Statement of Consideration (SOC)

PPTL 20-17 SOP 4.14, 4.15, 4.16, 4.17, 4.18, Provide Supervisory Consultation Template and Agency Case Consultation Template. 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 4.14**

1. **Comment:** Regarding 1. (c) under Regional Case Consultations, ““Use of the Ongoing OOHC Case Consultation Template and Agency Case Consultation Template is not required during these regional consults (i.e. ASFA Consults, etc).:”, does that include 3 month and 9 month regional consults?

**Response:** Per SOP 1.5 Supervision and Consultation, the Ongoing OOHC Case Consultation form is required at 3 months, prior to the child being in OOHC for 12 months, and once every 12 months thereafter.

1. **Comment:** I believe this policy should match the OOHC Checklist and/or the items should be listed, as they are required.

**Response:** The OOHC checklist is being deleted at this time. An updated version is forthcoming.

**SOP 4.15**

1. **Comment:** Add “location convenient to the family” where it says to have the meeting at a time convenient to the family

**Response:** Language is being added under Contingencies and Clarifications to clarify that the case plan meeting should be held at a neutral location that is convenient for the family, caregivers, and other meeting attendees, and that consideration should be given to resource limitations of the family.

**SOP 4.16**

1. **Comment:** #1 under The SSW: #11 Children’s Review Program (CRP) staff if the child is placed in a qualified residential treatment program (QRTP).

Will this be a certain person on the CRP staff identified to invite to all these meetings per county or how will that work?

**Response:** Language related to QRTP is being removed until implementation of the process.

1. **Comment:** Add “location convenient to the family” where it says to have the meeting at a time convenient to the family

**Response: A** footnote is being added to #11 to indicate that the FTM should be held at a neutral location that is convenient for the family, caregivers, and other meeting attendees and that consideration should be given to resource limitations of the family.​

**SOP 4.18**

1. **Comment:** Under Practice Guidance: Children in status cases and those with a goal of planned permanent living arrangement (PPLA) should continue to receive concurrent planning services.  Intensive, ongoing efforts to return the child to the home or secure placement with a fit and willing relative, legal guardian, fictive kin, or adoptive parent, including efforts that utilize search technology to find the biological family, should continue.

Will WWK/KAPE take referrals now on children with a goal of PPLA?

**Response:** KAPE only accepts youth with the goal of adoption. CFRM (WWK) accepts referrals and determines if the youth is appropriate for the program.

1. **Comment:** Would like for the policy on PPLA to be more specific re: the process for what workers should do when the court goes ahead and gives a child a PPLA goal without the Cabinet approval or recommendation.

**Response:** Please refer to SOP 11.30 Permanency Hearings for guidance: 16. FSOS immediately contacts the Office of Legal Services (OLS) regional attorney for consultation on the case, if after reviewing the court’s decision, the SSW and FSOS do not agree with the court’s permanency decision.

1. **Comment:** Would like for the policy regarding PPLA to clarify what to have the goal as in TWIST when a child extends commitment. Can it be changed to PPLA even if the child’s goal was still RTP or TPR/Adoption at the time they turned 18?  Would that require the memo and higher approval if the child is now 18+?

**Response:** The goal can be changed after the child turns age 18; the placement setting determines the approval authority. All goal changes require a memo. For youth in foster homes SRA approval is required. For youth in residential placement, DPP director approval is required.

1. **Comment:** Footnote # 7 The case plan goal must match the court’s goal.  In situations where the case has been consulted on through a pre-permanency conference with OLS, OLS has certified the case for TPR during the pre-permanency conference, but the court denied the goal change to adoption, the SSW should select adoption as the concurrent planning goal.  The SSW and FSOS should consult with OLS regarding proceeding with the filing of the TPR petition in these cases.

Staff have indicated that in the past they have been told to only choose one goal in TWIST on all OOHC cases and then at another time Supervisors were advised to choose more than one goal if planning concurrently. Currently we had been choosing one goal.  If two goals are chosen, does cause issues on management reports?  Staff feel that choosing one goal on the case plan is easier and less confusing.

**Response:** Choosing more than one goal does not cause significant issues with reporting when reflective of actual practice. Staff should be thoroughly assessing the case progress and the need for concurrent planning.

If the court does not change the goal and OLS has approved the change, it should be considered concurrent planning. If concurrent planning is taking place, then two goals should be chosen to accurately capture the work that is occurring.

1. **Comment:** Ongoing Case Planning: 26 . Documents the following in TWIST:

A.     Efforts to involve both parents, the child’s guardian, or custodian in the case planning process;

An ongoing issue that I see when I am completing case reviews in both In-home cases and OOHC cases when it comes to the case planning is that the worker puts in a case plan in TWIST, but does not document in service recordings how the case plan was negotiated, what was discussed with the parents, how did they feel about the case plan, where are they with their case plan? #26 needs to be more detailed and state that this needs to be documented in service recordings and how they negotiated the case plan with the family and what was discussed.

**Response:** Please refer to SOP 1.7 Family Team Meetings (FTM) for documentation procedures related to both the case plan and service recordings.

1. **Comment: “SSW, parents, and caregivers will review the DCBS Partnership Plan and determine if any updates are needed to address any identified needs.”**

Could the Partnership Plan be put in ITWIST as part of the case plan or have a box where they say a Partnership Plan was completed as a reminder?  Because these are still not being completed on a regular basis and is an ongoing issue as well.

**Response:** This suggestion is being considered for a future TWIST update.

**Provide Case Supervisory Consultation Template**

1. **Comment:** Our R&C FSOS’s also include medication administration and NCBFA/CPR to the provide consult template since these have to be updated every 2 years to keep us on track.

**Response:** SOP requires medication administration prior to approval. SOP recommends that this training be completed every two (2) years, however, it is not a requirement. Regions have the flexibility to document/track this training but is not a requirement for the consultation.

A change has been made to the Provide Case Supervisory Consultation Template to add CPR.

**Agency Case Consultation Form**

 **No comments**