

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: June 1, 2008
	Section 4: Residential Care Review and Approval	Version: 1

POLICY:	OLD POLICY: 206.5
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The Indiana Department of Child Services (DCS) will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policies, [8.1 Selecting a Placement Option](#) and [8.3 Special Needs/Therapeutic Foster Care](#).

Exception: DCS will allow a child to be placed in a residential facility on an emergency basis prior to a court approval, if a Qualified Mental Health Professional (QMHP) determines that:

1. Placement is needed because the child's safety and well-being is in imminent danger due to a medical or mental health condition; and
2. A less restrictive placement will not mitigate the danger.

The DCS Local Office Director or designee will review all emergency residential placements within two (2) business days of placement, and follow up with the Family Case Manager (FCM) to ensure that court authorization for placement has been requested.

DCS will not recommend placing a child under the age of seven (7) in a residential facility, unless recommended by the Child and Family Team (CFT) or Case Plan Conference participants. The Deputy Director of Field Operations or designee must approve all residential placements of children under the age of seven (7). See separate policy, [5.7 Family Team Meetings](#).

Code Reference

[IC 31-38-2: Review of Proposed Restrictive Placements of Children by Local Coordinating Committees](#)

PROCEDURE

For Non-Emergency Residential Placements

The FCM will:

1. Engage the CFT as partners in the placement planning and decision-making. See separate policies, [8.1 Selecting a Placement Option](#) and [5.7 Family Team Meetings](#);
2. Convene the local coordinating committee to review the proposed placement, per DCS local office procedures;
3. Review the case information with the Supervisor, DCS Local Office Director, and the CFT to assure that one or more of the following conditions apply: (See separate policy, [5.7 Family Team Meetings](#)):
 - a. Less restrictive placements are not appropriate or there are no other placements available to meet the child's needs,
 - b. The child needs more structure than is available in a traditional family setting,

- c. The child requires 24 hour supervision, and
 - d. This child is not able to function on a daily basis in a family home environment.
4. Work with the facility to coordinate and facilitate a smooth transition of the child into placement. See separate policy, [8.9 Placing a Child in Out-of-Home Care](#);
 5. Present the Supervisor and the DCS Local Office Director with information regarding the child's needs and reason(s) for recommending residential placement. Include the name of the recommended facility if known. See separate policy, [8.1 Selecting a Placement Option](#) to ensure that all steps are completed are completed;
 6. Obtain court approval prior to making the residential placement; and
 7. Follow up with the residential facility to develop a step down plan; then, facilitate the coordination for follow up care for the child, once released from the facility.

The Supervisor will:

1. Review with the FCM the list of the child's needs, the recommended facility (if known), and any additional reasons for recommending residential placement;
2. Inform the FCM of the decision regarding approval or disapproval of the placement recommendation by the DCS Local Office Director and/or other agency staff according to DCS local office procedures; and
3. Request permission from the Deputy Director of Field Operations or designee, if the child is under seven (7) years of age and placement in a residential facility appears to be the most appropriate placement option.

For Emergency Residential Placements

The FCM will:

1. Ensure that the placement is approved by a QMHP;
2. Make necessary notifications to the DCS local office after-hours Child Abuse and Neglect (CA/N) Hotline;
3. As soon as possible following the emergency residential placement, facilitate a CFT Meeting to review the [Tool 8.A : Placement Needs Summary](#) and determine an appropriate placement recommendation based upon the needs of the child. See separate policy, [5.7 Family Team Meetings](#);
4. Review the case information with the Supervisor, DCS Local Office Director, and the CFT on an ongoing basis to assure that the child continues to warrant such a placement. See separate policy, [5.7, Family Team Meetings](#);
5. If the recommendation is to continue the residential placement, ensure that the placement is approved by the court within seven (7) days from the initial emergency placement;
6. Follow up with the residential facility to develop a step down plan; and
7. Facilitate the coordination for follow up care for the child, once released from the facility.

The Supervisor will:

1. Review the child's needs with the FCM to ensure that the child is receiving appropriate services at the residential facility;
2. Request permission from the Deputy Director of Field Operations or designee, if the child is under seven (7) years of age and placement in a residential facility appears to be the most appropriate placement option; and
3. Ensure that there is an adequate plan in place to step the child down to a less restrictive setting.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[8.A: Placement Needs Summary](#)

RELATED INFORMATION

Qualified Mental Health Professional

A QMHP is defined as a licensed psychiatrist, a licensed physician, or a licensed psychologist endorsed as a Health Service Provider in Psychology (HSPP).

An individual who has had at least two (2) years of clinical experience, under the supervision of a mental health professional, with persons with serious mental illness qualifies as a QMHP. Such experience must have occurred after the completion of a Master's Degree or Doctoral Degree or both from an accredited university, and the individual must possess one of the following credentials:

1. In nursing (plus a license as a registered nurse in Indiana);
2. In social work (from a university accredited by the Council on Social Work Education);
3. In psychology (and who meets the Indiana requirements for the practice of psychology);
4. In counseling and guidance, pastoral counseling or rehabilitation counseling; or
5. A mental health professional who has documented equivalence in education, training, and/or experience approved by the supervising physician.