Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES

275 East Main Street, 3W-A
Frankfort, Kentucky 40621
Phone: (502) 564-3703
Fax: (502) 564-6907

Steven Stack, MD
SECRETARY

Lesa Dennis
COMMISSIONER

PROTECTION AND PERMANENCY TRANSMITTAL LETTER, 26-15

TO: Service Region Administrators
Service Region Administrator Associates
Service Region Clinical Associates
Regional Program Specialists
Family Services Office Supervisors

FROM: Julie R. Ferrell, Assistant Director II
Division of Protection and Permanency

DATE: July 9, 2026

SUBJECT: SOP G1.5 Consultations

This transmittal letter notifies staff of edits to SOP G1.5 Consultation. All information related to consultations has been compiled in SOP G1.5 and, for consistency, removed from other SOP chapters.

It is agreed that consultation has historically served many important functions within DCBS, including supporting decision-making, promoting accountability, developing staff competency, providing mentorship, and ensuring workers and supervisors do not feel isolated in making difficult decisions. In fact, these themes emerged consistently throughout the statewide consultation reform assessment conducted in partnership with Deloitte. Staff across all regions identified consultation as valuable because it provides additional perspectives, shared accountability, professional development opportunities, and support for workers managing complex cases and high caseloads.

At the same time, the assessment identified several consistent challenges with the current consultation structure, which informed the workgroup's recommendations. These findings were not driven by HB 778 or concerns related to external review. Rather, they reflected feedback gathered through

the review of over forty-eight (48) forms and protocols, shadowing of consultation practices across multiple regions, analysis of two hundred twenty-four (224) staff surveys, seven (7) statewide focus groups, and research on consultation practices in other states.

One of the strongest findings from the assessment was that consultation and supervision have become increasingly blurred, resulting in a process that often serves multiple purposes simultaneously, including compliance monitoring, case review, staff development, approval authority, and consultation. The assessment found that many activities currently labeled as "consultation" operate in practice as supervision or administrative oversight.

Regarding documentation, the workgroup recognizes the importance of accountability and tracking. However, the statewide assessment consistently identified consultation forms as one of the most significant barriers to effective practice. Staff across all levels reported that consultation forms are often duplicative, time-consuming, inconsistent across regions, and result in a "checkbox" approach that detracts from meaningful discussion and coaching. The assessment documented extensive regional variation in forms and protocols, with many regions developing their own versions because existing forms were not meeting operational needs.

Importantly, the proposed revisions do not eliminate supervisory accountability or documentation requirements. Rather, they seek to distinguish between supervision and consultation and allow supervisors greater flexibility in how they document and monitor case progression. The assessment found that supervisors currently spend a substantial portion of consultation sessions completing forms rather than engaging in coaching, problem-solving, and critical-thinking discussions with staff.

We also recognize the concerns raised regarding workforce experience and vacancies. The assessment similarly identified that Kentucky's workforce is increasingly inexperienced and that supervision and mentorship remain critical functions. However, the findings suggested that these activities are best supported by effective supervisory practice rather than by universally mandated consultation requirements applied equally to all workers and cases, regardless of complexity or need. Multiple focus groups emphasized that blanket consultation requirements may not be the most effective approach to workforce development and that supervisors should have greater flexibility to tailor support based on workers' competencies and case complexity.

Similarly, the recommendations regarding consultation frequency were informed by findings that staff experience many consultation requirements as repetitive and duplicative, particularly when there have been no significant changes in the case. Approximately 70% of supervisors surveyed agreed that consultation processes are duplicative with other required processes, and the most frequently identified opportunity for improvement across surveys and focus groups was reducing unnecessary or repetitive consultations.

The proposed changes are not intended to reduce support for staff, diminish accountability, or eliminate opportunities for consultation when needed. Rather, they seek to align consultation requirements with the purpose of consultation itself: bringing additional expertise, perspectives, and support to complex decisions while allowing supervisors to exercise professional judgment regarding the level of oversight and coaching required for individual workers and cases.

Finally, it's agreed that continued investment in supervisory training and workforce development is essential. The assessment itself identified professional development, mentorship, and support as among the greatest strengths of the consultation process, and preserving these functions remains a core objective of the proposed revisions.

If you have questions regarding these SOP edits, you may refer to the PPTL 26-15 Statement of Consideration (SOC) for SOP G1.5 Consultation.

Please remember to use CHROME as the browser when accessing the SOP manual.

If you have questions regarding this transmittal letter, please contact:

Julie R. Ferrell, Assistant Director II
JulieR.Ferrell@ky.gov
(502) 764-2884