Statement of Consideration (SOC)

PPTL 20-16 SOP 13.2, 13.2.1, 13.4, 13.10, 13.13, 13.13.1, 13.13.2, 13.14, 13.39, 13.40, 13.42, 13.43, 13.44, 13.45.3, 13.46, 13.46.1, 13.50. 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 13.2**

1. **Comment:** “A child-focused recruitment model (CFRM) specialist may also complete the presentation summary if the case is being worked in accordance with the CFRM. “

It should state who will complete the presentation summary. For example, if the case is in accordance with the CFRM then the Specialist should complete the presentation summary. SOP 13.10 says this but staff feel it should be stated here as well.

**Response:** This should be negotiated on a case-by-case basis as regional protocol determines who is responsible for completing the presentation summary. If a case is **referred** to a CFRM specialist, the specialist may or may not be responsible for completing the presentation summary packet depending on if the case is accepted. If the case is **assigned** to a CFRM specialist at the pre-permanency conference, then the CFRM specialist will complete the presentation summary packet. The key difference is a case being referred vs. being assigned.

1. **Comment:** Should the footnote also specify that an agency case is not created if a TPR appeal is pending?  It specifies that an agency case can be created after the 30 days appeal window, but what if there is an appeal filed?

**Response:** A change has been made to include the following in footnote #1.If an appeal is filed, an agency case is not created until the appeal is resolved*.*

**SOP 13.2.1**

1. **Comment:** There should be something about phone calls, FaceTime, etc... as it only states one face-to-face contact per month.  Staff like that placement moves will get the input of the CFRM Specialist but can see this being an issue regarding agreement.

**Response:** SOP allows flexibility and guidance has been given in other areas of SOP to encourage additional contact in various forms.

1. **Comment:** Several questions about if the home visit by the specialist would count as a monthly home visit. Could you please clarify that for us?

Staff have asked if the visits the Specialist makes will count as the required monthly visit of the assigned case manager.

**Response:** No, per federal guidelines, CFRM specialist visits are not considered a face-to-face contact completed by the worker/staff with case management responsibility.

1. **Comment:** It would be beneficial if it addressed worker participation in the model in the form of updates and sharing information. Some CFRM specialists feel left out of the loop on cases that transition a lot because information isn’t shared.

**Response:** Ongoing communication is expected. If issues arise, supervisor consultation may be necessary.

1. **Comment:** The SOP needs to clarify that the Specialist will not have the actual caseload carrying responsibility**.**

**Response:** Case management assignment is a supervisory task and SOP does not direct the decision.

1. **Comment:** SOP needs to explain what happens when the Specialist locates a connection and how that works (i.e.: visits, sharing information, etc.).

**Response:** A change has been made to include the following statement. As connections are made, a collaborative meeting, which includes the SSW, FSOS, CFRM specialist, and CFRM supervisor should be held to develop action steps.  The action steps may include introduction of the child to the connection, development of a schedule for visitation or contact, and transition planning if appropriate.

1. **Comment:** Who completes the home study or evaluation, makes decision on visits, contact, etc... when a connection or potential placement is found.

**Response:** The CFRM specialist is not responsible for the completion of the home study or evaluation. Home study and evaluations are completed the same as indicated in current SOP. Case manager and supervisor make case decisions.

1. **Comment**: More details on former social worker as options, how that will work for an employee, etc... Or maybe it should just reference the Employee SOP.

**Response:** Please refer to SOP 13.13.4 Employee Adoption regarding employee adoptions.

**SOP 13.10**

1. **Comment:** #5.  If the case is assigned to the Child Focused Recruitment Model (CFRM) at the pre-permanency planning conference, the CFRM specialist recruiter will develop the initial presentation summary.

It should be worded this way in SOP 13.2 as well.

**Response:** This should be negotiated on a case-by-case basis as regional protocol determines who is responsible for completing the presentation summary. If a case is **referred** to a CFRM specialist, the specialist may or may not be responsible for completing the presentation summary packet depending on if the case is accepted. If the case is **assigned** to a CFRM specialist at the pre-permanency conference, then the CFRM specialist will complete the presentation summary packet. The key difference is a case being referred vs. being assigned.

1. **Comment:** is the presentation narrative that is filed with the court redacted?

**Response:** The presentation summary narrative that is filed with the court should not be redacted. In the event that an adult adoptee (after age 21) requests a search for their records, it is important to have relevant information in the court file.

1. **Comment:** Under Procedure, The SSW: What is protected health information that does not pose a risk? I think examples would be good here. What/who determines this? There seems to be a lot of room for interpretation with specifics.

**Response:** Change has been made to add footnote # 8. Issues such as parental substance abuse, mental health diagnosis, cognitive delays, and physical health conditions can significantly affect a child’s future and should be shared with potential adoptive parents.

**SOP 13.45.3**

1. **Comment:** It’s odd that Footnote 4 wouldn’t be part of the Procedure since it’s talking about having to involve the court if Voluntary Commitment is going to last longer than 180 days.

**Response:** This footnote serves as a reminder only; it does not outline the entire policy found in SOP 11.18 Voluntary Commitment.

**No comments regarding SOP 13.4, 13.13, 13.13.1, 13.13.2, 13.14, 13.39, 13.40, 13.42, 13.43, 13.44, 13.46, 13.46.1, 13.50**