Statement of Consideration (SOC)

PPTL 20-12 SOPs; 1.5, 2.10, 2.11, 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 1.14, 1.15, 1.8, 2.13, 23.5, 23.2, 23.3, 20.1, 26.1, and the following forms: DPP-20 Safety and Risk Consultation Form, Investigative Consultation and the Safety Plan Discontinuation Letter

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 1.5 Supervision and Consultation**

1. **COMMENT:**

* So does this mean that an Associate without a MSW can consult on UR cases?
* Under In Home Services Case Consultations; #5: It says on here, **IF AVAILABLE** the master’s level participates. The signature page does not say anything about it having to be a master’s either. So does this mean we’ll be able to sign our own?

**RESPONSE:** It is preferable that someone with an MSW be a part of the consultation, however, if no one is available, it is not mandatory.

1. **COMMENT:** UnderRegional Investigative Case Consultation:

1 A. & B. There is a strike through for Fatality/Near Fatality and designated specialized investigation – Previously we have utilized the investigative consult form for these types of investigations but according to the DRAFT this will no longer be required.

**RESPONSE:** The guidelines for fatality/near fatality are the same as for other investigations. Refer to SOP 2.14 Investigations of Child Fatalities and Near Fatalities for additional guidelines.

1. **COMMENT:** UnderRegional Investigative Case Consultation:

* 6. Investigative Consultations will be documented in the service recordings with a strike through on the word assessment. *Does this mean it will no longer need to be reflected in the ADT?*
* 6. Investigative Consultations will be documented in the service recordings with a strike through on the word assessment. *Or will this now need to be documented in both the ADT and contacts?*

**RESPONSE:** Case consultations do not have to be documented in the ADT. Details should be documented in the service recordings.

1. **COMMENT:** UnderRegional Investigative Case Consultation:

6. Investigative Consultations will be documented in the service recordings with a strike through on the word assessment. *Does this mean FSOS’s will be required to enter that the consult occurred in Contacts?*

**RESPONSE:** Anyone can enter the contact as long as the appropriate selection is made to reflect that it is a consultation. A footnote has been added to clarify this in SOP.

1. **COMMENT**: Under Introduction there is indication that protocol for in-home cases and high risk protocol consultations are currently in development. *So does this mean protocols/forms will be coming out soon for the specialized investigations?*

**RESPONSE:** This statement has been deleted from the SOP.

1. **COMMENT:** Under In-Home Services Case Consultation: 5. B. The FSOS facilitates the request for consultation. For emergency and on-call situations, the FSOS & Regional may consult without the worker. *There’s not always an FSOS present/available, would it be possible to add language “FSOS or Chief”*

**RESPONSE:** Language has been changed to include FSOS, chief, acting, and/or covering supervisor.

1. **COMMENT**:

* Under In-Home Services Case Consultation: 5. B.  iii. The consultation is not required when the court grants DCBS custody of a child when DCBS did not request or recommend custody. *Currently we have been instructed to complete a UR (Safety and Risk Consultation form) on these types of cases to be able to track how many children are coming into to care per court order without us recommending it due to Truancy, Child Behaviors, etc. Is there a way to track this now without us doing these? FSOS’s relay feel like the forms really need to be short and simple.  Like a one page write up that hits the high points for a regular referral.  In 4 under investigations and Special Investigations the longer form is needed and they agree with.*
* Policy doesn’t require a regional consult when court initiates removal but we are still required by dsr to log those removals. We would suggest some policy clarification around notifying regional office of court removals so that required practices align with sop.

**RESPONSE:** If DCBS is not requesting custody, then a DPP-20 is not required. The form is used to determine if a recommendation will be made for the child to be placed in OOHC.

1. **COMMENT:** I would like to see policy more clear about the 15 mo in-home cases and OOHC case consults when a child leaves OOHC and returns to the home.  Policy doesn’t really address this and which form should be used upon the return of the child.

**RESPONSE: The purpose of this** SOP is to assist the worker with assessing safety threats, risk factors, and protective capacity of caregivers during situations when it may be necessary to place the child in OOHC.

Additional clarification is being discussed and more information will be forthcoming.

1. **COMMENT:** SO, only 1 consult per month?

**RESPONSE:**  Any consultation (safety and risk, in-home, out-of-home, pre-perm, etc.) held during a calendar month is counted as the one required consult for that month. However, consultation should occur as often as necessary based on the case circumstances to ensure the safety of the child(ren) and the needs of the family.

1. **COMMENT:** So can we begin to use this form again? (Investigative Consultation Form)

**RESPONSE:** This form is only used when a worker has assessed that a child can no longer remain safely in the home. There are other consultation forms to be used in other situations, including the investigative consultation form (for use during regular monthly consultations on investigative cases), the in-home ongoing case consultation form (for use in regular monthly consultations), and the OOHC ongoing case consultation form.

1. **COMMENT:** Under Investigative Case Consultation 4 A & B add a TWIST contact.

**RESPONSE:** Language has been changed in the SOP to remove assessment.

1. **COMMENT:** Also, it saysat the bottom that the consult is not required if the court gives us unsolicited custody. Will we adhere to that or have some regional requirement to do them anyway?

**RESPONSE:** There should not be regional differences, as all regions should follow SOP.

1. **COMMENT:** Under In Home Services Case Consultations #5: So should workers not make new referrals on their case?

**RESPONSE:** This should be discussed during the consultation so that a determination can be made. In rare circumstances, safety threats requiring a removal could have already be identified in an ongoing case or during an investigation and previous attempts to mitigate the threat without removal may have been unsuccessful.

**SOP 2.10 Initiating the Report**

No comments

**SOP 2.11 Investigative Protocol**

1. **COMMENT:** Under Safety and Risk Assessment and Consultation Throughout the Course of the Investigation 5. B. The FSOS facilitates the request for consultation. For emergency and on-call situations, the FSOS & Regional may consult without the worker.

*There’s not always an FSOS present/available, would it be possible to add language “FSOS or Chief”*

**RESPONSE:** Language has been added to the SOP to include FSOS, chief, acting, and/or covering supervisor.

1. **COMMENT:** Under Footnotes, # 4 The investigation should have a current DPP-115 Confidential Suspected Abuse Neglect, Dependency or Exploitation Reporting Form (the ADT has not been approved and/or no finding has been made). *This was confusing for staff as they think this means there should be no UR (Safety and Risk consult) for removal unless there is a current 115 pending in which the ADT has not been approved. They would like for this to be clarified more specifically.*

**RESPONSE:** This footnote has been deleted from the SOP.

**General For Chapter 7**

1. **Comment:** 
   * Will these be three separate forms? or one form with the option to check Safety, Prevention or Aftercare plan at the top (This is preferred to prevent workers from having to have or carry three different forms around.)
   * Will we be implementing new forms as Safety Plans are different than Prevention Plans?

**Response:** The forms are separate, however, they are available on the tablets (both with and without an internet connection), therefore, hard copy forms are no longer necessary. **Carbon copies will no longer be available.** **It is the department’s goal to move toward an electronic case file within TWIST and move away from two different files (electronic TWIST file and hard copy paper file). For families who do not have access to email or have the ability to receive a copy of the signed safety or prevention plan by text, the worker should complete the appropriate plan using the template linked within SOP. The hard copy should be left with the family. The worker should take a picture of the signed plan with their tablet and upload into TWIST.**

1. **Comment:** If I am reading this correctly, they are switching back to a safety plan instead of a prevention plan, right?

**Response:** There is both a safety plan and a prevention plan, which serve two different purposes:

**Safety plans addresses immediate concerns.** A current condition within a home or family and considers whether or not there is an immediate threat of danger to a child. A threat of danger refers to a specific family situation that is out of control, imminent, and likely to have severe effects on a child. Safety services assist families to engage in actions or activities that may logically eliminate or mitigate threats to the child’s safety. These activities must be planned realistically so that they are feasible and sustainable for the family over time. The safety plan will clearly outline what these actions and activities are, who is responsible for undertaking them, and under what conditions they will take place. It is designed to control threats to the child’s safety using the least intrusive means possible.

**Prevention plans addresses risk, which refers to the likelihood of maltreatment occurring in the future.** An assessment of risk includes the identification of risk factors, which are family behaviors and conditions that create an environment or circumstances that increase the chance that parents or caregivers will maltreat their children.

1. **Comment:**
   * Staff will need guidance when to use Safety plan vs. Prevention plan as well as appropriate tasks for each.
   * Confusion between plans and which plan to use when.
   * I think having both a safety and prevention plan form would be convoluted. We could utilize one form type and outline the plan either way, preventative/safety in the tasks and objective.
   * The purpose of prevention plan, to me, is the same as safety planning because you are identifying immediate concerns in the field each time you go out regardless of which form you would use. So if it is a wording issue, can there not be a box on the same form to circle or check that identities it being more imminent verse low risk.
   * I don’t know what drove these decisions, but I find this splitting of the existing prevention plan into three separate forms to be over-complicated, and ultimately problematic.
   * I’m not sure why any business entity would take one form that is multi-purpose and give its staff 6 forms to juggle instead.  That is completely backward in terms of straightforward efficiency.
   * This is also an unnecessary layer of complication.  The forms themselves provide no guidance that helps a struggling worker differentiate between risk and safety, and if you had a field person that didn’t know that difference, they now also don’t know which form to use.  The accompanying SOPs don’t provide a struggling worker with that insight either, quite a bit appears to be simply duplicative—so the worker is still left to their judgement.  It’s just more to read.

**Response:** We agree that staff who are unable to differentiate safety and risk will also be unable to select the appropriate plan. While guidance regarding the difference between safety and risk can be included in Standards of Practice, it is imperative that staff understand how to assess each and recommend appropriate interventions with individuals and families.  No SOP or form can provide this type of understanding, and it is important that staff have adequate training, coaching, mentoring, and supervision in the field.  There is a web-based training that covers safety and risk assessment, as well as how to use these forms.  However, if staff still don’t understand the difference, they should not be making decisions about which forms to use or about actions that impact lives so significantly. This is not in the best interest of those we serve, and creates liability for the worker.  Fewer forms definitely doesn’t solve this problem.

**Safety plans addresses immediate concerns.** A current condition within a home or family and considers whether or not there is an immediate threat of danger to a child. A threat of danger refers to a specific family situation that is out of control, imminent, and likely to have severe effects on a child. Safety services assist families to engage in actions or activities that may logically eliminate or mitigate threats to the child’s safety. These activities must be planned realistically so that they are feasible and sustainable for the family over time. The safety plan will clearly outline what these actions and activities are, who is responsible for undertaking them, and under what conditions they will take place. It is designed to control threats to the child’s safety using the least intrusive means possible.

**Prevention plans addresses risk, which refers to the likelihood of maltreatment occurring in the future.** An assessment of risk includes the identification of risk factors, which are family behaviors and conditions that create an environment or circumstances that increase the chance that parents or caregivers will maltreat their children.

1. **Comment:** The overwhelming response we received is that staff are concerned that these new policies/processes will create added work.

**Response:** The activity has not changed, however, the need for appropriate documentation has changed. Workers will now have access to forms on their tablets, which should be a more efficient process than completing hard copy forms. Circumstances should be rare when more than one form is used at a time.

1. **Comment:**

* SOP should indicate that any/all of these plans should also be uploaded into TWIST.
* Should be added that all hardcopy documents (ones not done in ITWIST) will be uploaded in reports and ones done online be printed to put in case file.

**Response: Carbon copies will no longer be available. SOP includes language regarding filing documents within the case file. It is the department’s goal to move toward an electronic case file within TWIST and move away from two different files (electronic TWIST file and hard copy paper file).**

**9. Ensures that the safety plan is signed and dated by all involved parties and files a copy of the safety plan in the hardcopy case file;**

1. **Comment:** It appears these require a meeting to get all parties to sign, not all people will be at the same location, especially on safety plans and prevention plans.

**Response:** This practice has not changed; all parties who have a task on the safety or prevention plan are required to sign the plan.

1. **Comment:** 
   * Ability to text, fax, e-mail, take picture or mail.  Concerns with how and with who these may be shared with or distributed to.  Confidentiality and liability-  will there be a release for this or release changed to allow them to okay this/give permission?
   * While I like that SOP references various methods in sharing the safety plan, prevention plan, aftercare plan – can we be sending this type of info via a text?  Would that be HIPAA approved?

**Response:** There is no change in current SOP regarding dissemination of information, except language was added to indicate that the parties can request their preferred method for receiving the plans. Fax is not included as a distribution method in SOP. No protected health information should be included on the plans, thus no HIPPA concern. The only individuals who should receive a copy of the plan are the individuals who sign it. Consequently, everyone who signs the plan has a right to a copy of the document, and no release or extra permission is necessary.

1. **Comment:** 
   * The 14 days seemed to be the thing that through them off, plus having two different types of plans. Right now our case load is good, but we haven’t always been there and I know how difficult deadlines can be when short staffed, especially the 14 day. Most of our prevention plans include more than placement, they include the exact services everyone needs to get started on. I feel like the safety plan should move to the 30 days and the prevention planning stay at the thirty business. On the safety plan 30 days would be more sufficient time to measure, and when updated workers would get those home visits in on those months that sometimes visits are missed because of were they fall being received and transferred.
   * Concern about Timeframe of 14 days being too hard for workers/supervisors to meet.
   * Concern regarding the safety plan only being good for 14 days. In our region it takes a month or more to get out non-emergency petitions heard so what would be our next steps.
   * The different timeframes will also be confusing, both plan types could be 30 days but the worker could be required to follow up with the family every 10 business days a safety plan is in place to assess and renegotiate if needed.
   * The timeframes need to remain the same across the board, either change both to 14 days or 30 days—having too many timelines for workers and supervisors is difficult to maintain in larger volume counties.
   * Having a 14 day window can be problematic in looking at holidays, weekends and scheduling for URC purposes if that is needed (if it was completed on-call) and getting everything lined out correctly. I would prefer 30 days to remain for both—if it is necessary to go to both—that way you can continue to thoroughly assess situations and not feel rushed to have it all completed within 14 days.
   * 14 days is far too often to have to renegotiate plans- please keep it at the 30!!
   * The big issue I see is the 14 day safety plans.  I can barely get them completed in 30 days with workers.  I don’t really understand why we making it every two weeks.
   * disagree with the cps safety plan having a 14 day renegotiation period as most clients that have children placed out of the home cannot gain sobriety or stable mental health within 14 days.  Rural areas/counties that do not have the resources available cause the clients to reach out to other counties, which may have a longer wait time for any treatment options.  It should be at least the 30-day period to provide clients adequate time to gain assistance through available resources.
   * Why has the safety plan been moved from 30 days to 14 for renegotiations? Families are being monitored during the 30 days and plans are already being renegotiated as needed during the 30 day timeframe. It may also be close to impossible to renegotiate with all families every 14 days. I would request the expiration for the Safety Plan remain at 30 days.
   * Safety Planning for APS & CPS cases is unrealistic every 14 days.
   * The biggest concerns includes the 14 days on the safety planning for placement or supervision.

Here are the reasons why:

* 14 days usually is not enough to get the people engaged in services, we go ahead up front make that plan and advise people what to do how to get started, but most service providers have only have done the assessment in that 14 days.
* We will have to update this plan a bunch of times because of our court process here you are looking at three during the investigation alone,  most courts our experiencing delays due to COVID.
* The 14 days is going to be extremely challenging with workers who have a high or even somewhat normal case load to manage. Most of the staff considered this a daunting task to have to do every 14 days, and I am sure others feel that way.
* The prevention plan being shortened to 30 days instead of the 30 business days, if prevention plan is for risk factors and should follow the length of the investigation.

**Response:** The purpose of the safety plan is to address immediate safety threats/dangers, protect the worker from liability, and protect the families’ rights. The safety plan is not intended to be re-negotiated every 14 days. The timeframe was established, in consultation with the Office of Legal Services, to ensure that SSWs were not practicing outside the scope of their authority. In 14 days, either the safety threats have been mitigated or other appropriate orders should be in place. An individual being asked to move out of their home, or have restricted contact with their child for 14 days, should typically not continue without further action being taken. The SSW should ensure that services are in place to mitigate the safety threat or take further action to protect the child through a court petition. Tasks on the plan should be time limited and measurable. Leaving task timeframes open-ended could alter parental rights. Safety plans should not be used to engage families in long-term services.

Change has been made in prevention plan policy to clarify 30 working days.

1. **Comment:** 
   * Complication of having to send a letter when the safety plan expires. What is the purpose of sending a letter stating when the safety plan expires?  Could we not put that on the safety plan?  I am afraid that letter won’t get mailed out”.
   * Is the safety plan letter going to be different than a prevention plan letter? Why do we need to two separate formats of letters to notify the discontinuation of a plan?
   * I also do not like the letter that has to be sent, we should be able to have verbal conversation and then document such on the aftercare plan OR if petitions were filed they trump”
   * Concerns as to whether staff will remember to notify the family by phone within 48 hours prior to the 14 days being up.

**Response:** The Safety Plan Discontinuation letter has been deleted. The expiration date is on the safety plan and all safety plans automatically expire no later than 14 days from the date of negotiation. The SSW is only required to contact the parties to a safety plan regarding discontinuation if it is determined that the plan should expire prior to the timeframe on the negotiated plan. In this instance, the SSW should contact the parties via phone call **within 48 hours of the new expiration. If the family is not available by phone within the 48 hours, the SSW should send notification by mail or conduct a home visit.**

1. **Comment:** There needs to be some training developed on the new use of these plans. This is a big field change and sending out a PPIM with SOP change isn’t enough. Maybe some webinars; give context around why this change is needed (legal implications, family rights, etc.) and how this can look in practice. It is imperative staff understand the reasons behind these changes or they will just believe this is “adding more work” by those who don’t do the work in the field. We can and will develop regional trainings but something consistent from DPP would be helpful.

**Introduction**

**The Cabinet for Health and Family Services (Cabinet/CHFS) is statutorily mandated to offer services to protect children from abuse, neglect, and dependency.  Safety planning is utilized to address immediate safety factors, and can be completed during investigations as well as in ongoing casework when additional safety factors are identified.  Safety planning is voluntary and the content of the plan should be negotiated and agreed upon with the family and all involved parties.  Additionally, the plan should be specific, detailed, and practical in addressing identified safety factors.  Safety plans can be reviewed and revised as needed, but must be renegotiated with the family at least every fourteen (14) days if the tasks on the safety plan continue to be necessary.**

**Response:** Web-based training is in development and will be available shortly after the SOP release**.**

These policy changes were created in consultation with the Office of Legal Services (OLS). Updates were necessary, as previous SOP produced occasions where children lingered in what should be temporary placements. Certain tasks on safety and prevention plans need to be time limited. Leaving task timeframes open-ended could alter parental rights.

1. **Comment:**

* For many years, the SOP writers in CO worked to remove layers, remove complications, remove burden and streamline practice—especially those that were not tied to a requirement—and did so, at the request of the field.  This is going backward.  It’s adding layers, nuance, steps—and adding, consequentially, another realm in which someone’s work can be challenged externally.  I foresee a court scenario where the content of a plan is challenged because of the form that was used.
* This creates yet another hoop to jump and decision to defend, and it is not tied to a requirement.  The reality is that it doesn’t actually matter what form a person uses, or what that form is named, to address risk and safety issues as long as risk and safety are addressed.  The plans should be the same content about which we’ve always written.  As the state agency, the form we use is entirely our choosing.  No federal rule or statute requires this split.  This adds burden with NO ADDED VALUE to practice or quality of practice.
* If the point here was to enhance quality, this is the wrong intervention.  If the point here was just to multiply and rename some forms, and produce the same work product, I can’t fathom the benefit.

**Response:** Kentucky strives to be a leader in the provision of child welfare and adult protection services.  This means going beyond what is minimally required to be compliant with federal and state statutes.  While it is agreed that policies should not be added that create unnecessary work or burden for staff, it is important to have appropriate tools and guidance that allow staff to respond appropriately in different situations and specifically when there is an immediate safety threat, an assessed risk, or to guide long term access to services that will prevent future maltreatment.  These three needs are very different, and available information indicates that a “one size fits all” tool has not been effective in ensuring families receive the right services or protecting our staff from liability.

**SOP 7.1 APS Safety Planning**

1. **Comment:** The APS policy does not include the step below- notifying the adult/family of discontinuance of the plan.  Concern – Adults may not be able to understand or trust the development of the Safety Plan.  Examples are needed.

**Response:** Language will be added to SOP to include that the adult will be notified when the plan is discontinued.

All APS plans are voluntary. Adults have the right to self-determination, therefore, the adult must agree to both the plan and the tasks entered on the plan. APS plans can be created using the safety plan form, or verbally, the manner is at the discretion of the adult. An adult should have the capacity to understand and enter into an agreement for safety, however, if the adult does not have that capacity, the SSW should not be developing a safety plan with the adult. In these situations if safety threats are identified the report should be assessed through a Safety and Risk Consultation.  Practice guidance outlines protocol if the SSW believes the adult does not have decisional capacity.

Web-based training is in development and examples will be provided during the training.

**SOP 7.2 CPS Safety Planning**

1. **Comment:** Will this be expected of investigators during the COVID restrictions as face-to-face meetings are prohibited with the exception of initiation of 4 and 24 hour timeframes. I am afraid that plan not completed face-to-face will not hold up in court (if applicable) as parent can report they did not agree to the tasks.

**Response:**Please apply COVID-19 restrictions during state of emergency. SOP is appropriate for ongoing use outside of the COVID-19 restrictions.

1. **Comment:** I was not aware we were supposed to be completing Safety and Prevention Plan in TWIST offline application-question for assistance with this at a later date. Are parties able to sign this form?

**Response:** The safety plan is new and will be issued on 6/29 and it will be available on the tablets with or without internet connection**.** The prevention and aftercare plans have been available offline for some time.

1. **Comment:**   How will the 14 day limit be monitored and ensured?  What happens when it expires and/or is violated but the worker has not returned in 14 days? Examples are needed.

**Response:** There is a difference in violation and expiration. A violation indicates the party did not complete the specific task within the agreed upon timeframe. When a violation occurs, further consultation is required. When a plan expires, the family is no longer accountable for the tasks on the plan. A plan cannot be violated after 14 days, as the plan will have expired and the family is no longer accountable for the tasks on the plan.

When the SSW determines that a safety plan is necessary, they should have already determined that a serious safety threat exists and the safety plan is necessary to keep the child protected from further harm. The safety plan is not intended to be re-negotiated every 14 days; the purpose of the safety plan is to address the immediate safety threats to the child(ren). The timeframe was established, in consultation with the Office of Legal Services, to ensure that SSWs were not practicing outside the scope of their authority. An individual being removed from their home, or having restricted contact with their child(ren) for 14 days, should typically not continue without further action being taken. The SSW should ensure that services are in place to mitigate the safety threat or take further action to protect the child through a court petition.

1. **Comment:**

* Safety Planning use (Procedure 7 (B):  substance misuse, violence, mental health issues and cognitive disabilities.
* Prevention Plan Use (Procedure):  drug testing (could be same as substance misuse), mental health intervention and cognitive disabilities (could be same as mental health issues).

**Response:** Allegations and risk factors are different from assessed safety threats. Assessments are necessary to determine safety threats vs. risk factors. Example: Drug testing is a task, substance misuse is a behavior.

**Safety plans addresses immediate concerns.** A current condition within a home or family and considers whether or not there is an immediate threat of danger to a child. A threat of danger refers to a specific family situation that is out of control, imminent, and likely to have severe effects on a child. Safety services assist families to engage in actions or activities that may logically eliminate or mitigate threats to the child’s safety. These activities must be planned realistically so that they are feasible and sustainable for the family over time. The safety plan will clearly outline what these actions and activities are, who is responsible for undertaking them, and under what conditions they will take place. It is designed to control threats to the child’s safety using the least intrusive means possible.

**Prevention plans addresses risk, which refers to the likelihood of maltreatment occurring in the future.** An assessment of risk includes the identification of risk factors, which are family behaviors and conditions that create an environment or circumstances that increase the chance that parents or caregivers will maltreat their children.

A web-based training is being developed for further guidance.

1. **Comment:** I feel #7 should go after #3 unless this is a discussion of re-negotiating the safety plan.  It is repetitive and could be moved up. Where it is positioned now, we talk about negotiating safety after we discussed who and how to disperse the plans.

**Response:** Changes have been made to reflect this recommendation.

1. **Comment:** Discontinuance of prevention and safety plans are a phone call to family members and parties involved.  Should we say everyone who signed the plan? Also if they are not contacted by phone in 48 hours or inability to leave a message do we do a home visit, mail a letter, etc?

**Response:** Yes, all individuals who sign the plan should be notified of its discontinuance. The expiration date is on the safety and prevention plans and both plans automatically expire no later than 14 and 30 days, respectively, from the date of negotiation.  The SSW is only required to contact the parties to a safety or prevention plan for discontinuation if it is determined that the plan should expire prior to the timeframe on the negotiated plan.  In this instance, the SSW should contact the parties via phone call **within 48 hours of the new expiration.  Language has been added to state that if the family is not available by phone within the 48 hours, the SSW should send notification by mail or conduct a home visit.**

**SOP 7.3 APS Prevention Planning**

1. **Comment:** Does not include a phone call to discontinue the prevention plan.  Concern: These have a 30 day limit:  Same concern as to if the worker doesn’t follow up and client violates the plan.  If expired, how can we enforce. It’s hard for worker and FSOS to keep up. Examples are needed.

**Response:** Language will be added to SOP to include that the adult will be notified when the plan is discontinued, if the plan is discontinued prior to the expiration on the negotiated plan.

All APS plans are voluntary. Adults have the right to self-determination, therefore, the adult must agree to both the plan and the tasks entered on the plan. Because the plans are voluntary, the adult can choose to discontinue the plan at any time, this would not be a violation. In situations where there is concern regarding the adult’s capacity or ability to make informed decisions, a Safety and Risk Consultation should be completed.

Web-based training is in development and examples will be provided during the training.

**SOP 7.4 CPS Prevention Planning**

1. **Comment:** We currently utilize the prevention plan to outline our ongoing case plans. In the policy changes, it specifically refers to the use of prevention plans in ongoing services and states it “must be renegotiated every 30 days”. I know that we all understand the difference between the two usages of the prevention plan document, but I feel this could cause some confusion and push back with clients. So my question is: Will we continue to utilize the prevention plan document for case planning services? If so, how will it be distinguished in SOP? If not, will we receive an update format with this SOP roll out?

**Response:** There is nothing in SOP that supports the use of the prevention plan for completing a case plan. After the implementation of FFPSA, the prevention plan was removed from the case planning section. Case plans should be completed on the case plan screens in TWIST.

1. **Comment:** Under practice guidance #2 should be prevention plan and not safety plan

**Response:** Changes have been made to reflect this recommendation.

1. **Comment:** Under procedure #12 says safety plan not prevention plan.

**Response:** Changes have been made to reflect this recommendation.

1. **Comment:** Practice Guidance #1 During ongoing casework and the risk indicates that a plan is needed but needs to be put in place prior to the scheduling and development of a case plan. This is confusing. If the case is ongoing there should already be a case plan in place. Does this mean a Prevention Plan can be developed in between case plans?

**Response:** The use of the prevention plan during ongoing casework should be rare. However, it can be used when additional risk factors have been identified and need to be addressed with services AND the SSW does not have the time necessary to convene a case conference/FTM prior to initiating the needed service. The provisions in the prevention would need to be incorporated into the case plan within 30 days through a case conference/FTM.

1. **Comment:** The prevention plan is used every 30 days versus a safety plan (14 days).  I think one timeframe should be used on both plans (30 days or 14 days) to be consistent with workers and client expectations from the Cabinet.  I will strive not to use safety plans as it increases the workload of workers and also the stress of meeting with resistant clients.  The safety plan also is used when a child has been identified as being at serious or imminent risk of removal, when the SSW believes the children’s safety may be compromised and the child remains in the home/setting.  If the child’s safety is compromised or as serious or imminent risk of removal, a petition rather than a safety plan should be utilized to protect children.

**Response:** When the SSW determines that a safety plan is necessary, they should have already determined that a serious safety threat exists and the safety plan is necessary to keep the child protected from further harm. The safety plan is not intended to be re-negotiated every 14 days; the purpose is to address the immediate safety threats to the child(ren). The timeframe was established, in consultation with the Office of Legal Services, to ensure that SSWs are not practicing outside the scope of their authority or violating parent’s rights. An individual being removed from their home, or having restricted contact with their child(ren) for 14 days, should typically not continue without further action being taken. The SSW should ensure that services are in place to mitigate the safety threat or take further action to protect the child through a court petition.

Utilization of the safety plan should be dictated by assessed threat to safety, and not based on worker convenience.

1. **Comment:** Prevention Plan Use (Procedure):  drug testing (could be same as substance misuse), mental health intervention and cognitive disabilities (could be same as mental health issues).

**Response:** Allegations and risk factors are different than assessed safety threats. Assessments are necessary to determine safety threats vs. risk factors. Example: Drug testing is a task, substance misuse is a behavior.

A web-based training is being developed.

**Comment:** Practice Guidance- I would suggest being much more specific re: investigation vs ongoing practice guidance. Perhaps utilize footnotes from the procedure section.

**Response:** Procedure goes into more detail in regards to the differences.

**Comment:** Practice Guidance- I am curious about the intent here; it seems as if it may be more busy work for INV staff to use prevention planning to assist with case plan development in the ongoing case. I understand the intent but in reality this may be more challenging for our staff to complete timely. Can there be some wording around FTMs, here? How to incorporate the PP into FTMs? I assume this is post immediate safety threat and pre case planning?

**Response:** The prevention plan should not be used for case planning. The use of the prevention plan during ongoing casework should be rare. However, it can be used when additional risk factors have been identified and need to be addressed with services AND the SSW does not have the time necessary to convene a case conference/FTM prior to initiating services. The provisions in the prevention would need to be incorporated into the case plan within 30 days through a case conference/FTM.

**Comment:** These contradict the safety planning guidance re: parent’s rights.

**Some supervision intervention; (what does this mean? Providing enhanced supervision of children, or parents need a level of supervision while parenting. if it’s the latter, that would be better suited for the safety plan)**

**Some discipline intervention like above, I’d be more specific re: what this means so that staff are not intervening in parents; rights to discipline which is better for a safety plan.. Ex: examples of discipline techniques;**

**Response:** The difference is in the assessment- allegations vs. threat. Examples of altering a parents’ rights would include the parent agreeing to not use physical discipline, the parent/caregiver agreeing to be supervised at all times with the child, the parent/caregiver agreeing to not have contact with their child. The safety plan should only be utilized after a serious safety threat has been identified and requires immediate action to protect the child from further harm.

1. **Comment:** Is this bridge between inv/case planning? Inv Workers will interpret that they have to complete the case. This appears to be more practice guidance than procedure.

8. **Incorporates the agreed upon tasks that the family will follow to address maltreatment concerns and service delivery into the:**

* 1. **Case plan for an investigation that is transferred for ongoing services (if the tasks on the prevention plan continue to be necessary); or**
  2. **Aftercare plan, as appropriate, when the investigation is closed**

**Response:** Investigative workers should be included in the case plan discussion. Risk factors on the prevention plan should be included in the case plan.

**Comment:** Redundant; addressed in 3-7

1. **Ensures that the prevention plan is signed and dated by all involved parties and files a hard copy of the prevention plan in the case file**

**Response:** No change will be made.

1. **Comment:** This can be combined with #6; will make the policy more succinct.

**10. Renegotiates the prevention plan every thirty (30) working days or whenever a significant change occurs; and**

**Response:** No change will be made.

1. **Comment:** What’s the intent? Are these necessary if the PP is not infringing on a parent’s right to parent, and automatically expires in 30 days? is there a need to discontinue early? Once the issues have been resolved, the task would be complete. Are we calling if we are discontinuing before the 30 days, or if the plan expires at the 30 day mark, or both? How can we minimize staff work load while also ensuring that families understand the process? Staff perceive having to call to tell a client we are discontinuing a plan to be extra work if it is already noted on the plan itself.
2. **Immediately consults with the FSOS to discuss the discontinuation of the prevention plan when the risk factors requiring the provisions within the prevention plan have been mitigated prior to the thirty (30) day expiration of the plan.**
3. **Informs the family that the safety plan is discontinued by conducting a phone call with the parent/caregiver and any other involved individuals within forty eight (48) hours of the decision to discontinue to plan.**

**Response:** Thereare instances when a prevention plan could infringe on a parent’s rights. The expiration date is on the prevention plan and all prevention plans automatically expire no later than 30 days from the date of negotiation.  The SSW is only required to contact the parties to a prevention plan for discontinuation if it is determined that the plan should expire prior to the timeframe on the negotiated plan.  In this instance, the SSW should contact the parties via phone call **within 48 hours of the new expiration.  If the family is not available by phone within the 48 hours, the SSW should send notification by mail or conduct a home visit.**

1. **Comment:** This will be confusing for staff and examples in practice guidance would be helpful. typically Either we identify risk through an investigation that requires a safety plan/prevention plan, or staff should be modifying the case plan through FTM.

**The SSW:**

1. **Uses the prevention during ongoing casework when additional risk factors are identified and a short term plan is needed to mitigate the risk;**
2. **Only uses the prevention plan during ongoing casework when there is not time to schedule a family team meeting/case planning conference prior to the development of a plan;**

**Response:** Change has been made to clarify.

1. **Comment:** I don’t understand this; staff won’t understand.
2. **Uses the above procedural guidance for the development of the prevention plan;**

**Response:** Change has been made to clarify.

1. **Comment:** Please clarify. Wouldn’t, per policy, we do an ftm 30 days prior to placement move and modify the case plan at that time?
2. **Uses the prevention plan to outline provisions of a planned placement move based on the re-leveling of a child in out-of-home care (OOHC) (this is not always included in the case plan).**

**Response:** Change has been made in SOP to indicate that staff ‘may’ use the prevention plan for a planned placement move.

1. **Comment:** This would be very difficult for the FSOS to feasibly do. Wouldn’t a consult between the FSOS and SSW re: prevention planning suffice? If it needs to stay, “ASAP” needs to be changed to a specific time frame.

**The FSOS:**

1. **Reviews the content of the prevention plan as soon as possible to ensure the tasks are consistent with the outlined procedure, appropriate to the needs of the family, and that all necessary parties have signed and agreed to the plan**.

**Response:** Change has been made to clarify.

**SOP 7.5 APS Aftercare Planning**

No comments

**SOP 7.6 CPS Aftercare Planning**

1. **Comment:** Under practice guidance #2 should be aftercare plan and not safety plan.

**Response:** Changes have been made to reflect this recommendation.

1. **Comment:** 
   * The aftercare plan may be negotiated and agreed upon verbally and a hard copy mailed.  The SSW will utilize another DCBS employee as a witness to the agreement.  Staff feel this is should be changed to FSOS instead of another employee, so that we know aftercare planning on closing cases is actually done.
   * The SSW will utilize another DCBS employee as a witness to the agreement.” (not sure how practical that is, but will take some practice change by workers for sure)

**Response:** Change has been made to include FSOS or designee will serve as witness.

1. **Comment:** Under the Procedure for aftercare planning, it states that the aftercare plan is used in advance of closing **any  ongoing case, upon completion of protection and permanency services.** Why add extra work to frontline staff to do an aftercare plan after TPR?  Permanent custody? (I know we now do after permanent custody but it is an unneeded step for workers if permanent custody is established).

**Response:**  This procedure has not changed and an aftercare plan has always been required prior to closing an ongoing case. In cases of TPR and permanent custody, it is appropriate to complete the plan with caregivers regarding meeting the child’s needs and providing services to the child. However, the parent can also agree to an aftercare in these circumstances.

1. **Comment:**

* Practice guidance confused me when discussing it would be monitored and include certain agencies?  Also states that an after care plan is to be completed if a safety or prevention plan was completed….does this go for cases that we have already contacted to advise the plan was null and void?
* Emphasize it is not required if a PP or SP were developed – only if there are remaining risks in the case.

**Procedure**

When a safety or prevention plan was negotiated during the investigation

**Response:** Yes. If at any time the assessment of safety threats or risk factors necessitated a plan, then an aftercare plan should be put in place so that the family can continue to mitigate the safety threats or risk factors on their own without continued child welfare intervention. An aftercare plan should be used at the closure of a case to identify the services and supports a family will use to prevent future maltreatment.

**SOP 1.14 Limited English Proficiency, -** No comments

**SOP 1.15 Working with Families Affected by Substance Misuse**- No comments

**SOP 1.8 Prevention Planning**- No comments

**SOP 2.13 Notification of Finding and Case Disposition** –No comments

**SOP 23.5 APS Case Closure** – No comments

**SOP 23.2 Prevention Planning**-No comments

**SOP 23.3 Individualized Adult Safety Planning Utilizing the Prevention Plan**- No comments

**SOP 20.1 Introduction to APS Investigation and Assessment**- No comments

**SOP 26.1 APS Case Closure-Aftercare**- No comments

**Safety Plan Discontinuance Letter**

1. **Comment:** When is the letter to inform the family the safety plan is discontinued used?  It isn’t discussed in the SOP.  Staff assume if the worker can’t reach the family by phone then do the letter?

**Response:** This letter has been discontinued.

**DPP-20 Safety Risk Consultation Form**

1. **COMMENT:** Staff like the Safety and Risk Consultation Form. *However, under Child Safety Issues staff feel that those check boxes should be singled out/separated with explain beside of the box so they will be sure to actually explain it.*

**RESPONSE:** Detailed information should be documented in the service recordings, assessment, etc. This form is only used to signify that a consultation occurred and that all parties were in agreement with the decision.

1. **COMMENT:** Once this in effect, do we complete a safety/risk consult if the court gives us custody and we didn’t request or recommend it?  Cause there are a lot of those.

**RESPONSE:** If DCBS is not requesting custody, then no form is needed. This form is used to determine if a recommendation will be made for the child to be placed in OOHC.

**Investigative Consultation**

1. **COMMENT:** The investigative Consultation Template is confusing as it looks like its combined for Specialist and FSOS Consultation. The form appears to be longer as well.

**RESPONSE:** This consultation requires a second level consultation. This consultation is only required to be completed once per calendar month.

1. **COMMENT:** If an FSOS with an MSW needs a UR does an associate or specialist need to be present?

**RESPONSE:** Yes, this consultation requires a second level review.

1. **COMMENT:** I have a question on the investigation consult form.  It has a place on the bottom for signatures but when my specialists are staffing these high risk cases they are usually completed by phone as they cover numerous counties across the region.  Are the signatures mandatory?  I know they could email the forms for signatures and then wait for them to be returned but that would be very time consuming and difficult for them to keep up with.

**RESPONSE:** Signatures are required from all participants. Real and electronic signatures are acceptable.

1. **COMMENT:**

* Investigative case consultation added, however, it is unclear of time-frames other than monthly (I think this has always been unclear on the investigation end), I am doing three consults on each case (24 hr, 10day/72 hour (NAS), 30 day), the way it appears it is reduced amount of consults.
* I don’t agree with investigative consults just being monthly.  I think they need to remain like they are.

**RESPONSE:** This consultation is only required to be completed once per calendar month. An informal consult with the FSOS should occur within 24 hours for cases that cannot be initiated timely. The informal consult/discussion should be documented in service recordings. Additional consults can be held as warranted by case circumstances.

1. **COMMENT:** Does designee include regional office staff such as specialist with or without a masters, because at the top it says that it can be completed with RO staff and masters level not required.

**RESPONSE:** It is preferable that someone with an MSW be a part of the consultation, however, if no one is available, it is not mandatory.

1. **COMMENT:** I don’t like the new investigative consultation form. I prefer having the required collaterals listed so I can make sure they do them.  I don’t think the new form captures the detail needed for investigations.

**RESPONSE:** The intended purpose of the Safety and Risk Consultation form is to assist the SSW in identifying safety threats and risk factors and differentiating between the two. The consultation should also assist the worker in identifying potential protective measures and/or services that can be put in place to prevent the child’s removal from the home.