

Children in Need of Services: Intake and Case Management Policies and Procedures

Purpose

As mandated by H.B. 1035, the Human Service Zones (Zones) are legally responsible for youth who meet the eligibility criteria for CHINS (see referral policy for eligibility criteria). This policy establishes a standard set of intake and case management protocols that all Zones are expected to comply with in the handling of a CHINS. For referrals that do not meet the eligibility criteria, Zones should refer to the initial referral policy for the appropriate course of action.

Initial Intake Procedures

CHINS unit staff should acknowledge receipt of CHINS referrals and determine whether the referral is appropriate and has all necessary information within two business days of receipt for a standard referral or within 24 hours for a youth not in the home of their parent or guardian (i.e., in a certified shelter care or kinship placement). Once acceptance of the referral has been communicated to the referring entity, staff should conduct a series of initial information checks to better understand the nature of the referral, including but not limited to the following:

- A. Prior CHINS referrals including referring entity, nature, number, and resolution.
- B. Whether the youth or family is currently engaged with child welfare or the Human service Zones other service systems or has a history of previous system involvement.
 - 1) If the youth/family is involved with known other systems, Zones staff should contact the case manager and/or probation officer to gain insight into the current status of the case, services being provided, discuss the referral, and determine appropriate next steps.
 - 2) If the youth/family has a recent history, but not current involvement with child welfare, Zones will ideally review the case file and/or contact the previous case manager/service provider to determine if a CHINS referral is appropriate.
- C. If there is reason to believe the primary concern in is a behavioral health issue, Zone staff should make a referral to the Human Service Center to conduct a behavioral health assessment. Upon completion of the assessment, Zones staff will work with Center staff to determine the appropriate next steps.

Determining Intensity of Case Management and Service Needs

CHINS unit staff should use the following criteria/guidelines to inform the determination of what level of intensity and type of case management and service intervention is required in response to different types of CHINS referrals. Staff should use these guidelines to inform their decision making with all final determination based on the professional judgement of unit staff on the individual merits of any referral, level of risk youth present to themselves or others, service needs, and Zone capacity.

Truancy

- A. *Severity*: How many unexcused days of school has the youth missed?
 - 1) If less than 15 days, consider a low intensity intervention
 - 2) If 16-30 days, consider a moderate intensity intervention
 - 3) If over 30 days, consider a higher intensity intervention

- B. *Frequency*: Is this the youth's first referral for truancy?
 - 1) If this is the youth's first referral, consider a low intensity intervention
 - 2) If the youth have previous referrals, depending on severity/resolution of previous referrals, consider whether a moderate or high intensity intervention is warranted

Habitually disobedient of the reasonable and lawful commands of the child's parent, guardian, or other custodian

- A. *Severity*: Is the behavior outside of normative adolescent behavior?
 - 1) Does the youth's behavior pose a substantial risk of harm to themselves? To their family? To the community?
 - 2) If the youth is engaging in primarily normative adolescent behavior, consider a low intensity intervention.
 - 3) If the youth is engaging in a pattern of extended and significant unruly behavior with increasing level of concern about harm, consider a moderate intervention.
 - 4) If the youth pose a substantial risk of harm*, consider a higher intensity intervention.
*If there is a risk of immediate harm, a CHINS referral is not the appropriate determination for a crisis intervention and the youth should be referred to either the mobile crisis unit for behavioral health or the juvenile court for delinquency.

- B. *Frequency*: Is this the youth's first referral?
 - 1) If this is the youth's first referral, consider a low intensity intervention.
 - 2) If the youth has had more than one referral, consider aggravating/mitigating factors to determine whether a moderate or higher intensity intervention is appropriate.

- C. *System Involvement*: Is the youth or family already involved in other service systems?
 - 1) If the youth/family are not already engaged in child welfare or the juvenile justice system, consider a low intensity intervention.
 - 2) If a youth/family are already engaged in child welfare or juvenile justice system, consider a moderate or high intensity intervention in partnership with those systems if those systems deem helpful.

- D. *Placement*: Was the youth able to stay home with a parent/guardian?

- 1) If the youth returned home to their parent/guardian, consider a low intensity intervention.
- 2) If the youth was placed and remains in a kinship care placement or shelter care, consider a high intensity intervention.

Run-Away

*In all cases in which the physical safety of the youth is at risk, a CHINS referral is not the appropriate first step. Additionally, a youth is only considered a run-away once their location is known. If a youth's location is unknown, they are considered a missing youth and law enforcement should be contacted and treating the situation as a missing youth.

- A. *Severity*: How long has the youth been missing?
 - 1) If the youth is just missing curfew, consider a low intensity intervention
 - 2) If the youth has been missing for a longer period, consider a moderate or high intensity intervention.
- B. *Age*: How old is the child?
 - 1) If the youth is over the age of 15 consider a low or moderate intensity intervention
 - 2) If the youth is between the ages of 12 to 15 consider a moderate or high intensity intervention
 - 3) If the youth is under the age of 12 consider a high intensity intervention or a transfer to a child welfare case.
- C. *Frequency*: How often is the youth running away?
 - 1) If this is the first time a youth has run away, consider a lower intensity intervention
 - 2) If the youth has run away before but there was a large gap in time between incidents, consider a moderate intensity intervention
 - 3) If the youth has run away frequently and in a short time frame, consider a high intensity intervention
- D. *Precipitating Event*: What is identified as the reason for running away?
 - 1) If the identified reason is a verbal argument and the youth was able to safely return home, consider a lower intensity intervention
- E. *Placement*: Was the youth able to return home to a parent/guardian?
 - 1) If the youth was able to return home to their parent/guardian, consider a low intensity intervention
 - 2) If the youth was placed and remains in a kinship care placement or shelter care, consider a high intensity intervention
- F. *Who are they with*: Where did the youth run to?

- 1) If the youth was found at the home of a friend, known family member or trusted friend consider a low intensity intervention
- 2) If a youth was found with no shelter or in the presence of unknown parties* consider a moderate or high intensity intervention
*If there is reason to suspect possible human trafficking or exploitation, refer matter to the appropriate authorities or partners as identified in the eligibility portion of this policy.

G. *System involvement*: Is the youth or family already involved in other service systems?

- 1) If the youth/family are not already engaged in child welfare or the juvenile justice system, consider a low intensity intervention
- 2) If a youth/family are already engaged in child welfare or juvenile justice, consider a moderate or high intensity intervention

Underage use of tobacco

A. *Frequency*: Is this the first referral?

- 1) If this is the youth's first referral, consider a low intensity intervention
- 2) If the youth has had more than one referral, consider with additional factors to determine whether a moderate or higher intensity approach through tobacco cessation or other intervention is appropriate

Level and Type of Interventions

Low Intensity Interventions

For youth determined to warrant a low intensity intervention, Zones should take one or more of the following actions:

- A. Send a letter to the parent/guardian and/or referral entity with acknowledgement of the CHINS referral and information on helpful resources/services.
- B. Call the referral source and/or parent/guardian of the CHINS, discuss the referral in further detail, and discuss/verbally provide information on available services/supports.

Moderate Intensity Interventions

Step 1: Conduct intake interview and screening/assessments as warranted

- A. Contact the family/guardian to conduct an intake interview. Whenever possible, Zones should conduct the interview with the youth and family together and in person; however, as necessary, Zones can employ virtual meeting formats when transportation, resources, schedules, or other barriers exist. As part of this interview, staff should follow the associated interview protocol which highlights key questions to ask as well as identifies potential screening/assessment tool for use such as a trauma screen or the MAYSI-2 when identified as necessary.

- 1) Zones are expected to outreach to families to schedule an intake appointment within 7 business days of accepting the referral. In the case in which a youth is not at the home of their parent/guardian, the initial appointment with the youth should occur by the next business day.
- 2) Once contact is made, Zones should strive to schedule the intake interview within two weeks of contact.
- 3) If the family is non-responsive following a CHINS referral, Zones should attempt and document at least three separate contact attempts, with at least one attempt in person, if possible, before coding the referral as a failed contact in the data system.

Step 2: Identify appropriate intervention/service referral

- A. Based on the intake interview and assessment findings, Zones staff, in coordination with the youth and family, should identify the appropriate intervention, including potential services, to best meet the needs of the youth and family.

Step 3: Engage in warm handoff to services

When it is identified that an external referral to services is the appropriate course of action Zones staff should employ a warm handoff to the appropriate services. This includes:

- A. Working with the youth and family to notify them of the services being referred to, the reason for the referral and identifying any potential challenges to accessing services such as transportation issues.
- B. Pull together a packet of key information to be given to the service provider including the nature of the referral, findings of the interview and assessment, key contact information for the youth and guardian, and any findings on other systems involvement. The packet should also with the approval of the youth and family include a release to allow for Zones staff to follow up on service engagement.
- C. Contact the agency being referred to in order to notify them of the service referral.
- D. Engage in a warm handoff that connects the youth and guardian with the service provider, either through facilitating a first phone call, engaging in a face-to-face meeting, or where appropriate, providing the agency being referred to services with the necessary contact information and notifying the youth and family to expect to be contacted.

Step 4: Provide case management support

- A. Following the referral, Zone staff should follow up with both the service provider as well as the youth and family **at one month post referral** and **three months post referral** to identify whether services were utilized and from the youth and family whether the services identified were appropriate. The results of these follow ups should be tracked within the data system.

- B. If a service referral is not acted upon, a follow up with the youth/family should be attempted at least once to determine the reason for not engaging. If a family does not respond this should be marked in the file, it is not a reason alone to escalate the case or increase the response.
- C. If a referral is successfully conducted but the youth and family and/or service provider did not report successful completion of programming, an attempt should be made to determine the barriers that prevented successful completion with both the youth/family and service provider and a new service referral may be made as necessary.

High Intensity Interventions

For youth with potentially high service needs, Zones staff should engage in the following process:

Step 1: Conduct interview

- A. Conduct an interview with the youth and when possible, with the parent/guardian. Whenever possible this interview should be conducted in person, however as necessary virtual technologies can be used as necessary given transportation or other barriers. As part of this interview, staff should follow the attached interview protocol which highlights key questions to ask as well as identifies the appropriate screeners to conduct.
 - 1) Zones are expected to outreach to families to schedule an intake appointment within 7 business days of accepting the referral. In the case in which a youth is not at the home of their parent/guardian, the initial appointment with the youth should occur by the next business day.
 - 2) Once contact is made, Zones should strive to schedule the intake interview within two weeks of contact.
 - 3) If the family is non-responsive following a CHINS referral, Zones should attempt and document at least three separate contact attempts, with at least one attempt in person, if possible, before coding the referral as a failed contact in the data system.

Step 2: Develop and discuss case and service plan

- A. In partnership with the youth and family, develop a case and service plan to address the needs of the youth and family. This case plan will include both the potential for service referrals as well as case planning for service within the Zone.
- B. Schedule and host a family team meeting with any system partners, including service providers that are engaged with the youth and family. This meeting should occur in an ongoing manner for the life of the service plan.

Step 3: Engage in warm handoff to services

- A. When it is identified that an external referral to services is the appropriate course of action as part of the service plan, Zones staff should employ a warm handoff to the appropriate services. This includes:

- 1) Working with the youth and family to notify them of the services being referred to, the reason for the referral and identifying any potential challenges to accessing services such as transportation issues.
 - 2) Pull together a packet of key information to be given to the service provider including the nature of the referral, findings of the interview and assessment, key contact information for the youth and guardian, and any findings on other systems involvement.
 - 3) Contact the agency being referred to in order to notify them of the service referral.
 - 4) Engage in a warm handoff that connects the youth and guardian with the service provider, either through facilitating a first phone call, engaging in a face-to-face connection, or where appropriate, providing the agency being referred to services with the necessary contact information and notifying the youth and family to expect to be contacted.
- D. If a referral is successfully conducted but the youth and family and/or service provider did not report successful completion of programming, an attempt should be made to determine the barriers that prevented successful completion with both the youth/family and service provider and a new service referral may be made as necessary.

Step 4: Implement case management

- A. As identified within the case plan developed with the youth and family, CHINS unit staff should meet with the youth and family **two weeks after the initial contact, again at one month post first contact and at least once in person in the second, fourth, and sixth months of the intervention** to support the successful intervention of services to meet the needs of the youth and family.
- B. In instances in which a youth is referred to services in addition to high intensity case management, conduct monthly check ins with the referred service provider to ensure case plans are working together and meeting the needs of the youth and family.

Data Collection, Quality Assurance, and Reporting

Data

CHINS unit staff will be responsible for tracking referrals and responses in two ways:

- 1) Completing required data entry in the Teams management system for all accepted referrals, including referral information, youth and family demographics, and intake/ programmatic responses
- 2) Development and maintenance of the youth's case file.

Teams Management System Tracking

Upon acceptance of a CHINS referral*, CHINS unit staff are required to complete a referral tracking form, which will include, at minimum, the following demographic and intake information:

- [Link to Microsoft LIST](#)

As the youth moves through the intake and intervention process, staff are required to update the form to note service needs, intensity of intervention, specific service referrals, and if warranted, follow-up contacts and status updates.

*All CHINS referrals, including those not accepted for intake, must be entered within the Teams system, with a note that no action was taken and the reasons.

Case File

A case file should be created for every youth with an accepted CHINS referral. This file should at minimum include the following documents:

- Referral form
- Intake form
- Findings of any completed assessments
- Case notes on level of intervention and outcomes

Case management files will be maintained pursuant to DHHS standards.

Reporting

CHINS unit leadership will run monthly reports on identified programmatic measures to support ongoing decision making. Additionally, annual reports on total numbers and outcomes will be run to support decisions around changes to policy and practice.

Quality Assurance

To support continued best practice, CHINS unit staff will meet monthly to review data reports and discuss policy and practice. Additionally, there will be quarterly case file reviews. These reviews will include a look at whether the CHINS referral was appropriate, if the level of intervention identified matched the needs of the case, and how service referrals were identified.

In addition to case file reviews, CHINS unit management will solicit feedback from key partners to identify areas of opportunity to improve practice. These partners will include youth and families for feedback on the intake and services provided, schools and law enforcement for feedback on the referral process, and service providers for feedback on the service referral process.

Utilizing the findings, the quarterly case file reviews and the annual feedback from partners as well as the data findings, the CHINS Unit staff and leadership will annually review and make updates to the policy and process as necessary.