POLICY [NEW]

The Indiana Department of Child Services (DCS) will have monthly face-to-face contact with all youth participating in Collaborative Care (CC). Contact should occur on a monthly basis and should not exceed 30 days between visits. The visits can alternate between the youth’s residence and other locations (e.g. school, court, etc).

During critical case junctures involving the youth or resource family (e.g. potential placement disruptions, new Child Abuse and/or Neglect (CA/N) allegations, potential runaway situations, pregnancy of the youth, etc.), 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 critical episode has been stabilized.

The 3CM will have face-to-face contact with resource families, at a minimum, every other month. The 3CM will communicate and partner with the resource family, including host homes, 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.

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

PROCEDURE

The 3CM will see the youth at least once every calendar month, not to exceed 30 days between each visit. During critical case junctures, the 3CM will conduct weekly visits.

At each visit with the youth, the 3CM will:
1. Assess the youth’s safety, health, well-being, and permanency. This should include, but not be limited to:
   a. Visible injuries,
   b. Illness, and/or
   c. Emotional distress (withdrawn, angry, scared, etc.).
2. Discuss progress toward the goals identified in the Independent Living/Transition Plan;
3. Review progress of current services and determine if any additional services are needed;
4. Document the visit and any new information gained in the Management Gateway for Indiana’s Kids (MaGIK) within one (1) business day; and
5. Determine if a Child and Family Team Meeting should be convened to assess whether a critical case juncture warrants continued weekly visits.

**Note:** If contact cannot be made, the 3CM will document in the MaGIK what efforts were made. A discussion about next steps taken should be made with the 3CM Supervisor.

### PRACTICE GUIDANCE

While youth and young adults are still out-of-home placement related programs, efforts should be made to enhance and develop existing relationships with adults who youth trust or with whom trust could be strengthened. Building the capacity of existing relationships to offer more empathetic and insightful emotional support could provide important resources for the youth as he or she leaves out-of-home placement and continues to deal with the emotions and questions raised by his or her experiences prior to, and during, placement.

Emphasis should be placed on assisting youth in creating social capital through interactions with family, peers, caring adults, and community members. Youth who are participating in CC are likely to have missed out on the opportunity to find legal permanency. The building of social capital with the guidance of a 3CM and the youth’s team gives the opportunity for each adolescent to achieve relational permanency, therefore; securing opportunities for heightened positive brain development and a chance at a higher level of success after leaving out-of-home care or CC.

### FORMS AND TOOLS

1. Visitation checklist (SF53557/CW 3112)- Available in MaGIK
2. Case Plan (SF2956/DCS0046)- Available in MaGIK
3. Independent Living/Transition Plan

### RELATED INFORMATION

#### Relational Permanency

Samuels (2008) defined relational permanency as a concept that defines familial relationships in ways that extend beyond biological connections, including familial ties formed during care and after exiting out-of-home placement. “The role of the biological family must be extended beyond that family’s official or legal status in a child’s permanency plan” (p. 5). Youth in out-of-home placement related settings need to have emotional support, peer and insider wisdom for insight and understanding to make a smoother transition into adulthood.

#### Regular Contact is Paramount

Regular contact with the youth is the most effective way that DCS can:

1. Promote timely implementation of Case Plan (SF2956/DCS0046) for children and families served by DCS; and
2. Monitor progress and revise service plans, as needed.

Regular contact with the youth allows the 3CM to:

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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; and
4. Discuss the youth's thoughts and feelings about living on his or her own or with the resource family, if applicable.
5. Discuss social connections and interactions for optimal functioning as an adult.