



**Older Youth Services  
&  
Collaborative Care Program  
Service Delivery and Protocol**

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## I. INTRODUCTION

The purpose of the Older Youth Services Protocol is to provide detailed information and guiding principles on Indiana’s older youth services program model and service delivery. This document describes Indiana’s older youth services system, older youth practice model, and service delivery.

### A. Chafee Program History

The [Fostering Connections to Success and Increasing Adoptions Act of 2008](#) is federal legislation that was written to provide assistance from the federal government to states to improve outcomes for children and youth in foster care. This legislation is often referred to as “Fostering Connections”.

[The Preventing Sex Trafficking and Strengthening Families Act of 2014](#) is federal legislation that was written to improve and protect the wellbeing of children and youth in foster care. Specifically, increasing provisions for states to empower and engage youth at an earlier age to improve services and outcomes children and youth in foster care.

Research conducted by Mark Courtney et. al. ([2007](#)) as cited in Peters ([2009](#)) demonstrates that extending foster care past the age of 18 positively impacts youth outcomes in “educational attainment, delayed pregnancy, higher earnings and an increased likelihood of receiving independent living services” (p. 12).

Collaborative Care is Indiana’s program that extends and allows for reentry into foster care. Youth who choose to participate in Collaborative Care are agreeing to participate in services that strive to impact several developmental needs and goals. Recent research by Jim Casey Youth Opportunities Initiative ([2011a](#)) on the adolescent brain suggest that youth benefit from remaining in foster care for a multitude of reasons that stretch across different social and developmental arenas such as:

- Positive Brain and Emotional Development
- Planning and Decision Making
- Building of [Relational Permanency/Social Capital](#)

### B. Glossary of Terminology

#### **Ambiguous loss**

Those losses for which there are no clear boundaries, no clear ending, and often no societal recognized mechanisms or rituals for grieving or acknowledging what has been lost (Boss, 1999, 2004 as cited in [Samuels, 2008](#)). Ambiguous loss in relation to foster care often encompasses removal from one’s biological parent/s, multiple placements moves and other social network disruptions (Perry, 2006 as cited in [Samuels, 2008](#)).

### **Broker of Services**

Model of providing independent living services which places the provider in the role of connecting youth with services provided in the youth's community or through a natural, unpaid connection to the youth rather than by the contracted provider. Over time, the youth should be able to depend on their social network and individual knowledge to accomplish tasks related to living independently.

### **John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program)**

The Chafee Program provides independent living (IL) services that consist of a series of developmental activities that provide opportunities for young people to gain the skills required to live healthy, productive, and responsible lives as self-sufficient adults.

<http://www.acf.hhs.gov/programs/cb/resource/chafee-foster-care-program>

### **Child and Family Team Meeting (CFTM)**

A process that brings together the wisdom and expertise of families, supports, and formal resources to serve the child and family's achievement of safety, permanency, stability, and well-being by recognizing strengths, assessing needs, developing goals, and setting reasonable timeframes.

### **Collaborative Care (CC)**

Indiana's extended foster care program developed to serve youth through the Fostering Connections to Success and Increasing Adoptions Act of 2008. Collaborative Care is a voluntary program that allows CHINS and Probation youth 18 years and older, to remain under the care and placement of DCS to continue to receive services until the day of their 21<sup>st</sup> birthday. CC focuses on youth-adult partnerships, positive youth development and encourages youth to develop a strong social network/social capital.

### **Collaborative Care Case Manager (3CM)**

A Collaborative Care Case Manager (3CM) is an employee of the Indiana Department of Child Services who monitors Collaborative Care cases. The 3CM works under the principles of authentic youth engagement and has a strong understanding of trauma informed care.

### **Collaborative Care Youth (CCY)**

A youth who is under the placement and care of the State of Indiana (CHINS or JD/JS) who chooses to participate in Indiana's Collaborative Care program and is case managed by a 3CM.

### **Education and Training Voucher (ETV)**

The Chafee ETV Program makes financial resources available to meet the postsecondary education and training needs of youth aging out of foster care and enrolled in a qualified higher education program. [www.indianaetv.org](http://www.indianaetv.org)

### **Emancipation Goods and Services (EG&S)**

EG&S is a funding source to provide goods and services that a youth may need as they become independent of the system. EG&S funds have a lifetime maximum cap of \$1,500 for assistance per eligible youth to age 23 that are accessing voluntary services.

### **Families First Prevention and Services Act of 2018**

The Families First Prevention and Services Act (H.R. 1892) was signed into law on February 9, 2018. This law includes the Family First Prevention Services Act (FFPSA), which reauthorizes and amends the title IV-B subparts 1 and 2 programs; amends the Chafee program, amends the title IV-E foster care program to create new optional prevention funding under title IV-E; places title IV-E payment limits on child care institutions; and reauthorizes the Adoption Incentives Program among other changes <https://www.acf.hhs.gov/cb/laws-policies/whats-new>.

### **Federal Definition of Foster Care**

Foster care is defined as 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. Facilities that are outside the scope of foster care include but are not limited to: detention facilities; psychiatric hospital acute care; forestry camps; or facilities that are primarily for the detention of children who are adjudicated delinquents.

**Source:** [http://edocket.access.gpo.gov/cfr\\_2010/octqtr/45cfr1355.20.htm](http://edocket.access.gpo.gov/cfr_2010/octqtr/45cfr1355.20.htm)

### **Foster Care Independence Act of 1999**

The Foster Care Independence Act of 1999 established federal legislation, the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program) giving stated funding to ensure youth involved in foster care are provided independent living skills they need as they age out of care.

**Source:** [https://www.ssa.gov/OP\\_Home/ssact/title04/0477.htm](https://www.ssa.gov/OP_Home/ssact/title04/0477.htm)

### **Fostering Connections to Success and Increasing Adoptions Act of 2008**

The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893) (the FCA or Fostering Connections Act) was signed into law on October 7, 2008, as Public Law 110-351. FCA amended parts B and E of title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for Tribal foster care and adoption access, improve incentives for adoption, and for other purposes (Child Welfare Information Gateway, 2011)

<http://www.acf.hhs.gov/programs/cb/resource/implementation-of-the-fostering-connections>

### **Independent**

Able to operate alone, not dependent on others.

### **Independent Living Arrangement**

A living arrangement that provides housing for a youth that is not supervised on site, such as a dormitory, an apartment, or shared housing, and is not a foster home, host home, group home, child caring institution, or private secure facility.

### **Interdependent**

Relying on mutual assistance, support, cooperation, or interaction among constituent parts or members.

### **Indiana Youth Bill of Rights**

The Indiana Youth Bill of Rights is a document that describes the rights of Indiana's foster youth with respect to education, health, visitation, and court participation, the right to be provided various document, the right to stay safe and avoid exploitation. The Indiana Youth Bill of Rights is provided to every foster youth in out of home care at the beginning of age 14 and provided every six (6) months thereafter. This document must be explained in an age-appropriate way and signed by the youth.

### **Older Youth Services**

Services provided to an older youth by or on the behalf of the department. These services are further defined in the Older Youth Services Service Standards and are also known as Successful Adulthood Services.

### **Older Youth Services Provider**

An agency or individual who is contracted to provide Older Youth Services in accordance with the Older Youth Services Service Standards. The Older Youth Services provider can work with youth who are in the Collaborative Care program, foster youth who are eligible to receive Chafee OY Services, and former foster youth who are eligible to receive Chafee Voluntary OY Services.

### **Older Youth Services Service Standards**

A document which outlines roles and responsibilities of service providers and youth from which provider performance and the payment of claims submitted by the provider is based.

## ***Permanency***

### **Legal Permanency**

Permanency as defined by Child Welfare Systems is a safe, stable, secure home and family. There are five (5) federal Permanency Goals: Reunification, Adoption, Guardianship, Fit & Willing Relative, and Another Planned Living Arrangement (APPLA). These relationships are recognized in a court of law. Examples include biological parent/child relationship or adoptive parent/child relationship.

### **Relational Permanency**

A concept that defines familial relationships in ways that extend beyond biological connections, including familial ties formed during care and after exiting foster care (Samuels, 2008). The role of the biological family extends beyond that family's official or legal status in a child's permanency plan (Samuels, 2008).

## ***Plans***

### **Case Plan**

A case plan is a written plan describing the programs and services available to help youth in foster care ages 14 and older obtain permanency. The plan is designed to list goals and objectives; strength and needs of the youth. The case plan also includes a document describing the rights of the child to education, health, visitation, and court participation; the right to stay safe and avoid exploitation. Youth ages 14 and older are required to participate in case planning and have 2 child representatives to assist with the development of the case

plan. It is the responsibility of the Indiana Department of Child Services to ensure the case plan is completed every 6 months until the youth achieve permanency and discharged from care.

### **Transition Plan for Successful Adulthood**

Per DCS Policy 11.6: Transition Plan for Successful Adulthood (TP/SA); this plan and its transitional service component is a comprehensive, written plan that is personalized for each youth and is to be used at each meeting with the youth and at the Child and Family Team to guide the transition planning process with the youth. The TP/SA Plan is developed with the youth's participation and completed every 6 months.

**Transitional Services Plan for Successful Adulthood** Per DCS Policy 11:6 Transition Plan for Successful Adulthood (TP/SA); the transitional services plan for successful adulthood is to be completed 90 days before they youths eighteenth (18<sup>th</sup>) birthday.

### **Learning Plan**

The learning plan is an individualized specific plan based off results from the Life Skills Assessment and strongly driven by the youth's input. Unlike the TP/SA, the learning plan is developed between the youth and the contracted OYS provider. This plan may be developed during the TP/SA Plan CFT Meeting, but it is not required to be done at that time. The Learning Plan must include information on specific steps that will be taken to ensure that the youth's IL needs are met.

The Transition Plan for Successful Adulthood should be considered a guide or direction, while the Learning Plan should contain the actual steps or learning goals to get there. The two plans should be closely related with the Transition Plan outlining the "what should be accomplished" and Learning Plan including more detail about the "how it will be accomplished."

### **Preventing Sex Trafficking and Strengthening Families Act of 2014**

The Preventing Sex Trafficking and Strengthening Families Act (H.R. 4980) was signed into law September 29, 2014, as public law 113-185. The law amends the title IV-E foster care program to address trafficking, limits another planned permanency living arrangement (APPLA) as a plan for youth and reauthorizes and amends Family Connections Grants and the Adoption Incentives Program (Children's Bureau, An Office of the Administration for Children and Families). <http://www.acf.hhs.gov/programs/cb/laws-policies/whats-new>

### **Room and Board (R&B) Funding**

Funds that are for the payment of rent deposits and payments and utility deposits and payments only for youth who are no longer wards and are participating in Voluntary IL Services. R&B funds have a lifetime maximum cap of \$3,000 for assistance per eligible youth to age 23. R&B payments will only be made through a contracted Older Youth Services Provider who is also providing older youth case management services to the youth.

### **Re-entry**

Under the Federal Fostering Connections Act Indiana's Extended Foster Care Program, Collaborative Care allows for youth who were formerly in foster care to voluntarily return to DCS care and supervision.

To be eligible for re-entry a youth must have been in foster care through the State of Indiana on their 18th birthday and meet the Collaborative Care eligibility criteria. Youth must sign the Voluntary Collaborative Care Agreement. A petition is filed along with the agreement and the court retains jurisdiction over the Collaborative Care case until case closure.

## **Services**

### **The Chafee Program Older Youth Services**

The Chafee Program Older Youth Services should be services to young people that will help them transition to adulthood, regardless of whether they end up aging out of the foster care system, are adopted, or are reunified. Older Youth Services should be based on the Casey Life Skills Assessment following the youth's referral for services. Youth receiving older youth services must participate directly in designing their program activities, accept personal responsibility for achieving independence, and have opportunities to learn from experiences. Older Youth Services should be provided according to the services standards. These services are provided by Collaborative Care providers, LCPAs, residential/group home providers depending on the age and placement of the youth. Services should be administered based upon the broker of resources model.

### **The Chafee Program Voluntary Older Youth Services**

The Chafee Program Voluntary Older Youth Services (Voluntary Services) are a continuum of older youth services and are reserved for youth who are no longer wards and who meet eligibility requirements. Services offered range from individual case management based on the broker of services model, emancipation goods and services and room and board funds.

### **Social Capital**

Supportive social relationships and networks

### **Successful Adulthood Services**

Services for youth that are designed to assist youth who will age out of foster care with the skills and abilities necessary or desirable to be self-reliant.

### **Trauma Informed Care**

Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization (SAMSHA, 2011).

[http://www.samhsa.gov/samhsaNewsLetter/Volume\\_22\\_Number\\_2/trauma\\_tip/key\\_terms.html](http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html)

### **Youth-Adult Partnerships**

In an authentic youth-adult partnership, both partners have equal opportunities to utilize skills, make decisions, and independently carry out tasks to reach shared goals. Each acknowledges learning from the other. Optimally, a balance is created—among young people interacting with peers, adults interacting with other adults, and, importantly, young people and adults working together to reach common goals. ([Jones & Perkins, 2006](#))

## **Youth Thrive Framework**

The Youth Thrive Framework supports resiliency, positive youth development and the neuroscience of brain development and its' impact on healthy development and well-being. There are five protective and promotive factors that promote well –being and drive successful outcomes for youth.

### **Protective & Promotive Factors**

#### **Youth Resilience**

Managing stress and functioning well when faced with stressors, challenges, or adversity, building on individual characteristics, strengths, and interests.

#### **Social Connections**

Having healthy, sustained relationships with people, institutions, the community, and a force greater than oneself that promote a sense of trust, belonging, and that one matters.

#### **Knowledge of Adolescent Development**

Understanding the unique aspects of adolescent development including information on adolescent brain development and the impact of trauma; implementing developmentally and contextually appropriate best practices.

#### **Concrete Support in Times of Need**

Understanding the importance of asking for help and advocating for oneself; receiving quality services (e.g., health care, housing, education) designed to preserve youths' dignity, provide opportunities for skill development, and promote healthy development.

#### **Cognitive and Social-Emotional Competence:**

Acquiring skills and attitudes (e.g., executive functioning, character strength, future orientation, persistence, and positive emotions) that are essential for forming an independent identity and having a productive, responsible, and satisfying adulthood (Browne, Notkin, Schneider-Munoz, & Zimmerman, 2015)

## **C. Foundational Pillars of Older Youth Services**

### **1. Youth Voice**

To ensure services and the older youth services system remains youth focused, the department supports youth and young adults in using their “voice”. “Youth and young adult “voice” has come to be understood as the ideas, opinions, experiences, attitudes, knowledge, actions, involvement and initiatives of young people and their meaningful inclusion in the creation and implementation of programs, policies and practice”. (Jim Casey Opportunity Initiatives).

Meaningful youth voice allows youth the opportunity to plan and make decision for themselves as well as shape older youth services programming and policy. Youth must have a significant role in their child and family teams that includes identifying team members;

specifically, two adult supports. Youth will be involved in their case planning, Transition Plan for Successful Adulthood (TP/SA) and learning plan. Youth should develop their older youth services goals and objectives. Youth should be engaged in their own understanding of their strength and needs while developing their independent living skills.

Youth will have an opportunity to be involved in leadership opportunities that enhance their youth voice. Youth should have an opportunity to voice their opinion on direct DCS older youth services service, practice, and policy. Service Providers shall ensure youth are involved in their agency OYS continuous quality improvement projects and create community engagement opportunities.

## 2. Youth-Adult Partnerships

Services alone are not enough to promote positive youth development. Indiana's Collaborative Care model was designed to support youth-adult partnerships during the case planning, implementation, and monitoring process. Collaborative Care Case Managers (3CMs) are individuals who have experience working with older youth and adolescents during this critical developmental stage. These workers understand trauma-informed care and specific practices that allow them to identify and address issues related to trauma, grief and [ambiguous loss](#) that youth aging out of foster care are likely to face. Additionally, these workers have a full understanding of how having a healthy partnership throughout the case, including the development and implementation of case and TP/SA allows for certain corrective actions to occur regarding the negative impact of trauma on the developing brain. By creating these partnerships and supporting healthy risk taking through constructive, meaningful activities, 3CMs also provide opportunities for older youth and adolescents to reverse the negative impact of trauma and ambiguous loss on the brain. An added benefit to youth-adult partnerships in the planning process is that the resulting plan is more effective due to the buy-in from the youth.

## 3. Teachable Moments & Healthy Risk Taking

While in care, youth will participate in experiential learning activities that will support their growth and development in each outcomes area or life skills. These activities will enhance a youth's life skills. Teachable moments are based on the youth's wants, needs or interest. Service Providers shall engage youth in developing awareness of moments in their daily life they can grow from. OYS Service Providers shall create opportunities for youth to discover, develop, and consolidate their identity through healthy risk taking. Teachable moments and healthy risk-taking support positive youth development. Service Providers shall allow youth to learn from their experiences to gain self-confidence, coping skills, self-regulation, and resiliency.

## 4. Relational Permanency/Social Capital

The Service Provider will assist youth with developing social supports and provide opportunities to grow social capital. Samuels (2008) identified that youth in foster care related settings need to have emotional support, peer and insider wisdom for insight and understanding. This is known as relational permanency. While youth and young adults are still involved in foster care–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 empathic and insightful emotional support could provide important resources for youth as they leave foster care and continue to deal with the emotions and questions raised by their experiences prior to, and during, foster care.

An essential aspect of older youth services is the impetus of interdependence. Interdependent living occurs when an individual depends upon others in areas in which he/she lacks the capacity to function on his/her own. The goal is for young people to be able to reach out to and count on others for support to manage the experiences and tasks encountered in the world when they do not have sufficient skill, energy, confidence, and/or time to do it themselves ([Propp et al., 2003](#), as cited in [Samuels, 2008](#) ).

## 5. Broker of Resources Model

Indiana’s Older Youth service delivery method introduces the broker of resources model designed to: 1) ensure youth have or establish ongoing connections with caring adults; and 2) promote youth to develop as productive individuals within their community, by the acquisition and maintenance of gainful employment, the achievement of educational/vocational goals, and the receipt of financial skills training. This model shall also aid in future program development and design for other resources to facilitate the successful transition to adulthood for foster youth.

Another essential piece of older youth service is giving youth the opportunity to build and strengthen their social capital. Having diverse social relationships and networks are crucial to healthy development and functioning ([Jim Casey, 2011d](#)). Collaborative Care places an emphasis on assisting youth in creating social capital through interactions with family, peers, caring adults, and communities. This development can be found in different aspects of case planning and implementation as well as in the provision of services. Youth who are participating in Collaborative Care are likely to have missed out on the opportunity to find legal permanency. The building of social capital with the guidance of a 3CM gives youth the opportunity to achieve relational permanency, therefore securing opportunities for heightened positive brain development and a chance at a higher level of success after leaving foster care.

## 6. Social Networking

Youth participating in older youth services will develop interconnected relationships in the service network of caseworkers, foster parents, and other providers and in the personal network of biological family and community supports. Additionally, many of today's youth use social networking as one of their primary methods of communication. This medium of communication offers an opportunity to broaden the means of interaction, build rapport with

Collaborative Care youth and maintain contact that may otherwise been deemed challenging. Alternative modes of contact allow the Service Providers an effective medium to share information quickly using technology.

Communication in this form continues to evolve as should the methods utilized in communicating with the youth in Collaborative Care.

Communication between program youth, 3CM's, Older Youth Service Providers shall be as effective as the channel being used and not limited to Facebook, Skype, Instagram, Direct Messenger, Twitter, Google+ and text messaging.

With the assistance of social networking, opportunities may arise for the youth to gain contact and renew relationships that may have occurred prior to or during their time in foster care. With the youth's input, the Service Providers will promote healthy relationship building to increase social capital. The Service Provider may also serve as a formal support to the youth during Child and Family Team Meeting (CFTM).

#### D. Older Youth Services Service Delivery

To support positive youth development during adolescence, services must be adjusted to account for the unique needs of youth who are aging out of foster care. This can be done by designing services that allow for youth to learn from experiences and mistakes. These experiences and mistakes promote positive brain development at a time when adolescents' brains are in a state of plasticity, allowing youth to gain self-confidence, coping skills, self-regulation, and resiliency skills. Indiana's "broker of services" model for Chafee Independent Living Services support older youth in this manner by being structured to allow for youth-adult partnerships in the planning process. Additionally, the standards are structured in a way that allow for a myriad of individuals to role-model, teach, train, monitor, etc. particular Independent Living (IL) skills. Youth should have the opportunity to experience situations that build social relationships and networks (i.e., strengthen their social capital). The contracted Older Youth Services Provider is not solely responsible for the growth and development of the young person participating in services. All youth should be supported by a team of people including formal and informal connections. Finally, Indiana's Older Youth service standards are designed to give differing levels of support to the youth depending on the youth's skill developmental and comfort level. Youth with less experience may require more guidance and face to face instruction time while other youth may only need assistance occasionally with less guidance.

To encourage healthy development, older youth services are enhanced to support promotive and protective factors to increase resiliency amount youth. Using the Youth Thrive framework enables providers to delivery services that acknowledges youth lived experiences that has produced stress and trauma. In doing so, Service Providers can focus on each youth's individual developmental need and incorporate services that respond to youth's interest and abilities.

This includes building protective and promotive factors to reduce risk, improve development and well-being.

### 1. Transition Plan for Successful Adulthood

It is the responsibility of the Indiana Department of Child Services to ensure that a Transition Plan for Successful Adulthood (TP/SA) is completed for every youth in foster care starting at age of 14 and every 6 months until the youth is discharge from care. Specific information that must be covered in the TP/SA Plan include, but is not limited to, planning information for the youth's: education and training, employment services and workforce support, housing, healthcare (including insurance), and available resources (local, state, and federal). TP/SA can be completed during the 30-day visit with the youth or during a youth driven Child and Family Team meeting. Once the TP/SA has been completed, the youth must receive a copy of this plan.

### 2. Transitional Plan for Successful Adulthood

It is the responsibility of DCS to ensure that a Transitional Plan for Successful Adulthood is complete for every youth in foster care 90 days before the youths' 18<sup>th</sup> birthday. The plan is a comprehensive written plan that is personalized for each youth who is transitioning out of foster care and into adulthood. The plan describes the details of the youth exit strategies in the areas of supportive relationships, housing & transportation, obtaining vital records, money management, education, employment, health care and daily living. The Indiana Department of Child Services is responsible for ensuring the transitional services plan for successful adulthood is completed within the required timeframe and developed with the youth. The transitional plan can be completed during the 30-day visit with the youth or during a youth driven Child and Family Team meeting. Once the transitional plan has been completed, the youth must receive a copy of this plan.

### 3. Older Youth Services

Youth participating in (The Chafee Program) Older Youth Services, Voluntary Services, and Indiana's Extended Foster Care Program (Collaborative Care) shall be provided instruction, experiential learning, coaching, mentoring, and monitoring in services that include, but are not limited to the following:

- Education
- Employment
- Financial and Asset Management
- Physical and Mental Health
- Housing
- Activities of Daily Living
- Youth Engagement

Information on the service delivery of each outcome measure can be found in the Indiana

## Older Youth Services Service Standards.

### 4. Pregnant / Parenting Youth and Prevention

Youth who are pregnant/parenting shall be provided information and planning on appropriate prenatal / postnatal care and shall be supported through referrals to services which address the individual youth's pregnant and / or parenting need. Such services may include but are not limited to: Women, Infants, Children (WIC), The Father's Forever Coalition, Healthy Families, First Steps, Early Head Start, Nursing Family Partner or Child Care. Equal support shall be given to expecting and parenting mothers and fathers. When possible, the father and mother should work together to share responsibility for the child's health, development, wellbeing, and support. As appropriate, regular contact between the child/ren and the absent parent/s shall occur, in compliance with any court orders. The Service Providers shall collaborate between programs and individual community providers is essential for offering effective, comprehensive support to enhance protective factors for youth in care who are pregnant or parenting. Financial support may be provided, via state funding and/or community resources to the custodial parenting youth based on the needs of the youth and child.

The Service Providers shall promote preventative services such as pregnancy prevention, dating violence and education on other risky behaviors such as substance use and abuse.

### 5. Youth with Developmental Disabilities

Per the Americans with Disabilities Act and Rehabilitation Act, DCS ensures youth with disabilities have an opportunity to benefit from older youth services that meet their developmental needs.

Due to the complexity and importance of the process, DCS has established practice guidance to aid 3CM's in the case management of youth transitioning out of foster care. Youths with disabilities transition plan and learning plan should address the OYS outcome measures tailored to a youths' developmental needs.

Youth who have a disability and / or developmental needs shall receive additional services and information that meet the specific needs of youth. Services include but are not limited to reviewing eligibility for continued Medicaid, SSI benefits based on disability rules for adults, help youth apply for SSI and other special needs adult benefits and services a youth may be eligible for.

The 3CM or the OYS service providers shall link youth to supportive agencies such as the Bureau of Developmental Disabilities, local mental health agencies, vocational rehabilitation, and other local special needs providers. The 3CM or OYS service providers shall assist youth with disabilities in developing and increasing support while building social capital.

### 6. Youth with Mental Health

Youth with mental health needs will be provided with individualized case planning and referred to mental health services through a DCS contracted mental health provider. The mental health

provider will work with the youth and their team to explore transitional services based on the youth's level of need. DCS will ensure mental health service needs are identified on the 90 – day Transitional Service Plan for Successful Adulthood and youth have been linked to their local mental health service provider prior to case closure. to ensure their transitioned to long-term assistance prior to aging out of foster care.

The OYS provider will provide continued support to young adults by assisting with linking and navigating the adult mental health system. The OYS providers will provide mental health and wellness resources such as telehealth, counseling services and life skills support.

## 7. Cultural and Religious Competence

The Service Provider must respect the culture of the youth with which it provides services. All staff persons who meet the youth must be aware of and sensitive to their cultural, ethnic, and linguistic differences. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender, or questioning (LGBTQ) children/youth. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook. Staff will use neutral language, facilitate a trust-based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth. The guidebook can be found at: <http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf>.

All staff must respect youth's religious preference and cultural heritage. Alternative services to youth with a strong religious and cultural identity may be considered to support the youth's wellbeing. OYS Service Providers shall link youth to cultural activities, events and informal networks that support the youth religious and cultural connections at they are transitioning out of foster care, developing their social networks, and increasing wellbeing.

## 8. Annual Credit Reporting

Under federal law, youth 14 and older have the right to receive a free copy of their consumer credit report annually until discharged from foster care or extended foster care from one of the three (3) credit reporting agencies (CRA) each year until the youth is discharge from care. Youth are to have their credit report explained in an age-appropriate manner and inconsistencies resolved.

- Youth Ages 14 - 17  
Indiana Department of Child Services utilizes an electronic batch reporting process for youth 14 – 17, who are in out of home care. Reports are processed monthly which captures all youth during their birthday month and the month of the youths' initial removal. The batch reporting process ensure credit report are conducted annually. Youth will receive assistance in interpreting and resolving inaccuracies in their credit report by their case manager.
- Youth ages 18 – 21

Youth ages 18 – 21 who are in out of home placement, or an independent living placement will receive a credit report from each of the three (3) CRA annually until the youth is discharged from care. The youth will receive assistance in obtaining, interpreting, and resolving any inaccuracies from the Service Provider.

Each year the Service Provider caseworker must assist the young adult in obtaining his or her credit report through the Annual Credit Report website [annualcreditreport.com](http://annualcreditreport.com). The Service Provider caseworker must review and explain how the young adult can dispute any inaccuracies and document the discussion in the case record. The Service Provider caseworkers should document their efforts in their monthly report, NYTD service logs, and communicate with the DCS case manager.

If the young adult refuses to request a credit report, the Service Provider caseworker must communicate with DCS case manager and document in the case file all efforts made to encourage the young adult to request a report.

## 9. Transportation Services

Transportation services are provided to youth in out of home foster care who have identified transportation as a need for services. More information on transportation delivery of services can be found in the OYS Transportation practice guidance.

### *a) Driver's Education and Driver's License*

Youth interested in pursuing a driver's license or permit will be provided information explaining the driver's education and licensing process. Per Indiana state law, youth in out-of-home care may participate in driver's education and/or obtain a driver's license. Youth under the age of 18, must receive court approval to participate in driver's education training prior to enrollment. Youth aged 18 and older do not require court permission to take driver's education training and/or obtain a driver's license. Youth must sign the Agreement of Financial Liability for themselves.

The initial permit fee and initial driver's license fee will be waived by the Bureau of Motor Vehicles (BMV) if all requirements are met. The identification card fee will be waived for youth aged 16 and older who do not have a valid Indiana driver's license.

Further guidance can be found in the Indiana Older Youth Services policy, Chapter 11: Section 5 Driver's Training and Driver's License.

## 10. Health Care and Health Care Coverage

DCS ensures all IV-E eligible youth between the ages of 16 – 21 understand the care and supervision of the department are enrolled in Medicaid. The Medicaid Eligibility Unit submits a referral to Medicaid Foster Care Independence Program to ensure for youth who are not IV-E eligible receive Medicaid. DCS FCM's or 3CM's will provide ongoing monitoring of medical services and engage youth through Child and Family Team Meetings based on the youth cognitive ability. Youth will receive information on their medical diagnosis, treatment

recommendations, and options. Medical planning for long - term support and stability will be identified on the youth transition plan for success adulthood and 90 days before the youth's 18th birthday the FCM or 3CM will complete the Transitional Service plan.

Prior to case closure, DCS and the OYS Providers will engage the youth assist youth in understanding their health care coverage, identify their primary care provider, ensure youth know how to take care of their medical needs, and be provided a copy of their Medicaid card.

DCS ensures all eligible youth aging out of foster care on or after their 18<sup>th</sup> birthday receive continued Medicaid coverage until age 26 without taking submitting additional information. Youth are auto enrolled in Medicaid 15. The Service Providers shall work with youth on connecting with their primary care provider and provide additional information and resources on their health care coverage. The Service Provider will assist the youth with their health care needs and provide guidance to youth on accessing medical and emotional health care. This will include assisting youth with making medical appointment, assisting the youth with coordinating services with their health care provider, assisting youth with following up on appointments etc.

### 11. National Youth in Transition Service Outcomes

The Service Providers shall provide NYTD related services to youth in out-of-home foster care that assist youth in transitioning from foster care to adulthood. These service elements will be reported within the DCS NYTD service log database. The Service Providers will provide older youth services and supports to youth in these eleven categories:

1. Independent Living Assessment
2. Academic Support
3. Post-Secondary Educational Support
4. Career Preparation
5. Employment Programs or Vocational Training
6. Budget and Financial Management
7. Housing Education and Home Management Training
8. Health Education and Risk Prevention
9. Family Support and Healthy Marriage Education
10. Mentoring
11. Supervised Independent Living
12. Other Financial Needs

The Indiana Department of Child Services will collect outcomes via the NYTD survey of youth in or have been foster care on or around their 17<sup>th</sup>, 19<sup>th</sup> and 21<sup>st</sup> birthday. DCS will survey youth in the following 6 outcome area:

1. Financial Self-Sufficiency
2. Experience with homelessness
3. Educational Attainment
4. Positive Connections with Adults
5. High-Risk Behavior

## 6. Access to health Insurance

To ensure youth can participate in the NYTD survey, the Service Provider shall attempt contact and maintain contact information for youth eligible for Chafee services between the ages of 18 – 23. More information regarding the NYTD survey elements and reporting can be found in the Service Standards. Additional information on NYTD survey process can be found in the NYTD protocol and charter.

### E. DCS/Provider Responsibilities Chart

The below chart outlines the case management, placement supervision and services responsibilities of DCS and Service Providers.

CHINS/Probation Placement		Agency Responsibilities			
		DCS FCM	Older Youth Service Provider	Budget	Other Contractor
Traditional Foster Care	Foster Home <ul style="list-style-type: none"> <li>County</li> <li>Relative</li> <li>Unlicensed Court Approved Placement</li> </ul>	DCS case management  Placement supervision  Service referral and oversight	Older Youth Services (starting at age 16years)	Budget 1	Other services as referred
	Foster Home <ul style="list-style-type: none"> <li>Licensed Child Placing Agency (LCPA)</li> </ul>	DCS case management  Service referral and oversight	Older Youth Services (starting at six months before placement transition)	Budget 1	Other services as referred  LCPA provides: <ul style="list-style-type: none"> <li>Older Youth Services (starting at age 16)</li> <li>Placement supervision</li> <li>Case management to LCPA foster home</li> </ul>
	Group Home	DCS case management  Service referral and oversight	Older Youth Services (starting at six months before placement)	Budget 1	Other services as referred  Group Home provides:

			transition)		<ul style="list-style-type: none"> <li>• Older Youth Services (starting at age 16)</li> <li>• Placement supervision</li> <li>• Internal case management</li> </ul>
	Residential/Child Caring Institution (CCI)	DCS case management  Service referral and oversight	Older Youth Services (starting at six months before placement transition)	Budget 1	Other services as referred  CCI provides: <ul style="list-style-type: none"> <li>• Older Youth Services (starting at age 16)</li> <li>• Placement supervision</li> <li>• Internal case management</li> </ul>
Collaborative Care CC Program Placement (youth aged 18 or older with a CC agreement)		Agency Responsibilities			
		DCS 3CM	Older Youth Service Provider	Budget	Other Contractor
Traditional Foster Care	Foster Home <ul style="list-style-type: none"> <li>• County</li> <li>• Relative</li> <li>• Unlicensed Court Approved Placement</li> </ul>	DCS case management  Placement supervision  Service referral and oversight	Older Youth Services	Budget 1	Other services as referred
	Foster Home <ul style="list-style-type: none"> <li>• Licensed Child Placing Agency (LCPA)</li> </ul>	DCS case management  Service referral and oversight	Older Youth Services	Budget 1	Other services as referred  LCPA provides: <ul style="list-style-type: none"> <li>• Placement supervision</li> <li>• Case management to LCPA foster home</li> </ul>
	Group Home	DCS case management	Older Youth Services	Budget 1	Other services as referred

		Service referral and oversight			Group Home provides: <ul style="list-style-type: none"> <li>• Placement supervision</li> <li>• Internal case management</li> </ul>
	Residential/Child Caring Institution (CCI)	DCS case management  Service referral and oversight	Older Youth Services	Budget 1	Other services as referred  CCI provides: <ul style="list-style-type: none"> <li>• Older Youth Services (starting at age 16)</li> <li>• Placement supervision</li> <li>• Internal case management</li> </ul>
Older Youth Placement and Supervised Independent Living	Host Home	DCS case management  Placement supervision  Service referral and oversight	Older Youth Services (Only as referred)	Budget 1 & Budget 2	Other services as referred  Host Home Adult provides: <ul style="list-style-type: none"> <li>• Older Youth Services (Teachable Moments)</li> <li>• Casey Life Skills Assessment (CLSA)</li> </ul>
	College Dorm	DCS case management  Placement supervision Service referral and oversight	Older Youth Services (Only as referred)	Budget 1 & Budget 2	Other services as referred
	Shared Apartment/Housing	DCS case management  Service referral and oversight	Older Youth Services  Placement supervision and fiscal responsibility	Budget 2	Other services as referred

	Own Apartment/Housing	DCS case management Service referral and oversight	Older Youth Services Placement supervision and fiscal responsibility	Budget 2	Other services as referred
		<b>Agency Responsibilities</b>			
		<b>DCS IL Specialist or 3CM</b>	<b>Older Youth Service Provider</b>	<b>Budget</b>	<b>Other Contractor</b>
<b>Voluntary Services</b>		VSA referral  Service monitoring  Approval of Chafee funding for Room and Board and Emancipation Goods and Services	Older Youth Services  Connect youth to community services as needed	Budget 4	N/A

Youth in Traditional Foster Care Placements; Foster Homes supervised by DCS or Licensed Child Placing Agencies (LCPAs), Group Homes and Child Caring Institutions who are eligible will transfer to a 3CM at age 16 and will remain in these placements until the youth turns 18 and/or is ready to step down to a less restrictive placement. Youth do not become eligible to enter into a Collaborative Care Agreement until the age of 18.

\*The term “case management” refers to the acts of service coordination, service monitoring and overseeing other ongoing activities related to a case which may include but is not limited to communication with the older youth and service provider, crisis intervention and compiling and submitting required reports (i.e., DCS case management includes writing regular reports to the court; LCPA case management includes writing monthly reports to the referring agency).

\*\*The term “placement supervision” refers to the acts of monitoring the older youth’s safety and stability in their placement.

\*\*\*The term “Older Youth Services” refers to the act of providing specific activities outlined as outlined in the older youth services service standards. These activities should be youth specific and be designed in a manner that allows the older youth opportunities to further develop his/her interdependence.

- Budget 1: Chafee IL services ONLY  
Older Youth Services as defined and provided to those youth in placements identified as Budget 1 in Chart 1.
- Budget 2: Collaborative Care-services and placement supervision  
Includes placement costs and supervision for youth for whom DCS has placement and care. Supervision for older youth includes preparing the youth to live interdependently by serving as a broker of services to connect youth to community service providers as defined in the service standards.
- Budget 4: Chafee IL Services-Voluntary ONLY  
Older Youth Services (including case management and limited financial assistance to support rent, utilities, and items to support independent living, i.e., Room & Board) as defined in the service standards and provided to those youth in placements identified as Budget 4 in Chart 1.

## F. Potential Pathways to Interdependence

Indiana DCS provides Older Youth Services in the three programs described below:

### Older Youth Services

- Older Youth Services start at age 16. Who provides this service is based upon where the youth is placed?
  - If a youth is 16 years or older and is placed in a DCS foster home, a relative home or a court approved placement, DCS will make a referral for Chafee Older Youth Services. The Older Youth Services Provider would receive the referral and provide Chafee Independent Living Services according to the Older Youth Services Service Standard.
  - If a youth is 16 or older, up to 6 months before transitioning out of placement and is placed in a foster home supervised by a Licensed Childcare Placing Agency (LCPA), a Residential Facility or a Group Home, the agency providing the placement supervision and case management is responsible for providing older youth services according to the corresponding Older Youth Services service standard.
  - Any youth in foster care may be provided a referral for services at age 16 regardless of the placement setting if it is determined to be in the best interest of the youth.

### Collaborative Care: Indiana's Extended Foster Care Program

- Collaborative Care Services start when a youth enters into a Voluntary Collaborative Care Agreement on or after age 18.
- The Older Youth Services Provider associated with Collaborative Care should mirror

and follow the Chafee Older Youth Service Standards.

- Placement supervision services start once the youth enters a Supervised Independent Living placement.

Supervision responsibilities of Older Youth Services Provider are outlined in the Older Youth Services Service Standards.

- All services continue until the youth leaves the Collaborative Care program on or before the youth's 21<sup>st</sup> birthday.
- Youth who aged out of foster care and meet the eligibility criteria can re-enter foster care after the age of 18. Service delivery will be the same.

### **Voluntary Services**

- Voluntary Services start once the youth's foster care or Collaborative Care case closes and the youth meets the eligibility criteria as outlined in DCS policy.
- Older Youth Services Providers will receive a Voluntary Services referral prior to the initiation of services.
- Voluntary Services administered must follow the Older Youth Services service standard.
- Services may continue until one day before the youth's 23<sup>rd</sup> birthday.
- Includes providing voluntary services to youth wishing to re-enter care until such youth have been accepted into the Collaborative Care program.

All three older youth services programs exist on a continuum comprised of Older Youth Services, Collaborative Care Program with services and Voluntary Services. Where a youth falls on the service continuum depends on a variety of factors which may include: the youth's current age, the youth's age when the youth entered foster care, the youth's placement, and/or how the youth choose to engage in offered services. The service continuum, referred to as "Potential Pathways to Interdependence" (**see figure 1**), may be organized into four possible service pathways.

#### **Path 1:**

Older Youth Services	Collaborative Care	Voluntary Services
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This is the pathway of a youth who receives all three Older Youth Services offered. The youth begin by participating in Older Youth Services and opts into the Collaborative Care program. After the Collaborative Care case closes, the youth choose to participate in Chafee Voluntary OY Services.

#### **Example:**

Sheena enters care at age 16.5 and is referred to Chafee Older Youth Services by her FCM. Sheena remains in foster care until she turns 18 years of age and has a case plan goal of APPLA. Sheena chooses to participate in the Collaborative Care program and her case is transferred from her FCM to a 3CM at age 17.5 to prepare for the transition. At age 18, Sheena signs a Voluntary Collaborative Care Agreement and enters the Collaborative Care program.

Sheena then remains in the Collaborative Care program until she reaches 21 years of age, at which time her case is closed and she chooses to participate in Chafee Voluntary Older Youth Services until she turns age 23. in Chafee Voluntary Services until she turns age 23.

### Path 2

Older Youth Services	Voluntary Services
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This is the pathway of a youth who receives Older Youth Services and chooses not to participate in the Collaborative Care program. In this instance, a youth participates in Older Youth Services during his/her open CHINS/JD/JS case. After case closure the youth chooses to participate in Voluntary Services.

**Example:**

William enters foster care at age 15 and begins Chafee OY Services at age 16. William turns 17.5 years in care and at this time has case plan goal of adoption and is living in a pre-adoptive placement. William chooses to not participate in the Collaborative Care program. He then turns 18 in the pre-adoptive placement and is adopted shortly afterward. After case closure, William chooses to participate in Chafee Services.

### Path 3

Voluntary Services	Collaborative Care
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This is the pathway of a youth who aged out of foster care at age 18 and choose to participate in Voluntary Services after their CHINS/JD/JS case closed; then opted to re-enter foster care through Indiana’s Extended Foster Care Program - Collaborative Care. A youth must be 18 or over and aged out of foster care to re-enter foster care into the Collaborative Care program. The illustration shows the youth re-entering foster care from Chafee Voluntary OY Services, but enrollment in Chafee Voluntary OY Services is not an eligibility requirement.

**Example:**

Harry enters foster care at age 17 years and 11 months and turns 18 years of age in placement. Harry chooses to participate in Chafee Voluntary Services after his CHINS case closed on his 18th birthday. While in Voluntary Services, Harry finds that he needs more supports to successfully transition into adulthood; he requests to re-enter into Collaborative Care Program and enters into an agreement with DCS by signing the Voluntary Collaborative Care Agreement (VCCA).

### Path 4

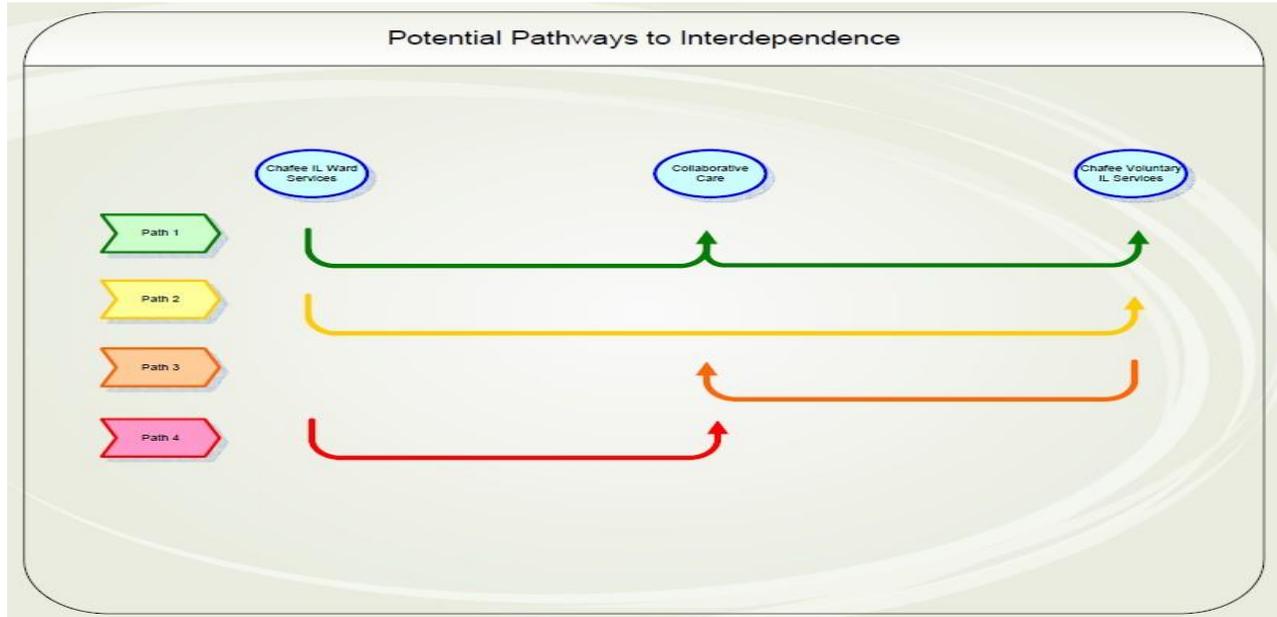
Older Youth Services	Collaborative Care
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This is the pathway of a youth who may choose to move from Older Youth Services into the Collaborative Care program but opt out of participating in Chafee Voluntary Services.

**Example:**

Anisa enters foster care at 14.5 years of age and is placed with a relative. Anisa is referred to Chafee OY Services when he turns 16 years of age and chooses to participate in the Collaborative Care program when he turns 18 years of age. Anisa continues to live with the relative who he was initially placed with at 14.5 years. Anisa participates in the Collaborative Care program until he reaches 21 years of age and chooses not to participate in Chafee Voluntary Older Youth services.

Figure 1



## II. GENERAL REQUIREMENTS FOR EXTENDED FOSTER CARE – COLLABORATIVE CARE

### A. Indiana Extended Foster Care Program: Collaborative Care

Collaborative Care is designed to allow older youth to have more freedom in decision making and planning in their lives. Older youth in foster care often miss out on natural opportunities to practice decision making, community engagement and leadership ([Jim Casey, 2011b](#)). These missed opportunities stunt youth development and place foster youth at a distinct disadvantage from youth who can practice such skills. Additionally, foster youth are often limited in how they can build and maintain their social capital. Youth who choose to participate in Collaborative Care will move beyond being participants in their DCS case by becoming a partner in their DCS case. The youth’s 3CM will have a focus on the youth and the youth’s transition from foster care with an emphasis and understanding of youth-adult partnerships. Part of the focus on transition will be partnering with the youth in building a social network through team building that is led by the Collaborative Care youth. The 3CM will also be supportive of the youth’s self-constructed family unit (i.e., development of relational permanency).

## B. Program Description

Candidates for Collaborative Care are current or former DCS wards that age out of foster care at age 18 and who meet at least one of the following conditions:

- Enrolled in a secondary education institution or a program leading to an equivalent credential, e.g., a youth aged 18 and older is finishing high school or taking classes in preparation for a High School Equivalency (HSE) exam. OR enrolled in an institution which provides post-secondary or vocational education, e.g., a youth could be enrolled full-time or part-time in a university or college or enrolled in a vocational or trade school.
- Participating in a program or activity designed to promote, or remove barriers to employment, e.g., a youth could be in Job Corps or attending classes on resume writing and interview skills or working with an Older Youth Service provider on skills for Successful Adulthood.
- Employed for at least 80 hours per month, e.g., a youth could be employed part-time or full-time, at one or more places of employment.
- Incapable of performing any of the activities described above due to a medical condition documented in the youth's case plan.

CHINS youth at age 16 with a case plan goal of Another Planned Permanent Living Arrangement (APPLA) will have a member of the Collaborative Care team present at the youth's CFTM to inform the youth on the Collaborative Care program, review the TP/SA and begin the transfer process from the FCM to the 3CM. Probation youth 18 years of age who chooses to opt into Collaborative Care will have a team meeting with a member of the Collaborative Care team 90 days prior to the probation case closing.

Youth will remain in their current placement until the youth graduates' high school, obtains her/his High School Equivalency (HSE) or turns 18.

Once a youth has obtained their high school diploma, HSE or turns 18, most will prepare to step down to a Collaborative Care Placement and may remain in this placement for up to six months with the support of DCS. After these six months has passed, the youth may choose to continue to stay in foster care and receive support from DCS until they reach 21 years of age, at which time they may choose to participate in Chafee Voluntary Older Youth Services.

Building, preparing, and maintaining Child and Family Teams is part of the Practice Model utilized by DCS staff to ensure that families and their support systems are engaged in the planning and decision-making process throughout their relationship with the Department. Older youth may have multifaceted aspects of familial support ([Samuels, 2008](#)) relationships. Youth in Collaborative Care will be the foremost voice of the Child and Family Team (CFT). This team will be convened every six (6) months or at critical junctures as outlined in the TP/SA planning process, see policy 11.6 for further details.

Youth in Collaborative Care shall establish working relationships with the CFT that shall be characterized by behaviors that impart respect for human dignity, full disclosure of information, inclusion in the decision-making process, and an awareness of the appropriate use of Youth- Adult Partnerships. Facilitating quality Child and Family Team Meetings (CFTM),

combined with ongoing work led by the youth, and supported by the family team this model will be utilized to complete and/or renew the TP/SA Plan every six months. The youth led CFTM shall identify steps to transition out of Collaborative Care, including but not limited to the following:

- Post-foster care housing arrangements.
- Employment or methods of paying bills.
- Post-secondary education or training (if applicable).
- Physical and mental health care.
- Sources of support (i.e., supportive relationships and community support).
- Referral for enrollment in Chafee Voluntary OY Services for all youth turning 21, to begin services after the youth's Collaborative Care case is closed.

The CFT will convene for the continuous assessment of the youth's specific needs, for accessing healthy risk-taking behaviors and developing individualized goals.

### C. Re-entry

Collaborative Care allows for youth who were previously in foster care to re-enter care after case dismissal. Indiana does not restrict re-entry based upon a youth's past experiences within the Collaborative Care program. Youth must meet the Collaborative Care eligibility requirements prior to entering into a VCCA.

Re-entry into care may be initiated by the interested youth contacting the DCS Hotline (1-800- 800-5556). At the first point of contact eligibility will be determined and the older youth will be referred to local agencies/community services, voluntary OY services and/or an 3CM to assist the youth with meeting any service gaps or needs that might be present until a Collaborative Care case can be opened.

In some instances, an older youth may inquire about the CC program and may not be eligible for CC or any other DCS related Older Youth services.

In such cases the DCS contact shall ensure that the youth is provided information regarding how to access local agencies and community services that best fit that youth's specific needs.

#### 1. Service Provider responsibilities:

If a youth contacts a contracted Service Provider and has an interest in re-entering care, the provider may initiate services through a Voluntary Service Agreement. The Service Provider is responsible for contacting the Collaborative Care Supervisor in their service area and/or ensuring that the youth call the DCS Hotline (1-800-800-5556) to begin the re-entry process.

If a re-entry youth is referred to a Service Provider by DCS the provider should follow the service standard requirements for voluntary OY services until the time the youth has been accepted into the CC program. Special attention should be given to re-entry and returning voluntary youth to ensure that the youth's immediate needs (food, shelter, and clothing) are met.

## D. Supervised Independent Living - Collaborative Care Placements

Collaborative Care Placement settings are additional placement option for youth participating in Collaborative Care, created in the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. These placements are either directly supervised by DCS or the Older Youth Services Provider, as outlined below. Traditional Foster Care placements, Licensed Child Placement Agencies, Group Homes and Residential facilities are placement options under Collaborative Care.

The Collaborative Care Placements include:

1. Supervised by DCS
  - a. Host Home
  - b. College Dorms
  
2. Supervised by Older Youth Services Provider
  - a. Shared Housing.
  - b. Supervised Apartments

A Collaborative Care placement must meet health and safety standards and must be approved by the youth's 3CM. Youth in these placement types shall remain court dependents under the supervision of DCS. Older Youth and Supervised Independent Living Placements do not need to be licensed.

Once youth have met the Collaborative Care participation criteria the following will be considered as the youth and the 3CM, along with the youth's team, plan for a step-down process to ensure that the youth is in a least restrictive placement according to their individual needs:

- The youth has obtained 18 years of age.
- The youth has obtained secondary education credential including High School Diploma or High School Equivalency (HSE).
- The youth's CANS score

The DCS case manager will complete a Child and Adolescents Needs and Strength (CANS) assessments for youth to determine their placement needs. When completing a CANS assessment for a Collaborative Care youth the 3CM will answer questions with the youth in mind as the caretaker.

The results of the CANS assessment should be considered by the youth, the youth's team and the 3CM when discussing Collaborative Care placement options. Youth with a CANS score that shows they do not require a high level of services or supervision will be most appropriate for shared housing, college dorms or apartments. The CANS score is not the final determinant for placement. The final determination is made by the youth, the youth's 3CM and the youth's team.

Youth must maintain their Collaborative Care eligibility to continue in a Collaborative Care placement.

## 1. Collaborative Care Placements Supervised by DCS

### *a) Host Home*

A host home setting is one where a youth resides in the home of a family/single adult (who may or may not be related), shares basic facilities, and agrees to basic expectations as established by both the Host Home and youth and detailed in the Collaborative Care Host Home agreement. This placement shall be used when an existing positive adult relationship has been identified by the youth or members of the youth's team by the youth's agreement.

Host Home settings shall be paid, court-approved placements. Host Home Adults shall undergo CPS and Background checks (includes fingerprints). Host Home Adults shall provide interdependent living training that includes but is not limited to:

Providing food and shelter for the youth residing in the home; Displaying positive role modeling behaviors; Utilizing teachable moments that provide the youth opportunities to engage in healthy risk taking, fostering both positive and negative consequences; Adhering to the expectations of the Host Home Agreement resulting in positive and negative consequences; Establishing progressive and appropriate expectations based on needs and age of the youth.

Adults open their homes and their hearts to young people who need and are looking for healthy and nurturing connections, along with a stable environment that meets their basic needs. During their stay in a host home, young people experience living with support, witness the give and take of living in a positive household and experience situations where their individual needs are respected and celebrated. This experience of sharing lives is challenging but powerful and a key element to the youth's future success.

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### *Supervision*

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The host home option is not required to be licensed and will be monitored by the 3CM. As with traditional DCS placements, the 3CM face to face contact requirements remain the same (monthly face to face contact) for a Collaborative Care Youth in a Host Home placement.

Host Home adults shall be at least twenty-one years of age. A waiver may be requested by the 3CM and approved by the Collaborative Care Division Manager or designee for potential Host Home Adults under the age of twenty-one.

The adults and youth will participate in youth and adult partnering/convening opportunities, as offered.

Expectations of the host home placement will be discussed and agreed upon in the CFTM held prior to the youth's transition if the host home will be a change of placement for the youth. The following topics, which are included in the Host Home Agreement, shall be discussed:

- Physical description of space (Physical Environment Checklist).
- Refrains from discriminating against the youth based on race, religion, national origin, gender, disability, or sexual orientation.

- Respect of the expectations, roles, and responsibilities and consequences of youth and Host Home Adult.
- Frequency of services and provider visits/meetings
- Per diem and payments Services

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### *Services*

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The services provided in Collaborative Care should be specific to the needs of the youth. The Host Home Adult will assist in the facilitation of services through cooperative communication with the 3CM as to the areas of opportunity that arise. Host Home Adults will recognize teachable moments and assist the youth in budgeting funds, purchasing personal items, and setting up bank savings and/or checking accounts to promote and increase the youth's financial responsibility, as outlined in the Older Youth Service Standards.

The need for referral to an Older Youth Service provider will be determined by the youth, with the guided support of the 3CM, Host Home Adult, and assessment tools. If the youth is not employed 80 hours per month or enrolled in an educational or vocational setting, the youth must participate in services with an Older Youth Service provider to maintain eligibility for the Collaborative Care program.

#### *b) College Dorm*

The Department of Child Services will offer continuing support and services to youth whose goals include continuing their education while living on campus at one of the many public/private colleges/universities throughout the State.

Youth who choose to live in a dorm setting will receive room and board support from DCS via the college dorm program.

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### *Supervision*

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The college dorm placement type shall be supervised by the youth's 3CM. The 3CM is responsible for making face-to-face visits with the Collaborative Care youth once each calendar month. The 3CM and youth may use social networking to communicate in the interim. The 3CM is assigned to the youth based on the youth's county of residence rather than court of jurisdiction.

Court dates should be scheduled in a manner that does not interfere with the youth's school or work. The youth and the youth's 3CM are responsible for securing transportation to the court date.

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## *Services*

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Older Youth services will be delivered via the broker of resources model. The 3CM is responsible for monitoring all services provided to the youth.

An Older Youth Service Provider may work with the youth if the youth and 3CM decide a referral is needed. The provider shall work in conjunction with the Education and Training Voucher (ETV) program Specialist ensuring that the youth is not receiving duplicate services.

### 2. Collaborative Care Supervised Independent Living Arrangement Supervised by the Older Youth Services Provider

#### *a) Apartment*

Supervised apartments are placements where youth live in an apartment setting that can be maintained post Collaborative Care. In this setting youth live alone and learn practical successful adulthood skills with the assistance of the Older Youth Service Provider.

A CHINS or adjudicated Juvenile Delinquent youth that has reached the age of 18 may qualify to participate in this placement type. Eligible youth must consent to meet with their case manager as required and follow all rules of the placement.

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## *Supervision*

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The apartment placement is not required to be licensed and will be monitored by the Older Youth Service Provider. As with traditional DCS placements, face-to-face contact requirements between the Collaborative Care youth and 3CM would remain the same (at least once every calendar month).

Youth transitioning from residential facilities or group home settings may receive special consideration for this placement type. Prior to moving into an Apartment placement, a CFTM will be conducted to address the youth's skill level and needs. Based on the CFT's discussion and the TP/SA plan, and SA Learning Plan will be devised by the youth and Older Youth Service Provider outlining services. Intensive case management will be allowed for the first month of placement. Unless otherwise directed by the referring 3CM the expectation for the Older Youth Service Provider shall have a minimum of three (3) face to face meetings with the Collaborative Care Youth per week for the first four weeks after a placement transition

Moving from a Host Home to Own Apartment/Housing; moving from Own Apartment/Housing to Shared Apartment/Housing.) At least two of these face-to-face meetings must take place in the youth's residence. Supplementing the face-to-face meetings will consist of a daily phone call between the Older Youth Service Provider and Collaborative Care Youth. Intensive case management will be allowed for the first month of placement, with decreased supervision over

time to build SA skills and strengthen the youth's social network resulting in increased social capital.

The intensity of supervision will depend upon the youth's needs and will be decided upon by the youth and his/her team. Most youth will have a supervision check- in either by face-to-face or phone call once per day starting out for the first month after a placement transition.

The Collaborative Care youth's rights and responsibilities will be discussed and agreed upon in the CFTM held prior to the youth's transition. The following topics shall be discussed:

- Youth's participation in services, including home visits
- The expectations, roles, responsibilities and consequences of youth, Older Youth Service Provider and 3CM including frequency of services and provider visits/meetings
- Payment of rent and utilities
- Emergency protocol/planning

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### *Services*

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Older Youth Services will be delivered by the broker of resources model. The Older Youth Service Provider shall be responsible for assisting the youth in locating safe and affordable housing that will meet the youth's needs. The youth should be able to maintain this housing once services are no longer provided and Collaborative Care has ended. The Older Youth Service Provider shall be responsible for ensuring that the youth have a bed, sofa/love seat, basic kitchen supplies, access to a phone, food, and personal hygiene items upon entering the placement. Additional furnishings may be obtained by the youth and/or Older Youth Service Provider during case progression.

Youth must be able to reach the contacted Older Youth Service Provider 24/7 in the event of an emergency.

### *b) Shared Housing*

This placement type will allow youth to obtain their own apartment with a roommate(s). The roommate may or may not be a sibling and does not have to be a ward of the state. DCS will cover the youth's share (percentage based on the number of roommates) of documented rent, utilities (gas, water, electric and telephone) food, clothing, and personal hygiene expenses.

A CHINS or adjudicated Juvenile Delinquent youth that has reached the age of 18 may qualify to participate in this placement type. Eligible youth must consent to being under the supervision of the Juvenile court, meet with their case manager as required and follow all rules of the placement.

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### *Supervision*

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The shared housing placement is not required to be licensed and will be monitored by the

contracted Service Provider. As with traditional DCS placements, face-to-face contact requirements between the Collaborative Care youth and 3CM would remain the same (monthly face-to-face contact).

Housing may be shared by a Collaborative Care youth and one or more relative or non-relative. The other individuals living in the residence may or may not also be under the placement and care of DCS. All tenants should be listed on the lease.

Youth transitioning from residential facilities or group home settings may receive special consideration for this placement type. Seek guidance from the Collaborative Care Field Director or Designee for potential exceptions.

Prior to moving into a Shared Housing placement, a CFTM will be conducted to address the youth's skill level and needs. Based on the CFT's discussion and the TP/SA plan, and SA Learning Plan will be devised by the youth and Older Youth Service Provider outlining services. Intensive case management will be allowed for the first month of placement.

Unless otherwise directed by the referring 3CM the expectation for the Older Youth Service Provider shall have a minimum of three (3) face-to-face meetings with the Collaborative Care Youth per week for the first four weeks after a placement transition. Services after that time will be based on the needs of the youth.

Moving from a Host Home to Own Apartment/Housing; moving from Own Apartment/Housing to Shared Apartment/Housing.) At least two of these face-to-face meetings must take place in the youth's residence. Supplementing the face-to-face meetings will consist of a daily phone call between the Older Youth Service Provider and Collaborative Care Youth. Intensive case management will be allowed for the first month of placement, with decreased supervision over time to build skills and strengthen the youth's social network resulting in increased social capital. The intensity of supervision will depend upon the youth's needs and will be decided upon by the youth and his/her team. Most youth will have a supervision check-in either by face-to-face or phone call once per day starting out for the first month after a placement transition.

The Collaborative Care youth's rights and responsibilities will be discussed and agreed upon in the CFTM held prior to the youth's transition. The following topics shall be discussed:

- Youth's participation in services, including home visits
- Roommate or roommate's acknowledgement and agreement to monthly visits from the 3CM and development of protocol for visits
- The expectations, roles, and responsibilities and consequences of youth, Older Youth Service Provider and 3CM including frequency of services and provider visits/meetings
- Payment of rent and utilities
- Emergency protocol/planning

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*Services*

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Older Youth Services will be delivered by the broker of resources model. The Older Youth Service Provider shall be responsible for assisting the youth in locating safe and affordable housing that will meet the youth's needs. The youth should be able to maintain this housing once services are no longer provided and DCS placement and care has ended. The Older Youth Service Provider shall be responsible for ensuring that the youth have a bed, basic kitchen supplies, access to a phone, food, and personal hygiene items upon entering the placement. Additional furnishings may be obtained by the youth and/or Older Youth Service Provider during case progression.

Youth must be able to reach the Older Youth Service Provider 24/7 in the event of an emergency

- **Furnishing:**

The placement provider will provide furnishings for the placement. The furnishings may be new or used, but must be in good condition, and must include, but are not limited to, the following:

- Bed and bed linens
- Dresser
- Desk or table with chairs
- Living room furniture
- A telephone (landline or cellular)
- Kitchen furnishings (pots, pans, cooking and eating utensils)

- **Startup Cost Supplies:**

The placement provider will provide startup cost / supplies for the placement. These startup cost / supplies may include the following:

- Utilities
- Cleaning Supplies
- Toiletries
- Groceries
- Renters' Insurance

- **Leases:**

The Service Provider for Collaborative Care youth shall negotiate with each landlord the following arrangements:

- The youth should have an opportunity to qualify for a lease without the Service Provider.
- The Service Provider shall provide a letter of financial support to the landlord or leasing company to ensure payment while the youth is participating in collaborative care. If the youth move out of the housing or the youth's collaborative care case is closed the letter of support will end.

- The youth shall have the right to renew the lease, without assistance from the Service Provider, after his/her participation in Collaborative Care ceases

In instances where the youth is unable to qualify for a lease the Service Provider will sign or co-sign a lease. The Service Provider may opt to go into a corporate lease agreement on the behalf of the youth. If the youth move out of the housing, their name will be removed from the lease and the Service Provider shall be solely liable to the landlord after the youth moves out.

DCS shall not be responsible for rent accruing during any period (including partial months) beyond the last day of the month during which the youth vacate the space. Such amounts are not reimbursable.

The Service Provider shall not arrange for a youth to obtain housing in which the youth will not be able to remain after his/her participation in Collaborative Care ceases. Exceptions may be granted by the Collaborative Care Supervisor assigned to the case.

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