

## Statement of Consideration (SOC)

**PPTL 25-27 SOP C5.12 Standardized Screening and Assessment for Children (In-home Cases).** 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 C5.12 Standardized Screening and Assessment for Children (In-home Cases)**

1. **Comment: Completes the Screener, within 30 calendar days of the case assignment for all children in the home:**

Is this for all children who are considered victims? In some instances, this would be irrelevant to complete safe space for all children when one child has behavior problems and is spanked and bruises are left from spanking too hard, but other children are not victims.

**Response:** The original intent and directions from Kentucky's System of Care (SOC) FIVE were that screening should be completed for all youth in the home. While other children in the home may not be considered victims, they are more likely to have experienced trauma or witnessed concerning behaviors in the home. From a prevention approach, it is appropriate to screen all children in the home.

2. **Comment:** Safe space is not relevant when children are already in services, as this requires additional work for staff to complete screeners when the family is going to maintain their current provider versus CMHC.

**Response:** Screening can be a gateway to services, but it is also a tool to engage with youth and their families.

3. **Comment: Completes the following steps when screening results indicate a KY-CANS Assessment is needed:**

- A. **Completes the DCBS Behavioral Health Referral Form in TWIST, selecting the appropriate provider;**
- B. **Forwards the DCBS Behavioral Health Referral Form, screener, and results to the DCBS regional liaison;**

There should be a tickler that alerts the liaison when the behavioral health form and screener have been completed for a case, to prevent staff from having to print off documents and send them to the liaison when they can receive a tickler and print packet themselves to send in Gentrack. Currently, regions have established an inbox for staff to submit items, or they are emailing items directly to the liaison. Sometimes these documents come in separate emails, causing further delay for the liaison to track.

**Response:** It is anticipated that in October 2025, there will be an application in KOG called the Kentucky Standardized Screening and Assessment Referrals Workbasket (KY SSAR). This new workbasket will automate the process of receiving screeners and other forms from TWIST to process and send to providers for CANS assessments. This new workbasket will replace GenTrack, reducing the number of documents that need to be uploaded manually. Behavioral health referrals and screeners will automatically go into the workbaskets. Regional liaisons will notify providers that a referral has been made.

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4. **Comment:** DCBS does not receive quality CANS, and many yield the same information that has been provided to CMHC from the screener. There are limited to no recommendations on the CANS. CANS are not completed in a timely manner by CMHCs.

**Response:** The screening and assessment team has expanded to include a third clinical consultant who will partner with CMHCs specifically to address compliance and quality concerns with CANS completion.

5. **Comment:** The policy says that, within 30 days of case assignment, the screener should be completed. Is case assignment considered at the time of the referral being assigned to investigate, or at the time the case is considered "open" as an in-home case?

**Response:** At the time the case is considered open as an in-home case – post investigation.