

Statement of Consideration (SOC)

PPTL 23-11 SOP 4.11. 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. **Comment:** On page 2 of 5; # 4 it says:
 1. Requests referral of the child to a PCP/PCC placement by:
 - A. Completing the [DPP-886A](#) in TWIST ;
 - B. **Including only information which is necessary to provide adequate care and services to the child. 4**
 - C. Submitting the referral packet via TWIST to the RPC during business hours; **5** or
 - D. Contacting the PCC directly, utilizing the [After Hours Referral Contacts website](#);

Operationalizing item B, is going to be difficult and I would expect multiple comments on this. In CSB, we are constantly reviewing and making suggestions for edits, updates, and/or changes to 886A documents to be more person centered, more strengths based, and to contain more behavioral health information.

There are often disagreements about what should or should not be included.

Response: We can address practice issues/the lack of information relevant for determination regarding treatment/placement in the referral with training and mentoring. The intent of this policy is to ensure that we are following legal requirements for protection of individuals' private information as well as honoring their privacy. The provider serving the child will complete a comprehensive standardized assessment to identify all the individuals' treatment needs. The referral should have enough information to make an educated decision, but not all the information that the provider will need to treat.

2. **Comment:** On page 4 of 4; #4 it says:

1. **Please refer to SOP 13.10 Preparing the Presentation Summary Packet and SOP 13.30 Confidentiality of Closed Agency Adoption Records for guidance regarding information sharing and confidentiality specific to cases in which parental rights have been terminated and/or agency adoption records have been sealed.**

While I recognize that adoption records need to be sealed and private, when adoptions disrupt and there are kids with complex behavioral health issues involved, sometimes the sealed case prevents current staff from being able to understand a child's history.

Response: The Adoption Services Branch has designated points of contact that can help with these requests. Adoption records including presentation summary narratives are sealed following an adoption per KRS. However, we recognize the importance of this information when adoptions disrupt and children re-enter OOHC. As a result, this has been staffed with OLS and guidance has been given regarding what information can be shared and under what circumstances. The designated points of contact will provide information from the sealed case in a redacted, summarized form that will assist with treatment planning, location of placement providers, and to provide information regarding conditions that may impact the child later in life, (i.e., parental substance abuse, mental health diagnoses, cognitive delays, and physical health conditions).

2. **Comment:** Requests referral of the child to a PCP/PCC placement by:
 - A. Completing the [DPP-886A](#) in TWIST ;
 - B. **Including only information which is necessary to provide adequate care and services to the child. 4**

I understand the intent was to protect confidentiality but currently numerous concerns have been raised in regards to the 886a and referral not providing information regarding the youth's past issues and current issues leading to quick disruptions. Programs do not feel that they are getting the info needed to make the best placement.

Response: SOP has been edited to state: B. Provide information necessary for the receiving party to determine if they are able to provide safe and appropriate care and services to the child.

3. **Comment: If no appropriate placement is identified during the initial placement search, the SSW should continue to refer for placement at**

a thirty (30) working day cadence until appropriate placement is identified.

For the high acuity youth stuck in hospitals or sleeping in non-traditional settings, this seems fine since there are so many people working on the youth's placement/needs but for the "average" youth in care could we ask that referrals go out more frequently. Beds may be become available sooner than 30 days.

Response: This Footnote is specific to youth in an emergency shelter. Clarification has been added: If no appropriate placement is identified during the initial placement search, the SSW should continue to refer for placement, at a minimum every thirty (30) calendar days until appropriate placement is identified.