CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES

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Contract Correspondence Transmittal (CCT)

CCT Number: 11-06	**Date of Issue:** August 29, 2011
Division/Branch: Protection and Permanency	
Key Words/Phrases: Placement Referral Process	
Attachments/Forms: PCC-PCP Placement Criteria Survey	

Dear PCC/PCP Provider,

In order to comply with federal guidelines and as part of the out of home care redesign, DCBS has collaborated with Children's Review Program (CRP) to revamp the placement referral process. Until this point, children have been placed based upon four (4) basic criteria: age, gender, IQ, and level of care with consideration to the location of the child's family. The goal of the new endeavor is to match children's needs with programs that offer services to meet those needs. More specifically, DCBS aims to place children with programs that are capable of providing evidenced-based programming.

Attached is the PCC-PCP Placement Criteria Survey. It is important that the attached spreadsheet be completed thoroughly and accurately for each licensed child-caring facility and child-placing agency. This survey will largely determine which referrals may be sent to your agency/facility in the future. Regional Placement Coordinators will match referrals to those agencies/facilities that have specific programming to address the needs of the child in need of placement. The Regional Placement Coordinator, based upon available information, will provide a list of providers to the child's DCBS worker for consideration.

The PCC Comparative Reports are on-line; however, while some of the information is parallel, the survey is more in-depth regarding treatment services and staff to provide those services. This process will also ensure that DCBS and CRP have the most up-to-date information about your agency/facility.

The attached survey is in an Excel spreadsheet so that the responses can be entered directly and e-mailed back to CRP at JTReece@bluegrass.org by September 30th. CRP will only accept these surveys electronically.

If you have any questions regarding clarifications of content within the survey, please contact NLBegley@bluegrass.org. If you have questions regarding submission of the survey, please contact JTReece@bluegrass.org.

If you have questions concerning this transmittal, please contact Julie.Cubert@ky.gov or Lea.Sallengs@ky.gov.

Thank you for your continued commitment to serve our children in out-of-home care.

Sincerely,

Michael Cheek
Director

Enclosure: PCC-PCP Placement Criteria Survey

PCC Placement Criteria Information

In its efforts to improve the placement process, the Cabinet is asking PCCs to provide information not only on the types of youth they will accept into their programs but also on the services they provide once a youth is admitted.

Please complete the information below for each of your licensed programs and save each file by using the corresponding program name as the file name and return to Tye Reece by e-mail at jtreece@bluegrass.org. Mailed and faxed copies will not be accepted. Information for some of the items may have been provided previously by your program. We apologize for any inconvenience, but new information is needed for much of this report and clarification is needed on previously submitted information.

Begin by selecting the name of the program from the drop down box in cell A8. Review the address information to ensure it is correct. You can tab through the answer cells.

PROGRAM NAME	AGENCY NAME		
Mailing Address	**City**	**State**	**Zip**
Street Address	**City**	**State**	**Zip**

Provide the following information about the types of youth accepted for admission by this program:

Minimum Age for Admission	
Maximum Age for Admission	
Maximum Age to Remain in Program	

Gender Accepted

Male	
Female	

Minimum IQ for Admission	
Maximum IQ for Admission (if applicable)	

Minimum LOC for Admission	
Minimum LOC to Remain in Program	
Maximum LOC for Admission	
Maximum LOC to Remain in Program	

Minimum Grade Level for Admission	

Does your program have an on-site school?	
Comments	

Does your program accept youth who have finished high school or completed their GED?	
Comments	

Will your program maintain youth in the program who have finished high school or completed their GED while in your care?	
Comments	

If your program has a maximum grade level for admission for youth who have not graduated from high school or completed their GED, please indicate the grade level. If no maximum, leave blank.	
Comments	

If your program has a maximum grade level for maintaining youth in the program who have not graduated from high school or completed their GED, please indicate the grade level. If no maximum, leave blank.	
Comments	

Is your program locked/secure?	
If "yes", describe any technological and other security measures your program utilizes to prevent AWOLs and keep residents safe.	

Does your program accept and provide services for pregnant youth?	
If yes, describe services	

Does your program accept and provide services for parenting youth placed with their own infant or child?	
If yes, describe services	

Does your program accept and provide services for youth who are blind?	
If yes, describe services	

Does your program accept and provide services for youth who are hearing impaired (deaf)?	
If yes, describe services	

Does your program accept youth whose primary language is Spanish?	
If yes, describe services and include staff/foster parents that are fluent in Spanish.	

What, if any, specialized services or treatment does your program provide for youth who are developmentally delayed?

What, if any, specialized services does your program provide for independent living/vocational training?

How does your agency provide for psychiatric services (i.e., psychiatrist on staff or contracted, use of Community Mental Health or other community provider)? How soon after admission is a youth typically seen by the psychiatrist?

List the Evidence Based Practices (EBPs) your program utilizes for each of the issues/behaviors listed below. If the EBP you are listing is not listed on the SAMHSA National Registry of Evidence-based Programs and Practices website at www.nrepp.samhsa.gov, you must provide references or documentation for its use as an EBP in order for it to be considered. Please also list the staff person(s) trained or certified to administer the EBP. If these services are provided through a contract provider, list that provider and the nature of the contract (ongoing services, as needed services, etc.). If there are issues/behaviors for which you utilize EBPs to treat that are not listed below, add them at the bottom of the grid under "other" and provide requested details of the EBP.

Issue/Behavior	**EBP**	**Reference if not SAMHSA**	**Agency Staff Person Trained/Certified in EBP**
Anger/Tantrums/Low Frustration Tolerance			
Anxiety Related Issues/Behavior			
Attention/Impulse Control Issues/Behavior			
Autism Spectrum Issues/Behavior			
Defiant/Disruptive Issues/Behavior			
Depressive and Other Mood Related Issues/Behavior			
Eating Related Issues/Behavior			
Family Issues (including preparation for reunification)			
Physical Aggression			
Psychotic Issues/Behavior			
Reactive Attachment Issues/Behavior			
Self Harming Issues/Behavior			
Sexual Acting Out/Reactive Issues/Behavior			

Sexual Perpetrating Issues/Behavior			
Substance Abuse Issues/Behavior			
Suicidal Issues/Behavior			
Trauma-Related Issues/Behavior			
Other Issue/Behavior Not Listed Above (Specify ______)			
Other Issue/Behavior Not Listed Above (Specify ______)			

List treatments and services *other than the EBPs listed above* that your program utilizes for the related issue/behavior. Please be specific and do not use general terms such as individual therapy, group therapy, milieu therapy, etc. If there are issues/behaviors for which you provide services that are not listed below, add them at the bottom of the grid under "other" and provide details of the intervention.

Issue/Behavior	**Other Service/Treatment including specialty programming**
Anger/Tantrums/Low Frustration Tolerance	
Anxiety Related Issues/Behavior	
Attention/Impulse Control Issues/Behavior	
Autism Spectrum Issues/Behavior	
Defiant/Disruptive Issues/Behavior	
Depressive and Other Mood Related Issues/Behavior	
Eating Related Issues/Behavior	
Family Issues (including preparation for reunification)	
Physical Aggression	
Psychotic Issues/Behavior	
Reactive Attachment Issues/Behavior	
Self Harming Issues/Behavior	
Sexual Acting Out/Reactive Issues/Behavior	
Sexual Perpetrating Issues/Behavior	
Substance Abuse Issues/Behavior	

Suicidal Issues/Behavior	
Trauma-Related Issues/Behavior	
Other Issue/Behavior Not Listed Above (Specify ________________)	
Other Issue/Behavior Not Listed Above (Specify ________________)	