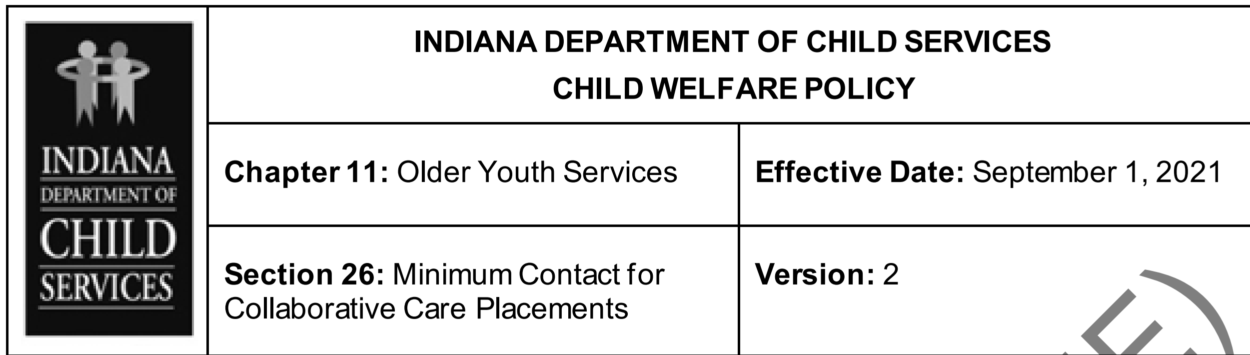

INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 11: Older Youth Services	**Effective Date:** September 1, 2021
Section 26: Minimum Contact for Collaborative Care Placements	**Version:** 2

ARCHIVED 7.31.2022 (RIE)

POLICY OVERVIEW

Regular contact with youth in Collaborative Care (CC) is the most effective way that the Indiana Department of Child Services (DCS) may promote timely implementation of the Case Plan/Prevention Plan for children and families served by DCS, monitor progress toward goals, and revise service plans, as needed.

Regular contact with the youth allows DCS to:

1. Assess the youth's health, safety, well-being, and permanency;
2. Develop and maintain a trusting and supportive relationship with the youth;
3. Assess the youth's progress;
4. Discuss the youth's thoughts and feelings about living on their own or with the resource parent, if applicable; and
5. Discuss social connections and interactions for optimal functioning as an adult.

PROCEDURE

DCS will have monthly face-to-face contact with all youth participating in CC. Contact should occur on a monthly basis and should not exceed 30 calendar days between contact. The contacts may alternate between the youth's residence and other locations (e.g., school and court). DCS will have face-to-face contact with the resource parent, including host homes, at a minimum of every other month.

During case junctures involving the youth or resource parent, contact with the youth and/or resource parent, including host homes, must be made weekly by the assigned Collaborative Care Case Manager (3CM) until the episode has been stabilized. The 3CM will communicate and partner with the resource parent to discuss how best to address the youth's needs and to enhance the youth's likelihood of success.

> **Note:** In circumstances where CC youth are living on their own, they shall be considered their own caregiver.

The 3CM will have contact with each youth admitted to residential treatment at least weekly and face-to-face contact, including time alone, at least monthly, with no more than 30 calendar days between contacts. The weekly contact may be by phone or virtual (i.e., using virtual technology), depending on the residential agency's capacity.

At each contact with the youth, the 3CM will:

1. Assess the youth's safety, stability, permanency, and well-being, including mental health (e.g., emotional distress), physical health (e.g., injuries and illness), educational status (e.g., attendance and grade level achievement), and progress toward successful adulthood transition, and gather information to complete the Face-to-Face Contact form;
2. Discuss progress toward the goals identified in the Transition Plan for Successful Adulthood. See policies 5.08 Developing the Case Plan/Prevention Plan and 11.06 Transition Plan for Successful Adulthood for additional guidance;
3. Review progress of current services to determine if any additional services are needed and make appropriate referrals. See policy 5.10 Family Services for additional guidance;
4. Document the visit and any new information gained using the Face-to-Face Contact form and enter the information in the case management system within three (3) business days; and
5. Determine if a Child and Family Team (CFT) Meeting should be convened to assess whether a case juncture warrants continued weekly visits, if applicable, for youth who are not placed in residential treatment. See policy 5.07 Child and Family Team Meetings for additional information.

   Note: If contact cannot be made, the 3CM will document in the case management system what efforts were made. A discussion about actions taken and next steps should be made with the 3CM Supervisor.

At each contact with the resource parent, including host home, the 3CM will:

1. Discuss the youth's safety, stability, permanency, and well-being;
2. Review and discuss progress of current services and determine if additional services are needed for the youth and/or family and make appropriate referrals; and
3. Document the visit and any new information gained using the Face-to-Face Contact form and enter the information in the case management system within three (3) business days.

The 3CM Supervisor will:

1. Guide the 3CM as necessary during regular staffing and clinical supervision and discuss next steps if the 3CM is unable to make contact with the youth and/or the youth's resource parent (including host home); and
2. Ensure information is entered timely in the case management system.

LEGAL REFERENCES

- IC 31-28-5.8-6: Updating case plans; transitional services plan; visitation with family case manager

RELEVANT INFORMATION

Definitions

<u>Case Juncture</u>

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the Case Plan/Prevention Plan, Safety Plan, and or the Plan of Safe Care. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement;

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2. Formal or informal supports;
3. Family Involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition; or
9. Education.

Clinical Supervision
Clinical Supervision is a process in which an individual with specific knowledge, expertise or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- 5.C Tool: Face-to-Face Contact Guide
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- Face-to-Face Contact (SF 53557)
- Transition Plan for Successful Adulthood (SF 55166)

Related Policies

- 5.07 Child and Family Team Meetings
- 5.08 Developing the Case Plan/Prevention Plan
- 5.10 Family Services
- 11.06 Transition Plan for Successful Adulthood

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