



INDIANA DEPARTMENT OF CHILD SERVICES  
CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Effective Date: December 1,  
2013

Section 4: Emergency Shelter & Urgent  
Residential Placement Review and Approval

Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will utilize Emergency Shelter Care (ESC) and Residential Placement when there are extenuating circumstances documented that prevent the child from being placed in the least restrictive, most family-like setting. See separate policy, [8.1 Selecting a Placement Option](#).

The Residential Placement Committees (RPC) will review and approve all residential placements prior to seeking court approval for placement. In addition, the Clinical Specialist must be consulted prior to all residential placements.

**Exception:** DCS may place a child in a residential facility in an urgent situation prior to the RPC and court approval, if:

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 is not available or will not mitigate the danger.

**Note:** DCS will not recommend to the RPC or the court placement of a child under the age of 10 in a residential facility, unless recommended by the Child and Family Team (CFT) or Case Plan Conference participants and the Regional Manager (RM) has been notified. See separate policy, [5.7 Child and Family Team Meetings](#).

All urgent residential placements and ESC placements will be approved prior to placement by the DCS Local Office Director (LOD) or designee to ensure the placement is the least restrictive, the Clinical Specialist has been consulted, and court authorization for placement has been requested.

**Note:** The RPC must review the urgent residential placement, excluding Emergency Shelter Care (ESC) stays, within 30 days of placement. ESC stays will not exceed 20 days without approval. See [Procedure](#) for ESC Placements concerning the extension of an ESC stay.

The RPC will consist of the Family Case Manager (FCM) assigned to the case, at least one (1) RM or designee, one (1) Clinical Specialist, 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 electronically.

Follow-up for the RPC reviews will occur based on the recommendation of the RPC to ensure continuation of the stay is clinically indicated, is the least restrictive, and is in the best interest of the child. A Permanency Roundtable (PRT) will be required for the child if he/she remains in residential placement for at least 12 months.

## Code Reference

[IC-31-37-20-3: Formal hearing on continued jurisdiction; periodic jurisdiction review; referral to permanency roundtable](#)

## PROCEDURE

### **For Non-Urgent Residential Placements**

The FCM will:

1. Engage the CFT as partners in placement planning and decision-making. See separate policies, [8.1 Selecting a Placement Option](#) and [5.7 Child and Family Team Meetings](#);
2. Review the case information and the Child and Adolescent Needs and Strengths Assessment (CANS) results with the FCM Supervisor and DCS 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.
3. Document information received from the Clinical Specialist in the case management system;

**Note:** Clinical Specialists must respond within 24 hours of a request for consultation.

4. Consult the Clinical Specialist prior to placement;
5. Present the FCM Supervisor and the DCS LOD with information regarding the child's needs, reason(s) for recommending residential placement, and verification that there is no alternative to 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;
6. Obtain approval of the RPC by presenting the following information at the scheduled review date: Completed Residential Placement Needs Summary form, a copy of the completed CANS and any other documentation available to support the proposed level of care (e.g., current psychological evaluation, current social history, or 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.

7. Obtain court approval prior to making the residential placement.

The FCM Supervisor will:

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

**Note:** DCS will not recommend to the RPC or the court, placement of a child under the age of 10 in a residential facility, unless recommended by the CFT or Case Plan Conference participants and the RM approves the placement.

The Clinical Specialist will:

1. Consult with the FCM regarding the viability of the residential placement;
2. Provide recommendations for least restrictive placements within 24 hours of the original request;
3. Make recommendations for the actual residential facilities that meets the child's needs; and
4. Attend all the RPC meetings.

RM's will:

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

The RPC will review and approve all residential placements. Follow-up reviews will occur based on the recommendation of the RPC to ensure continuation of the stay is clinically indicated, is the least restrictive, and is in the best interest of the child.

**Note:** The RPC will schedule follow-up reviews. If a child remains in residential placement for at least 12 months, a PRT will be required for the child.

#### **For Urgent Residential Placements**

The FCM will:

1. Request approval from the DCS LOD or designee or the RM if the child is under 10 years of age;
2. Consult the Clinical Specialist as soon as possible concerning the placement and the child's needs;
3. Request court authorization for placement within 24 business hours;

**Note:** If the following day is a weekend or holiday, then court authorization should be requested on the first business day after the weekend or holiday.

4. Document information received from the Clinical Specialist in the case management system;

**Note:** Clinical Specialists must respond within 24 hours of a request for consultation.

5. Request the RPC review the placement within 30 days;
6. Review the 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. This 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 separate policies, [8.1 Selecting a Placement Option](#) and [5.7 Child and Family Team Meetings](#); and
8. Obtain approval of the RPC by presenting the following information at the scheduled review date: Completed Residential Placement Needs Summary form, a copy of the completed CANS and 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.

The FCM Supervisor will:

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

**Note:** DCS will not recommend to the RPC or the court, placement of a child under the age of 10 in a residential facility, unless recommended by the CFT or Case Plan Conference participants and the RM approves the placement.

The DCS LOD or designee will approve all urgent residential placements.

The Clinical Specialist will:

1. Consult with the FCM regarding the viability of the residential placement;
2. Provide recommendation for least restrictive placements within 24 hours of the original request;
3. Make recommendations for the residential facilities that meets the child's needs; and
4. Attend all RPC meetings;

RMs will:

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

The RPC will review and approve all residential placements. Follow-up reviews will occur based on the recommendation of the RPC to ensure continuation of the stay is clinically indicated, is the least restrictive, and is in the best interest of the child.

**Note:** The RPC will schedule follow-up reviews. If a child remains in residential placement for at least 12 months, a PRT will be required for the child.

### **For Emergency Shelter Care (ESC) Placements**

The FCM will:

1. Ensure the placement is approved by the DCS LOD or designee or RM if the child is under 10 years of age;
2. Seek court approval for placement within 48 hours of child entering the initial ESC placement;
3. Consult the Clinical Specialist as soon as possible after placement, if the plan is for the child to be placed in a residential facility;

**Note:** Clinical Specialists must respond within 24 hours of a request for consultation.

4. Complete the CANS assessment pursuant to the time frames outlined in policy [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#);
5. Consult with 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; and

**Note:** If the ESC stay will be more than 20 days, staff with the DCS LOD prior to the 15<sup>th</sup> day of the ESC stay. An extension exceeding 20 days may be requested from the Deputy Director of Placement Support and Compliance by the ESC facility or LOD. The request for extension must be sent no later than day 15 and must only be sent for exceptional circumstances.

6. Review the case information and CANS recommendations with the FCM Supervisor and DCS LOD within five (5) calendar days of placement to determine an appropriate subsequent placement recommendation based upon the needs of the child. See separate policy, [5.7 Child and Family Team Meetings](#).

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 days to ensure an extension is requested no later than 15 days; and
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.

The DCS LOD or designee will approve all ESC placements.

The Clinical Specialist will:

1. Consult with the FCM regarding the viability of a subsequent residential placement;
2. Provide recommendations for less restrictive placements within 24 hours of the original request;
3. Make recommendations for the residential facilities that meets the child's needs; and
4. Attend the RPC meetings;

RMs will approve all recommendations for ESC placements for children under 10 years of age.

## **PRACTICE GUIDANCE**

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

FCMs should 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](#). FCMs should follow up with the residential or ESC facility to develop a step-down plan and facilitate the coordination for follow up care for the child. Discharge planning should start immediately upon admission of the child to the facility.

## FORMS AND TOOLS

[Residential Placement Review Summary of Needs \(SF55712\)](#)

## RELATED INFORMATION

### **Residential Placement Committee:**

The Residential Placement Committee reviews the placement of a child in a child caring institution, a private secure facility, or a group home licensed by DCS to ensure that the placement is the most appropriate setting available and close to the parent's home, consistent with the best interests and special needs of the child. The committee will evaluate if the child could 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.

[IC 31-40-1-2\(f\)](#) requires an out of state residential or group home placement to be pre-approved for payment by the DCS Director, or designee, prior to DCS's assumption of financial liability for such placement.

### **Emergency Shelter Care:**

Emergency Shelter Care (ESC) is a program that provides emergency services to meet basic needs for safety, food, clothing, shelter, education, and recreation on a short-term basis, and allows access and admission on a 24-hour basis. It is only available for 20 days unless approved by the Deputy Director of Placement Support and Compliance. To be eligible for an extension, a waiver request should be submitted in writing prior to the 15<sup>th</sup> day of placement. These waivers will only be granted for exceptional circumstances.

ESC is considered a short term placement that will only be utilized in crisis situations. The need for ESC placement should be resolved within 10 days, and the maximum stay should not exceed 20 days. Requests for placement to extend beyond 20 days must be sent by the DCS LOD or ESC facility, to the Deputy Director of Placement Support and Compliance with the rationale and explanation of circumstances which justify the extension. The request for extension must be sent no later than day 15 and must only be sent for exceptional circumstances. For a diagnostic and evaluation within the ESC facility, the 20 day time frame still applies.