

Statement of Consideration (SOC)

PPTL 22-16. The following comments were received in response to SOP 1.5 Supervision and Consultation, SOP 2.3 Acceptance Criteria, SOP 2.4 Court Requested CPS Activity, SOP 2.10 Initiating the Report, SOP 2.11 Investigation Protocol, SOP 2.11.1 Assessments Involving Methamphetamine Labs, SOP 2.11.2 Assessments of Parenting Youth, SOP 2.11.3 Assessments Involving Domestic Violence, SOP 2.13 Structured Decision Making Safety and Risk Assessments, Case Finding Guide, Child Protective Services (CPS) HIPAA Letter of Release of Information, CPS Reports with Risks Associated with Family and Intimate Partner Violence Tip Sheet, Investigative Service Recording Template, Pediatric Abusive Head Trauma Fact Sheet, and Indicators of Poverty. Thanks to those who reviewed and commented. Comments about typographical and grammatical errors are excluded; these errors have been corrected as appropriate

SOP 2.3 Acceptance Criteria

- 1. Comment:** One of the changes that will affect intake the most and is of great concern is the removal of the additional information and examples provided under the Acceptance SOP. These have been utilized by CI staff to help guide decision making when considering acceptance, and to help with consistency across all staff who screen referrals.

An ask would be that if this information and examples that are used to help guide the decisions are being removed from what was previously there, the ask would be that the examples and additional definitions that are housed in the SDM manual be able to be duplicated directly to SOP, as the manual is what is utilized to assist in screening, and that way those definitions can be found directly in SOP as well.

Response: The examples have been removed so they are not misinterpreted as policy. The examples will continue to be available in the SDM manual. DPP is working on making the manual and the SOP more closely related.

- 2. Comment:** Acceptance criteria should leave the examples in. This helps give workers guidance on acceptance.

Response: Please refer to response for comment #1.

- 3. Comment:** Under Physical Abuse Criteria: #1. B&C He/She – is not all inclusive to all pronouns----- Suggest to keep as “ A Caretaker” to emphasize that it must be a caretaker that has engaged in this behavior.

Response: Change will be deleted.

4. Comment: Under Physical Abuse Criteria: #5. Removing the examples, leaves up to interpretation; rely on the examples to help support the justification; time to copy the examples from SDM—

Response: Please refer to response for comment #1.

5. Comment: Under Physical Abuse Criteria: #5. CI suggests having the SDM examples – inputted into SOP- under the programs; to help support use of these examples; and find as consistent.

Response: Please refer to response for comment #1.

6. Comment: Under Physical Abuse Criteria: #5. LIVE LINK NEEDS TO BE ADDED FOR SDM MANUAL THAT IS UTILIZED

Response: This is complete.

7. Comment: Under Physical Abuse Criteria: #5. HAVE ALL FORMS BEEN UPDATED FROM THE ERRORS? –WILL THEY BE?

Response: Yes, forms are updated.

8. Comment: Under Physical Abuse Criteria: #5. Adding SDM Examples to support the SOPs selected to SOP – will give Transparency for our Agency for external partners

Response: Please refer to response for comment #1.

9. Comment: Under IV Neglect #9: Have seen update in Alcohol exposed infants, suggest to add language surrounding acceptance based on alcohol exposure. Use the legal rationale....

Response: Future revisions in the SDM® Manual are expected.

10. Comment: Under IV Neglect #10: Word as “A Caretaker used a child for financial or personal gain.”

Response: Change has been made to match 922 KAR 1:330

11. Comment: Under IV Neglect #10: Concerns of Misalignment – considering Selling a Child to someone else, not be considered as HT, but would fall under Exploitation only--- would like to see align further with LE practices.

Response: Selling a child is exploitation. Human trafficking is using a child for sex or forced labor.

- 12. Comment:** Under V. Emotional Injury #1: CI suggest the likely to cause emotional injury, be separated from Emotional injury as no current impact present, may be more appropriate as a secondary category for the threat of.

“Likely to Cause” appears more appropriate for threats of harm/threats of injury.

1 A and B--- can combine into one section as they are strongly related, keeping only “pattern of negative behavior” is broad.

Response: Updates to clarify definitions of emotional injury in the SDM® Manual are forthcoming

- 13. Comment:** Under V. Emotional Injury #1C: Per SDM Is part of the definitions (i-iv) so not only an example.

Without having these as a guide, staff would not have the support from SOP to assign as these show what the impact would be.

Response: Updates to clarify definitions of emotional injury in the SDM® Manual are forthcoming.

- 14. Comment:** Under V. Emotional Injury #3: Only centered to DV related, however situations that appear to be threat of EI, that are not captured in here.

Response: Updates to clarify definitions of emotional injury in the SDM® Manual are forthcoming.

- 15. Comment:** Under V. Emotional Injury #3A: Does this need to be centered to the incidents of violence –
Change involving caretakers involved in one or more incidents of violence (example to cover Caregiver involved in physical violence with non-household member with CHN present)

Response: Updates to clarify definitions of emotional injury in the SDM® Manual are forthcoming.

- 16. Comment:** Under V. Emotional Injury # 3B: By removing i.-iv above; takes away from the factors needed per this KRS – which are that the victim has, “Substantial and observable impairment”

Response: Updates to clarify definitions of emotional injury in the SDM® Manual are forthcoming.

17. Comment: Under Documents: CI refers to this" Case naming protocol" regularly – request to not remove

Response: An updated version of the Case Naming Protocol Tip Sheet is forthcoming.

18. Comment: Under Documents: Document to be added – LEN form for Non caretaker referrals (ADD TO 2.2-- DOES NOT MEET CRITERIA)

Response: This will be considered for future updates in TWIST.

19. Comment: Under Documents: CI Suggests adding supportive document for Normal Child Development/Milestones; so that staff have to reflect on normal behaviors/knowledge etc when considering screening decisions.

Response: Updated milestone forms are not available.

20. Comment: Under Documents: Suggest to update the sex abuse tip sheet, to make more user friendly.

Response: An updated document is forthcoming.

21. Comment: Under Documents: Poverty vs Neglect—Tip sheet; to help staff in those screening decisions. And provide guidance for RL in those situations.

Response: This document has been added.

22. Comment: Under Documents: Tip sheets and specifics in SOP provide Toolbox –benefits not only CI and front-line staff in screening decisions, but ALSO – for external community partners including judicial partners who are viewing SOP for guidance.

Response: The SDM® Manual guides practice, decision making, and provides guided examples, therefore, no tip sheet is needed. Please refer to the SDM® Manual.

SOP 2.4

1. Comment: Under Extended Commitment Path: CI sees continued issues with the Field NOT creating the separated case; and continuing to work the extended commitment case in the Family of Origin Case, but only changing the case name—which has continued issues

Response: This is addressed in SOP 4.29.2.

- 2. Comment:** Under Extended Commitment Path: Can we add SOP around entering the separation in the case, opening the new case and ensuring case is set to the Youth's Name.

Response: This is addressed in SOP 4.29.2.

- 3. Comment:** Under Recommitment Path: Concerns for SOP stating that the youth must submit request through KYRISE -- Some CHN may not have access to resources to get online to complete, may not have access or stability. KYRISE is not monitored during the weekends or afterhours.

Response: Please refer to the following bullet within the SOP:

- If the youth contacts the local DCBS office, the SSW may forward the youth's recommitment request to central intake (CI) for entry into TWIST and case assignment.

- 4. Comment:** Under Recommitment Path: Can this stipulation be reassessed, as it reads now if the youth has not completed, we would not enter the referral and youth may go without needed services and involvement.

Response: Please refer to SOP Chapter 4.

SOP 2.13

- 1. Comment:** SDM- Safety assessment: Staff feel that it should be clarified when you have to do safety assessment and for what reasons. Staff are confused as to why they are required to complete a safety assessment within 3 days of initiation and again prior to closure.

Response: The SDM® Safety Assessment is completed after initiation. If unresolved safety threats are identified prior to closing the investigation another safety assessment should be completed.

- 2. Comment:** FSOS's feel that the contact template is very vague. They think the template should include what specific individual information is needed and what should be entered.

Adding the investigation ID will be cumbersome for workers. There should be an automatic drop down box for active Intake ID's instead.

Response: TWIST is unable to make a dropdown list at this time. This is being considered for a future modification. Template will remain the same.

- 3. Comment:** It states to leave all contacts unsaved and after the FSOS reviews ADT then they have the staff or they submit and finalize the contacts. This process is will be cumbersome for FSOS's and puts more work on them. FSOS's fear staff will forget and will finalize contacts by accident or that contacts will be left in progress on accident.

Response: SOP will be changed to reflect this comment.

- 4. Comment:** There needs to be a screen called- Investigation contacts that allows contacts to be entered in one location and submitted to FSOS as part of ADT and then they populate to the service recordings when the ADT is approved.

Response: No change will be made at this time; however, the suggestion may be considered for future edits.

FAQ on Residency Determination of Children for Child Protective Services Reports

- 1. Comment:** We did make note that the attached FAQ for residency, does not appear to be the most up to date residency form (please make sure that correct form is uploaded when the revisions take place), and also put some suggestions for the FAQ (we utilized the most recent form that was provided after changes)

Response: The most recent version of the form (4/22 version) has been updated in the manual. Additional changes are forthcoming.

- 2. Comment:** LOTS OF QUESTIONS OF CRA referrals non specific; could we have FAQ for where most appropriate to assign;

Response: This will be addressed in future discussions.

3. Comment: Most CRAs nonspecific should be assigned to the County for the court that requested CHFS involvement.

Response: This will be addressed in future discussions.

4. Comment: Also can we have a statement, that this list is not all inclusive, and decisions on case assignment lie with CI based on the information and factors in the referral being assessed.

Response: Additional changes are forthcoming.

5. Comment: #4: Adding a statement for the answer that is related to NEW INTAKES outside of 2nd incident timeframe; to clarify that the new intake would be assigned to the county where the CH currently lives.

Response: Each new report outside of the 2nd incident will be assigned to the county where the child resides.

6. Comment: #7: Considering the Safety and Risk assessments being released and those occurring in the home of the alleged maltreatment, rather than focus on 50/50 custody, suggest that we consider the home where the abuse occurred, despite time in each home.

Response: Comment will be reviewed and considered for future edits.

7. Comment: Out-of-State Reports Example #1 Answer: Concerns Non offending caregiver and CH resides here; the AP lives out of state, but perpetrator abuses CH in KY ; concerns are that per FAQ KYis not able to investigation, however, Other states may not be permitted to investigate as incident didn't occur there and CH lives here. Causing referral to not be picked-up:

Response: Comment will be reviewed and considered for future edits

8. Comment: Out-of-State Reports Example #1 Answer: reword "in general where the incident occurs is not a factor" Could be "In general where the incident occurs is not the ONLY Factor to be considered"

Response: Change will be made.

9. Comment: Out-of-State Reports Example #5 Question: Can we have clarification that if UNK Perp; UNK Location of incident – that we do have the ability to assign.

Response: Change is forthcoming.

10. Comment: Out-of-State Reports Example #5 Question: Can we get clarification; DCBS permitted to accept if other state where incident occurred will not accept and AV is located here?

Response: Change is forthcoming.

11. Comment: Out-of-State Reports Example #5 Question: Also, clarification if the AP and AV located in KY; if the incidents actually occurred across lines- i.e. AP takes CH to IN to traffic and comes home to KY; that KY can investigate.

Response: Change is forthcoming.