Statement of Consideration (SOC)

PPTL 24-03 SOP 2.2 and SOP 2.3. 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 2.2

1. **Comment:** #8 under Does Not Meet Criteria: This sounds as if all three conditions must be met to NOT meet jurisdiction for Kentucky (KY). Such as if the child is found in Ky we would have to investigate even if child resides out of state AND incident occurred out of state. This would be a huge issue for counties bordering other states especially if we need court involvement, placement, offer services or open an ongoing case. If it is an emergency and placement is needed, we would not be able to reach out to family members who live in the other state."

   Response: This is correct, all three (3) conditions need to be met to select the screen out due to jurisdiction. If a child is found in Kentucky and the report meets acceptance criteria, the report shall be accepted and investigated. This could result in barriers for placements and investigative procedures would need to be followed to ensure least restrictive placement options.

2. **Comment:** This is not in RED, but we think it should be changed to be accepted:

   Currently it is stated under reports that DNM Reports that do not meet the criteria of inadequate shelter/exposure to unsafe home and immediate environment:
   • An allegation of an unsecured weapon, including a firearm, does not meet acceptance criteria without information related to how it creates a negative impact on a child(ren). We feel this should meet criteria. We would rather be able to address rather as an AR or referral and educate and add safety measures like gunlocks, etc. before a child picks up an unsecured weapon and end up seriously injured or killed."

   Response: While an allegation of an unsecured weapon is a risk factor for a child(ren), additional information would need to be provided to meet criteria. Kentucky has no current laws or restrictions on its citizens to ensure all firearms are secured, thus a report of an unsecured weapon alone would not meet criteria. It is imperative to seek additional information surrounding the

age of the child(ren) in the home and the potential access to unsecured weapons to assess the likelihood of harm to a child to meet criteria.

3. **Comment:** Current SOP states that referrals DNMC if the incident occurred out of state. The new SOP allows for this if the child is found in KY. I am in possession of a legal opinion that indicates SOP 2.2 should stand with how it is written and not change to add "or found in" – unless there has been an updated memo since 1/24/24. So, I am a bit unclear why we are making the change to add *found in*? if we have a child who lives in Ohio, the maltreatment happened in Ohio, but is in a hospital in KY then why would we accept that for INV? Or if we had a child who lives in Ohio, the maltreatment happened in Ohio, but visits with a parent in KY that should not meet.

   Response: Based on KRS 610.010, Kentucky has jurisdiction to investigation concerns of abuse or neglect related to any child living or found within the county who has not reached his or her eighteenth (18th) birthday. If a child is found in Kentucky and is known to reside in another state, central intake (CI) will make a report to the appropriate jurisdiction. If the report is not accepted for investigation in the appropriate jurisdiction, a report can be screened for acceptance in Kentucky to ensure the child's safety.

4. **Comment:** DOES NOT MEET JURISDICTION FOR KENTUCKY
   Select this criterion only if the child resides out of state, and the child is not found in Ky, AND the incident of alleged abuse or neglect did not occur in Ky."

   My input would be. The is still not clear. Is the guidance that DCBS would be assigned investigations on perps and incidents that occur out of state?

   Response: Yes, based on KRS 610.010 Kentucky has jurisdiction to investigation concerns of abuse or neglect related to any child living or found within the county who has not reached his or her eighteenth (18th) birthday. If a child is found in Kentucky and is known to reside in another state, CI will make a report to the appropriate jurisdiction. If the report is not accepted for investigation in the appropriate jurisdiction, a report can be screened for acceptance in Kentucky to ensure the child's safety.

SOP 2.3

1. **Comment:** #3 under Practice Guidance: This is interesting… How do you screen an allegation of new incident of maltreatment that meets the

statutory definition (same child but a different maltreatment event) is received falling under the same program/subprogram used in the previous screening?

It doesn't meet that criteria for duplicate screening which requires "same child and the same event" and DNMC is not an option because statutory definition is met.

Response: If a new event (even if the sub-program is the same) has occurred, the report should be screened independently as a new intake ID. This new intake ID can be linked as a second incident if the information is received within fifteen (15) working days of the original incident.

If the allegation is the same event as the original, the report would be considered a duplicate.

2. **Comment:** #4 under Practice Guidance: Like comment in SOP 2.2 how is justification defined. We see a range of interpretations for this and messaging from BM that this is something they are working on. The goal will remain illusive until it's defined and communicated in SOP.

   Response: SOP 2.6 Completing the CPS Intake will be reviewed to ensure justification requirements are met.

3. **Comment:** #5 under Procedure: What is sufficient? This type of language opens SOP up to individual interpretation and we are seeing this surface as influences to deviations from expected practice through the SSRP.

   Response: The word sufficient has been removed.

4. **Comment**: Does this mean what's crossed out in red will be deleted? Such as the criteria under all the categories physical abuse, sexual abuse, HT, neglect, etc.? As a CI worker, we use this information in 2.3 all day everyday to include in our justifications.

   Response: This is correct. In #1 of the procedure section of SOP 2.3, staff should follow the criteria outlined and defined within the Structured Decision Making® (SDM) Intake Assessment Manual to determine if reported allegations meet criteria for investigation.

5. **Comment:** Staff are concerned that all of the guidance for acceptance criteria for staff to use to assist them with making a determination has been removed. Staff feels like under this, you can make anything meet or not meet if you want.

   Response: In #1 of the procedure section of SOP 2.3, staff should follow the criteria outlined and defined within the Structured Decision Making® (SDM®) Intake Assessment Manual to determine if reported allegations meet criteria for investigation.

General

1. **Comment:** In the acceleration of response time to 4 hours it states an appropriate override reason is "Forensic considerations would be compromised." In the definitions it states "Physical evidence necessary for the investigation would be compromised if the investigation does not begin immediately, OR there is reason to believe statements will be altered if interviews do not begin immediately."

   That appears to me to leave a lot of gray area for CI determination for a 4 hour timeframe. You could say a majority of cases might fall in this area. What determines that it definitely will?

   Response: The acceleration of response timeframes is an override. If the report did not meet for a four (4) hour response timeframe under the four (4) hour selections:

   - □ Child fatality or near fatality;
   - □ Child is unsupervised, abandoned, or dependent and requires immediate care and supervision;
   - □ Inflicted, non-accidental, or suspicious injury to a child under five (5) years old, a child of any age with developmental vulnerabilities, or a non-mobile child of any age;
   - □ Sexual abuse allegations, and alleged perpetrator is unknown or may have access to child within the next four (4) hours; or
   - □ Human trafficking or female genital mutilation is suspected, and alleged perpetrator may have access within the next four (4) hours

   Then the worker will review for twenty-four (24) or forty-eight (48) hour response timeframes. If the twenty-four (24) hour timeframe is selected and the worker is provided information that suggests evidence would be compromised, the worker could override the response timeframe to the four

(4) hour response and provide that justification. Critical thinking and clinical judgement should be utilized when making this determination.

2. **Comment:** Under the definitions of threat of physical abuse examples it included "Caretaker has previously physically abused a child and that child is no longer in the care of the caretaker due to the abuse, and a child is currently living in the household".

   I think this is also a very gray example. Is consideration given to the person having worked a case plan or satisfied any legal requirements? Is consideration given to how long ago the other incident was?

   Response: Consideration should be utilized. Examples are not exhaustive and are created to provide support to the definition. The worker screening the report should utilize critical thinking and clinical judgement when screening every report.

3. **Comment:** Under the definition of neglect it states "Omission of an act resulting in failure to thrive; The child has a current diagnosis by a qualified medical professional of non-organic failure to thrive; OR a qualified medical professional states that there are indicators of failure to thrive, but a formal diagnosis has not yet been made."

   What indicators will CI be looking for? Will questions be asked to determine this or can someone just say a child looks failure to thrive?"

   Response: Critical thinking and clinical judgement should be utilized when making any determination. If a reporting source is stating that a child is failure to thrive, the interview ladder should be utilized to gain additional information on how the caller knows this information. Has the child been diagnosed with non-organic failure to thrive by a medical provider? Does the child look under weight? What actions is the caretaker doing to ensure the child has appropriate nutrients/food?

4. **Comment:** Suggestion for SOP: I currently have an investigation of SA allegedly perpetrated by a minor (<18 y/o). I think the word "adult" needs removed/replaced from the below SOP, because the way this reads CHFS is considering 12-year-olds as adults.

   Response: This is a great recommendation and will be taken into consideration. The current selection is centered around caretaker, however, the definition states adult and could cause confusion. This will be reviewed for future revisions.

5. **Comment:** Staff have asked where are all of the details/guidance about like a substance exposed infant if the baby is positive and threat of physical if only mom is positive is? None of that guidance is in here anymore.

   Response: In #1 of the procedure section of SOP 2.3, staff should follow the criteria outlined and defined within the Structured Decision Making® (SDM®) Intake Assessment Manual to determine if reported allegations meet criteria for investigation.

   Substance affected infant definition can be found on page 25 of the PDF document. Definitions for inadequate supervision can be found on page 23 of the PDF document.

6. **Comment:** I find the entire SDM pdf manual to be unwieldly. It could be simplified by leaving the actual intake criteria in the SOP and just having the decision making of the screening decision in the manual. Currently the screening decision (outcome) is written before the actual criteria (what you need before you land on the outcome). It isn't linear and forces the reader to go forward and backward to read and move through the categories and document the decision.

   Response: The SDM® manual is 3 main sections. The 1st section includes a copy of the assessment tool that is utilized by CI. This tool is automated in TWIST. The manual copy is provided to ensure all staff have a copy of the assessment. The 2nd section of the manual includes the definitions for acceptance criteria and starts on page 11 of the PDF document. Every program and sub-program is defined within the manual and examples are provided to assist in screening. The 3rd section discusses policies and procedures.

7. **Comment:** The SOP as written creates jurisdictional issues. The state only has the statutory authority to label behavior in the state of KY, and this permits reports on behavior that occurred in other states with the fallout being that person is placed on a central registry here for behavior that is governed by another state. We only have jurisdiction as to whether or not the child is at risk here, not whether what occurred in another state is abuse or neglect. This is a statutory issue.

   Response: Correct, however, based on **KRS 610.010** Kentucky has jurisdiction to investigate concerns of abuse or neglect related to any child living or found within the county who has not reached his or her eighteenth (18th) birthday. If a child is found in Kentucky and is known to normally

reside in another state, CI will make a report to the appropriate jurisdiction. If the report is not accepted for investigation in the appropriate jurisdiction, a report should be screened for acceptance in Kentucky to ensure the child's safety.

8. **Comment:** The "threat of harm" categories are all written under either sex abuse or physical abuse. Previously, there was clarity that "risk of harm--physical or sexual" is a subcategory of neglect. That clarifying category would be helpful for ensuing that petitions and court findings are made correctly per the type of incident. Threat of sexual abuse is not sexual abuse, and the central registry placement for sex abuse is lifetime. The consequence of miscategorizing "threat of" is potential misplacement on the central registry for the wrong type of event, and the wrong duration of registration.

   Response: This comment will be reviewed and considered in future edits.

9. **Comment:** Prescreening criteria language seems to allow reports of abuse or neglect for youth 18 to 21 in OOHC placement. KRS 600.020 defines a child is someone who hasn't reached their 18th birthday. The regulation does not require a child abuse/neglect report to persons 18 and older. These individuals are adults, and these should simply be law enforcement investigations or licensing investigations for OIG.

   Response: This comment will be reviewed and considered in future edits.

10. **Comment:** The discretionary screen out is confusing. Reports meet or they don't. I have never understood the wording here.

    Response: The discretionary override section is created to ensure that the SDM® tool does not control all decision process needed when screening reports. If an allegation is made and meets the definition in the SDM® tool, then the program is selected. If it is determined that the report should be screened out using consultation, this pathway allows for the screening recommendation to be changed and documented appropriately.

11. **Comment:** The movement to limit second incidents creates multiple ADTs on families. I have staff with multiple 5+ reports on families for narrow time windows when the holistic assessment view isn't going to be very different across those assessments and creates a potential for external criticisms in situations where big differences might make it into the documentation even unintentionally. I'm not sure what this move was trying to solve, but

managers manage people, not processes or TWIST. I'd advocate for a reconsideration of this decision.

Response: This comment will be reviewed and considered in future edits.

12. **Comment:** "Suspicious physical injury" contains language that was previously applied only to children 4 and under. I don't understand the expansion. Children who can give an explanation (example: a child articulating a child on child bite) would get lumped in here. There's no caveat that verbal children are capable of providing explanations for injuries. The threshold here is only that the reporting sources doesn't know, and that is too low for screening. There's also no mention of inconsistent explanations, which would be helpful.

    Response: This comment will be reviewed and considered in future edits.

13. **Comment:** For substance affected infants the federal law requires appropriate consideration for children born <u>affected</u> or in withdrawal. Current SOP says exposed ("…born with non-prescribed drugs in their system…"). There's a significant difference between exposed and affected, particularly when talking about recreationally used substances such as alcohol or marijuana. The threshold as written is too low and is unnecessarily low per the requirement.

    Response: This is the current definition for substance-affected infant

    "A child born with non-prescribed drugs in their system or showing signs of withdrawal from non-prescribed drugs (refer to 42 USC 5106a(b)(2)(A)(ii) and KRS 620.030(2)."

14. **Comment:** Under "Dependency," one of the criteria is a minor re-entering the community without a safe home/custodian. Please add clarifying language that a caretaker refusing to receive their youth and/or refusing to work toward the safe reintegration of their child and/or refusing to make appropriate alternative arrangements for their child is neglect.

    Response: This comment will be reviewed and considered in future edits.

15. **Comment:** The response time section is just overly complicated, and I've done a lot of reading by the time I get there. As an agency, we aren't taking full advantage of the 48 hour and 72 timeframes for moderate and lower risk cases of neglect, and it's a disservice to supervisors responsible for the triage of multiple reports—especially during field determinations and after hours. We also don't give full flexibility to accelerate or decelerate by more than 1 value. Response time should be based on the presentation of the

report. This limitation is arbitrary and artificial. Establishment of the initiation timeframe should return to the FSOS to be captured in the ADT.

Response: This comment will be reviewed and considered in future edits.