Statement of Consideration (SOC)

PPTL 19-XX SOP 4.11.1, SOP 4.26, SOP 4.26.3, DCBS Behavioral Health Referral Form and Screeners

The following comments were received in response to SOP drafts sent for field review. Thanks to those who reviewed and commented. Comments about typographical and grammatical errors are excluded; these errors have been corrected as appropriate.

**SOP 4.11.1**

1. **Comment:** We are glad the timeframe changed from 5 working days to 10 working days as the screeners are required to be sent to CRP for the level and staff have 10 working days to complete them. Under Practice Guidance – the last bullet point should indicate 10 working days vs. 10 days.

**Response:** Change is complete to indicate 10 working days**.**

1. **Comment:** Currently, children placed in a DCBS home do not receive a LOC.  Will this change with SOP 4.11.1?

**Response:** Children placed in DCBS homes will not receive a LOC. No change is made.

**SOP 4.26**

1. **Comment:** NO COMMENTS

**SOP 4.26.3**

1. **Comment**: Section 4D- Staff feel that it will be difficult to complete a new screener every time a 14 day notice is given and sometimes this is due to no fault of the child which may not change the result of the screener. While we understand the purpose of rescreening for the 3 identified reasons how will this be tracked? Staff and FSOS’s are not going to remember to rescreen for these reasons if there isn’t something that populates like a tickler or something to remind them. Our staff feel it would be more effective to rescreen children that haven’t screened in previously at the 6 month timeframe when they are assessing progress and developing a new a case plan.

**Response:** Change is complete to clarify # 4 D.

D. Screens a child within ten (10) calendar days if any of the following occurs:

* + 1. Child did not screen in previously and:
			1. Fourteen (14) day notice has been issued for a placement change;
			2. A new incident of maltreatment is received; or
			3. Permanency goal is changed.

**DCBS Behavioral Health Referral Form**

1. **Comment:** NO COMMENTS

**Screeners:**

1. **Comment:** NO COMMENTS