



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 11: Older Youth Services

Section 26: Minimum Contact for Collaborative Care Placements

Effective Date: August 1, 2022

Version: 3

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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 and the Transition Plan for Successful Adulthood 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 safety, stability, 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 one's own or with the resource parent, if applicable; and
5. Discuss social connections and interactions for optimal functioning as an adult.

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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 contacts. The contacts may alternate between the youth's residence and other locations (e.g., school and court). For youth admitted to residential treatment, the Collaborative Care Case Manager (3CM) will also have weekly contact. The weekly contact may be by phone or virtual (e.g., video conferencing, Facetime), using virtual technology, depending on the residential agency's capacity. 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 3CM until the issue 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: CC youth living on their own shall be considered their own caregiver.

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. The Face-to-Face Contact form and/or the 5.C Tool: Face-to-Face Contact Guide may be utilized as guides for discussion during the face-to-face contact with the youth;

2. Discuss the youth's support system and identify supportive individuals that may assist the youth;
3. 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; and
4. 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.

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

1. Discuss the youth's safety, stability, permanency, and well-being; and
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.

Following each contact, the 3CM will:

1. Document the visit and any new information gained during the face-to-face contact and enter the information in the case management system within three (3) business days; and

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.

2. Convene a Child and Family Team (CFT) Meeting to assess whether the circumstances which constituted the case juncture have been resolved and determine if continued weekly contact is necessary. See policy 5.07 Child and Family Team Meetings for additional information.

The 3CM Supervisor will:

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

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RELEVANT INFORMATION

Definitions

Case Juncture

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;
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.

Case Staffing

Case staffing is a systemic and frequent clinical review of all case information with safety, permanency, stability and well-being as driving forces for case activities.

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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LEGAL REFERENCES

- [IC 31-28-5.8-6: Updating case plans; transitional services plan; visitation with family case manager](#)

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PRACTICE GUIDANCE- DCS POLICY 11.26

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Importance of Social Capital for Older Youth

Building the capacity of existing relationships to offer more empathetic and insightful emotional support could provide important resources **for youth leaving** out-of-home placement to help them continue to deal with the emotions and questions raised by **their** experiences prior to, and during, placement. While youth and young adults are still in 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

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.

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