

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 7:</b> In-Home Services	<b>Effective Date:</b> October 1, 2008
	<b>Section 10:</b> Transition to Out-of-Home Care	<b>Version:</b> 1

## POLICY

The Indiana Department of Child Services (DCS) may recommend to the court that a child receiving in-home services be placed in out-of-home care (See separate policy, [8.1 Selecting a Placement Option](#)) if:

1. There are new allegations of child abuse/neglect (CA/N) by the parent, guardian or custodian or another person living in the home; or
2. The parent, guardian or custodian does not comply with the terms of the Informal Adjustment (IA) or the best interests of the child requires additional services for which court intervention is needed and cannot be alleviated through an in-home child in need of services (CHINS); or
3. There is a pattern of non-compliance with the objectives of the Case Plan and reasonable efforts have been made or could not be made due to the emergency nature of the situation to secure the safety of the child or the community.

DCS will remove the child immediately if the safety of that child cannot be reasonably assured in the current placement. See separate policy, [4.28 Involuntary Removals](#).

DCS will partner with the family through the Child and Family Team (CFT) process to identify non-negotiables involving child safety and well-being and the best placement option for the child, unless an immediate placement decision must be made due to an emergency removal. See separate policies, [5.7 Child and Family Team \(CFT\) Meetings](#), [8.1 Selecting the Placement Option](#) and [8.3 Special Needs and Therapeutic Foster Family Homes Options](#).

DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policies, [8.1 Selecting a Placement Option](#).

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

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

### Code References

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

## PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the CFT and:
  - a. Assess all available alternatives for supporting the parent/guardian/custodian in keeping the child in the home. See separate policy, [5.10 Family Services](#).
  - b. If out-of-home placement is required, identify the placement type and/or resource. See separate policy, [8.1 Selecting a Placement Option](#).
  - c. If the child requires residential placement, refer to separate policy, [8.4 Residential Care Review and Approval](#).
  - d. Develop a transition plan with assistance from the CFT, to the fullest extent possible given time constraints.
  - e. Notify the child in advance and discuss the new placement with the child to the extent that he/she is able to understand given age and developmental level. See separate policy, [8.8 Preparing the Child for Placement](#).
2. Note the reason for the out-of-home placement in the case notes.
3. Recommend the court approve the out-of-home placement of the child.
4. Notify all relevant parties of the planned change in placement, as soon as possible or within legal time constraints.
5. Remove the child and assist in his or her transition to the new placement. See separate policies, [8.8 Preparing Child for Placement](#) and [8.9 Placing the Child in Out-of-Home Care](#).
6. Request the assistance of law enforcement authority (LEA) if the parent/guardian/custodian acts to prevent removal. See separate policy, [4.28 Involuntary Removals](#).

## PRACTICE GUIDANCE

### **Resolving Potential Differences (Addressing Potential Conflicts)**<sup>1</sup>

When potential differences arise while facilitating a CFT meeting, the facilitator(s) should assess and decide if all family and team members should discuss the issue or differences. To make this decision some questions to consider are:

1. Does the issue or difference involve the whole team?
2. Does the issue or difference need the whole team to solve it?
3. How might this issue or difference influence the development and implementation of the family's plan?
4. Does this issue or difference impact the ability of the team or family to assure safety, well being and permanence for the child?
5. Do you need assistance or support from someone who is not a participant in this conference to resolve this issue or difference?

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<sup>1</sup> The Child Welfare Policy & Practice Group, *Engagement and Facilitating the Child and Family Team Meetings*

The facilitator(s) should utilize strategies to build consensus among the team members.

Possible strategies include:

1. Clarifying the areas of agreement and disagreement
2. Helping team members lay out options and then see their choices
3. Identifying higher principles members can agree on

Use skills and techniques for conflict resolution such as:

1. Utilize engaging skills to clarify what the real disagreement is about
2. Finding the common goal
3. Generating as many alternatives as possible
4. Focusing on points of agreement

**Note:** The CFT meeting facilitator(s) will ensure that members of the team be reminded that any differences that cannot be resolved may need to be presented to a Judge for a final decision. If this occurs, ensure that the differences be effectively communicated to the Judge for consideration.

DCS may have to take a more directive role if during the course of a CFT meeting, safety concerns arise or due to the responsibility placed upon DCS by State laws and the court.

<b>FORMS</b>
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N/A

<b>RELATED INFORMATION</b>
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**Out of Home Philosophy**

Out-of-home care will be used only when there is no other alternative to ensure a child's safety and well-being from abuse and/or neglect. DCS will diligently work to maintain familial connections through visitation and shared activities while a child is in out-of-home care. The parent of a child in out-of-home care is also afforded an opportunity to build on family strengths and learn essential skills in providing a safe, nurturing environment to which their child may return.

**Disruptions of In-Home Services**

Disruptions can occur at any time requiring that the child be moved to out-of-home placement. Examples include but are not limited to moving from the parent/guardian/custodian's home to an emergency shelter or to a resource home.

**Removal of One, But Not All Siblings**

In some cases, DCS may request removal of one, but not all siblings, depending on the outcome of the assessment of safety and risks. In such cases, the FCM and the CFT should carefully determine what placement would be in the best interest of one or more of the children. If the removal is not in the best interest of one or more of the children, the FCM may review the current services the parent/guardian/custodian is receiving and make changes that increase the parent/guardian/custodian's ability to care for the child in question. However, after reviewing the

situation, the CFT may decide that it is in the best interest for the child in question be moved to an out-of-home placement.

### **Qualified Mental Health Professional**

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

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

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