacts with clients to assess their compliance with various treatment or case plans.

The DSS Service Philosophy Is Family Oriented

The missions of the Department and its various divisions have not changed much since the mid-1980s. However, there has been a major change in service strategy, particularly in the area of family services. No longer does the Department focus its activities on meeting the needs of the child or the individual; it focuses on the needs of the entire family, thereby increasing the amount of services required, and ultimately, workloads. This is in line with the current philosophy that children cannot be treated apart from their families. Changing directions and initiatives in federal programs have dictated this approach.

Client Numbers and Needs Are Increasing

DSS reports a total client count for all programs of approximately 1.2 million for FY 1994. Some of these clients may have been served in more than one program within the year. The client count is a count of unduplicated clients by service but is a duplicated count overall. The bulk of DSS clients, particularly children, are involuntary participants and vulnerable to overt actions by others. Because of increases in the severity and complexity of problems facing these children, they require a wider range of services. Consequently, it is more difficult to serve this population effectively. Many children entering care are severely emotionally disturbed, and have been traumatized by emotional, physical or sexual abuse, have been involved with substance abuse, or have serious illnesses or retardation.

Both the number of reports of abuse and neglect and the numbers of those substantiated have increased significantly in the last five years in all areas except child sexual abuse. The greatest increases are in the areas of adult abuse and spouse abuse, as shown on Table 2.1. Some of these increases are attributable to some degree to an increased public awareness of programs and services. Advocates attribute some of the reasons for increased reports of abuse, neglect or dependency to increased poverty rates and increased stress on families. (Appendix B shows the overall rise in the numbers of clients and the expenditures by program.) The number of juvenile arrests increased for three consecutive years, from 1990 to 1992, but decreased in 1993 and 1994. A recent federal report confirmed that juvenile crime is on the upswing. The numbers of committed children and children under temporary/emergency custody orders have increased as well. Some of these client numbers could be duplicative, because some of the committed children received services in different programs in a given year.

TABLE 2.1

Selected Reports: Trends In Adult/Child Abuse, Neglect And Juvenile Crime Reporting

CHILD ABUSE REPORTS

	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994
No. of Children Abused/Neglected/ Dependent[a]	47,385	51,465	56,181	59,706	59,540
No. Substantiated	20,989	21,999	23,172	24,121	24,887
% Substantiated	**44.3%**	**42.7%**	**41.2%**	**41.8%**	**41.78%**
Child Sexual Abuse Incidences[a]	4,344	4,615	5,730	6,202	5,718
No. Substantiated	2,167	2,133	2,449	2,631	2,473
% Substantiated	**49.9%**	**46.2%**	**42.7%**	**42.42%**	**43.25%**
Fatalities Related to Abuse/Neglect[a]	19	17	24	20	29

ADULT ABUSE REPORTS

Adult Abuse Reports[b]	3,701	4,141	6,489	12,105	13,944
No. Substantiated	2,523	2,786	4,462	8,143	9,590
% Substantiated	**68.17%**	**67.28%**	**68.76%**	**67.27%**	**68.78%**
Spouse Abuse Reports[b]	9,674	11,311	15,080	18,486	19,731
No. Substantiated	7,597	8,563	11,487	13,657	14,705
% Substantiated	**78.53%**	**75.71%**	**76.17%**	**73.88%**	**74.53%**

JUVENILE ARRESTS

No. of Juvenile [c]	19,449	19,901	21,774	20,108	NA

COMMITTED CHILDREN

Total No. Committed[d]	3,380	4,205	4,301	4,445	4,669

SOURCE: Compiled by Program Review staff from the following sources:

a) Data provided by the Department for Social Services - Profile on Adult Abuse and Neglect, Fiscal Year 1993 and 1994.

b) Data provided by the Department for Social Services - Profile on Child Abuse and Neglect, Fiscal Year 1993 and 1994.

c) Data provided by State Police-Based on Calendar Year Summaries.

d) Data provided by Department for Social Services - Committed Children Report, Fiscal Year 1993 and 1994.

NOTE: NA = Information not available.

As these reports have increased in number, the programs designed to serve these populations have grown as well. All major program areas showed continued increases in client numbers and expenditures over a five-year period, FY 1991 through 1995. These program areas include foster care, children in private child care facilities, child protective services, family

preservation programs, adoptions, adult protection, spouse abuse contracts, child care development block grant programs, and juvenile services group homes and residential treatment facilities.

The State's Input of Resources into the System

DSS services are delivered by the FSWs in the Division of Family Services at local county offices. FSWs deliver a wide array of services to their clients by accessing some 30 programs funded by a $294.8 million budget for FY 1996. The current budget represents a 21% increase over four years in normal dollars, and a 12% growth in real dollars. Client counts across service delivery programs in the same period increased about 13%. Referral resources have not increased significantly.

DSS currently employs 1,455 FSWs and family service office supervisors (FSOSs) to provide services to a populace increasingly difficult to serve. Over the past four years, the number of workers has remained constant, while budgets and numbers of clients have increased. Newly hired employees must have a social work or related college degree. FSW training and experience are essential if the worker is to appropriately serve the client.

DSS Organization Places Service Delivery at the Local Level

Program service delivery occurs at the local level, in all 120 counties, where reports are received and investigated, and cases are assigned to FSWs for treatment planning, management and resource utilization. The DSS central office sets policy, which is disseminated to the field through 14 district offices overseen by district managers. The districts approximate area development districts (ADDs) across the State. Staff at the district level provide special assistance and training, monitor local offices, and collect data.

The Department for Social Services administers over 30 separate programs through four administrative divisions. The Division of Program Management oversees many of the administrative activities for DSS, handling fiscal affairs, monitoring and supervising contracts the Department has with various service providers, operating the Department's computer and data management systems, and maintaining the DSS policies and procedures manual. The Division of Aging Services is responsible for helping the elderly and physically disabled live independently. The Division of Youth Services provides treatment for juvenile offenders and emotionally disturbed children through both residential and non-residential services.

The Family Services Division operates most of the social services programs at the local level through five subprogram areas: Family Based Services, Alternatives for Children, Foster Care, Adult Services, and Child Day Care. Family Based Services programs attempt to preserve the family as a unit and prevent the out-of-home placement of children whenever possible. Family Services provides most of these services directly through their family service workers in local offices in all 120 counties. Some services, such as spouse abuse centers, child day care services and out-of-home child care, are provided by both public and private agencies through contracts with the Department.

Services to families are provided directly (face-to-face) by DSS social workers, support staff, supervisors, or specialists, or by other agencies in the community, in the homes and in offices. Services to families may be offered in individual and group settings. Contacts with families are often used to identify actions to be taken and are helpful in monitoring results. Contacts with children and their care providers (whether relatives, foster parents or facilities) are made in person, as well as by frequent phone calls. Collateral contacts, including those made with other service providers, courts or police, are made face-to-face, by telephone, and by letter. Emergency services, such as crisis intervention and placement assistance, are available 24 hours a day, seven days per week.

Preservation of the Family Is a Requirement

The Division of Family Services is mandated by statute to take all steps possible to preserve the family. In keeping with this mandate, social workers attempt to keep children in the home and treat the family in the home whenever possible. Family Services does have out-of-home care alternatives in which to place children when remaining in the home is not possible. For the most part, expansion in the programs offered by DSS results from the broadening scope of federal program enactments and the subsequent statutory mandates to provide related services. Recent illustrations of such expansions include the Family Preservation Program and requirements in the treatment of juvenile sexual offenders.

Budgets and Expenditures for Social Service Programs Have Increased

The DSS Budget for the 1994-96 biennium is over $575 million. Table 2.2 shows the DSS budgets from FY 1993 through FY 1996 and expenditures for FY 1993 through FY 1995. The current annual budget of $294.8 million calls for funds to come relatively equally from the state general fund and federal funds, with a small amount (less than 5%) coming from restricted agency funds. All program areas show steady increases over the four budgets. Over the past four budgets, there is a real gain of approximately $29.5 million (12.1%) factoring for 3% average inflation. Of the $294.8 million budgeted for FY 1996, 72.7% funds Division of Family Services programs.

TABLE 2.2

Budget/Expenditures for DSS FY 1993 - FY 1996

(In Millions)

DSS Budget Unit	FY 1993 Budget (Enacted)	FY 1993 Expended	FY 1994 Budget (Enacted)	FY 1994 Expended	FY 1995 Budget (Enacted)	FY 1995 Expended	FY 1996 Budget (Enacted)	FY 1996 Expended
Family Services	$166.4	$185.4	$172.7	$179.2	$201.5	$203.4	$214.3	N/A
Juvenile Services	$37.3	$36.5	$39.1	$36.6	$39.3	$39.2	$40.2	N/A
Aging Services	$39.2	$38.9	$39.4	$38.8	$40.3	$39.2	$40.3	N/A
TOTAL	**$242.9**	**$260.8**	**$251.2**	**$254.5**	**$281.1**	**$281.8**	**$294.8**	**N/A**

SOURCE: Biennial budgets FY 1993-94 and FY 1995-96 and DSS expenditure data.

Social Services Are Provided through Both State Facilities and Contracted Programs

The number of daycare, Family Preservation Programs, spouse abuse programs and shelter services has increased over the last three to five years. Yet state-owned facility beds/slots have not increased appreciably in five years. According to CHR staff, the number of DSS certified in-home family child care homes rose from 331 in August 1993 to 563 in August 1995, with 75 certifications pending. The Cabinet's Division of Licensing and Regulation licensed 1,590 day care centers and homes in February 1992 and 1,878 in July 1995. Family Preservation Programs (FPPs)have increased from four in 1989 to 16 in FY 1996. The FPP was required by statute to make services accessible by 1995 to 40% of children identified as being at imminent risk of removal from their homes, and eventually to all children identified in that category.

The number of spouse abuse programs is increasing, although it is difficult to tell how much. According to a review of DSS contracts for spouse abuse services, the number of contracts has risen slightly, from 11 in FY 1992 to 12 in FY 1995, an increase of 9%. According

to the resource list of the Kentucky Domestic Violence Association, as of August 24, 1995, there are 17 spouse abuse centers and 10 outreach offices throughout the State. In addition, the 1995 "Continuum of Care Resource List," a list of services available for the homeless compiled by the Kentucky Housing Corporation, named 18 emergency domestic abuse shelters in 17 counties throughout the State. Finally, according to the homeless program representative with the Kentucky Housing Corporation, this was the first year that a list of resources had been compiled. According to the "Continuum of Care Resource List," 433 programs throughout the State provide one or more of the following services to the homeless: emergency assistance, emergency shelter, educational assistance, mental health assistance, transitional housing, transitional shelters, and permanent housing. Of that 433, there are 69 emergency shelters. Six of those shelters serve men only, 14 serve women, children or youth only, 31 serve men, women or families, and 18 serve spouse abuse victims.

According to CHR staff, as of August 21, 1995, there were 1,622 available foster care homes. However, approximately two-thirds of these homes are receiving payments for services. (Information prior to FY 1994 was not available.) Tables 2.3 and 2.4 show that the number of foster care homes receiving payments has increased 4% over the past five years, from 1,024 in March 1990 to 1,068 in March 1995.

TABLE 2.3

Foster Home Usage by the Department for Social Services, 1990-1995

TIME PERIOD	NUMBER OF FOSTER CARE HOMES THAT WERE PAID FOR SERVICES
March 1990	1,024
March 1991	985
March 1992	1,007
March 1993	1,032
March 1994	1,054
March 1995	1,060

SOURCE: Cabinet for Human Resources, Division of Family Services, 1995

Table 2.4
Number of Foster Care Homes, FY 1994 and FY 1995

Foster Care Statistics	FY 1994	FY 1995	Percent Change
No. of Children Committed to CHR	4,669[1]	NA[2]	NA
New foster homes approved	241	331	+37%
Foster homes closed	190	219	+15%
Total active foster homes at year's end	1,421	1,475	+4%

SOURCE: Cabinet for Human Resources, Division of Family Services, June 1995.
(1) "Number of Committed Children" includes all committed children.
(2) Data on the number of committed children not available.

The number of treatment beds for which DSS contracts with private facilities has increased moderately over the last few years. This is only an estimate, because the agency contracts with facilities to care for clients at set rates rather than for a specific number of clients. According to an agency administrator, on any given day, DSS has about 900 children in private child care placements.

Over the five-year period, the number of group home beds and the number of re-ed programs in the Division of Youth Services have decreased 6% and 50% respectively. The greatest amount of growth is seen in the day treatment program, which has increased 27% within this time period. Finally, the number of residential beds has increased slightly, by 5%, in five years. (See Table 2.5.)

TABLE 2.5

DSS Youth Treatment Beds and Day Treatment Units, 1990-1995

Treatment Beds/Day Units	1990	1991	1992	1993	1994	1995	Percent Change 1990-1995
Residential Facility Beds	438	438	441	441	451	458	5%
Group Home Beds	144	144	144	136	136	136	-6%
Day Treatment Slots	556	654	684	684	693	705	27%
Re-Ed Programs (Clinical Branch)	60	60	30(a)	30	30	30	-50%

SOURCE: Cabinet for Human Resources, Division of Youth Services, August 1995.

Notes: a) Closed 30 bed Re-Ed program in Louisville.

Number of Family Service workers Has Remained Stable

The Department of Social Services has a mix of social workers, field office supervisors, support aides and clerical staff. The majority of DSS employees (over 90%) are located either in district or local Family Services offices or in state-run juvenile treatment centers. Table 2.6 gives a breakdown of the numbers of full-time employees in the central office, versus the field, for each of the Department's divisions. Essentially, the numbers of personnel have remained the same from one year to the next. The total number of employees increased by 35 from 1994 to 1995; however, the number of employees located in field positions increased by 143 during the same period.

TABLE 2.6

DSS Central Office vs. Field Employees 8/15/94--7/26/95

Division/Branch	Central Office 8/15/94	Central Office 7/26/95	Field 8/15/94	Field 7/26/95	Total 8/15/94	Total 7/26/95
Commissioner's Office/QA	25	18	0	8	25	26
Program Management	44	50	39	37	83	87
Youth Services	85	11	656	724	741	735
Family Services	87	56	2,130	2,178	2,217	2,234
Aging Services	28	26	0	2	28	28
Training Branch	0	10	0	19	0	29
Totals	269	171	2,825	2,968	3,094	3,139

SOURCE: Compiled by Program Review staff from the DOP's Master Position Listing of 8/15/94 and DSS, Division of Personnel Position Control Report, 7/26/95

Note: Training Branch was established by Executive Order, 11/16/94. Prior to that date, training personnel were in Division of Youth Services and Division of Family Services.

Over the last five years, the number of FSWs in the field essentially has remained about the same, ranging from 1,229 in July 1991 to 1,268 in June 1995, not including vacancies. (See Table 2.7.) Additionally, in field offices, there are 187 field office supervisors, 39 family service area specialists, 151 service support aides, and 355 clerical staff.

TABLE 2.7

Number of Family Service workers 1991 - 1995

DATE	NUMBER OF FSWs (*)
7/31/91	1,229
7/31/92	1,245
1/31/93	1,274
6/30/94	1,296
6/30/95	1,268

Source: Compiled by Program Review staff from data received in CHR "Personnel History File."
* = Includes: Permanent, Full-Time, Permanent Part-Time, Seasonal, Temporary, FFTL.

Similarities Are Evident among Social Workers

There are some common threads in social work that transcend the duties and service areas of Kentucky's social workers. Regardless of the cases they handle, social workers duties differ by caseload area, but their responsibilities are similar. Their responsibility is to help people with their problems. They employ direct counseling to identify client problems, to assist them in finding solutions, and to locate appropriate resources. They also refer clients for education, consultation, and treatment services. Social workers may be required to help abused children and spouses, and persons suffering from substance abuse, mental illness or retardation.

Social worker duties include intake and investigation of reports, case assessment for substantiation, case management based on treatment plan development, and case closure, as appropriate. Sometimes FSWs are called on to enter dangerous situations, such as domestic violence disputes, and may have to remove children from their homes.

While some short-term services may be provided before a case is formally opened, the bulk of the services are provided on a long-term basis, using case management techniques. Some social workers provide preventive, constructive services and appropriate referrals as needed, but the DSS maintains case management responsibility such as monitoring and assessing case progress. Prior to 1985, Kentucky social workers provided most of the direct services to clients.

The DSS began increasing the use of client referrals to Family Preservation Program contractors, who employ licensed social workers for services.

Kentucky's social services system also requires that social workers be educated, trained, and experienced. Since 1992, new FSWs have been required to hold college degrees, as set forth in the DSS' personnel regulations. Social workers are hired at two entry level positions, FSW and FSW principal. AN FSW must have a bachelor's degree in social work, sociology, psychology, or a related field. The FSW principal must have a master's degree in social work, sociology, psychology or a related field, or a bachelor's degree as above, plus two years of professional direct service experience. (See Appendix C for more detailed information on the minimum requirements, job characteristics, and salaries for each.) The Commissioner of the DSS reported recently to the Interim Joint Committee on Health and Welfare that of the last 252 entry level FSW hires, 31% have degrees in social work, while 48% have degrees in psychology or sociology, and 9% have degrees in criminal justice or corrections.

Some FSWs are licensed, but they are not required to be. In 1974, Kentucky requested and received a federal exemption from the certification/licensing process. According to the Dean of the University of Kentucky School of Social Work, many states without certification or licensing regulations have moved toward developing and requiring them. Contract FSWs performing services on referral must be licensed. Licensing in Kentucky is determined by the Board of Licensure for Social Work. KRS 335.070 and 335.080 stipulate the education, experience, and examination requirements. A number of DSS social workers are licensed, but neither the Board nor the DSS Personnel Branch could state the number who are licensed, or for that matter how many licensed or certified social workers are employed by the State.

Training is critical to service delivery. Training has been identified as a key component in FSWs' ability to deliver quality services. In KRS 194.370, the 1992 General Assembly

mandated in-service training for social workers, but left the manner of training to the discretion of the Cabinet. Initial and in-service training are the functions of the Family Services Training Branch, which administers a $4.8 million contract supported by Title IV-E funds.

Currently, the DSS requires 20 days of in-service training for CPS workers and 28 days for FSWs carrying generic caseloads. The training is performed by contract and subcontract personnel, including district training coordinators (DTCs). In addition, the Kentucky Social Service Training Consortium, located at Eastern Kentucky University and in collaboration with seven other state universities, provides various training opportunities.

According to the Department, this training is based on job task analyses and is competency based. The Department offers optional and mastery level training, in addition to specialized training, workshops, or conferences taught by personnel and individual trainer consultants. DTCs provide new worker orientation, and family service office supervisors provide on-the-job-training. The training contract employs 60 full-time employees, about one-third of whom have been FSWs. (Table D in the Appendix shows a summary of training programs by numbers of workers trained.)

Experience, Career Tracks Correspond

The most experienced FSWs are found in "career" positions. Not surprisingly, job experience, and presumably expertise, accumulate at the FSW chief, FSW clinician, and the FSOS levels, where well over half of the workers are classified. According to data derived from personnel history files, the greatest level of experience resides in the FSW clinician class, where most of the intensive or therapeutic cases would be assigned, according to that job description. These are shown on Table 2.8. Furthermore, of the 159 workers responding to the Program Review FSW Survey, 53.3% of FSWs have been in their current positions from one to three years. Some of these represent new hires, while others represent promotions, because only one-third reported that they have been in the DSS for three years or less.

TABLE 2.8

Length of Service Reported by Respondents to Program Review Survey of FSWs

Length of Service	In Current Position*	In DSS*
0-3 years	53.5% (85)	31.4% (50)
4-9 years	26.4% (42)	25.2% (40)
10-15 years	4.4% (7)	3.8% (6)
16-20 years	7.5% (12)	16.4% (26)
21+ years	4.4% (7)	10.1% (16)
NR	3.8% (6)	13.2% (21)

Source: Program Review Caseload FSW Survey, May 1995
Note: * N=159

CHAPTER III

FAMILY SERVICE WORKER WORKLOAD

In the last 10 years, increasingly high caseloads and intensive workloads have been cited as problems that have negatively affected the delivery of services by the Department for Social Services (DSS). In 1986, the General Assembly enacted KRS 199.461, which limited the number of cases to 25, on average, for family service workers in the areas of foster care, child protection, juvenile services, and adult protection. However, family service workers (FSWs) have exceeded this statutory limit for several years. Raising the caseload standard or simply increasing the number of FSWs would be a simplistic solution. Budget constraints, job burnout problems and concerns about effectiveness call for more complex solutions, focusing on identifying and prioritizing the tasks and activities of FSWs, allowing them to concentrate their efforts on those critical activities related to investigation, treatment, and protection.

Caseloads

"Caseload" is the term used to describe the number of cases that an FSW is assigned as a result of the distribution of referrals at the local and district offices. The breadth and depth of all such cases translates into an FSW's workload, which takes into consideration the number of clients and families an FSW must provide services to, and the corresponding amount of time spent on providing mandated services, intake, assessment, case planning, direct services, referrals, and reporting. In many instances, the caseload number does not reflect the amount of work involved in managing cases, or the fact that required services vary, since client needs vary. A referral may include an array of eligible services for all family members involved in a case, services like

emergency shelter, transportation, counseling, parenting skills classes, day care, medical assistance, and financial assistance. However, caseload is the measure most often used when allocating human and fiscal resources, assigning cases, or requesting additional program funds.

Caseload Standards Represent Benchmarks

Several national and professional organizations for social workers have developed recommended caseload standards to help social service organizations assign cases realistically, based on relative workload. (See Table 3.1.) Kentucky uses these standards as benchmarks or goals.

The average monthly caseloads reported to the General Assembly for CY 1993 through the second quarter of 1995 have been consistently above the 25 caseload limit established in KRS 199.461. Average monthly caseloads for intensive cases for May 1995 were 31.30; for June 1995, 30.90; and for July 1995, 30.90. (See Appendix E.)

TABLE 3.1

Recommended Caseloads Per Worker

National Association of Social Workers (No categories designated)	Child Welfare League of America (For Abused/Neglected children and families)	American Humane Association
20-25 families per worker	Intake investigation--12 active cases per month	Investigation or intake: No more than 12 active cases per month (each investigation completed within 60 days)
	On-going cases--17 active cases; no more than one new case assigned for every six open cases	Ongoing cases: No more than 17 active cases (families)
	Combined investigation and on-going--10 active on-going cases and four active investigations	Combined Investigations and Ongoing cases: No more than 10 active ongoing and no more than four active investigations a month

SOURCE: Compiled by Program Review Staff from information received from Child Welfare League of America, "Caseload Standards Report" (1995); and American Humane Association "Workload and Staffing Report" (1993)

Social service delivery systems in other states vary according to where child, adult or juvenile protective services are positioned within governmental structures. Caseload standards for states with family-based approaches to handling child protective service cases and foster care are included in Appendix F. On average, these reflect as acceptable a range of 1:12 to 1:20 caseworker to case ratio. Like Kentucky, many states report that their actual reported caseload counts are above their own recommended standards.

It is difficult to compare Kentucky's recommended standard with national or other state standards because of differences in caseload calculations and service delivery approaches. Many other states' caseload standards specifically reference the type of case for which services are required and generally separate investigation standards from ongoing case activity standards. Some other states use varying criteria to weight cases, based on number of clients, intensity of services to be provided, and the duration of services.

Kentucky has adopted a caseload standard of 25 for those categories of intensive cases of foster care, child protection, juvenile services, and adult protection (KRS 199.461). The statute also requires that a quarterly statewide report be produced for the Legislative Research Commission and the Governor when the average monthly statewide caseload exceeds 25 cases per worker for 90 consecutive days. The report must describe those factors which contribute to the high caseloads and report any related recommendations. In addition, the statewide average report must include family service workers' caseload averages, the number of established family service worker positions, and the number of vacant positions by county and district.

Family Preservation Services (FFP) provided through state caseworkers are to be excluded from the overall caseworker/case averages and reported separately. Currently, all FPP services are provided through contract, and caseload numbers are not recorded by the DSS for these contracted services. However, caseload numbers for services provided by FSWs for Family Preservation Program participants are collected. KRS 200.585 also requires that nonprofit social service contractors providing FPP services, including short-term, crisis intervention activities, have a caseload of four or fewer families per caseworker.

One-third of FSWs Surveyed Have 31 or More Cases Assigned

The Program Review Survey of FSWs asked how many actual cases the worker had in the past three-months. As shown on Table 3.2, of the 184 respondents, a total of 35.6% reported average monthly caseloads of 31 or higher, while another 35.7% reported their caseload average between 21 and 30. Average caseloads between one and 20 were reported by 38.6% of the respondents. FSWs also reported a significant change in caseload during the time they had worked in their current position. Table 3.3 shows that among all respondents, 70.9% reported an increase in caseload, while only 4.5% responded that their caseloads had decreased.

Considering that many FSWs report case responsibility across more than one area, as Table 3.4 shows, high caseloads mean more responsibilities and varied tasks, which require prioritization and case management. A total of 76.3% of the survey respondents indicated that their caseloads were distributed across one to three case types. Another 21.7% indicated that they handled case types across four to six categories.

TABLE 3.2

Caseloads Reported by Respondents to Program Review FSW Survey

Number of Cases	Number of Responses (N=157)
1-10	5.7% (9)
11-20	22.9% (36)
21-30	35.7% (56)
31-40	19.7% (31)
41 or more	15.9% (25)

SOURCE: Program Review Survey of FSWs, May 1995.

TABLE 3.3

Program Review FSW Survey: "During The Time You Have Worked in Your Current Position Has Your Caseload . . .?"

Rating	Number of Respondents N=158 % (N)
Significantly Decreased - 1	1.3% (2)
2	3.2% (5)
3	24.7% (39)
4	32.3% (51)
Significantly Increased - 5	38.6% (61)

SOURCE: Program Review Survey of FSWs, May 1995.

TABLE 3.4

Caseload Areas Reported by Respondents to Program Review FSW Survey

Number of Areas in Which Worker Carries Caseload	All Responses Percent and Number N=152 % (N)
1-3	76.3% (123)
4-6	21.7% (33)
7+	2.0% (3)

SOURCE: Program Review Survey of FSWs, May 1995.

DSS Caseload Reports Are Misleading and Inconsistent

Caseloads are not a true indication of service activities, nor do they show the degree of worker effort across case types and throughout districts. The DSS Commissioner stated that while some caseload counts may meet statutory limits, they are above national standards. A worker completing 25 abuse investigations in one-month would meet the statutory recommendation, but this number would be well above the 15 investigations per month standard recommended by the Child Welfare League of America. And those 25 investigations may not be the only cases that a worker may be assigned. Family service workers interviewed stated that the way in which cases are counted does not always reflect the number of clients served per case, the extent or degree of the services required, nor the time to provide those ranges of services. For instance, one child abuse case might involve providing services to three children, which could include referrals to mental health agencies for counseling or providing transportation to that facility, supervised visitation, and other preventive assistance services.

Caseload averages are based on the number of workers having case responsibility. These calculations are performed separately for each office, district and for the state. All cases are reported and counted by two different information systems which lack the built-in capacity to

readily link data between the two systems, so that it is difficult to assess caseloads for both investigations and registered cases. (See Appendix G.)

The DSS uses a variety of methods to collect caseload counts. At the local office level, caseloads for state social workers are counted and reported as two types, cases registered for ongoing services reported on a DSS-887 form, and cases receiving short-term services, reported on the DSS-15. The registered case logs time that a worker reports providing services to a case or a client as they are delineated in the DSS Service Catalog. Short-term, non-registered cases report FSW service activities that are more administrative in nature, including transportation, scheduling of appointments, support services to foster, adoptive, personal and family care homes, and any short-term intervention activities. The service activity reported in non-registered cases, however, is not a true representation of the actual time reported statewide. Only a designated percentage of service activity time for investigations, intake/emergency, and mental health and mental retardation activities, across the broader categories of case type, is actually included in the calculation process for average worker caseloads. Compounding this representation is the practice of adding service time across some programs, as well as the aggregating of service time for individual clients reported as "household."

Inconsistencies in data reported by local offices also is a problem. FSWs and FSOSs interviewed by Program Review staff indicate that decisions on how to record time, the length of time to keep cases in "short-term" status and the actual recording of service time varies among local offices. Interviews and actual case file reviews indicate that timely case file service recordings are not always maintained, nor is service activity reporting to the district managers always timely. Even with these inconsistencies, the statewide report is produced each month with whatever data has been entered at the time the report is run.

RECOMMENDATION 1: RE-EXAMINE AVERAGE CASELOAD FORMULA

The Cabinet for Human Resources and the Department for Social Services should re-examine the formula used to calculate the average statewide worker caseloads, to ensure that the information used is accurate and timely. The DSS should validate the accuracy of the data used. In addition, the DSS should include in its final quarterly caseload report of each fiscal year a description of the results or impediments faced in pursuing initiatives designed to reduce caseloads. Results should be reported to the Program Review and Investigations Committee by January 1996.

Service Activity

Whether social workers have enough time to do all that is required has become a critical question as caseloads remain high, and litigation against social service agencies and individuals spotlights worker performance, especially in the area of protective services. Social workers and other social service professionals indicate that not only are Kentucky's caseloads increasing by number and severity of cases, but the resulting workload creates crisis conditions for workers who remedy problems rather than provide intervention or constructive assistance. FSWs indicate they are overwhelmed and unappreciated and that they are concerned about the increasing scrutiny of their judgments under such conditions.

Over 100 Tasks, Many Performed Under Emergency Conditions, Make Up FSW Jobs

Family service workers' tasks are generally program specific and fall into five broad categories, as shown in Table 3.5. However, each of these broad areas has a series of multiple tasks associated with its completion. For example, intake may include performing the following activities: identifying problems; compiling a psycho-social/case history; determining prior

treatment activities, use of medications, level of mental functioning, levels of drug/alcohol use, physical/sexual abuse experience, and financial capability; initiating treatment planning; or providing orientation to treatment programs.

TABLE 3.5

Summary Description of Case Activity Areas

Activity	Description
Intake	Receiving and recording information, and notifying law enforcement officials when appropriate, about a person's circumstances as it relates to abuse, neglect, dependency, or exploitation.
Investigation	Compiling information via interviews with alleged victims, family member, perpetrators, collateral sources, and reviews of medical or legal records to validate an occurrence of abuse, neglect, or dependency. Also includes the preparation of reports for the agency or the courts relating to the incident or custody arrangements for a client, generally a child.
Assessment of Needs	Working with a client and/or family to determine what types of services(e.g., counseling, financial assistance, parenting skills, homemaker services, out-of-home placement, substance abuse treatment, therapy) are needed to ensure the health and safety of a client or other family members
Treatment and Monitoring	Working with the client and/or family to develop a treatment plan, and monitoring the client and/or family's progress toward completion of the treatment plan.
Assessing/Closing a Case	Determining whether or not a client/family has completed a treatment plan, and the victim can be maintained in or returned to the home safely; or determining that a client/family is capable to taking care of its personal needs.

Source: Compiled by Program Review staff, 1995.

A 1985 job task analysis study, conducted by the Training Consortium at Eastern Kentucky University, identified 292 tasks for family services office supervisors, 113 tasks for adult protective services workers', 102 tasks for child protective services workers', 117 tasks for foster care workers, and 147 tasks for juvenile services workers'.

In any given day, family service workers may be required to perform a wide array of services, some planned, and many others unanticipated. For example, an FSW with a caseload in the area of child protective services might start his or her day with scheduling medical or

counseling appointments for those children in out-of-home child care. If, for some reason, verification of the schedules needs to occur between the FSW and the foster care family, then there could be a delay in finalizing those services for that day. Perhaps another case will require that the FSW transport a child in foster care to his or her counseling appointment. Before the FSW can leave the office, a parent may call asking for preventive assistance to pay a utility bill because the service was just cut off. The FSW would then be required to take down the relevant information, fill out the corresponding paperwork, and submit it to the clerical staff to process. The FSW may then need to follow up with that parent after the paperwork has been finalized and contact the utility company. If there are no more interruptions or emergencies, the FSW may spend an hour or two transporting the client and waiting while the client is receiving treatment. The FSW now heads back to the office, and once there, must respond to the variety of telephone messages received while out. Other services to be delivered to clients may require that the FSW arrange for transportation for the next week, make telephone calls to change client appointments previously made, or follow-up calls in response to the morning mail that indicated that a client had skipped the last two counseling appointments. The afternoon for this FSW may include home visits to clients or families. Then the worker could return to the office for a supervised court-ordered visitation that could last for more than an hour. If there are no caseload crises, calls from clients in need of advice on their children's behavior, or requests for services, then the FSW may call it a day.

If an FSW also conducts investigations, then she or he may need to be out in the community interviewing individuals involved in the report of abuse and neglect. Depending upon the severity of the allegations, local law enforcement may be involved, which requires filling out reports and accessing the court materials. Follow-up telephone calls may need to be made to doctors and other family members, especially if the investigation requires the removal of the child. At some point, a formal assessment of the situation and the determination of the degree of risk to the child would need to be completed, and that information communicated to the FSOS for

notification. Calls to temporary holding foster care homes may take up the better part of the day during the finalization of the investigation, and even if it is a follow-up process, it could entail telephone calls, accessing materials over the fax, and seeking verification of information through printed reports.

FSWs Report That Workload Is Increasing

In addition to the wide variety and volume of tasks to be performed, FSWs report a host of other factors contributing to the increase in workloads, as shown on Table 3.6. These include clients with greater problems, increased abuse or neglect reporting, emergencies, and increased referrals.

TABLE 3.6

FSW Survey: Percent of Respondents Reporting That Conditions Have Increased Workload "A Great Deal"

Condition/ Work Situation	CPS (70 Responses)	APS (30 Responses)	Juvenile (34 Responses)	Intake/ Investigation (28 Responses)	Foster Care, Adoption, R & C (35 Responses)
More Abuse/Neglect Reporting	57.1% (40)	73.3% (22)	23.5% (8)	53.5% (15)	25.7% (9)
More Emergencies	54.3% (38)	33.3% (10)	41.2% (14)	42.9% (12)	34.3% (12)
Lack of Support Staff	42.9% (30)	26.7% (8)	23.5% (8)	35.7% (10)	28.6% (10)
Serving Clients with Greater Problems	55.7% (39)	33.3% (10)	61.8% (21)	42.9% (12)	45.7% (16)
Additional Program Requirements	15.7% (11)	16.7% (5)	14.7% (5)	3.6% (1)	17.1% (6)
High Caseloads	41.4% (29)	30.0% (9)	32.4% (11)	46.4% (13)	37.1% (13)
Referrals from Multiple Sources	44.3% (31)	55.3% (16)	41.2% (14)	50.0% (14)	25.7% (9)
Timeframes/Deadlines	40.0% (28)	40.0% (12)	29.4% (10)	28.6% (8)	25.7% (9)
Additional Reporting Requirements	37.1% (26)	30.0% (9)	29.4% (10)	25.0% (7)	25.7% (9)
Court Required Open Cases	20.0% (14)	6.7% (2)	29.4% (10)	28.6% (8)	17.1% (6)

SOURCE: Program Review Survey of FSWs, May 1995.

Not All Tasks Are Critical or Require an FSW

The 1993 American Humane Association study found that 38.9% of an FSW's time was devoted to non-case-related tasks. In the Program Review Survey of FSWs, respondents were asked to rate how much various activities contributed to meeting the needs of clients. Their responses are shown on Table 3.7. Conducting site visits, assessing the client, making referrals and intervention services were rated as the most valuable activities. Activities that FSWs rated of little or no value in their effectiveness included reporting administrative information, such as time sheets, service logs and related paperwork. Transporting clients was another activity that FSWs rated as having little or no value in their effectiveness in meeting the needs of clients.

In the 1985 job tasks analysis survey conducted by Eastern Kentucky University's Training Consortium, social workers indicated that the average number of hours per week spent "filling out forms" ranged from 4.87 for FSOSs to 7.5 for child protective services workers'. The average number of hours per week spent "driving" ranged from 2.07 for FSOSs to 8.8 for foster care workers, and the average number of hours per week spent "talking on the phone" ranged from 5.69 for FSOSs to 5.8 for child protective services workers'.

TABLE 3.7

Program Review FSW Survey: "How Much Do the Following Activities Contribute to FSW Effectiveness in Meeting Clients' Needs?"

Activities In Case Management	Average Value Rating (Scale 0-4) 0 = none to 4= great
	Average Value Rating
Site Visits	3.7
Assessing the Client	3.4
Intervention	3.0
Making Referrals	3.0
Developing Case Plans	2.9
Interviewing Corollaries	2.5
Preparing Court Reports	2.4
Scheduling Appointments	2.4
Traveling	2.4
Documenting Casework Activity	2.3
Transporting Clients	1.6
Administrative Reports	1.3

SOURCE: Program Review Survey of FSWs May 1995.

Reducing Workload Problem

In each of its four quarterly reports to the LRC from October 1993 to April 1994, the CHR reported that 300 staff positions would be needed to reduce caseloads to the statutory 25. Reports issued since April 1994 do not estimate staffing needs.

Using the most recent quarterly report, Program Review staff calculated a "projected staffing need" based on only the number of cases reported in the Average Monthly Statewide Caseload Report, number of staff, and the recommended 25 cases per caseworker. This data and subsequent calculations do not take into account the number of clients per case, nor the degree, intensity or time to deliver services to clients.

Based on reported intensive and total cases for July 1995 and the reported staffing alignments across the state, 155 FSWs and 24 FSOSs would be required to meet the recommended caseload of 25, and to maintain the current FSOS/FSW ratio of 1:8. Costs associated with these increases in personnel include annual salaries of $3,219,420. Training costs for the 155 FSWs would be $14,281 per worker, or $2,213,555. Fringe benefits for both projected classes of need equal $896,113. Total costs for adding staff under this review would be $6,329,088.

CHR Develops Initiatives to Reduce Caseloads or Workloads

A review of the last 12 quarterly reports indicates that the Cabinet is well aware of caseloads exceeding the recommended 25 in the last five quarterly reports. CHR reports the followings actions taken:

- Transferred 21 central office positions to direct service,
- Reorganized Jefferson County, which resulted in the transfer of 12 administrative positions to direct service,
- Reclassified several support service aide and clerical positions to family services worker positions, and
- Effective January 1, 1995, all family services office supervisors have been directed to carry a minimum of five cases.

The impact of moving administrative and support staff to direct services is unclear. Program Review staff were unable to find clear indications that these initiatives translated into reductions in caseloads or workloads. Theoretically, these actions should have reduced caseload averages. However, monthly fluctuations because of personnel, services and changing clients obscure the effect of these changes. Prior to the reported initiatives, the monthly caseload average was 30.50. Since then, the caseload average has been as low as 28.8 and as high as 31.7,

with the statewide average for July 1995 being 30.9. Supervisors interviewed indicate that they do not have actual cases assigned, but now report time spent with FSWs as service time. Previously, this time was not reported. Actual activities do not seem to have changed.

While the initiative to transfer support service aide positions to family service worker positions may have been an attempt to add more dedicated staff to the delivery of services and therefore reduce caseloads, it may in fact have been a redistribution of support tasks across all family service workers. This realignment could in fact, require FSWs to provide less critical services and, in some cases, add more time-consuming activities to their current workloads.

TWIST, the worker information system, is touted by CHR as potentially the most significant of all of the Cabinet's initiatives. The Cabinet predicts TWIST will reduce workloads by 300 full-time equivalent FSWs. That would be accomplished by reducing 3.4 hours/week of paperwork preparation time, thus allowing existing FSWs to devote more time to providing direct services to clients. The increased available time also would allow workers to handle more of the case activities as they are assigned. TWIST will certainly provide more on-line access to policy changes, procedural anecdotes, and availability of resources. The streamlining of data into this system does not mean that a worker will have fewer cases, but that the time required to manage those cases will be reduced. The computers are on workers' desks and training is now ongoing across the State. The TWIST pilot is scheduled for April through June 1996, with statewide implementation scheduled for July and August of 1996.

Staff and case specialization through teams and centralized duties are an effective change. The DSS made attempts to increase the level of specialization for FSWs in some district locations based on the area population and the corresponding high numbers of reports and referrals. Unique teams are staffed with workers whose previous service activity was focused mainly in one intensive case type. Jefferson County is one district in which there are teams that

handle only cases where medically fragile children, families and support systems are the responsibility of the FSW. This type of staff specialization allows for a degree of expertise to be developed by the staff, making them a reliable resource group for the community, and providing a continuity of service delivery.

The centralization of the intake and investigation functions also streamlines the process for delivery of services, but does not reduce the caseload numbers. The premise for this alignment of staff is to ensure that the critical aspects of the investigation are completed on a timely basis by those individuals with significant time to devote to this one process. This speaks more to the effective management of cases and not necessarily to the reduction in caseloads.

Establishing teams in the local offices may improve effectiveness and efficiency. Assigning tasks and duties to teams may increase the level of communication and sharing of responsibilities, making for a more comprehensive approach to the provision of client services. The process of shifting common tasks like paperwork and transporting into one worker's job responsibilities means that these tasks can be completed by one member of the team, which will free up the FSW to provide more direct or required services to the cases assigned. This practice also allows for more appropriate coverage when FSWs are sick, on leave, or on vacation. The continuity of services is preserved and the best interests of the clients are a collective responsibility of the team. However, there is no evidence that this realignment has resulted in a reduction of caseloads. It may have more of an impact on quality of services and program effectiveness.

The Family Preservation Program uses federal and state funds for contract programs to provide intensive crisis intervention family-based services for four to six weeks. The intent is to stabilize the family unit and keep the family together. The FPP is required to conduct a follow-up with the family in three-, six-, and 12-month intervals. The social worker

caseload for such provision of services was mandated by statute at two to four cases per worker, considerably less than the recommended state standard and certainly less than the actual average caseload count. Although this program used contract employees to provide services, there is no evidence of a resulting decrease in FSW caseloads, since the program serves less than 1,000 families per year. On the other hand, the DSS Commissioner said that using the FPP could free up some work time during the period that the FPP is involved with the family. In addition, as a result of FPP services, some cases might be closed more quickly after being monitored for a few months.

Training programs are continually changing to meet the needs of FSWs. The DSS has developed distance learning as a way to bring training modules into the social worker domain without expensive travel, accommodations, and increased time away from the job. More realistic training and training specific to certain protective services workers' is critical; FSWs with such training are able to assess a situation with clearer guidelines. A better trained workforce should produce higher quality services. Training will provide the FSW with a range of skills and strategies to better manage cases assigned and perhaps reduce workload.

Louisville's personnel pilot project is an attempt to redistribute workload and require staff to cover the level of client needs. A weekend shift was created in Louisville to provide coverage for emergencies, crises and some intake over the weekend hours. This was designed primarily to meet the statutory timeframes and to reduce worker turnover. While the results have been a successful attempt to intervene for families in crises and to provide much needed service, this shift is more likely to affect quality than caseload. Jefferson County staff indicate, however, that they are pleased with the results of this adjustment of the work schedule of existing staff.

An incentive salary pilot project has been approved but not fully implemented in areas experiencing high vacancy rates for full-time CPS staff assignment only. Turnover rates were analyzed to determine which districts would be eligible for such a salary increase. The Governor's Task Force on Quality and Efficiency approved a pilot project to begin July 1, 1995. There is no available information or data on the success of the program or how this might translate into staff retention or caseload reduction. The pilot components included the following:

- New staff may be hired on an eight-month probationary period, during which time they would participate in training opportunities. As vacancies occur, staff will be hired from this pool;

- Once a year, staff with over 150 hours sick leave built up are eligible for a cash payment worth 37.5 hours of work, based on 75% of their salary;

- Thirty-six $100 bonuses per fiscal year will be awarded to staff selected by a committee as having exhibited effort and commitment above and beyond the call of duty; and

- Staff are eligible to be reassigned for a three-month period away from the provision of protective services in order to perform a special project.

A Family Court project is directed to facilitate the court process for DSS clients. A recent initiative of the Administrative Office of the Courts provides liaisons at the court level to facilitate the legal and court process for families and children. Most of these people came from the ranks of the Jefferson County FSWs, and have trained new social workers and those unfamiliar with the process for diversion programs or the various judges' requests. Jefferson County is the only area where this project is in place. The University of Kentucky has a contract to evaluate the pilot project's four years' operation, but to date this has not been completed. The effect on caseload size and numbers for FSWs is not evident. Family Court social workers indicated that they spent some of their time assisting and training FSWs in court procedures.

Neighborhood Place Project in Louisville collocates DSS workers with county and city human services delivery workers. As a result of the collaboration and coordination of Louisville's Human Services Department and the CHR's Departments for Social Services and Social Insurance, some FSWs moved from the CHR district offices in Louisville to the neighborhood where the collocated offices are established. While the ease of accessing services for the client has improved, no reduction in caseload has occurred.

Required payment of overtime has resulted in reduced overtime hours. Overtime and other pay provisions policies changed in 1994 because of a revised interpretation of the federal Fair Labor Standards Act. This reinterpretation required that FSWs have the option of overtime pay or compensatory time. The downside of that policy is now less overtime is approved and those overtime hours worked are carefully scrutinized. FSWs indicate that hours available to catch up are dwindling. FSWs find that overtime, now that it is a premium, is monitored, and in some settings, must be pre-approved by the FSOS. Additionally, compensatory time can be used when an FSW can schedule the time. In the past, accumulated hours had to be taken before the close of a payroll period. This creates more flexibility and a sense of some control over the work schedule, but no reduction in caseload is attributed to this initiative.

RECOMMENDATION 2: EXAMINE THE AMOUNT OF TIME FAMILY SERVICE WORKERS WAIT IN COURTS.

The Cabinet for Human Resources (CHR), the Department for Social Services (DSS), and the Administrative Office of the Courts (AOC) should review court-related activities, requirements imposed on family service workers (FSW), and the amount of time that FSWs spend waiting to make court appearances or attend to other court-related duties. This review should identify ways of reducing the waiting time in the courts and determine whether the actions or requirements mentioned above can be reduced or modified, or whether other persons can substitute for the FSW in these capacities. Results should be reported to the Program Review and Investigations Committee by January 1996.

CHR Should Shift Some FSW Tasks to Other Personnel Types

In 1991, a recommendation was made by the Legislative Subcommittee on Families and Children that FSWs be encouraged to "improve efficiency by increasing the family service worker's access to support personnel such as case aides, paralegals, and specialists." Another suggestion was to increase the availability of typists and such office equipment as Dictaphones and word processors.

CHR is addressing the office equipment recommendation through the TWIST program, by computerizing reporting and client file access. However, recent actions to increase FSW positions by replacing vacant support positions is contrary to the subcommittee's recommendation.

Some FSWs surveyed by Program Review believe that certain tasks can be handled by other people, such as volunteers, support service aides, transportation aides, clerical staff, or other professionals and agency personnel. Tasks that FSWs feel can be handled by others include:

- Supervising court-ordered visits
- Routine home visits and taking requests for financial assistance
- Putting together information packets for referring clients to other service providers
- Transporting clients
- Nurturing programs for abuse cases and monitoring
- Providing services to domestic violence victims
- Courtesy visits to foster care homes and paperwork to assigning county
- Making calls to find placements
- Calling doctors and schools
- Scheduling appointments
- Processing day care forms
- Providing various types of therapy
- Handling day care and school reports of abuse
- Conducting parenting classes, if willing to use the DSS model

There are two main advantages to these actions. First, such personnel as secretaries and support service aides are less costly to employ and train. Secondly, the quality and effectiveness of FSWs may improve when they are freed up to focus more time and attention on critical service delivery tasks, once the complexity of tasks and the stress involved are reduced.

RECOMMENDATION 3: IDENTIFY TASKS NECESSARY TO BE PERFORMED BY FAMILY SERVICE WORKERS

The Cabinet for Human Resources (CHR) and the Department for Social Services (DSS) should review and identify the duties and tasks which require the skills and qualifications of a family service worker and those which could be performed by non-professional support staff, other professionals, agencies or volunteers. Results of the review should be reported to the Program Review and Investigations Committee by April 1996.

CHAPTER IV

PERFORMANCE OF THE SYSTEM

Given the combination of high caseloads, heavy workloads, the increasing liability and danger for social workers, and the high turnover for certain classes of family service workers (FSW), the Cabinet for Human Resources (CHR) and the social service delivery system are being held to higher standards of accountability by executive branch administrators, legislators, and citizens. With the increasing demand for social services and the continued strain on state and federal funds, questions arise about the performance of the State's social service delivery system in protecting the health and safety of Kentucky's citizens. Performance may be gauged in various ways, including compliance with legal and prescribed standards, level of service activity, efficiency of the management of resources and the effectiveness of service delivery.

Several questions remain unanswered regarding the effectiveness of Kentucky's social services delivery system, particularly because existing Department for Social Services (DSS) performance indicators assess input and output more than outcome, and operations rather than effectiveness. Nevertheless, although the state has increased the resources committed to the system, there are still calls for additional funding, staffing, and community referral services. Also, despite high levels of service activity, various programs still have client waiting lists. The DSS has recently begun to develop outcome measures to determine program effectiveness.

The Effectiveness of the System

For over 10 years, high caseloads, staff turnover, stressful working conditions, and the lack of needed community resources have been cited in various reviews of the operations of the DSS. Moreover, higher reports of abuse and neglect, coupled with reports of child fatalities involving the DSS clients, have raised questions about the effectiveness of the DSS' service delivery.

Several facets of a social services delivery system speak to its effectiveness. At the forefront are the guidance and directives handed down in mission and policy statements, which, in essence, drive the system and focus priorities and resources. Closely aligned are the commitment of resources to the system and how well they enable and prepare the workforce to deliver services. The next effectiveness gauge is the degree to which the system reaches its targeted clientele and the level of service it provides. Finally, system effectiveness is assessed by the results or outcomes of the services provided.

Clearly Defined and Concise Mission Statements are Critical to Effectiveness

The primary missions of the DSS and each of its 30 or so programs establish competing, but not necessarily conflicting, roles. Furthermore, a review of the various program missions, statements of purpose, and DSS policy directives reveal a mix of responsibilities to some of the more vulnerable citizens of the population. While it is not unusual for a service agency to have multiple purposes, this mix reinforces the need for precise mission statements that define roles, establish priorities, and delineate reasonable expectations. It also requires enough flexibility and discretion to allow caseworkers to manage their caseloads and still effectively work with each client on an individual basis.

Effectiveness May Be Gauged by the Amount of Input into the System

Although the State has increased its resources into the social service delivery system, there are still questions regarding the adequacy of resources and the effect on service delivery. These differences are illustrated not only in the organization and staffing of the Department, but in the distribution and availability of local or community resources.

The DSS's organizational structure has pluses and minuses. Decentralization of the service delivery system that allocates resources and services to the county and district level is an efficient way to make a variety of DSS programs accessible to a large targeted population. However, Kentucky organizes its protective services system across multiple program areas, which sometimes results in a fragmented approach to prioritizing activities for which social workers are responsible.

Many states have established a family-based approach to the delivery of social services and in so doing have made protection issues central to their organization of programs and services throughout their state. Interviews with officials in 18 of these states indicated that their average caseload standards were established to cover child protection and foster care systems of service delivery. Some of the 32 states under a consent decree to establish information collection systems to track children in foster care homes were a part of this survey. The human services departments in these states were realigned to focus more specialized and direct services on the needs of children. While this approach, in many instances, was in response to real or impending court action, or implemented under the constraints of statewide employee bargaining units, states expressed satisfaction with the service delivery results.

Criticism of the DSS's staffing has come from several different sources. The 1993 State Foster Care Review Board recommendations characterized Kentucky's social services system as "under-staffed" and "under-professionalized." In addition, FSWs and FSOSs

interviewed by Program Review staff indicated that additional staff is needed. A major indicator of staffing inefficiency was reflected in the results of the Department's showing on its own standards. Based on the DSS's Service Delivery Team Reviews (SDTRs) conducted for CY 1993:

- Three of the 12 teams reviewed statewide met the overall standard, at the 75% threshold, of having teams adequately staffed.
- Eight of the 12 teams had all staff positions filled.
- Seven of the 12 teams indicated that the FSW workload average is 25 or less.

The DSS's CY 1993 district reviews also found that staff had not received appropriate training. Overall:

- Only one of 12 teams reviewed met the training standard.
- Seven of 12 teams indicated that FSW and SSA staff employed after 1986 had received New Employee orientation training.
- Eleven of the 12 teams indicated that FSW staff employed since August 1988 have received Preventive training.
- Four of the 12 teams indicated that FSW staff have received competency based training.
- Nine of 12 teams indicated that SSA staff had received Special Track training.

Some community resources are increasing, but needs still exist. Family service workers refer clients to various community resource agencies, such as community mental health centers, substance abuse programs, spouse abuse shelters, or foster care homes, as another means

of providing access to social services. Interviews with FSWs indicate that they are making more referrals because their caseloads do not permit the time to provide the services themselves. With this increased reliance on referrals, concerns have been raised about the adequacy of community resources, their availability, the sources they provide and their location.

While some community resources are increasing, FSWs and advocates relate that the demand continues to exceed supply. However, it is difficult to measure the status of community resources, ,because there are no standards that dictate the number and types of resources available to a community based on its population, geographic size, or income levels. After gathering information on the increase or decrease of selected community resources, staff found that unless there was a need to monitor the number, the information was either unavailable for past years or the figures for past years were unreliable.

Unmet Needs Primarily Speak to Service Activity Levels

Because of measurement difficulties, unmet needs as an indicator of program effectiveness may have limited utility. Sometimes it is difficult to link a change in the level of unmet need to program effectiveness may have limited utility. This is because service numbers may fluctuate, depending on such circumstances as changes in eligibility criteria, program goals and objectives, outreach, or increased need for services. In addition, as performance indicators, unmet needs provide no reliable information on client progress or satisfaction with services. Still, unmet needs may indicate whether more services are needed in general, by group or geographic locale, or whether current service delivery approaches are available to targeted groups and result in any changes in the client population.

A review of federal Child Care and Development Block Grant applications for FFY 91-92 through 94-96 indicates that the number of people in the "total need" category increased from 17,800 to 45,800 over the four-year period. This amounts to a 156% increase in total need.

However, during the same period, planned services went from 3,500 to 4,800, an overall increase of 37%. As a result, the level of unmet need rose from 14,200 in FFY 1991 to an estimated 41,000 in FFY 94-96, an overall increase of 39%.

Although community resources may exist, the demand may be so great that clients are still prevented from accessing the services in a timely manner. The result is client waiting lists. According to CHR staff, the Division of Family Services and Family Preservation Programs do not have waiting lists. However, FSWs may keep their own waiting lists in local offices. The executive director of the Children's Alliance, a professional association for private child care providers, agrees, pointing out that private child care (PCC) facilities keep individual waiting lists. Telephone interviews with staff of two private child care facilities in July 1995 revealed that individual facilities maintain their own waiting lists. One PCC facility maintains waiting lists for its children's residential and foster care programs, but not for its emergency shelters. Another PCC organization had a waiting list of six-months for its two facilities, which contained 97 names. Although the Family Preservation Program maintains no formal waiting list, some social workers check to see whether there is an opening before completing the paperwork to make a formal referral.

One psychiatric facility which provides long-term care has a waiting list of four to six weeks. Currently, there are five children on this list. The DSS coordinator at a psychiatric hospital under a DSS contract to provide acute care for clients said they do not have a waiting list. Children are accepted on an emergency basis, but are screened by the Seven Counties Community Mental Health Center (CMHC). The CMHC also does the discharge planning for the clients.

The Division of Youth Services (DYS) has maintained a formal waiting list since 1983. Currently, the DYS has 66 children on the waiting list. While the current number is 24 fewer than

on the 1994 list, that number represents 35 more children than were on the list in 1990. The peak year for the DYS waiting list was 1992, when 154 children were awaiting placements. Table 4.1 presents the number on the waiting list and their locations while awaiting placement.

Table 4.1

Division of Youth Services Waiting Lists, 1990-1995
Location While Awaiting Placement

Year (1)	Home	Private Child Care (PCC)	Detention	Hospital	Emergency Shelter	Other (2)	Total
1990	14	3	4	4	2	4	**31**
1991	20	0	5	1	7	5	**38**
1992	47	1	90	4	8	4	**154**
1993	33	3	7	2	3	9	**57**
1994	37	8	25	8	6	6	**90**
1995	37	1	13	5	5	5	**66**

SOURCE: Cabinet for Human Resources, Div. of Youth Services, 1995
NOTES:
(1) Data are from random dates, all in the month of June.
(2) "Other" includes foster care and other youth whose location was not exactly identified.

FSWs say the needs of the system are not being met. Interviews with both FSOS and FSWs, indicated that caseloads have increased, and as a result, the numbers of clients associated with these cases have increased. As of December 1994, the DSS reportedly served 15,985 registered cases including 52,832 clients, a decrease from December 1992, when DSS served 16,664 registered cases with 54,261 clients. The average number of non-registered cases for the same period was 25,560 in December 1992, compared to 24,099 in December 1994. While the number of clients served in registered cases fell, social workers still said they did not have time to provide all the services they would like. When FSWs were asked on the FSW Caseload Survey to rate the effectiveness of Kentucky's social service system in meeting the needs of clients in their particular caseload area, the majority of respondents--using a five point scale ranging from 1 as not effective to 5 as very effective--gave the system a rating of "2" or "3." Finally, funding

requests in the form of federal block grant applications indicate that there is some degree of unmet need that varies with those populations in need identified, as well as those targeted populations.

DSS Noted Problems with Service Delivery in Its 1993 Statewide Review of Operations

Recently, DSS has begun to develop outcome measures for various programs and contracted services. However, until such outcome measures are ready, it will remain difficult to tell whether the DSS is achieving its missions and goals. Previously, the only measure of service delivery effectiveness was the Department's Service Delivery Team Reviews (SDTRs). According to the Statewide Summary for CY 1993, 12 teams in four districts were reviewed. Of the case files reviewed, none of the 12 teams met all the eight standards for service delivery with the requisite 75% needed to meet the standard. See Table 4.2 below.

Table 4.2

Findings of the Statewide Service Delivery Team Review Summary for CY 1993

STANDARD	Percent of Teams Meeting the Standard	Percent of Case/Investigations Meeting Standard
1. **CPS/APS Investigations:** The protective services investigation is conducted in a thorough manner.	25% (3/12)	50% (78/157)
2. **CPS/APS Investigations:** Services are directed at protecting the alleged victim from abuse/neglect.	58% (7/12)	67% (101/150)
3. **Client's Rights:** Each family receiving services is advised of and assured of their rights.	25% (3/12)	66% (66/100)
4. **Assessment:** Each case contains a current comprehensive, family based assessment that reflects the family's need for ongoing services.	17% (2/12)	33% (33/99)
5. **Case Planning:** Each case contains current, specific family based case planning.	8% (1/12)	36% (36/99)
6. **Service Delivery:** Each case contains documentation that the family is receiving regular and appropriate treatment services.	25% (3/12)	55% (55/100)
7. **Procedural Safeguards for Children in Out-of-Home Placements:** Identified procedural safeguards for conducting out-of-home conferences are in place.	42% (5/12)	52% (16/31)
8. **Termination of Services:** Cases are closed in accordance with manual requirements.	50% (6/12)	68% (26/38)

SOURCE: Cabinet for Human Resources, Quality Assurance Branch , August 1995.

Clients and Advocates Express Concerns About Service Delivery Problems

The CHR Ombudsman's Office produces a monthly report of complaints received from clients, service providers, or the general public, identifying service delivery complaints. Based on a review of these monthly reports, for November and December 1994 and January 1995, clients and others lodged complaints about adult protective services workers not doing more to help elderly family members with routine daily living tasks, and child custody issues. Complaints about the lack of day care funds were recorded in November 1994, and complaints on the failure of the local office to follow up on reports of neglect/abuse were noted in January 1995.

The Foster Care Review Board is another entity required to issue a biennial report that identifies problems in the foster care system and makes administrative, judicial, and legislative recommendations regarding them. Reports of the State Foster Care Review Board examined by Program Review staff indicated some foster care service delivery problems for at least two years. However, there is no direct evidence of resolution. According to the manager of the State Foster Care Review Board, the Board constantly reviews the recommendations, but does not have the power to change things. Furthermore, he indicated that tracking responses to recommendations may not have been a priority in the past. Recently, the DSS commissioner has been conducting monthly meetings with various groups, including the Foster Care Review Board, as a way of keeping abreast of service delivery problems or concerns.

The Division of Protection and Advocacy (P&A) rates DSS service delivery as not being effective. The Division of Protection and Advocacy, in the Department of Public Protection, provides legal, administrative, and other remedies to protect people with developmental disabilities. P&A does not get involved unless there has been a violation of the statutes or regulations relating to treating people with disabilities. Officials said that many service complaints are upheld by the DSS's Quality Assurance (Q A) Branch. In an interview conducted with the director and staff of P&A, DSS service delivery efforts were rated as not effective at all. In addition, P&A staff said poor quality services are being provided. Staff cited deficiencies in the following areas: lack of knowledge of DSS policies, and few client visits by FSWs, often because the geographic area they serve is so large and difficult to cover.

Need for Performance Measures

The increasing demand for accountability, attempts to equitably distribute scarce resources, and federal initiatives encouraging states to develop outcome measures for programs have all been instrumental in initiating the development of performance measures. Performance

measures are important for management in two different ways. They can be used to compare an agency's performance over time against established norms, standards, and objectives. They also can be used to assess what happens to the clients being served by the agency. Both kinds of performance measures are important in helping decision makers and the public-at-large decide whether a program or service is doing what it was intended or expected to do. However, the first set is more critical in helping management critique its own processes and procedures and its input and allocation of resources. The latter set of measures, though important, is tempered by the agency's lack of control over external forces that also impact their clientele.

Currently, Kentucky does not require agencies to use performance measures. However, Budget Instructions for the 1994-1996 branch budget request required executive agencies to report on performance or results if the agency provided direct services to patients, clients, beneficiaries, recipients, parolees, customers, inmates, applicants, employees, or students. In addition, the agency was to provide quantitative data on service or performance levels and anticipated outcomes for the program. This performance data generally reflects output, such as numbers of clients served or the number of services provided, and does not lend itself to assessing program outcome or success.

DSS Performance Measures Evaluate Operations, but Not Effectiveness

Many of the monitoring and evaluation efforts for DSS are required by federal or state statute or funding sources. Generally, these monitoring or evaluation programs provide information on compliance activity and identify strengths and weaknesses of program operations but, in most instances, are not designed to determine whether the services rendered improved the condition of a client or family for a sustained period of time.

The major method used by the DSS to assess program or local office performance is the SDTRs conducted by the QA Branch. The QA Branch, established in 1985, conducts reviews of

DSS operations at the district and facility level, fair hearings, administrative reviews, and supervised placement revocation hearings for juveniles, to apprise the DSS about the operation of its programs. Results of the CY 1993 SDTRs are presented in Table 4.2. However, the SDTRs have not been conducted for approximately two years. SDTRs were suspended in January 1994, and are scheduled to resume by October 1, 1995. During this time, QA staff have conducted joint reviews of the children's residential facilities. In addition, the Department has been in the process of modifying or adjusting the standards for compliance for cases/investigations. The revisions take into consideration what local and district staff can and cannot control. Those revised standards are still in progress, and it has been recommended that the statewide compliance rating be adjusted from a 75% rate of compliance to 70%. With the two-year suspension of this performance evaluation, monitoring and oversight has been relegated to the current activities conducted by district and local office staff, which generally include case reviews, case conferences, observation of office operations, and technical assistance.

The QA Branch also performs other quality control activities that provide feedback on service delivery. These include fair hearings for clients, applicants for services, and certain adoptive and foster care parents, as well as administrative reviews. Program evaluations, supervised placement revocation hearings, and some child fatality reviews also provide feedback on DSS service delivery. Additionally, QA reviews all incident reports, exit interviews from DYS programs, and service complaints about CHR-operated facilities.

Two DSS Programs Attempt to Measure Effectiveness

The Division of Youth Services and the Family Preservation Program are two programs within DSS that attempt to measure the effectiveness of their service delivery. The DYS had an evaluative component designed to track client progress after release from the various programs. The DYS (formerly Children's Residential Services) has not fully implemented its performance

measurement system (initiated in 1990). Pilot data collection began on July 1, 1992. By design, the analyses could be used to plan treatment programs, make program changes, or validate youth placement procedures.

In 1992, during a Program Review analysis of Out-Of-Home Child Care programs, the DSS administrators told Program Review staff that entry and exit data would be collected for a year and follow-up data would be added at six-month intervals. The first analysis should have been available by the end of 1993. While some status reports have been developed, no formal analysis has been completed on the data. There is some confusion about what has and has not been done regarding this project. Program Review staff asked the Commissioner about this program and were given a report on outcome measures for a sample of youth released from Day Treatment programs, "Day Treatment Follow-up Study, Two Years Post Treatment." However, follow-up interviews with staff of the Division revealed that the project was no longer operating.

Also in 1992, as part of its report "Program Evaluation: Out-of-Home Child Care in Kentucky," the Program Review and Investigations Committee approved Recommendation No. 1, which states:

> The Cabinet for Human Resources and the Department for Social Services should develop outcome measures for DSS children in private child-care facilities. Consideration should be given to using the same method of outcome measuring in public and private facilities. The Cabinet for Human Resources and DSS should report on the development of the outcome measures to the Program Review and Investigations Committee by July 1, 1993.

To date, the performance evaluation measurements are not in place for children in private out-of-home care.

The Family Preservation Program, designed as a short-term, crisis intervention program to prevent the removal of two or more children from a home, is required to conduct follow-up

interviews with clients at three-, six-, and twelve-month intervals. According to DSS staff, the follow-up is very basic and the main evaluation criteria used is "safety at home." The six-month follow-up is a required face-to-face assessment, to determine what is happening in the home. DSS staff said they have not developed a formal assessment tool for before and after, because of the lack of funding.

The Family Preservation Program Annual Report for FY 1994 identified 1,228 total children served by FPP program services. The report states that at the three-, six-, and 12-month evaluation intervals, at least 83% of these identified children at risk remained with their families.

DSS Makes Limited Use of Outcome Measures

DSS has established work groups to begin to develop standards and outcomes for the programs it administers. According to the Commissioner of DSS, the Division of Family Services has been developing and reviewing performance indicators and outcome measures for the past year, using a committee composed of central office staff, district managers, and staff from the TWIST unit. The initial draft of the recommended outcome measures for Family Preservation and Support Services Plan was due June 30, 1995. Outcome measures for this program were developed by the University of Louisville's Kent School of Social Work. Data collection is scheduled to begin in July 1996. Staff from Program Management and Quality Assurance are collaborating to develop a comprehensive contract which includes programmatic monitoring and an evaluation plan for the family preservation program.

Development of Performance Measures

Other states, such as Oregon and Texas, have developed some outcome measures for their social service programs. Oregon's benchmark program collects reported incidences of child physical and sexual abuse and spouse abuse. When Texas started to use outcome measures, it

faced problems in areas where data had not been collected and found it difficult to project outcomes in areas where there was no baseline data. Texas has used outcome measures for several years and has tied its measures to the state budget process. Texas' outcome measures are a determination of the percentage of change in the numbers of people using or needing services. Texas has three sets of outcome measures for social service programs, because its human services programs are divided among three agencies. In addition, the state auditor does audits of performance measures and data collection systems and certifies their validity (whether there is documentation to support what goes into the data collection system).

Some states are developing information systems to collect data that will help measure performance. Using Kentucky's TWIST model, Oklahoma implemented a KIDS project, much like the Statewide Child Welfare Information System (SACWIS) designed to track clients and the dedicated funds allocated to servicing their needs, effective June 30, 1995. Part of the federal project funded a court enhancement component to train judges on the project. A SACWIS system must meet the requirements of the Family Preservation and Family Support Act (FPFS). The Oklahoma initiative was the result of a collaborative effort among the state's interagency entities. Other states that are working under a consent decree are mandated to develop a system to maintain foster care placements, movements, exits, and child benefits. Funding is provided under the Family Preservation and Family Support Act, Part B-2 of Title IV-B. The Oklahoma state plan also requires a draw-down from Title IV-A and IV-B funds. Current outcome measures study include seven states (Alabama, Arkansas, Mississippi, Missouri, New Jersey, Ohio, and Wyoming) as part of a national collaborative effort to produce viable program measures for social service programs. Mississippi finalized a pilot project on outcome measures to be folded into the study groups' model.

Kentucky created an information system plan for a child welfare information system to be developed and implemented by FY 1996. It is to include dual components of SACWIS and

Adoption and Foster Care (AFTCAR) information collection. The state's reporting is to start in FY 1997. To get the plan working, the Anne E. Casey Foundation and the Edna McConnell Clark Foundation assisted with the project by providing some administrative money. This was part of a match to let five states (Kentucky, Alabama, Missouri, New Mexico and Arkansas) with relatively comparable demographics, service delivery approaches and statewide administration of federal social service programs, develop a core of "happenings" in the delivery of services which seemed most appropriate to measure. This collaborative partnership also includes the assistance and consultation of the Center for Law and Social Policy. The focus of the Collaborative was the development of automated support for the service delivery effort, including both computerized case management systems and definitions of outcome measures.

Other Measures Could Be Used by the DSS to Evaluate Outcomes or Effectiveness

Based on a review of the literature and interviews with other state social service professionals, Program Review staff found some performance measures that could be used. These performance measures are not currently being used, or are used only as information is requested. For example, the DSS does not use cost efficiency as a criteria for determining effectiveness of service delivery or to measure program performance. Costs per program or unit of service are collected but not in a manner that is useful in determining costs per client, per staff allocation, or per district. The DSS Commissioner indicated that the Cabinet does not conduct cost efficiency analyses, since the Cabinet provides all mandated services. On the other hand, the Annual Report on Committed Children does report on the costs of providing alternative forms of foster care. According to the FY 1994 Annual Report, providing private child care was the most expensive, at $12,165 average cost per child, and adoption was the least expensive, at $3,090 average cost per child.

Recidivism (case or incidence) is an indicator of the degree to which services provided were appropriate to prevent recurrence. Information on juvenile recidivism is submitted to the

Administrative Office of the Courts (AOC) from the counties where residential treatment centers are located. These centers in the districts keep track of the number of repeats. The actual reporting of this data is not a function of the CHR. Also, the AOC's diversion program collects information from the judicial districts in the state, and it is reported by the court designated workers from the juvenile intake status reports. No one group collects this information save for a case by case count. If it is collected, it is on an informal basis. Data from the AOC on recidivism comes from its staff and record keeping processes, and not as a function of the service delivery from DSS staff.

The DSS collects information in areas that could be used to develop good performance measures. Services provided to reunify families should be reported on the DSS-887, but how this information is collected or reported is not clear. The percentage of families reunified is a good measure of how the services delivered result in a change in behavior or a change in circumstances. This measure indicates whether the services provided for any reunification goal were successful. Duration of reunification services provided is another essential element, because it is a measure of the effectiveness of the service. Eventually, the state could collect information that would provide a pattern for the best practices to ensure successful reunification. The number of children returned to their homes from CHR's care (FC, DYS, temporary custody) by fiscal year is difficult to determine, because there is no specific data collected on this process, and this data is collected by individuals and not systematically. Funding for reunification programs does not mandate a success rate or assessment for return of child or youth to family. Additionally, the criteria for return to the home are different from program to program, and there is no way to tell whether the services delivered, as a function of the case plan goals, resulted in reunification.

Information on the percentage of children/youth permanently placed (adoptions) is collected at the district level. Of the children who are committed to the Cabinet, as well as the total number of DSS-served children for whom a variety of temporary placement services have been provided in a year, a good indicator might be how many are permanently placed for

adoption, or no longer in need of DSS support or services. Again, duration is a good indicator of the time it took to permanently place the child, and the relative costs associated with the services provided.

The extent to which direct services are reduced is an indicator of a reduction in the labor required to provide services, which could translate into a cost savings. However, the units of service are not readily distinguishable as direct or indirect service, nor does the DSS specifically separate services provided into these categories. Finally, the procedures for reporting service activity across programs, local and district offices vary.

Finally, the DSS collects information that can be used to develop outcome measures. Currently, the agency seems to use the information to some degree. An example is the series of trend reports on the numbers of reports and services provided that are collected for children and adults in the area of abuse, neglect, dependency, and child fatality. The reports present the information for at least five or more years. Other state agencies and social service agencies generally use the trend data produced by the CHR. Such reports point out areas where additional services or programs may be needed, indicating the types of staffing and expertise that will be needed to effectively serve clients. While "unmet needs," as reported in block grant applications, may which have several drawbacks because of the manner in which they are calculated, they can identify services which may need to be increased or indicate whether service delivery strategies are successfully reaching targeted populations.

The number of movements in foster care for children committed to the Cabinet would reveal whether the foster care homes that have been certified are, in fact, providing adequate protection, and whether they meet the needs of the clients. If there are frequent movements in foster care settings, case planning goals would change, client needs would be modified, and each would indicate that some aspect of the program is not working.

The number of fatalities among children on DSS rolls may be another indicator of service delivery problems. However, it is a highly visible indicator that the public often uses to judge the failure or success of DSS's ability to protect children. A review of the child fatality investigations conducted by the DSS revealed that there was some DSS involvement with the child or family prior to the death in 19 out of 31 cases for CY 1994.

RECOMMENDATION 4: PROGRAM EFFECTIVENESS MEASURES SHOULD BE PART OF THE MANAGEMENT DECISION-MAKING PROCESS

The Cabinet for Human Resources and the Department for Social Services should continue to develop client outcome and program effectiveness measures for each program, and integrate these into the management decision-making process at all levels. Progress should be reported to the Program Review and Investigations Committee by January 1996.

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APPENDIX A

Profiles: Department for Health Services
Department for Social Insurance

APPENDIX A

PROFILE: DEPARTMENT FOR HEALTH SERVICES

Programs	Vital Records and Health Development, Epidemiology and Disease Prevention, Disability Determinations, Maternal Child and Health, Laboratory Services, Community Safety and Local Health, Sexually Transmitted Diseases, and Milk Inspections.
Mission	The Department for Health Services (DHS) is responsible for developing and operating all health-related programs and administers state grant funds to the 51 single county and district health departments located in 120 counties. Additionally, the Department maintains vital statistic records such as birth and health certificates.
Personnel/Staffing	Number of employees by caseworker positions, as of 3-14-95: Disability Determiners - 13 Disability Determiner Sr. - 16 Disability Determiner Principal - 26 Disability Determiner Chief - 46 Disability Determiner Consultant - 29 Disability Determiner Hearing Officer 2 **Total** **132**
Staff Location	Disability Determiners are located only in the Frankfort central office.
Caseload Numbers	Only Disability Determiners carry a caseload. According to the CHR, as of 9/9/94 there were 15,238 claims pending and 135 caseworkers carrying caseloads. This equaled an average caseload of 113.
Technology	The DHS operates a variety of databases. The goal of the DHS is to link the many databases through the use of client/servers and open architecture.

APPENDIX A

PROFILE: DEPARTMENT FOR SOCIAL INSURANCE

Programs	Aid to Families with Dependent Children (AFDC), Food Stamp Program, Child Support Enforcement, State Supplementation, Energy and Weatherization Programs, Commodity Program.
Mission	The Department for Social Insurance (DSI) is responsible for providing income maintenance and supplementation to citizens who, because of social, educational, mental, physical or other disability, are without sufficient resources to meet basic needs. As a result of the welfare reform activities related to the Family Support Act of 1988, the DSI now actively encourages AFDC recipients to pursue education and training opportunities which will lead to self sufficiency. This follows a similar program required by the Food Stamp Program, the Food Stamp Employment and Training Program. In addition, the departments of Medicaid Services, Employment Services, and Social Services have jointly developed and implemented new programs that provide recipients joining the workforce with transitional assistance to offset child care and medical expenses.
Personnel	Number of employees by caseworker positions, as of July, 1994: Casework Specialist 290 Casework Specialist, Sr. 761 Casework Specialist, Pr. 350 JOBS Case Specialist, Sr 258 JOBS Case Specialist, Pr. 27
Staff Location	CHR local offices throughout the State.
Caseload Numbers	Annual Weighted Caseloads for the following: AFDC, Food Stamps, Medical Assistance, as of July, 1994. 1994 539.46 1993 504.65 1992 482.98 1991 435.60 1990 420.88
Technology	KAMES (Kentucky Automated Management and Eligibility System) and KASES (Kentucky Automated Support Enforcement System) are required by the federal government to support assistance and child support programs. The DSI must maintain information and service delivery for a large number of clients in local offices throughout the state. In order to maintain maximum response time to clients the DSI focuses on mainframe databases and communications through the statewide network. The DSI is developing the ability to link personal computer with their mainframe systems in order to download mainframe data and create standard word-processing forms filled with state database information.

APPENDIX B

Department for Social Services Program Expenditures and Clients Served

DSS PROGRAM EXPENDITURES AND CLIENTS SERVED FY 1991-95

Program	FY 91 Dollar	FY 91 Client	FY 92 Dollar	FY 92 Client	FY 93 Dollar	FY 93 Client	FY 94 Dollar	FY 94 Client	FY 95 Dollar	FY 95 Client (est)
Adoptions	**$7,464,800**		**$8,892,000**		**$8,770,800**		**$8,630,900**		**$8,924,100**	
Placements		233		224		214		207		
Facts		3,438		3,508		3,620		3,625		3,996
Adult Protection	**$6,380,400**		**$6,768,100**		**$7,149,800**		**$7,427,800**		**$8,107,700**	
Ongoing Cases		8,557		11,523		15,072		17,598		18,200
Investigations		19,279		26,047		35,157		38,738		42,500
Alternate Care	**$964,900**		**$994,400**		**$917,100**		**$928,800**		**$901,500**	
Alternate Care		4,647		4,700		727		616		
Targeted Case Mgt. (A)			**$41,100**		**$102,000**		**$98,600**		**$70,900**	
Family Violence	**$100,900**		**$131,200**		**$188,700**		**$218,400**		**$212,200**	
Spouse Abuse Contracts	**$3,202,400**		**$3,224,200**		**$3,690,600**		**$3,783,600**		**$3,882,900**	
Spouse Abuse Shelters		5,391		5,433		5,411		5,474		5,400
Patient Moving & Placement	**$198,100**		**$287,300**		**$338,700**		**$218,800**		**$238,900**	
Patient Moving & Placement				474		369		257		290
Refugee Asst. Program (Contracts)	**$170,800**		**$367,500**		**$628,600**		**$808,200**		**$169,700**	
Refugee Asst. Program (Contracts)		1,175		1,500		805		1,045		
CSBG	**$5,612,800**		**$6,116,500**		**$6,882,100**		**$6,227,900**		**$6,966,100**	
Comm. Food & Nutrition							**$66,900**		**$93,300**	
Homeless	**$360,500**		**$660,700**		**$460,300**		**$360,600**		**$327,900**	
CSBG		690,500		733,700		737,400		829,871		738,000
Guardianship	**$1,888,900**		**$2,012,900**		**$2,135,900**		**$2,079,400**		**$2,216,400**	
Clinical Research Center		11		11		11		9		9
Guardianship		2,956		2,794		2,928		2,882		3,100
Aging	**$36,483,500**		**$37,880,400**		**$38,479,100**		**$38,861,100**		**$39,054,800**	
Support Services		103,232		111,000		107,000		99,738		103,600
Congregate/Home Delivered Meals		62,222		59,693		42,400		48,671		39,900
Senior Employment Slots		249		247		248		322		247
Homecare		13,230		14,347		14,100		14,051		13,300
Adult Day Care		760		760		1,964		1,700		1,848
Adult Day Health Care (B)		135		85						
Alzheimers Respite (B)		1455		1,579						
Personal Care Attendent		201		194		189		190		200
Ombudsman Long Term Care		3852		5,129		4,860		3,625		5,000
Day Treatment	**$3,769,200**		**$4,092,700**		**$4,136,300**		**$4,205,200**		**$4,792,900**	
Day Treatment		1,168		1,243		1,286		1,199		1,320
Group Home	**$5,800,800**		**$5,763,300**		**$6,827,100**		**$5,481,300**		**$6,878,600**	
Group Home		347		337		341		312		345

DSS PROGRAM EXPENDITURES AND CLIENTS SERVED FY 1991-95

Program	FY 91 Dollar	FY 91 Client	FY 92 Dollar	FY 92 Client	FY 93 Dollar	FY 93 Client	FY 94 Dollar	FY 94 Client	FY 95 Dollar	FY 95 Client (est)
Foster Care	**$33,044,400**		**$40,572,700**		**$38,081,800**		**$42,886,900**		**$46,387,200**	
Foster Care		4,610		4,535		4,808		5,165		5,230
Foster Parent Training		1,460		1,450		1,475		1,193		1,525
Family Treatment Homes		53		76		71		74		75
Independent Living		189		570		600		912		660
SpecParent & Remedial Care		20		20						
PCC	**$18,173,300**		**$24,921,100**		**$22,313,800**		**$27,141,600**		**$34,836,500**	
Private Child Care		2,105		1,993		2,060		2,176		2,270
Child Protection	**$33,135,600**		**$38,426,200**		**$34,493,700**		**$36,803,300**		**$42,041,400**	
Reports		32,318		35,819		36,901		37,911		40,700
Investigations		51,465		56,181		57,706		59,540		63,600
Homemakers	**$3,626,300**		**$3,727,100**		**$3,727,400**		**$3,266,000**		**$3,163,000**	
Adults		1,248		1,182		1,043		990		1,000
Family Based		1,954		2,041		2,024		1,833		2,020
Self-Help	**$176,300**		**$216,600**		**$297,200**		**$211,700**		**$196,000**	
Self-Help Groups		1,574		1,653		2,022		1,961		2,000
Preventative Services	**$395,800**		**$406,400**		**$333,600**		**$207,200**		**$180,400**	
Adults		630		615		543		512		550
Family Based		750		872		873		691		870
Family Preservation	**$1,184,100**		**$1,420,600**		**$2,263,600**		**$2,992,300**		**$3,250,000**	
Cases		268		476		562		762		750
Children		1,165		1,161		1,458		1,949		1,875
Preventative Assistance	**$308,900**		**$442,600**		**$433,300**		**$418,400**		**$368,700**	
Preventative Assistance		1,427		1,756		1,738		1,527		1,820
Day Care - SSBG	**$11,342,900**		**$10,500,000**		**$14,258,400**		**$9,294,300**		**$10,131,700**	
Day Care - CCDBG			**$2,397,500**		**$17,718,600**		**$15,236,600**		**$14,060,100**	
Day Care - IV-A At Risk			**$3,288,400**		**$8,309,200**		**$6,032,600**		**$6,044,000**	
Day Care - TCC	**$233,100**		**$447,900**		**$429,600**		**$609,600**		**$4,201,300**	
Employment		2,340		8,036		12,180		12,553		8,190
Protection		3,160		3,261		3,761		5,218		3,960
IFBSS	**$1,862,400**		**$1,497,900**		**$1,907,900**		**$1,463,200**		**$1,740,900**	
IFBSS		67		53		44		52		42
MH/MR Placements		8		8						
Juvenile Services In Comm.	**$6,028,400**		**$5,547,500**		**$6,598,900**		**$4,280,700**		**$6,166,500**	
Juvenile Services		4,698		5,168		5,302		5,524		5,300

DSS PROGRAM EXPENDITURES AND CLIENTS SERVED FY 1991-95

Program	FY 91 Dollar	FY 91 Client	FY 92 Dollar	FY 92 Client	FY 93 Dollar	FY 93 Client	FY 94 Dollar	FY 94 Client	FY 95 Dollar	FY 95 Client (est)
Residential	**$20,687,800**		**$21,393,400**		**$21,410,100**		**$22,897,600**		**$24,166,000**	
Institutions		871		937		985		982		1,025
Clinical	**$3,283,900**		**$4,847,500**		**$8,379,800**		**$4,763,800**		**$4,073,700**	
Clinical Services		355		352		324		463		460
TOTAL	**$203,862,700**		**$236,283,900**		**$256,988,200**		**$266,430,800**		**$283,333,800**	

A - No Client Data Available

B - Adult Day Care includes Adult Day Health Care and Alzheimer Respite in FY 93 forward

APPENDIX C

Current Classification Requirements of Kentucky Family Service Workers

Current Classifications of Ky. Family Service Workers									
				Salaries/Mo.			Median Salaries		
Class Title	Characteristics	Min. Requirements	Grade	Min.	Mid pt.	Max.	Oct.-93	Oct.-94	Jul.-95
Family Serv. Wrk.	Performs entry level professional duties in the assessment of and provision of family-based services to meet client's social service needs; and performs other duties as required.	Bachelor's degree in social work, sociology, psychology or related field.	8	1,367	1,809	2,302	17,224	17,224	17,224
Annual Salaries				$16,404	$21,708	$27,624			
Family Serv. Wrk. Prin.	Provides professional social worker services to families through the assessment of client needs, and the provision of social services; and performs other duties as required.	Master's degree in social work, sociology, psychology or related field; or a bachelor's degree plus 2 yrs. professional social work experience providing direct services to individuals and families will substitute for master's.	10	1,661	2,123	2,793	22,072	20,729	20,929
Annual Salaries				$19,932	$25,476	$33,516			
Family Serv. Wrk. Chief	Serves as interim suprv.; provides professional social work services to complex cases normally not requiring therapeutic intervention; and performs other duties as required.	MA in social work, sociology, psychology or related field, plus one yr. of professional social work exp. ; or a bachelor's degree plus 2 yrs. professional social work experience providing direct services to individuals and families will substitute for master's.	11	1,757	2,343	3,083	25,718	25,140	25,673
Annual Salaries				$21,084	$28,116	$36,996			

Family Serv. Clin.	Provides intensive and/or therapeutic social work services through the assessment of client needs and the provision of social services to complex cases as assigned by office supervisor; performs other duties as required.	MA in social work, sociology, psychology or related field, plus one yr. of professional social work exp. ; or a bachelor's degree plus 2 yrs. professional social work experience providing direct services to individuals and families will substitute for master's.	11	1,757	2,343	3,083	25,433	25,140	25,673
Annual Salaries				$21,084	$28,116	$36,996			
Family Serv. Area Specialist	Provides advanced and expert knowledge of program specialties in family-based services areas, such as protective services, juvenile services, and adult services, and performs other duties as required.	MA in social work, sociology, psychology or related field, plus two yrs. of professional social work exp. ; or a bachelor's degree plus 2 yrs. professional social work experience providing direct services to individuals and families will substitute for master's	12	1,852	2,583	3,399			
Annual Salaries				$22,224	$30,996	$40,788			
Family/Youth Services Program Specialist	Plans, coordinates, evaluates and/or monitors family-based services prog. areas, i.e., child/adult protection, juvenile services, foster care, adoptions, other specialties, or youth treatment services statewide; performs other duties as required.	MA in social work, sociology, psychology, or related field + 3 yrs. of professional social work exp. ; or a bachelor's degree plus 2 yrs. professional social work experience providing direct services to individuals and families will substitute for master's.	13	1,949	2,848	3,747			
Annual Salaries				$23,388	$34,176	$44,964			

Family Serv. Off. Suprv.	Provides the first line of supervision to employees engaged in the delivery of family-based services; and performs other duties as required.	Master's degree in social work, sociology, psychology, or related field + 3 yrs. of professional social work exp. ; or a bachelor's degree plus 2 yrs. professional social work exp. monitoring, evaluating, and/or supervising direct services to people.	13	1,949	2,848	3,747			
Annual Salaries				$23,388	$34,176	$44,964			
Family Services Program Supervisor	Manages and coordinates the supervisor of personnel and implementation of family-based service programs as designated by the Family Services Dist. Manager; performs other duties as required.	MA in social work, sociology, psychology, or related field + 5 yrs. of professional social work exp. A bachelor's degree plus 2 yrs. professional social work exp. monitoring, evaluating, and/or supervising direct services to people will substitute for master's.	14	2,148	3,139	4,130	32,237	33,204	34,116
Annual Salaries				$25,776	$37,668	$49,560			
Family Serv. Dist. Manager	Under administrative direction, has managerial responsibility for all programs and services assigned to the Div. of Field Services for a defined geographic area; performs other duties as assigned.	MA in social work, sociology, psychology, or related field + 6 yrs. of professional social work exp. A bachelor's degree plus 2 yrs. professional social work exp. monitoring, evaluating, and/or supervising direct services to people will substitute for master's.	15	2,369	3,462	4,555			
Annual Salaries				$28,428	$41,544	$54,660			

APPENDIX D

Department for Social Services Statewide Summary of Training - FY 1995

Appendix D
Department for Social Services Statewide Summary of Training
FY 1995

Title	FSW	FSWPR	FSWCH	FSWCLIN	State Totals
Adult Services Competency Based	26	23	7	40	96
Area Specialist Topical Seminars	0	0	0	0	0
Case Planning	21	23	23	80	124
Child Protection and the Law	41	21	4	18	84
Child Protection Services Competency Based	156	39	3	16	214
Child Sexual Abuse	205	118	67	283	677
Competency Based Supervision in FPS	40	36	24	20	120
Cultural Diversity	40	37	22	79	178
Family Casework Interventions	2	1	1	7	11
Family Services	152	35	1	1	199
Group Preparation and Selection	1	1	1	5	8
Group Preparation and Selection: Deciding Together	0	6	4	21	31
Group Preparation and Selection: Follow-Up	1	1	0	10	12
Interventions for Domestic Violence Cases	1	5	3	13	22
Juvenile Services Competency Based	25	10	2	12	49
Medically Fragile: First Aid and CPR	41	38	2	12	93
Narrative Writing Workshop	0	3	6	29	38
New Employee Orientation	153	38	0	14	205
Out-of-Home Care Investigations	9	3	5	14	31
Recruitment & Certification Competency Based	0	0	0	6	6
Substance Abuse/Child Abuse	44	31	22	66	163
Training of Trainees	1	0	2	15	18
Treatment of Children with Sexual Behavior Problems	0	5	5	14	24
Totals:	**959**	**474**	**204**	**775**	**2403**

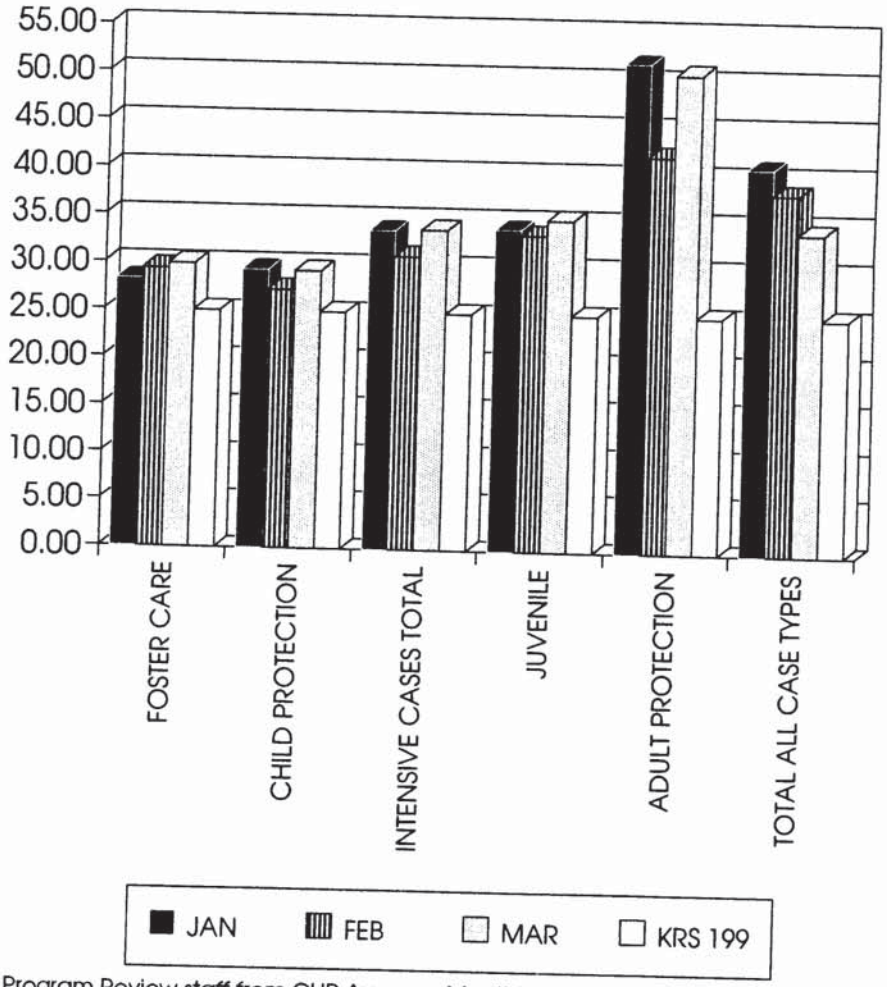
SOURCE: Family Services Training and Program Development Branch Attendance Report FY 95

APPENDIX E

Average Monthly Statewide Caseload Quarterly Reports, 1993-1995

	JAN	FEB	MAR	KRS 199
FOSTER CARE	28.30	29.40	29.90	25
CHILD PROTECTION	29.40	27.30	29.30	25
INTENSIVE CASES TOTAL	33.70	31.00	33.80	25
JUVENILE	34.00	33.40	35.00	25
ADULT PROTECTION	51.60	41.90	50.50	25
TOTAL ALL CASE TYPES	40.80	38.10	33.99	25

DSS DIVISION OF FAMILY SERVICES CASELOAD STATISTICS FOR 1993
FIRST QUARTER



SOURCE: Compiled by Program Review staff from CHR Average Monthly Statewide Caseloads reports 1992 - 1995.

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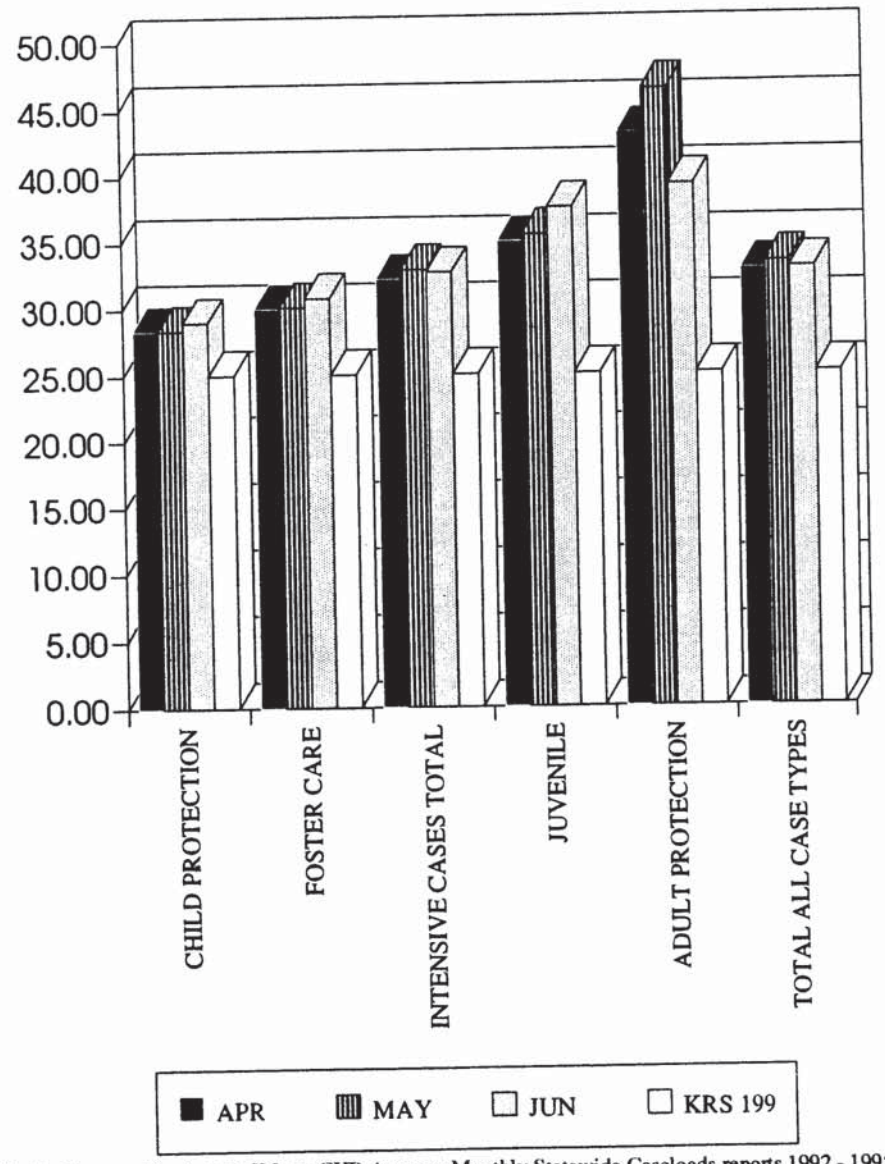
	APR	MAY	JUN	KRS 199
CHILD PROTECTION	28.40	28.40	29.00	25
FOSTER CARE	30.00	30.10	30.80	25
INTENSIVE CASES TOTAL	32.20	32.90	32.70	25
JUVENILE	35.00	35.50	37.50	25
ADULT PROTECTION	43.10	46.40	39.20	25
TOTAL ALL CASE TYPES	32.82	33.34	32.89	25

DSS DIVISION OF FAMILY SERVICES CASELOAD STATISTICS FOR 1993 SECOND QUARTER



SOURCE: Compiled by Program Review staff from CHR Average Monthly Statewide Caseloads reports 1992 - 1995.

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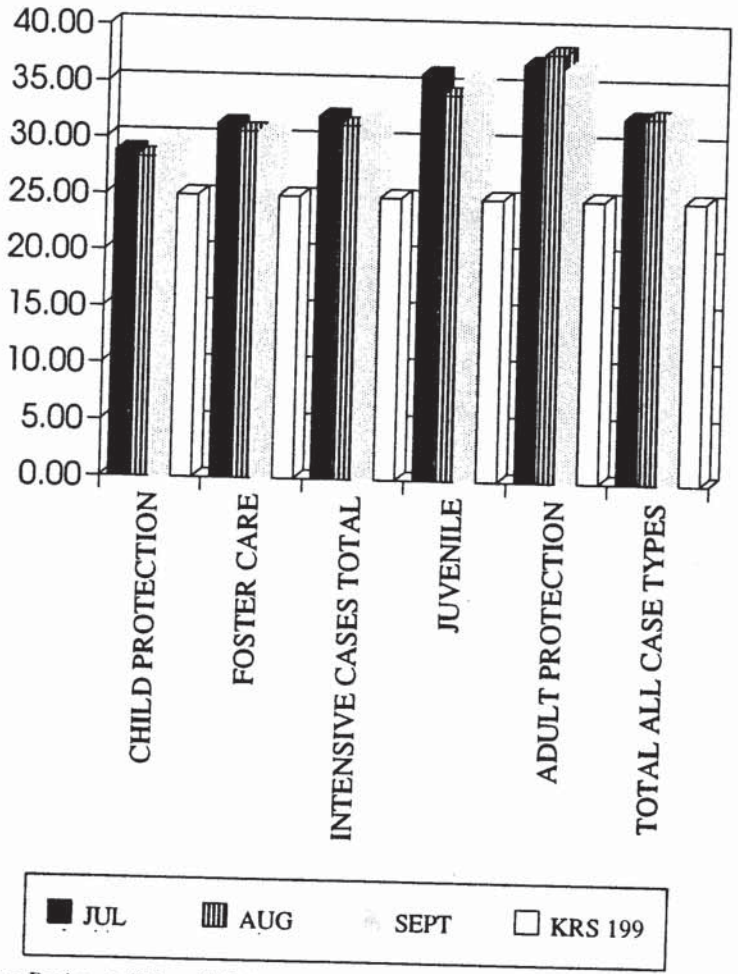
	JUL	AUG	SEPT	KRS 199
CHILD PROTECTION	28.80	28.30	29.60	25
FOSTER CARE	31.30	30.70	30.70	25
INTENSIVE CASES TOTAL	32.10	31.40	32.10	25
JUVENILE	36.00	34.20	35.80	25
ADULT PROTECTION	37.00	38.00	36.70	25
TOTAL ALL CASE TYPES	32.33	32.43	32.76	25

DSS DIVISION OF FAMILY SERVICES CASELOAD STATISTICS FOR 1993 THIRD QUARTER



SOURCE: Compiled by Program Review staff from CHR Average Monthly Statewide Caseloads reports 1992 - 1995.

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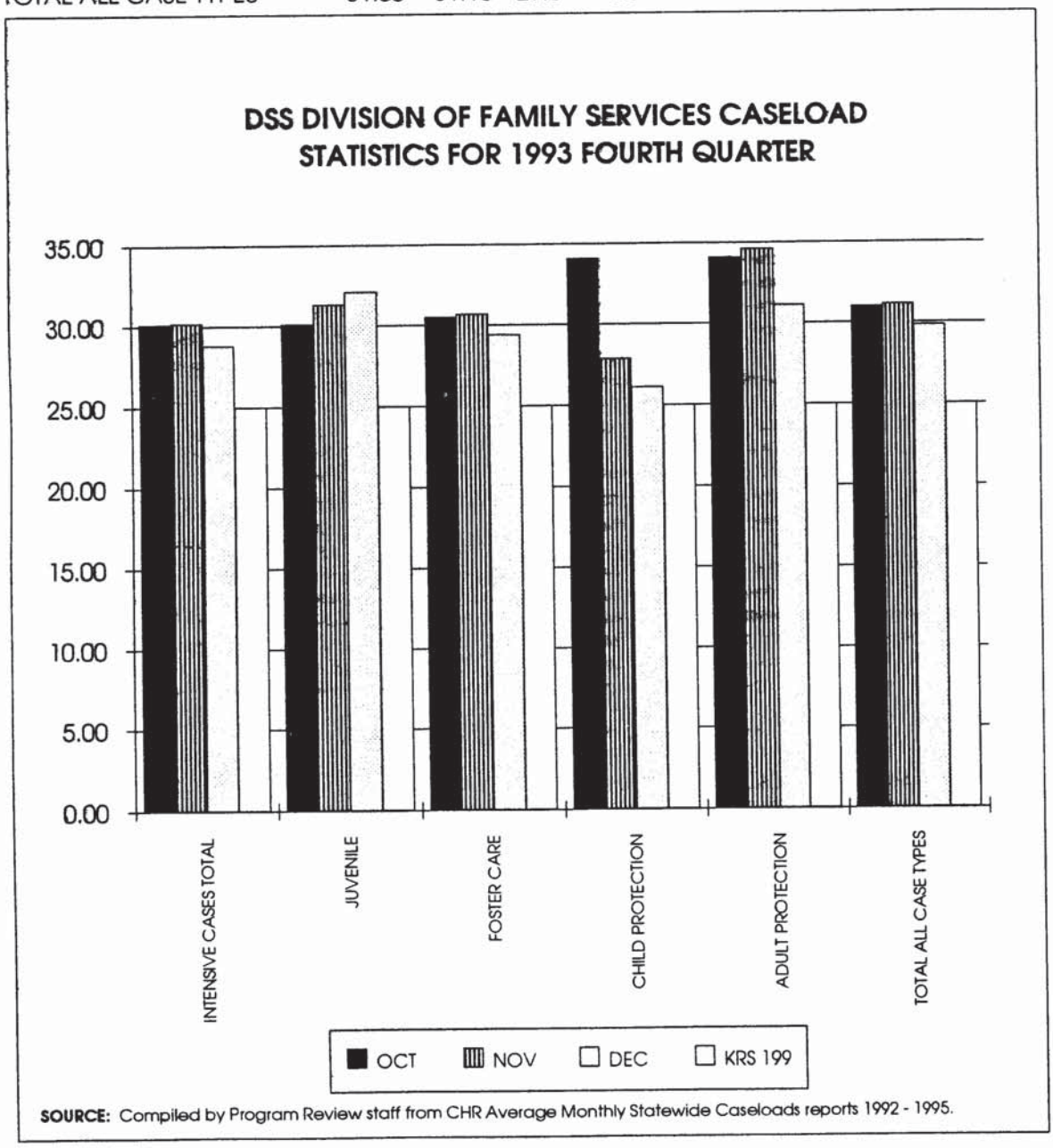
	OCT	NOV	DEC	KRS 199
INTENSIVE CASES TOTAL	30.10	30.20	28.80	25
JUVENILE	30.10	31.30	32.10	25
FOSTER CARE	30.50	30.70	29.40	25
CHILD PROTECTION	34.10	27.90	26.10	25
ADULT PROTECTION	34.10	34.60	31.10	25
TOTAL ALL CASE TYPES	31.00	31.15	29.8	25



SOURCE: Compiled by Program Review staff from CHR Average Monthly Statewide Caseloads reports 1992 - 1995.

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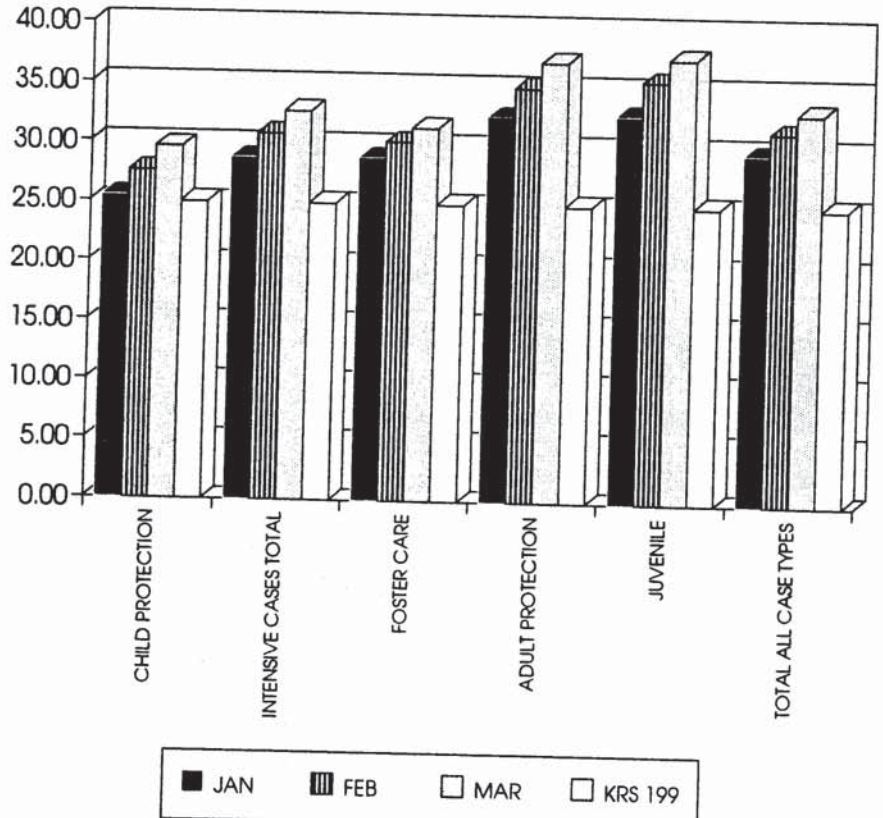
	JAN	FEB	MAR	KRS 199
CHILD PROTECTION	25.50	27.60	29.60	25
INTENSIVE CASES TOTAL	28.80	30.80	32.70	25
FOSTER CARE	28.90	30.20	31.40	25
ADULT PROTECTION	32.50	34.90	37.00	25
JUVENILE	32.70	35.50	37.40	25
TOTAL ALL CASE TYPES	29.58	31.37	32.97	25

DSS DIVISION OF FAMILY SERVICES CASELOAD STATISTICS FOR 1994 FIRST QUARTER



SOURCE: Compiled by Program Review staff from CHR Average Monthly Statewide Caseloads reports 1992 - 1995.

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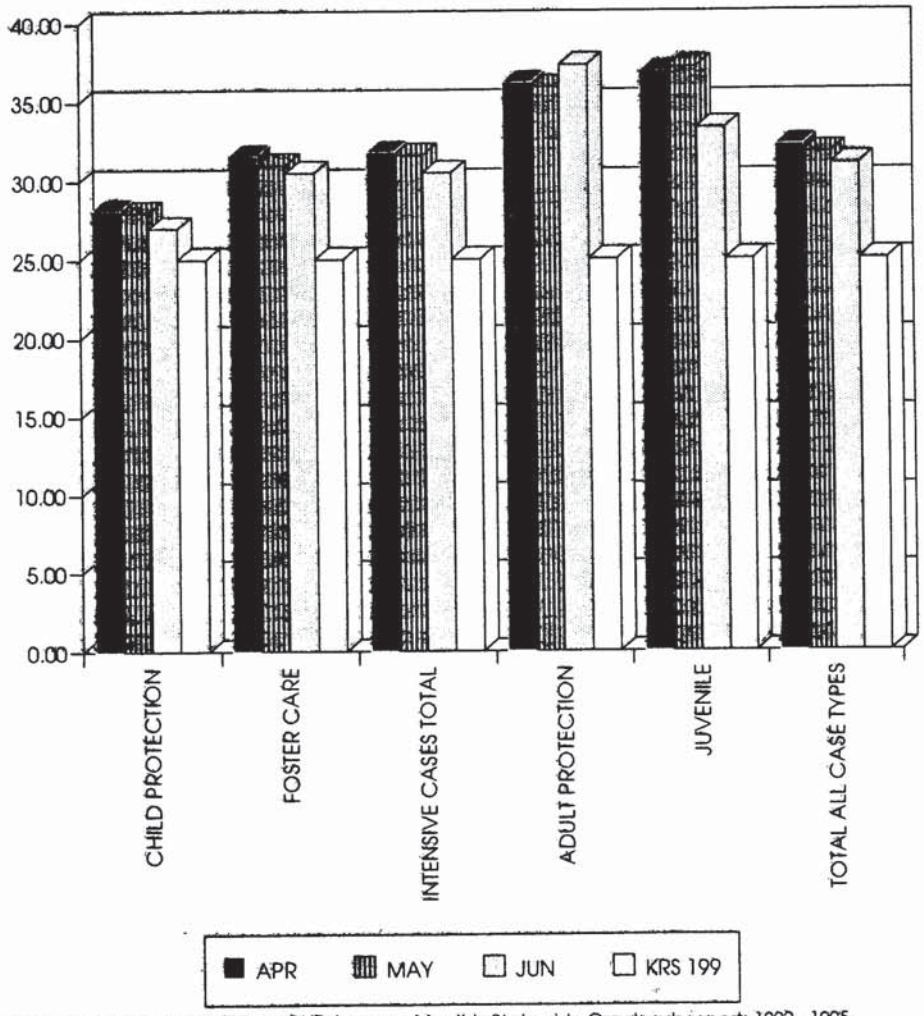
	APR	MAY	JUN	KRS 199
CHILD PROTECTION	28.20	28.00	27.00	25
FOSTER CARE	31.60	31.00	30.50	25
INTENSIVE CASES TOTAL	31.80	31.60	30.50	25
ADULT PROTECTION	36.20	35.90	37.30	25
JUVENILE	36.90	37.20	33.30	25
TOTAL ALL CASE TYPES	32.27	31.75	31.05	25

DSS DIVISION OF FAMILY SERVICES CASELOAD STATISTICS FOR 1994 SECOND QUARTER



SOURCE: Compiled by Program Review staff from CHR Average Monthly Statewide Caseloads reports 1992 - 1995.

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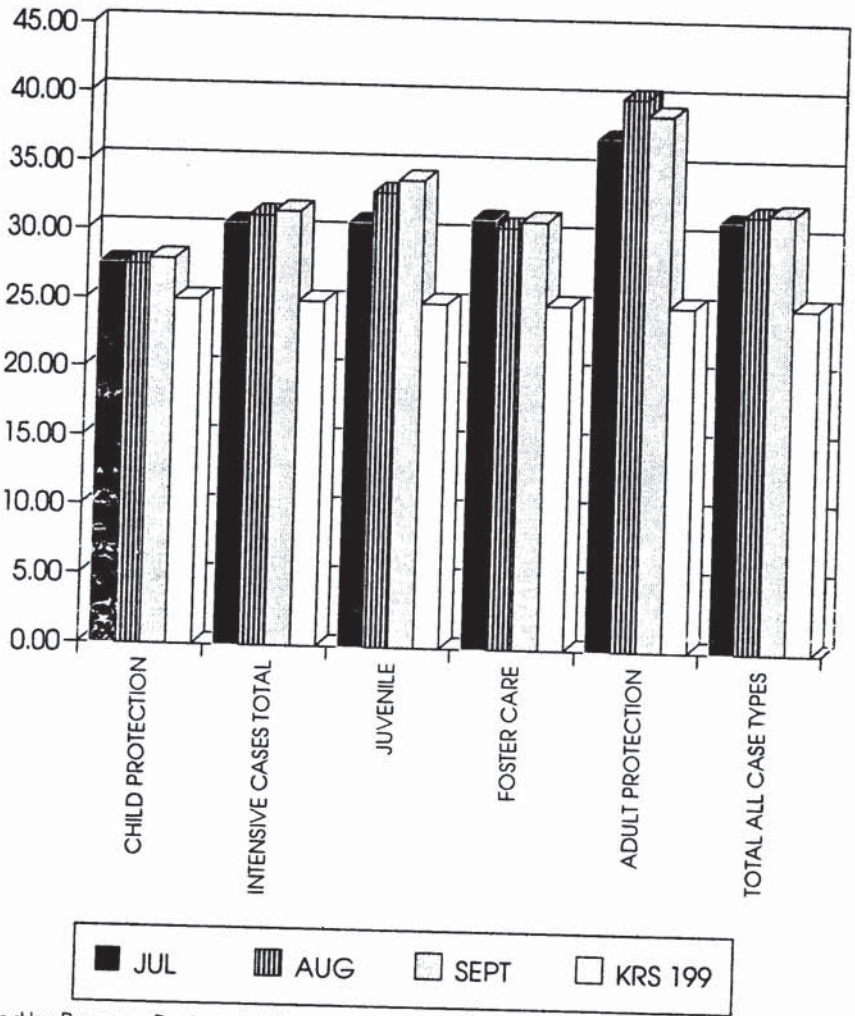
	JUL	AUG	SEPT	KRS 199
CHILD PROTECTION	27.60	27.50	27.90	25
INTENSIVE CASES TOTAL	30.60	31.20	31.50	25
JUVENILE	30.80	33.00	33.90	25
FOSTER CARE	31.20	30.60	31.10	25
ADULT PROTECTION	37.20	40.10	38.90	25
TOTAL ALL CASE TYPES	31.29	31.75	31.87	25

DSS DIVISION OF FAMILY SERVICES CASELOAD STATISTICS FOR 1994 THIRD QUARTER



SOURCE: Compiled by Program Review staff from CHR Average Monthly Statewide Caseloads reports 1992-1995.

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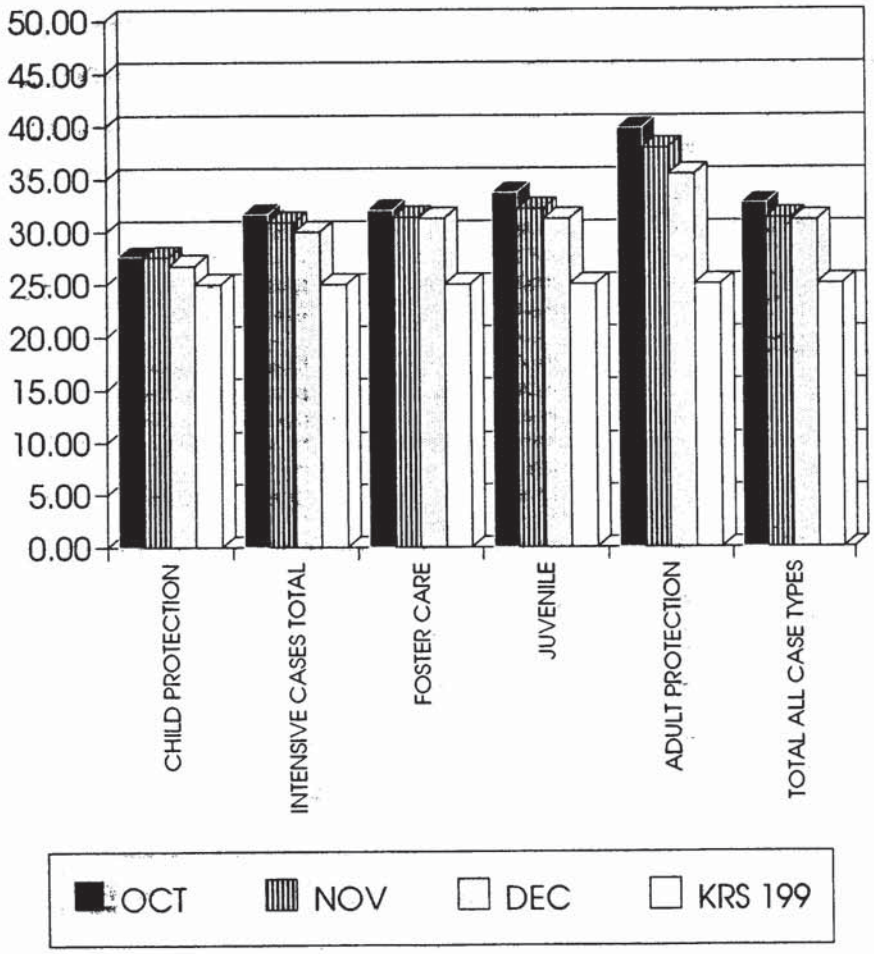
	OCT	NOV	DEC	KRS 199
CHILD PROTECTION	27.70	27.60	26.80	25
INTENSIVE CASES TOTAL	31.70	30.90	30.00	25
FOSTER CARE	32.10	31.40	31.30	25
JUVENILE	33.70	32.20	31.20	25
ADULT PROTECTION	39.80	37.90	35.40	25
TOTAL ALL CASE TYPES	32.65	31.30	31.02	25

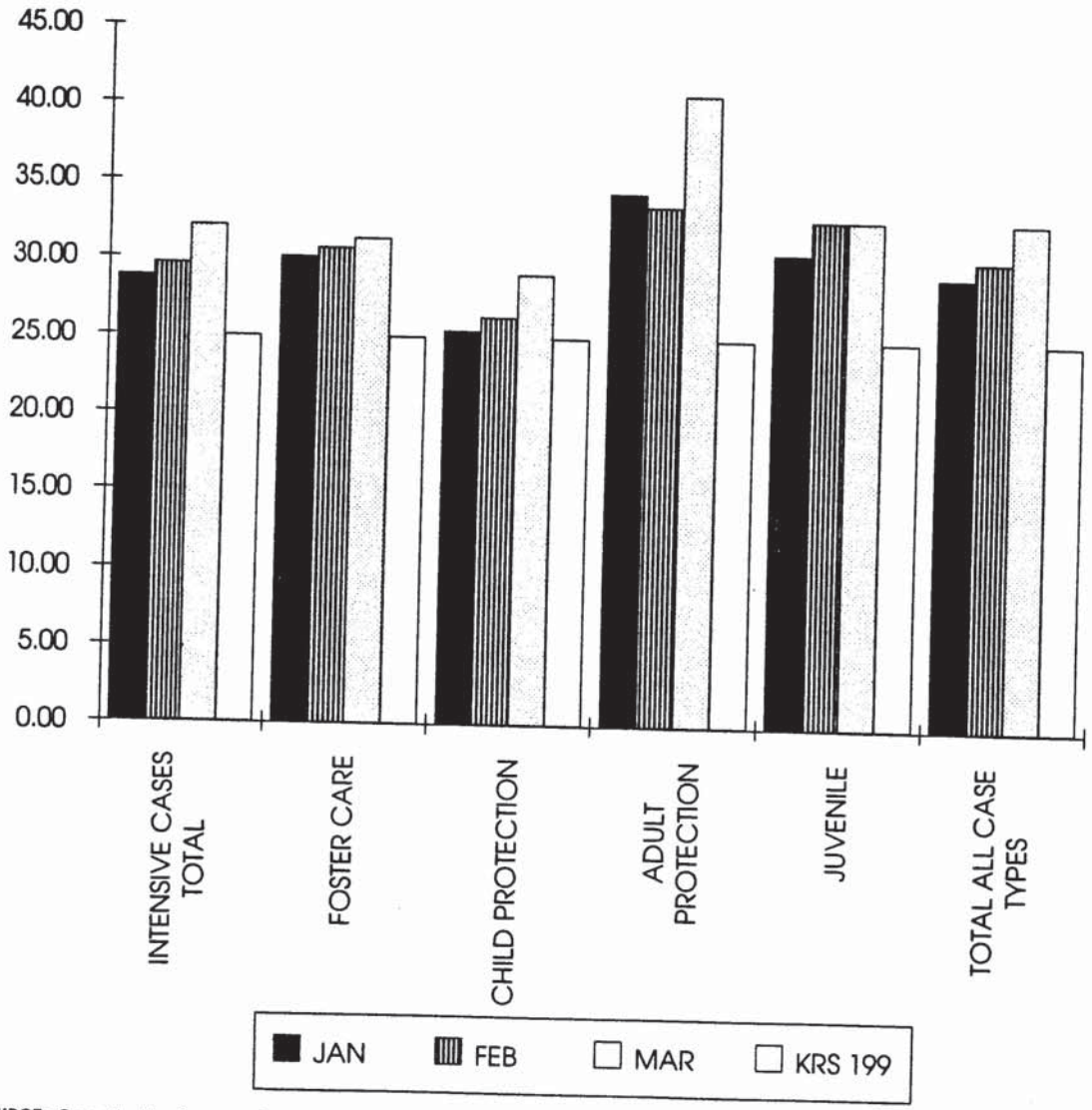
DSS DIVISION OF FAMILY SERVICES CASELOAD STATISTICS FOR 1994 FOURTH QUARTER



SOURCE: Compiled by Program Review staff rom CHR Average Monthly Statewide Caseloads reports 1992 - 1995.

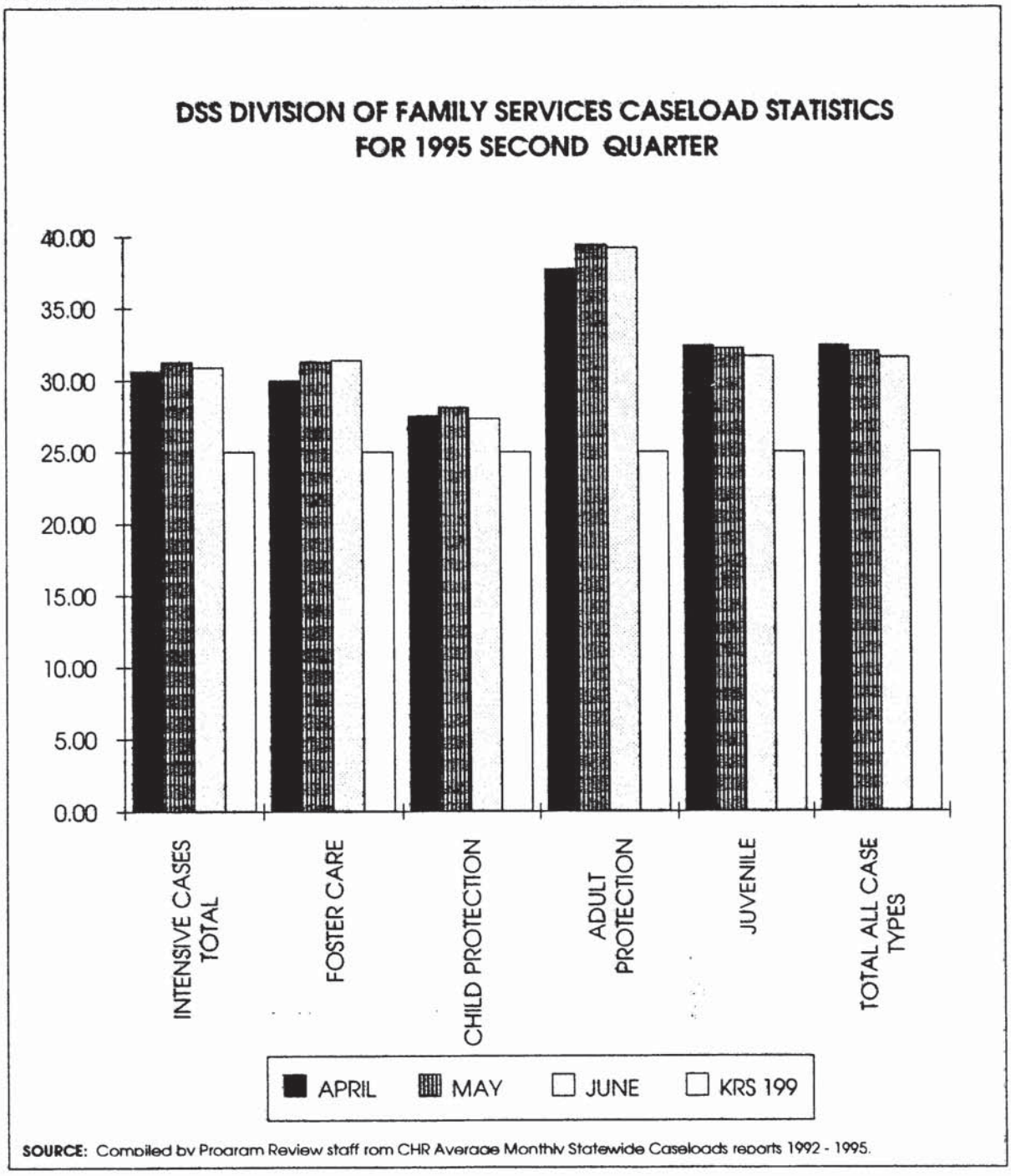
	JAN	FEB	MAR	KRS 199
INTENSIVE CASES TOTAL	28.80	29.60	32.10	25
FOSTER CARE	30.10	30.70	31.30	25
CHILD PROTECTION	25.40	26.30	29.10	25
ADULT PROTECTION	34.40	33.60	40.80	25
JUVENILE	30.60	32.80	32.80	25
TOTAL ALL CASE TYPES	29.22	30.29	32.77	25

DSS DIVISION OF FAMILY SERVICES CASELOAD STATISTICS FOR 1995 FIRST QUARTER



SOURCE: Compiled by Program Review staff rom CHR Average Monthly Statewide Caseloads reports 1992 - 1995.

	APRIL	MAY	JUNE	KRS 199
INTENSIVE CASES TOTAL	30.60	31.30	30.90	25
FOSTER CARE	30.00	31.30	31.40	25
CHILD PROTECTION	27.50	28.10	27.30	25
ADULT PROTECTION	37.70	39.40	39.20	25
JUVENILE	32.40	32.20	31.60	25
TOTAL ALL CASE TYPES	32.40	31.98	31.53	25



SOURCE: Compiled by Program Review staff from CHR Average Monthly Statewide Caseloads reports 1992 - 1995.

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APPENDIX F

Caseload Standards for Child Protection Services in Selected States

Caseload Standards for Child Protective Services in Selected States

State (Counties)	Standard and Definitions	Average Number of Cases	Initiatives
AK (75)	12 to 12:1 CPS Foster Care Adoption	15 Mixed Cases (families) 1:6 Intensive FPP	• Supervision: 1:7 Rural and 1:2/5 Larger Areas • Consent Decree: 1 of 32 states under consent decree that outlines staffing standards
DE (3)	15 to 20:1 Count Cases by the family not clients CPS Foster Care Adoption Child Welfare	1:30 average for Investigation 1:30 average Ongoing	• 45 Days to complete Investigation • Committee working on standards • MIS being developed to help "weight" the cases • Juvenile services under justice • APS in another Division
FL	12 to 20:1	14 to 29:1	•
HI	6-8 new inv/mo	6-12/mo	•
ID (44)	1:15 Investigations (families) 1:25 Ongoing (families)		• Referrals in ID have increased 5-10% in the last few years. • Adult Services and Juvenile Service are not in this department • ID operates in 7 regions • State did extensive caseload analysis and determined that case service activity must be prioritized by intensity of need.
IL	1:12 CPS investigations for 9 months 1:15 CPS investigations for 3 months 1:20 Family Served Intact 1:25 Foster Care 1:100 Purchase of Services 1:50 Special Classes of cases	Court appointed monitor reviews numbers monthly until year 1999	• Required as a result of ACLU class action suit and the consent decree to double their staff and increase funding for expensive treatment services, visitation, health and education for Foster Care (600 Million to 1 Billion) • IL had to redefine abuse and neglect to clarify "lack of supervision" when relative is caretaker. • IL in 94-95 had 77,000 reports for 139,000 children and of the 200 child deaths almost 1/3 had DCFS involvement.

State (Counties)	Standard and Definitions	Average Number of Cases	Initiatives
IN (92)	None CPS Foster Care	35-40:1 average	• Has juvenile detention centers in every county • Public employees unionized • Recent legislation proposed 25-30 for investigations and 30-35 for levels of lessor workloads. The measure did not pass. • Marion County under settlement of class action suit attempting to maintain 25 caseloads for all case assignments. • Employees were all reclassified July 1, 1995 Highest level: CPS/Wardship and lower levels that handle adoptions, home studies, independent living
KY (120)	25:1 All Intensive Cases: CPS - APS Juveniles - Adoption	32-33:1 All intensive cases reported	• KRS 199.461 mandates the reporting of caseloads that are above 25 for 90 consecutive days
LA (64 parishes)	1:18 Foster Care 1:12 CPS investigations (new referrals) 1:23 Family Services 1:3 Intensive Services	Each child counts as a case in foster care 1:25+ for families	• As of 5/95 LA had 6,164 children in care; 2,700 receiving family services, 10,978 investigations and averaging 2,300 new cases a month. • LA allows 10 days for establishing validity and after that 60 days to close a case or refer for further service activity. • LA has unionized employees
MD (24)	1:6 CPS Investigations 1:24 CPS continuing 1:30 Family Services General 1:6 Family Preservation (FPP) level 1 for 3 months services 1:12 FPP level 2 for 6 months services 1:12 FPP on Level 3 for 1 year of services 1:8 FPP Reunification Team for 6 months	Caseloads average slightly above the recommended standards by 3 or 4 cases	• MD has 509 social workers across 24 jurisdictions • MD under a consent decree for out-of-home care specifically in Baltimore Cty where 1:14 for Foster Care 1:20 for continuing 1:40 foster care services 1:30 kinship care
MA	12-18/mo	20	

State (Counties)	Standard and Definitions	Average Number of Cases	Initiatives
MI (83)	15:1 Intake CPS 30:1 Ongoing CPS 30:1 Foster Care 25:1 Delinquency	15:1 & 30:1	• Administers social service programs over 83 counties with 1700 unionized employees • MI looking at pending legislation to move caseload ratio to 25:1 • MI states 300 worker short to provide all services • MI has a Structured Decision-Making Process which requires risk and needs assessment to determine the amount of time it takes to deliver a service based on levels of intensity of client need • 65% of Foster Care purchased by private non-profit agencies - caseloads here are 90:1
MO	20:1		
PA (67)	1:30 caseworker to client or family	1:30 cited in PA Administration of County Programs for Child Protective Services	• PA divided into 4 regions that administer the county programs. Central region manages 24 counties.
RI (4)	1:14 Family Services (Families) 1:28 Family Services (Children)	A caseworker either has 14 families or 28 children whichever combination comes first. There is a cutoff of case assignment once a worker reaches that numerical load.	• RI has unionized employees and the social service department is organized with all protective and child and youth where ALL types of cases are handled by the social worker.
VA (134)	1:26 CPS/APS 1:15 CPS/APS (1st 45 Days) 1:36 Intake (Emergency Crisis) 1:50 Intake (Short Term Assessment)	VA holds to the time standards	• VA has locally administered social service programs that the state supervises and monitors • Caseloads are calculated on time standards for service activity (1987 Time Standard Study) • VA uses caseloads as a predictor of service and unmet needs and to evaluate performance • No equity across state for services, salaries or resources

APPENDIX G

Department for Social Services - Division of Family Services
Caseload Calculations

DEPARTMENT FOR SOCIAL SERVICES

DIVISION OF FAMILY SERVICES

CASELOAD CALCULATIONS

Caseload averages are based on the number of workers having case responsibility, regardless of who are the individual service providers; caseload averages are not affected by numbers, type, nor identity of service providers. The detail calculations are as follows:

1. Cases are aggregated by Type of Case.
2. Each worker's caseload is aggregated. Then a Worker Distribution is calculated according to the portion of cases; that is, if a worker has 40 cases and 10 of them are Foster Care, ¼ (25%) of a worker is attributed to Foster Care; if the remaining 30 cases are Day Care, then .75 of a worker is attributed to Day Care.
3. The Worker distributions are added to obtain the total Distributions for each Type of Case.
4. Total Cases are divided by Worker Distributions to obtain the Average Caseload.
5. These calculations are performed separately for each office, each District, and the State.

NOTE: Within its automated systems, the Division of Family Services can obtain information regarding total cases, type of case, total workers, and average caseload. The data for caseloads are of two types:

A. Cases registered for ongoing services (DSS-887)
B. Cases receiving short-term services (DSS-15)

SOURCE: DSS Program Management, Systems Administration Branch Report, August 1995.

APPENDIX H

Program Review Family Service Worker Survey

Appendix H

LEGISLATIVE RESEARCH COMMISSION
PROGRAM REVIEW SURVEY OF FAMILY SERVICE WORKERS
ON CASELOADS AND SERVICE DELIVERY

BACKGROUND:

Please provide the following information:

Job Title: ___FSW___FSW SR___FSW PR ____FSW CH ___Other (specify)_____

Specialty Area or Team Assignment: _____

Office Location: ____Central Office ____District Office ____Field Office

Counties You Serve: _____

Length Of Service: **Current Position:**____Yrs___Mos

DSS:____Yrs___Mos

CHR:____Yrs____Mos

1. Based on the cases you currently manage, please indicate your case distribution by number and type. (Place the **number in the appropriate blank.**)

___ Intake/Investigation	___ Recruitment/Certification	___ Adoption
___ Adult Protective Services	___ Investigation Special	___ Intake Overflow
___ Child Protective Services	___ Juvenile Services	___ Foster Care
___ Child Protective Services Sp	___ Juvenile Treatment Services	___ Other (Please list.)

2. Overall, which has the more significant effect on your ability to meet the needs of clients? (Check only one.)

____the number of cases I have to handle.
____the amount of activities required to manage a case.

Your workload is a combination of client service activity and the number of clients you serve.

3. During the time you have worked in your current position, has your **workload:** (Circle one.)

(1) **Significantly Decreased** **(2)** **(3)** **(4)** **(5)** **Significantly Increased**

4. What was your overall average monthly **caseload** for the past three months? (Circle one.)

(1) 1-10 (2) 11-20 (3) 21-30 (4) 31-40 (5) 41 or more

5. During the time you have worked in your current position, has your **caseload:** (Circle one.)

(1) **Significantly Decreased** **(2)** **(3)** **(4)** **(5)** **Significantly Increased**

Response Sheet for Caseload Type

Family Service Workers may carry a caseload in more than one service area. Please complete separat et of response sheets for each service area in which you routinely handle the highest caseloads. (Response s ets are included for two caseload areas. If you need to respond for additional caseload areas, please make a y of these sheets.)

Caseload Type:_____

1. How effective do you think Kentucky's social service system is in meeting the needs of clients in this caseload area? (Circle one)

(1)	(2)	(3)	(4)	(5)
Not Effective				Very Effective

2. Please identify both the positive and the negative aspects of the social service delivery system in this caseload area.

Positive aspects	Negative aspects

3. Given your current workload and working conditions, how effective are you at meeting the needs of clients in this caseload area? (Circle one)

(1)	(2)	(3)	(4)	(5)
Not Effective				Very Effective

4. Please identify those areas in which you feel you are most effective and least effective in meeting the needs of clients in this caseload area.

Most Effective Areas	Least Effective Areas

5. During the time you have worked in your current position, please indicate how much the following conditions have increased your workload **in this caseload area.** (Place the appropriate number in the space next to each item, using the rating scale below.)

(1) none (2) very little (3) somewhat (4) a great deal

Rating	Conditions or Work Situations
	More reports of abuse and neglect
	More crisis (emergency) situations
	Operating offices with an insufficient number of social workers
	Operating offices with an insufficient number of support staff
	Serving clients with more complex social problems
	High caseloads
	More referrals from multiple sources (e.g. schools, police, professionals)
	Mandated time frames and deadlines for completing activities
	Additional reporting requirements
	Court mandates that cases remain open
	Additional program requirements for expanded services
	Other (specify and use additional paper for further comments.)

6. In an average month, please indicate:
in column A, the percent of time you spend on the following activities, and
in column B, how much you think these activities contribute to your effectiveness in meeting clients' needs.
(Using the scale 0 (none) to 4 (a great deal), rate the effectiveness of the activities.)

A % of Time Spent	B How these contribute 0 1 2 3 4 none - great	Activities in Case Management
		Assessing clients
		Developing, coordinating and monitoring case plans
		Making referrals for clients
		Scheduling medical, counseling or other appointments
		Transporting clients
		Traveling over large geographical areas of assignment
		Documenting casework activities
		Reporting administrative information (i.e., time sheets, service logs, etc.)
		Preparing court reports
		Interviewing corollaries
		Conducting site visits and face-to-face contacts
		Intervention (prior to registering a case, or other)
		Other: (Specify and use additional paper for further comments.)

7. The following have been identified as possible indicators of effective service delivery.
In column A, please indicate your feelings about the value of each as a measure of effectiveness in this caseload area.. (Place the number, from the scale below, that best reflects your opinion. Indicate NA if they do not apply.

(1)	(2)	(3)	(4)
Poor	Fair	Good	Excellent

In column B, rank the top three indicators you use to determine your own effectiveness.
[Rank the indicators using the scale 1 (high) to 3 (low).]

A	B	Indicators:	A	B	Indicators:
		Case plan goals achieved			Percent of clients no longer requiring social services
		No additional evidence of neglect or abuse			Percent of potential clients not being served
		No other reports or complaints on a case			Percent of clients receiving multiple services
		Activities are completed within a prescribed time frame			Percent of in children requiring juvenile treatment services or residential placement
		Percent of court-ordered cases required to remain open			Percent of reports of child or adult abuse or domestic violence
		Percent of cases closed			Percent of service complaints
		Percent of families reunified			Percent of case recidivism or recurrence
		Percent of children permanently placed (e.g., adoption, foster care)			Percent of deaths from child abuse/neglect, adult abuse/neglect, or domestic violence
		Percent of clients receiving various social services			Percent of abuse and neglect reports substantiated
		Percent of clients served without being removed from their homes			Percent of elderly receiving appropriate services
		Other (specify)			Other (specify)

8.. Please list other outcome indicators that you feel are appropriate for measuring effectiveness in meeting clients' needs in this caseload area.

9. Please indicate whether the following factors have a positive (+), negative (-) or no (0) effect on your ability to meet clients' needs **in this caseload area. (In the space provided by each item, please place a (+), (-), or (0) to indicate your opinion.)**

Rating	Factors:	Rating	Factors:
	Availability of support staff		Availability of foster care homes
	Availability of professional staff		Availability of specialized services for clients
	Experience of the professional staff		Availability of Family Resource Centers
	Availability of technology (e.g., fax machines, copiers, or computers)		Availability of transitional programs for children or youth
	Availability of legal services		Availability of juvenile detention centers
	Availability of transportation systems		Availability of temporary placement resources (e.g., group homes, emergency shelters)
	Level of public awareness and public education		Availability of community resources in certain geographic areas, e.g., rural areas
	Availability of training		Availability of community resources in general
	Relevancy of training		Availability of time to monitor case activities
	Availability of time to provide direct services		Degree of coordination among groups providing community resources
	Availability of time to conduct client assessments		Level of funding for programs
	Availability of time to complete investigations		Other: (Specify)
	Other:		

10. You may use the remaining space or an additional sheet to make any recommendations or general comments concerning this caseload area.

Please return by May 19, 1995, to: Legislative Research Commission, Office for Program Review and Investigations, 120 Capitol Annex Frankfort, Kentucky 40601. If you have questions, contact Program Review staff at 502/564-8100.

THANK YOU FOR YOUR COOPERATION

APPENDIX I

Family Service Worker Survey Data Results

1995 FSW
Caseload and Workload
Survey Results

Job Title

Class Codes	All Respondents (A)	CPS (B)	APS (C)	Juvenile (D)	Intake Investigations (E)	Foster Care Adoptions, R&C (F)
FSW	21.5	34.3	6.7	26.5	25.0	11.8
FSWCH	24.1	24.3	26.7	17.6	25.0	32.4
FSWCLIN	31.6	20.0	46.7	44.1	28.6	32.4
FSWPR	10.1	11.4	6.7	5.9	7.1	11.8
FSWSR	0.6	1.4		2.9		2.9
OTHER	12.0	8.6	13.3	2.9	14.3	8.8

Length of Service

Length of Service	Current Position	DSS	CHR
1-3 years			
• All Respondents	55.6	36.2	32.0
• CPS	61.8	50.8	45.2
• APS	23.3	11.5	15.0
• Juvenile	55.9	29.0	25.0
• Intake/Inves	48.0	37.5	40.0
• FC/Adopt/R&C	50.0	34.4	30.7
4-9 years			
• All Respondents	25.5	26.7	20.7
• CPS	19.1	22.1	16.7
• APS	29.9	23.0	10.0
• Juvenile	23.3	42.1	25.1
• Intake/Inves	36.0	37.5	15.0
• FC/Adopt/R&C	41.1	18.8	15.3
10-15 years			
• All Respondents	6.8	6.4	5.7
• CPS	6.0	6.8	4.8
• APS	16.5	7.6	5.0
• Juvenile	5.8	9.7	12.2
• Intake/Inves	4.0		5.0
• FC/Adopt/R&C		12.6	7.7

Distribution of Caseload

Distribution of Caseloads	All Respondents	CPS	APS	Juvenile	Intake Investigations	Foster Care Adoptions, R&C
0-3	77.4	61.5	70.0	58.8	78.6	68.5
4-6	20.7	35.7	26.6	35.2	3.6	28.6
7+	1.9	2.8	3.3	5.9	3.6	

Effects on Ability to Serve Clients

Caseload or Workload Impact	All Respondents	CPS	APS	Juvenile	Intake Investigations	Foster Care Adoptions, R&C
The number of cases I have handled	44.8	37.7	33.3	44.1	48.1	32.4
The amount of activities required to manage a case	52.6	59.4	66.7	52.9	51.9	67.6
Both	2.6	2.9		2.9		

Change in Workload

Rating	All Respondents	CPS (B)	APS (C)	Juvenile (D)	Intake Investigations (E)	Foster Care Adoptions, R&C (F)
2	1.3	2.9		2.9		
3	13.3	10.0	10.0	14.7	10.7	11.4
4	34.2	30.0	33.3	35.3	39.3	37.1
5	51.3	57.1	56.7	47.1	50.0	51.4

(1) Significantly Decreased
(2)
(3)
(4)
(5) Significantly Increased

Caseworker Meeting Client Needs

Rating	CPS	APS	Juvenile	Intake Investigations	Foster Care Adoptions, R&C
1		3.4			2.9
2	18.6	10.3	27.3	7.1	2.9
3	54.3	34.5	45.5	53.6	41.2
4	25.7	41.4	24.2	28.6	41.2
5	1.4	10.3	3.0	10.7	11.8

Condition or Work Situation	(1) None	(2) Very Little	(3) Somewhat	(4) A Great Deal
Time Frames and Deadlines				
• CPS		20.3	39.1	40.6
• APS	3.6	28.6	25.0	42.9
• Juvenile		28.1	40.6	31.3
• Intake/Inv	11.5	19.2	38.5	30.8
• FC/Adoption/R&C		33.3	33.3	33.3
Additional Reporting Requirements				
• CPS	1.4	27.5	33.3	37.7
• APS	10.7	35.7	21.4	32.1
• Juvenile	3.0	27.3	39.4	30.3
• Intake/Inv	16.0	28.0	28.0	28.0
• FC/Adoption/R&C		29.6	37.0	33.3
Court Required Open Cases				
• CPS	8.7	40.6	30.4	20.3
• APS	39.3	25.0	28.6	7.1
• Juvenile	9.4	25.0	34.4	31.3
• Intake/Inv	12.0	56.0	32.0	
• FC/Adoption/R&C	25.0	20.8	29.2	25.0
Additional Program Requirements				
• CPS	5.9	35.3	42.6	16.2
• APS	29.6	29.6	22.2	18.5
• Juvenile	10.0	26.7	46.7	16.7
• Intake/Inv	8.3	41.7	45.8	4.2
• FC/Adoption/R&C	8.3	29.2	37.5	25.0

How Valuable are Case Activities in effectively Meeting Needs of Clients

Activities In Case Management	Value Rating of Activity				
	CPS	APS	Juvenile	Intake/Inv	FC/Adoptio /R&C
Assessing the Client	3.4	3.6	3.1	3.8	3.1
Developing Case Plans	3.2	2.8	3.1	2.2	2.8
Making Referrals	3.0	3.1	2.8	3.2	3.0
Scheduling Appointments	2.3	2.5	2.5	2.5	2.1
Transporting Clients	1.8	1.0	2.1	1.0	1.8
Traveling	1.7	1.8	2.2	2.4	2.5
Documenting Casework Activity	2.5	2.3	1.0	3.2	2.6
Reporting Administrative Reports	1.4	1.0	1.2	1.6	1.3
Preparing Court Reports	2.3	2.1	2.9	2.7	2.4
Interviewing Corollaries	2.1	2.9	2.3	3.3	2.4
Site Visits	3.6	3.7	3.5	3.9	3.8
Intervention	3.2	3.5	2.9	3.8	1.9
Other	2.1	3.4		2.3	3.7

Indicators	Poor	Fair	Good	Excellent
Percent of children permanently placed				
• CPS	19.3	33.3	38.6	8.8
• APS	25.0	25.0	37.5	12.5
• Juvenile	35.0	25.0	40.0	
• Intake/Inves	14.3	57.1	21.4	7.1
• FS/Adoption/R&C	8.3	20.8	37.5	33.3
Percent of clients receiving various social services				
• CPS	12.5	39.1	34.4	14.1
• APS	4.3	21.7	65.2	8.7
• Juvenile	25.9	33.3	37.0	3.7
• Intake/Inves	20.0	28.0	32.0	20.0
• FS/Adoption/R&C	5.0	50.0	30.0	15.0
Percent of clients served without being removed from their homes (LRE)				
• CPS	4.7	9.4	53.1	32.8
• APS	9.5		52.4	38.1
• Juvenile	3.6	7.1	64.3	25.0
• Intake/Inves		12.5	37.5	50.0
• FS/Adoption/R&C		30.8	46.2	23.1
Percent of clients no longer requiring service				
• CPS	6.3	22.2	31.7	39.7
• APS	8.3	33.3	41.7	16.7
• Juvenile		25.0	28.6	46.4
• Intake/Inves	4.5	18.2	31.8	45.5
• FS/Adoption/R&C	12.5	43.8	25.0	18.8
Percent of Potential Client not served				
• CPS	44.1	42.4	10.2	3.4
• APS	41.7	41.7	16.7	
• Juvenile	47.6	42.9	9.5	
• Intake/Inves	38.1	47.6	14.3	
• FS/Adoption/R&C	35.7	50.0	14.3	
Percent of Clients receiving multiple services				
• CPS	22.2	49.2	27.0	1.6
• APS	13.0	30.4	56.5	
• Juvenile	20.0	20.0	52.0	8.0
• Intake/Inves	25.0	29.2	29.2	16.7
• FS/Adoption/R&C	11.8	47.1	29.4	11.8
Percent of Children receiving juvenile treatment				
• CPS	30.8	32.7	32.7	3.8
• APS	12.5	50.0	37.5	
• Juvenile	11.5	42.3	30.8	15.4
• Intake/Inves	43.8	31.3	12.5	12.5
• FS/Adoption/R&C	25.0	37.5	31.3	6.3
Percent of reports of abuse/domestic violence				
• CPS	21.3	39.3	31.1	8.2
• APS	16.7	20.8	41.7	20.8
• Juvenile	13.3	40.0	26.7	20.0
• Intake/Inves	13.6	36.4	27.3	22.7
• FS/Adoption/R&C	25.0	16.7	50.0	8.3

Question: Please identify both the positive and the negative aspects of the social service delivery system in this caseload area.

Positive	Foster Care	F	%
#1	System	5	10.2
#2	Helps strengthen clients /families	5	10.2
#6	System's Responsiveness	12	24.5
#7	Team Approach	6	12.2
#11	Court Support	4	8.2
Negative			
#21	Lack of Community Resources	17	29.8
#30	Counselor	11	19.3
#12	Laws are ineffective	4	7.0
#14	People falling through cracks	3	5.3
#17	Unreceptive/uncooperative clients	3	5.3
Most Effective			
#7	Accessing Services	21	32.8
#4	Interacting with clients	18	28.1
#10	Intervention	5	7.8
#20	Coordination with legal agencies/community agencies	5	7.8
Least Effective			
#4	Interacting with clients	18	15.4
#5	Obtaining client benefits	8	18.2
#6	Locally available resources	8	18.2
#7	Accessing Services	6	13.6

Case Type	Conditions (3 & 4) Most Effective	#	%	Conditions (1 & 2) Least Effective	#	%
APS r=30	Effect of more reports of A/N	27	96.5	Court ordered open cases	18	64.3
	Effect of referrals from other serv	25	89.2	Additional Program Requirements	16	59.2
	Timeframes and Deadlines	19	67.9	Lack of support staff	11	39.3
	More emergencies	20	74.0	Additional reporting requirements	13	46.4
	Lack of FSWs workload	22	78.6	Timeframes deadlines	9	32.2
Intake/Inv r=28	More reports	25	100	Court required open cases	17	68.0
	Serving clients creates prob	25	96.2	Additional reporting required	11	44.0
	More emergencies	25	96.2	Lack of support staff	12	46.2
	Lack of FSW workload	24	92.3	Additional program requirements	12	50.0
	High caseloads	23	92.0	Timeframes/deadlines	8	30.7
Juvenile r=34	Serving clients with ___	31	96.9	Additional programs required	11	36.7
	More emergencies	31	100	Lack of support staff	11	34.4
	Referrals from multi sources	29	90.7	More reports of abuse/neglect	10	34.5
	High caseloads	26	81.3	Court required open cases	11	34.4
	FSWs Workload	23	71.9	Additional reporting	10	30.3
FosterCare r=35	Serve clients w/greater problems	26	92.8	Court reguired open cases	11	45.8
	High caseloads	26	96.2	Additional Prog. requirements	9	37.5
	More emergencies	26	96.3	Lack of support staff	9	33.3
	More reports of Abuse/Neglect	19	73.1	Referrals multiple Sources	8	34.7
	Additional reporting required	19	70.3	More reports	7	26.9
CPS r=70	More reports Abuse/neglect	64	95.5	Court required open cases	34	49.3
	More clients w/ greater problem	66	95.6	Additional program requirements	28	41.2
	More emergencies	62	91.2	Additional report requirements	20	28.9
	Referrals from multi sources	59	85.5	FSW workload	13	18.8
	High caseloads	57	82.6	Lack of support staff	15	21.7

Case Type	Indicators	F	%
APS n=30	% of clients served w/o being removed	19	90.5
	Case Plan goals achieved	21	80.8
	No additional evidence of Neglect/Abuse	19	73.1
	% reports of Abuse/Domestic violence	15	62.5
	% clients no longer requiring service	14	58.4
I/I	% of clients served w/o being removed	21	87.5
	No additional evidence of Neglect/Abuse	23	95.9
	Case plan goals achieved	12	80.0
	No other reports or complaints on a case	19	82.6
	% of clients no longer requiring service	17	77.3
Juvenile	No additional evidence abuse/neglect	19	95.0
	% clients served w/o being removed	25	89.3
	No other reports or complaints made	24	82.7
	Case plan goals achieved	23	79.3
	% clients no longer reguire service	21	75.0
Foster Care	Case Plan Goals Achieved	21	84.0
	Time Frames for Completed Activities	17	65.4
	% of children permanently placed	17	70.8
	% of client served w/o being removed	9	69.3
	No additional evidence of Abuse/Neglect	11	78.6
CPS	No additional evidence of Neglect/Abuse	59	89.4
	Case plan goals achieved	50	76.9
	% of clients served w/o being removed	55	85.9
	% of clients no longer needing services	45	71.8
	No other reports or complaints on case	47	71.2

Question: Please identify both the positive and the negative aspects of the social service delivery system in this caseload area.

Positive	Juvenile	F	%
#2	Helps Strengthen clients families	6	11.1
#3	Provides Services to meet clients needs	8	14.8
#6	Systems responsiveness	9	16.7
#11	Court Support	6	11.1
#23	Good Efforts/ workers trying	4	7.4
Negative			
#9	Lack of appropriate placements	6	7.9
#12	Laws are ineffective to offer protection	5	6.6
#30	Caseworker issues	13	17.1
Most Effective			
#1	Providing services to clients	7	12.5
#4	Interacting with clients	25	44.6
#7	Assessing Services	6	10.7
#20	Coordination/Cooperation with legal agencies	5	12.2
Least Effective			
#4	Interacting with clients	10	19.6
#7	Accessing Services	7	13.7
#8	Making safe/appropriate placement	10	19.6
#20	Coordination/Cooperation with legal agencies	7	13.7

Question: In an average month, please rate how much you think **these activities contribute to your effectiveness** in meeting clients' needs.

Category	Value Ratings	Rating
APS	Site Visits	3.7
r=30	Assessing Clients	3.6
	Intervention	3.5
	Other	3.4
	Making Referrals	3.1
Intake/Intervention	Site Visits	3.9
r=28	Assessing Clients	3.8
	Intervention	3.8
	Interviewing Corollaries	3.3
	Making referrals	3.2
Juvenile	Site Visits	3.5
r=34	Assessing Client	3.1
	Developing Case Plan	3.1
	Intervention	2.9
	Preparing Court Reports	2.8
Foster Care	Site Visits	3.8
r=35	Other	3.7
	Assessing Client	3.1
	Making referrals	3.0
	Developing Case Plans	2.8
CPS	Site Visits	3.6
r=70	Assessing the Client	3.4
	Developing the Case Plans	3.2
	Intervention	3.2
	Making referrals	3.0

APPENDIX J
Community Resources

APPENDIX J

Community Resources Have Increased in Number, but Are Not Adequate to Meet the Current Need

While some community resources have increased in numbers, FSWs and advocates relate that the demand for services continues to exceed the supply. Currently, there are no standards for capturing information on available community resources either by type, geographic location, ranges in populations served, criteria for service provision or eligibility requirements. The number of Day Care, Family Preservation, Spouse Abuse and Shelter Services Programs have all increased over the last three to five years. Information on selected community resources is provided below.

According to the CHR staff, the number of DSS certified in-home family child care homes rose from 331 in August, 1993 to 563 in August 1995. Additionally there are 75 homes awaiting certification. The Cabinet's Division of Licensing and Regulation licensed 1,590 day care centers and homes as of February, 1992 and that number increased to 1,878 as of July, 1995.

Family Preservation Programs (FPPs) have increased from four programs in 1989 to 16 in FY 96. State statute requires that by 1995, 40% of the children identified as at imminent risk of removal from their home have access to the FPP services. Family Preservation service accessibility is to eventually extend to 100% of all children identified as at imminent risk of removal.

The Kentucky Domestic Violence Association produces a list of state spouse abuse centers. As of August, 1995, there are 17 spouse abuse centers and 10 outreach offices located throughout the state. The Executive Director of the Association indicated that the resource list may be outdated. Additionally, the Kentucky Housing Corporation compiles a "Continuum of Care Resource List", and for 1995, lists 18 emergency shelters for victims of domestic violence, located in 17 counties in the state.

Shelter resources for the homeless were compiled for the first time in 1995. The "Continuum of Care Resource List" identifies 433 programs throughout the state that provide one or more of the following services to the homeless: emergency assistance, emergency shelter, educational assistance, mental health assistance, transitional housing, transitional shelter, and permanent housing. There are 69 emergency shelters that are specifically established to provide services to certain populations. Six of the shelters serve only men, while 14 serve women, children or youth only. Also, another 31 serve men, women and families. Finally, there are 18 that serve spouse abuse victims.
The recommendations of the State Foster Care Review Board in both the 1992 and 1993 annual reports cited problems in the availability of community resources.

> Many communities presently lack adequate service resources to assist reaching reasonable goals developed to achieve permanency for children. the development of the KENTUCKY IMPACT, Family Resource Centers/Youth Services Centers, and the KIDS project hold promise. These programs are however, unavailable or inconsistently available in many regions.

DSS workers in one district documented the need for more family foster care placements. Foster home approvals in those districts had increased by 11%, referrals by 31%, and placements by 44%. However, a Foster Care specialist indicated that the problem was less availability and more an issue of suitability. Private child care providers and foster parents are more selective about the type of children and youth they want in their homes. As a result, family service workers must contact several resources before securing a placement. According to CHR staff, as of August 21, 1995, there are 1,622 foster care homes.

The 1994 Report on Committed Children states that the demand for foster care homes is outpacing the supply. Even as new foster care homes are approved, half are identified for closing. Reasons for foster care home closure include underutilization, more aggressive attempts to place children with relatives as a first option, the selection of children for placement needs, and the lack of system support for foster parents.

Lack of resources has long been a problem in the area of juvenile facilities. Table 2. 5 shows that over a five-year period, the number of group home beds has decreased by 6%; the number for re-ed programs for juveniles has decreased by 50%. The greatest growth has been in the day treatment program, which has shown a 27% increase from 1990 to 1995. Finally, the number of residential beds has increased 5% in the last five years.

APPENDIX K

Program Review Committee Recommendation Worksheet

PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

CABINET FOR HUMAN RESOURCES
FAMILY SERVICE WORKERS' CASELOADS

RECOMMENDATION WORKSHEET
October 12, 1995

CHAPTER III

RECOMMENDATION 1: RE-EXAMINE AVERAGE CASELOAD FORMULA

The Cabinet for Human Resources and the Department for Social Services should re-examine the formula used to calculate the average statewide worker caseloads, to ensure that the information used is accurate and timely. The DSS should validate the accuracy of the data used. In addition, the DSS should include in its final quarterly caseload report of each fiscal year a description of the results or impediments faced in pursuing initiatives designed to reduce caseloads. Results should be reported to the Program Review and Investigations Committee by January ~~April~~ 1996.

AGENCY RESPONSE:	COMMITTEE ACTION:
DEPARTMENT FOR HUMAN RESOURCES: The Department for Social Services agrees with this recommendation and concurs that the task identification process is a necessary first step to improve operating efficiency. The Department will use the previous task analysis efforts as a framework for addressing those tasks and duties which can be eliminated or reasonably conducted by another party. The Department will convene a work group of family service workers, supervisors, specialists and management staff to carry out this process. A progress report of their efforts will be provided to the Committee by January 1996.	Committee amended date for reporting to the Program Review Committee to January 1996. Adopted as amended 10/12/95.

RECOMMENDATION 2: EXAMINE THE AMOUNT OF TIME FAMILY SERVICE WORKERS WAIT IN COURTS.

The Cabinet for Human Resources (CHR), the Department for Social Services (DSS), and the Administrative Office of the Courts (AOC) should review court-related activities, and requirements imposed on family service workers (FSW) and the amount of time that FSWs spend waiting to make court appearances or attend to other court-related duties. This review should identify ways of reducing the waiting time in the courts and determine whether actions or requirements mentioned above can be reduced or modified, or whether other persons can substitute for the FSW in these capacities. Results should be reported to the Program Review and Investigations Committee by January ~~April~~ 1996.

AGENCY RESPONSE:	COMMITTEE ACTION:
DEPARTMENT FOR HUMAN RESOURCES: The Cabinet concurs that there are problems with Family Service Workers waiting for court appearances or other court-related duties. The Cabinet reports that the Kentucky Administrative Office of the Courts, with a new federal grant, is involved in a Kentucky Court Improvement Project which includes an appointed 16-member board. The commissioner of the Department for Social Services is a member of the board and will ask that the issue of worker time in court be addressed by this board. Additionally, the Department will conduct an internal review regarding ways to reduce worker time in court. A progress report on these activities will be provided to the Committee by January 1996. **ADMINISTRATIVE OFFICE OF THE COURTS:** No Response Submitted	Committee amended date for reporting to the Program Review Committee to January 1996. Adopted as amended 10/12/95.

CHAPTER III

RECOMMENDATION 3: IDENTIFY TASKS NECESSARY TO BE PERFORMED BY FAMILY SERVICE WORKERS

The Cabinet for Human Resources (CHR) and the Department for Social Services (DSS) should review and identify the duties and tasks which require the skills and qualifications of a family service worker and those which could be performed by non-professional support staff, other professionals, agencies or volunteers. Results of the review should be reported to the Program Review and Investigations Committee by April 1996.

AGENCY RESPONSE:	COMMITTEE ACTION:
DEPARTMENT FOR HUMAN RESOURCES: The Department for Social Services agrees with the need for the development of client outcomes and program effectiveness measures, but suggests that this is a complex task where progress has been slow. The Department advises that initial outcome measures identified as a result of its five year Family Preservation and Support Services plan will be reviewed by University of Louisville and University of Kentucky facilities and work group members for final recommendations. Once finalized the Cabinet will provide this information to the Committee by April 1996.	Adopted 10/12/95.

RECOMMENDATION 4: PROGRAM EFFECTIVENESS MEASURES SHOULD BE PART OF THE MANAGEMENT DECISION-MAKING PROCESS

The Cabinet for Human Resources and the Department for Social Services should continue to develop client outcome and program effectiveness measures for each program, and integrate these into the management decision-making process at all levels. Progress should be reported to the Program Review and Investigations Committee by January ~~April~~ 1996.

AGENCY RESPONSE:	COMMITTEE ACTION:
DEPARTMENT FOR HUMAN RESOURCES: The Department for Social Services concurs with the need to re-examine information and methodology used in calculating statewide worker caseload averages, and further, recognizes questions regarding the timeliness and accuracy of the information used in these calculations. The Department is currently working with a technical contractor for the TWIST project and is examining how to include a weighted caseload configuration into the TWIST design. The Cabinet agrees to include in the final quarterly caseload report of each fiscal year, descriptions of the results or impediments faced when attempting to reduce caseloads. The Cabinet also agrees to provide the committee with a progress report of activities included in this recommendation by January 1996.	Committee amended date for reporting to the Program Review Committee to January 1996. Adopted as amended 10/12/95.