

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 8:</b> Out-Of-Home Services	<b>Effective Date:</b> January 1, 2020
	<b>Section 4:</b> Emergency Shelter & Urgent Residential Placement Review and Approval	<b>Version:</b> 5

<b>STATEMENTS OF PURPOSE</b>
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The Indiana Department of Child Services (DCS) will utilize Emergency Shelter Care (ESC) or Residential Placement when it is in best interest of the child.

**Emergency Shelter Care (ESC)**

ESC is considered a short-term placement only to be utilized in crisis situations. An ESC stay will not exceed 20 calendar days without approval. A child will be placed in ESC after attempts to secure the most family like setting appropriate for the child. If the child must be detained from his or her parent, guardian, or custodian in order to protect the child’s safety, relative/kinship placement and licensed foster care should be considered prior to considering ESC. See policy [8.1 Selecting a Placement Option](#) for additional information.

**Note:** ESC serves a different purpose than a residential placement. A youth is placed in ESC for 20 calendar days or less to meet his or her basic needs; whereas, a youth is placed in a residential placement to meet his or her mental health and behavioral needs.

**Residential Placement**

Residential placement includes a [Child Caring Institution \(CCI\)](#), [Private Secure Facility \(PSF\) with and without Psychiatric Residential Treatment Facility \(PRTF\) certification](#), and [Group Home](#).

Residential Placement requires approval from the Residential Placement Committee (RPC). See [Procedure](#) for exceptions to approving a youth to be placed in an in-state residential facility in an urgent situation (i.e., child does not need an acute care placement and DCS is unable to secure a less restrictive placement).

All Residential Placements require review and follow-up. A review of the residential placement is not to exceed 90 calendar days after the initial placement to ensure continuation of the placement is clinically indicated, least restrictive, and in the best interest of the child.

**Note:** A Permanency Roundtable (PRT) will be required for the child if he or she remains in residential placement for at least six (6) months. See policy [8.47 Regional Permanency Teams and Permanency Roundtables](#).

Placement in an out-of-state residential facility may be considered when placement is in the best interest of the child and all appropriate in-state facilities have been exhausted (e.g., existing DCS contracted providers and/or services; offers of a one-to-one (1-1) supervision rate to address the child’s needs; and any potentially appropriate waivers and/or variances). The Interstate Compact on the Placement of Children (ICPC) process must be completed for any child placed out of state. See [IC 31-40-1-2](#), [Procedure](#), and Policy [Chapter 9 ICPC](#) for more information.

When considering an out-of-state placement, facilities with an active DCS contract should be considered first. DCS will not place a child in a residential facility without a fully executed contract.

**Note:** The DCS Director may make an exception and approve placement of a child in a facility that does not have a fully executed contract.

#### Code References

1. [IC-31-37-20-3: Formal hearing on continued jurisdiction: periodic jurisdiction review; referral to permanency roundtable](#)
2. [IC 31-40-1-2: Obligation of parent, guardian, or department for costs of services or return of child](#)
3. [IC 31-9-2-16.7: Child Caring Institution](#)
4. [IC 31-9-2-48.5: Group Home](#)
5. [IC 31-34-20-1: Entry of dispositional decree; placement in home or facility outside Indiana; findings and conclusions](#)
6. [465 IAC 2-11-22: Private Secure Facility](#)

### **PROCEDURE**

#### **Emergency Shelter Care (ESC) Placement**

For ESC Placement, the Family Case Manager (FCM) will:

1. Ensure the placement is approved by the Local Office Director (LOD) or designee (or the Regional Manager [RM] if the child is under 10 years of age);
2. Seek court approval for placement within 48 hours of the child entering the initial ESC placement;

**Note:** If the child has been detained by DCS and/or the detention is included in a post-dispositional modification, a report and recommendation to the court, notice to the court, and a court hearing are required.

3. Complete the [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) pursuant to the time frames outlined in policy [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#);
4. Submit a Permanency and Practice Support (PPS) referral to the DCS Education Services team to begin determination of best interest regarding educational setting placement (in accordance with Every Student Succeeds Act ESSA [ESSA]). See [Practice Guidance](#) and policies [8.20 Educational Services](#) and [8.22 School Notifications and Legal Settlement](#) for further information;

**Note:** The FCM must notify the child's school within 72 hours when the child is placed in ESC. A determination of the child's best interests regarding educational placement will be determined in collaboration with the local education agency.

5. Review the case information and [CANS](#) recommendations with the FCM Supervisor and LOD within five (5) calendar days of placement to determine an appropriate subsequent placement recommendation based upon the needs of the child;
6. Submit a PPS referral to the DCS Clinical Consultants based on identified behavioral and therapeutic interventions, if applicable;

7. Consult with the Child and Family Team (CFT) and other relevant parties to discuss the needs of the child and family so a plan for placement can be devised prior to the 20th calendar day;

**Note:** If the ESC stay will be more than 20 calendar days, staff with the LOD and make a PPS referral to the Clinical Consultant prior to the 15<sup>th</sup> day of the ESC stay. An extension exceeding 20 calendar days may be requested from the Assistant Deputy Director of Child Welfare Services by the ESC facility. The [Extension of Emergency Shelter Care \(ESC\) \(SF 55738\)](#) must be sent to [ESCExtensions@dcs.in.gov](mailto:ESCExtensions@dcs.in.gov) no later than day 15 and must only be sent for exceptional circumstances.

8. Document all recommendations, approvals, and actions taken in the case management system; and
9. Follow all steps listed below for Residential Placement, if residential placement is being considered following ESC.

The FCM Supervisor will:

1. Review the child's needs with the FCM to ensure the child is receiving appropriate services at the ESC;
2. Review the case information and **CANS** recommendations with the FCM to determine an appropriate subsequent placement recommendation based upon the needs of the child and, if appropriate, ensure there is an adequate plan to step the child down to a less restrictive setting;
3. Coordinate with the ESC, FCM, and LOD if the placement needs to extend beyond 20 calendar days to ensure an extension is requested no later than day 15;
4. Request approval from the RM if the child is under 10 years of age and placement in an ESC appears to be the most appropriate placement option; and
5. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The LOD or designee will:

1. Review and approve all ESC placements prior to placement; and
2. Notify the RM of all ESC placements.

The RM will review and approve or deny all recommendations for ESC placements for children under 10 years of age.

The DCS Staff Attorney will:

1. Request court approval within 48 hours of the youth entering the initial ESC placement; and
2. Provide a notice to the court and request a court hearing if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.

The PPS Team (Educational Services Team and Clinical Consultants) will maintain continuous communication with the FCM regarding service interventions for the child and family.

### **Urgent In-State Residential Placement**

For Urgent In-State Residential Placement, the FCM will:

1. Request and receive approval from the LOD or designee (or the RM if the child is under 10 years of age);

2. Submit a referral to the Clinical Consultant within two (2) business days of placement;

**Note:** The consultation with the Clinical Consultant must occur within one (1) business day of receipt of the referral.

3. Consult with the DCS Staff Attorney to request court authorization for placement within one (1) business day;

**Note:** If the child has been detained by DCS and/or the detention is included in a post-dispositional modification, a report and recommendation to the court, notice to the court, and a court hearing are required.

4. Submit a referral to the DCS Education Services team to begin determination of best interest regarding educational setting placement (in accordance with [ESSA](#)). See [Practice Guidance](#) and policies [8.20 Educational Services](#) and [8.22 School Notifications and Legal Settlement](#) for further information;

**Note:** The FCM must notify the child's school within 72 hours when the child is placed in a residential facility. A determination of the child's best interests regarding educational placement will be determined in collaboration with the local education agency.

5. Request the RPC to review the placement at the next RPC Meeting or no later than 30 days following placement;
6. Review case information and the [CANS](#) results with the FCM Supervisor prior to the RPC meeting to determine if continued residential placement is needed. One (1) or more of the following conditions must apply:
  - a. The child requires 24 hour supervision, or
  - b. The child is not able to function on a daily basis in a family home environment.
7. Engage the CFT as partners in placement planning and decision-making. See policies [8.1 Selecting a Placement Option](#) and [5.7 Child and Family Team Meetings](#);
8. Obtain approval of the RPC by presenting the following information at the scheduled review date:
  - a. Completed [Residential Placement Review Summary of Needs \(SF55712\)](#);
  - b. Copy of the completed [CANS](#);
  - c. Clinical Consultant recommendation; and
  - d. Any other documentation available to support the proposed level of care (e.g., current psychological evaluation, current social history, and current family network diagram).

**Note:** The above listed information should be provided via email or hard copy to the RPC members prior to the scheduled review date.

9. Document all recommendations, approvals, and actions taken in the case management system.

The FCM Supervisor will:

1. Review with the FCM the child's needs, the facility recommended for the child's placement (if known), and any additional information to support the recommendation for continued residential placement;

2. Assist the FCM in presenting the required information to the RPC;
3. Ensure the LOD or designee approves the placement in advance of the child's placement; and

**Note:** DCS will not recommend to the RPC or the court placement of a child under the age of 10 in a residential facility without RM approval of the placement.

4. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The LOD or designee will review and approve all urgent residential placements prior to placement.

The RM will:

1. Ensure reviews by the RPC take place timely;
2. Make decisions about discrepancies in the choice of the facility; and
3. Review and approve all recommendations for residential placements prior to the RPC for children under 10 years of age.

The Clinical Consultant will:

1. Staff with the FCM regarding the placement and child's needs, including service recommendations (see policy [5.10 Family Services](#));
2. Consult with the FCM regarding the appropriateness of the residential placement;
3. Provide a recommendation for the least restrictive placement within one (1) business day of receipt of the PPS referral;
4. Make recommendations for the residential facilities that meet the child's needs; and
5. Attend all RPC meetings.

The DCS Staff Attorney will:

1. Request court authorization for placement within one (1) business day; and
2. Provide a notice to the court and request a court hearing if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.

The DCS Education Services Team will maintain continuous communication with the FCM regarding service interventions for the child and family.

All Residential Placements require follow-up. A review of the residential placement is not to exceed 90 calendar days after the initial placement to ensure continuation of the placement is clinically indicated, least restrictive, and in the best interest of the child.

### **Non-Urgent In-State Residential Placement**

For Non-Urgent, In-State Residential Placement, the FCM will:

1. Review the case information and the **CANS** results with the FCM Supervisor and LOD to ensure that one (1) or more of the following conditions apply:
  - a. The child requires 24 hour supervision, or
  - b. The child is not able to function on a daily basis in a family home environment.
2. Discuss the child's needs, reason for recommending residential placement, verification that there is no alternative to residential placement, and placement recommendation (if determined) with the FCM Supervisor and LOD. See policy [8.1 Selecting a Placement Option](#), to ensure all steps are completed;

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3. Submit a PPS referral to the Clinical Consultant prior to the CFT Meeting and document the information received from the Clinical Consultant in the case management system;

**Note:** The consultation with the Clinical Consultant must occur within one (1) business day of receipt of the PPS referral.

4. Engage the CFT members as partners in placement planning and decision-making. See policies [8.1 Selecting a Placement Option](#) and [5.7 Child and Family Team Meetings](#);
5. Present the following information to the RPC to obtain placement approval:
  - a. Completed [Residential Placement Review Summary of Needs \(SF 55712\)](#);
  - b. Copy of the completed [CANS](#);
  - c. Clinical Consultant recommendation; and
  - d. Any other documentation available to support the proposed level of care (e.g., current psychological evaluation, current social history, or current family network diagram).

6. Staff with the Clinical Consultant prior to placement and document information received in the case management system;

**Note:** The information listed above should be provided via email or hard copy to the RPC members prior to the scheduled review date.

7. Obtain court approval prior to the residential placement;
8. Submit a PPS referral to the DCS Education Services team to begin determination of best interest regarding educational setting placement (in accordance with the [ESSA](#)). See [Practice Guidance](#) and policies [8.20 Educational Services](#) and [8.22 School Notifications and Legal Settlement](#) for further information; and

**Note:** The FCM must notify the child's school within 72 hours when the child is placed in a residential facility. A determination of the child's best interests regarding educational placement will be determined in collaboration with the local education agency.

9. Document all recommendations, approvals, and actions taken in the case management system.

The FCM Supervisor will:

1. Review with the FCM the child's needs, the facility recommended for the child's placement (if known), and any additional information to support the recommendation for residential placement;
2. Assist the FCM in presenting to the RPC;
3. Ensure the RM is notified in advance, if the child is under 10 years of age and placement in a residential facility is determined to be the most appropriate placement option; and

**Note:** DCS will not recommend to the RPC or the court placement of a child under the age of 10 in a residential facility without RM approval of the placement.

4. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The RM will:

1. Ensure reviews by the RPC take place timely;
2. Make decisions about discrepancies in the choice of the facility; and
3. Review and approve or deny all recommendations for residential placements prior to RPC for children under 10 years of age.

The Clinical Consultant will:

1. Staff with the FCM regarding the placement and child's needs, including service recommendations (see policy [5.10 Family Services](#));
2. Consult with the FCM regarding the appropriateness of the residential placement;
3. Provide recommendations for the least restrictive placements within one (1) business day of receipt of the PPS referral;
4. Make recommendations for residential facilities which meet the child's needs; and
5. Attend all RPC meetings.

The DCS Staff Attorney will:

1. Request court authorization prior to the residential placement; and
2. Provide a notice to the court and request a court hearing if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.

The DCS Education Services Team will maintain continuous communication with the FCM regarding service interventions for the child and family.

All Residential Placements require follow-up. A review of the residential placement is not to exceed 90 calendar days after the initial placement to ensure continuation of the placement is clinically indicated, least restrictive, and in the best interest of the child.

### **Out-of-State Residential Placement**

**(To be considered ONLY when placement is in the best interest of the child and all appropriate in-state facility options have been exhausted.)**

For Out-of-State Residential Placement, the FCM will:

1. Submit a PPS referral to the Clinical Consultant prior to seeking approval from the RPC and document information received from the Clinical Consultant in the case management system;

**Note:** The consultation with the Clinical Consultant must occur within one (1) business day of receipt of the PPS referral.

2. Obtain approval of the RPC for the out-of-state placement by presenting the following information on the scheduled review date:
  - a. Completed [Residential Placement Review Summary of Needs \(SF 55712\)](#);
  - b. Copy of the completed [CANS](#);
  - c. Clinical Consultant recommendation; and
  - d. Any other documentation available to support the proposed level of care (e.g., current psychological evaluation, social history, or family network diagram).

**Note:** The above listed information should be provided via email or hard copy to the RPC members prior to the scheduled review date.

3. Obtain approval of the RM (if not included in the RPC);

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4. Contact the recommended placement facilities to determine acceptance;
5. Submit a request for out-of-state residential placement approval to the Assistant Deputy Director of Juvenile Justice Initiatives. Attach the following to the request:
  - a. All information submitted to the RPC listed in #2 above;
  - b. Written approval of the RPC; and
  - c. Written agreement of the RM of origin (if not included in the RPC).
5. Complete the ICPC packet. See policy [9.1 Request to Place an Indiana Child in Another State](#) for further guidance;

**Note:** The packet should not be submitted until the Assistant Deputy Director of Juvenile Justice Initiatives approval is obtained.

6. Transport the youth to the approved facility **only** after ICPC approval; and
7. Document all recommendations, approvals, and actions taken in the case management system.

The FCM Supervisor will:

1. Review with the FCM the child's needs, the facility recommended for the child's placement (if known), and any additional information to support the recommendation for an out-of-state residential placement;
2. Assist the FCM in presenting the required information to the RPC;
3. Assist the FCM with the out-of-state residential placement approval process;
4. Ensure the RM is notified in advance of placement request, if the child is under 10 years of age and placement in a residential facility is determined to be the most appropriate placement option; and

**Note:** DCS will not recommend to the RPC or the court placement of a child under the age of 10 in a residential facility without RM approval of the placement.

5. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The Clinical Consultant will:

1. Staff with the FCM, FCM Supervisor, LOD, and RM regarding the appropriateness of the residential placement;
2. Provide recommendations for the least restrictive placement within one (1) business day of receipt of the PPS referral;
3. Make recommendations for the residential facilities that meets the child's needs; and
4. Attend all RPC meetings.

Following approval of the Assistant Deputy Director of Juvenile Justice Initiatives, the FCM will:

1. Request court approval of the placement;
2. Initiate an ICPC;

**Note:** The child may not be placed in the out-of-state facility prior to receiving court approval, approval of the Assistant Deputy Director of Juvenile Justice Initiatives, and an approved ICPC.



3. Submit a referral to the DCS Education Services team to begin determination of best interest regarding educational setting placement (in accordance with [ESSA](#)). See [Practice Guidance](#) and policies [8.20 Educational Services](#) and [8.22 School Notifications and Legal Settlement](#) for further information; and

**Note:** The FCM must notify the child's school within 72 hours when the child is placed in a residential facility. A determination of the child's best interests regarding educational placement will be determined in collaboration with the local education agency.

4. Document all recommendations, approvals, and actions taken in the case management system.

## PRACTICE GUIDANCE

### **Placing a Child in a Residential Facility or Emergency Shelter Care (ESC)**

It is imperative the FCM is thorough in efforts to locate the most appropriate placement for a child. The FCM should consult with the Regional Foster Care Specialist (RFCS) to exhaust all efforts for alternative placement options prior to making a recommendation for ESC or residential placement. The RFCS is able to provide guidance on the possibility of using an urgent foster care placement. The Clinical Consultant should also be included in the discussion concerning the child's needs in order to provide guidance on the appropriateness of residential placement, as well as facility recommendations.

The FCM should work with the identified facility to coordinate and facilitate a smooth transition of the child into placement. See policy [8.9 Placing a Child in Out-of-Home Care](#). The FCM should develop a step-down plan with the residential or ESC facility to facilitate the coordination for follow-up care for the child. Discharge planning should start immediately upon admission of the child to the facility.

### **Residential Placement Committee (RPC)**

The RPC reviews the placement of a child in a CCI, PSF, Group Home, or a [Diagnostic and Evaluation Placement](#) to ensure the placement is the most appropriate setting available, is located as close to the parent, guardian, or custodian's home as possible, and is consistent with the best interests and special needs of the child. The committee will evaluate whether the child may be maintained in a lower level of care or if the facility is the residential treatment center that will best meet the needs of the child and family. Review of the residential placement is not to exceed 90 calendar days to ensure continuation of the stay is clinically indicated, the least restrictive placement, and in the best interest of the child.

The RPC will consist of the FCM and FCM Supervisor assigned to the case, at least one (1) RM or designee, one (1) Clinical Consultant, one (1) RFCS or RFCS Supervisor, a management representative from the region, and a designated Scribe to memorialize each meeting. Regions should strive to have a multidisciplinary team with multi-regional perspectives.

**Note:** The RPC meetings may be held telephonically.

## FORMS AND TOOLS

1. [Residential Placement Review Summary of Needs \(SF 55712\)](#)

2. [Child and Adolescent Needs and Strengths Assessment \(CANS\)](#) – Available in the case management system
3. [Extension of Emergency Shelter Care \(ESC\) \(SF 55738\)](#)

## RELATED INFORMATION

### **Child Caring Institution (CCI)**

A Child Caring Institution is a residential facility that provides child care on a 24-hour basis for more than 10 children or a residential facility with a capacity of not more than 10 children that does not meet the residential structure requirements of a group home.

### **Private Secure Facility (PSF) with and without Psychiatric Residential Treatment Facility (PRTF) certification**

A Private Secure Facility is a locked living unit of an institution for children age six (6) years or older with chronic behavior that endangers themselves or others.

### **Group Home**

A Group Home is a residential structure in which care is provided on a 24-hour basis for not more than 10 children.

### **Every Student Succeeds Act (ESSA)**

ESSA, as it pertains to foster children, was implemented in 2016. The ESSA requires local education agencies and child welfare agencies to collaborate to determine best interests and provide transportation for foster children who attend their school of origin but have been placed outside of the district. See policy [8.22 School Notifications and Legal Settlement](#) for additional information.