INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** April 1, 2011
	Section 1: Transitioning from Assessment	**Version:** 5

POLICY

When a case is transitioned from the assessment phase to ongoing case management services, the Indiana Department of Child Services (DCS) will ensure continuity of care for children and families by holding a transition meeting, which will include the assessment worker, the ongoing worker, and the family whenever possible.

When transitioning a case from an assessment worker to an ongoing worker, DCS will transition all Family Support/Community Services Plans (SF 53243/CW 3425) into Safety Plans (SF 51455/CW 0440).

In cases where domestic violence has been identified as a risk factor during the assessment phase:

1. Two (2) Family Support/Community Services Plans (SF 53243/CW 3425) will have been developed;
2. Each Family Support/Community Services Plans (SF 53243/CW 3425) will be transitioned into a Safety Plans (SF 51455/CW 0440);
3. The Safety Plans (SF 51455/CW 0440) of the non-offending parent and child(ren) should not be shared with the alleged domestic violence offender;
4. The FCM should engage the alleged domestic violence offender to develop a separate Safety Plans (SF 51455/CW 0440); and
5. Both Safety Plans (SF 51455/CW 0440) should also address any other safety concerns that have been identified for the child(ren).

DCS will ensure that each child has one (1) ongoing service Family Case Manager (FCM) for the life of the case whenever possible.

[NEW] If a case has to transition from one ongoing FCM to another ongoing FCM, DCS will continue to ensure continuity of care for each child by holding a transition meeting or a Child and Family Team Meeting (CFTM). See separate policy 5.7 Child and Family Team Meetings.

Code References

N/A

PROCEDURE

The assessment FCM will:

1. Make a request to his or her Supervisor or designee to open/reopen a case;
2. Complete all ICWIS data entry for:
   a. Hearings,

b. Placement,
c. Services,
d. Visitation Plan,
e. The Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311),
f. Demographic information in the Assessment Module,
g. Contacts,
h. School information/education,
i. Medicaid number,
j. Indiana Support Enforcement Tracking System (ISETS) interface,
k. Mental Health Screen,
l. Immunization records, and
m. Income and resources for all household members.

3. Document the following in the case file:
   a. Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI),
   b. Court Reports (i.e., if the court hearing is within 10 business days of the transfer, the assessment FCM would be responsible for this report, unless negotiated otherwise at the transition meeting),

      Note: At a Detention/Initial Hearing, initial court order language must include Contrary to the Welfare/Best Interests of the child; Reasonable Efforts to Prevent Removal; and Placement and Care responsibility to DCS.

   c. Notices, and

      Note: This includes Notice to Relatives (NOT060901LTR) which must be sent within 30 days of removal. See separate policy, 4.0 Diligent Search.

   d. Family Support/Community Services Plans (SF 53243/CW 3425).

      Note: For families experiencing domestic violence, every non-offending parent and alleged domestic violence offender will have separate Family Support/Community Services Plans (SF 53243/CW 3425). Each plan must transition to become a Safety Plans (SF 51455/CW 0440). The non-offending parent and child(ren)'s plan is **not** to be shared with the alleged domestic violence offender. See Practice Guidance for more information.

4. Send a copy of Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) to the FCM;
5. Schedule and invite all identified necessary participants (e.g., parent, guardian, or custodian, child, substitute caregivers, both Supervisors, service providers, and both FCMs) to the required transition meeting within 15 business days of the Detention/Initial Hearing; and
6. Document contacts in ICWIS that all parties were notified for the transition meeting.

The assessment Supervisor will:

1. Assure that the assessment FCM continues to be responsible for attending all court hearings and monitoring the child's safety and well-being, until the case is transferred to an ongoing service FCM. See related information for further details;
2. Assign the case to an ongoing service FCM or to an ongoing service Supervisor; and

3. Forward a copy of the approved Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) and other pertinent information to the ongoing service Supervisor, at least one (1)business day prior to the transition meeting.

The ongoing Supervisor will:

1. Identify an ongoing service FCM for the case;
2. Forward the Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) and pertinent information to the ongoing service FCM; and
3. Assign the ongoing service FCM the case in ICWIS within 48 hours of the transition meeting.
4. **[NEW]** Ensure that the new ongoing FCM receives the hard copy case file from the current ongoing FCM within 48 hours of the transition meeting.

The ongoing service FCM will review the Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) and pertinent information prior to the transition meeting.

[NEW] When transferring a case from one ongoing FCM to another, the current ongoing FCM will:

1. Schedule a transition meeting; and
2. Transfer the hard copy case file within 48 hours of the transition meeting.

The new ongoing FCM will:

1. Attend the transition meeting;
2. Review the hard copy case file; and
3. Review the case in ICWIS.

PRACTICE GUIDANCE

Safety Plans and Domestic Violence

The primary goal of a Safety Plans (SF 51455/CW 0440) created by DCS is to ensure the safety of the child(ren). The purposes of these plans are to:

1. Achieve immediate and long-term safety for child(ren) and non-offending parent; and
2. Provide safety options for the non-offending parent and the child(ren).

The plan should include strategies to reduce the risk of physical violence and/or harm by the alleged domestic violence offender and enhance the protection of the non-offending parent and child(ren). Safety Plans (SF 51455/CW 0440) for individuals living with domestic violence will vary depending on whether the non-offending parent is separated from the alleged domestic violence offender, thinking about leaving, or returning to or remaining in the relationship. Specific planning may include:

1. Engaging the non-offending parent in a discussion about the options available to keep him or her and the child(ren) safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options, and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged perpetrator accountable; and
4. Writing down a list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent can contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, and legal options.

The Safety Plans (SF 51455/CW 0440) of the non-offending parent and child(ren) should not be shared with the alleged domestic violence offender. The FCM should engage the alleged domestic violence offender to develop a separate Safety Plans (SF 51455/CW 0440) which holds him or her accountable for the abusive behavior and responsible for stopping the violence. Both Safety Plans (SF 51455/CW 0440) should also address any other safety concerns that have been identified for the child(ren).

FORMS AND TOOLS

1. Visitation Plan – Available in ICWIS
2. Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI) – Available in ICWIS
3. Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) – Available in ICWIS
4. Safety Plans (SF 51455/CW 0440) – Available in ICWIS
5. Family Support/Community Services Plan (SF 53243/CW 3425) – Available in ICWIS
6. Notice to Relatives (NOT060901LTR)

RELATED INFORMATION

Purpose of Transition Meetings

A Child and Family Team (CFT) Meeting can be utilized to accomplish a transition meeting. A transition meeting should be held within 15 business days from the date of the Detention/Initial Hearing. Timing of this meeting is critical to the actual transfer of the case so initiating the transfer as soon as possible can be beneficial. As soon as the filing of a petition for Child in Need of Services (CHINS) is imminent, the assessment Supervisor should initiate the request for transfer with the ongoing Supervisor. Ideally, an ongoing FCM could be identified prior to the Detention/Initial Hearing and the transition meeting could occur at that time.

The purpose of the meeting is to provide all parties with as much information as possible about the status of the case and to engage the family in the planning process to effect a smooth transition of the case.

Examples of information to be shared and discussed with the parties include:

1. The family's strengths and underlying needs;
2. Needs that may arise in the near future;
3. What efforts have been taken to meet those needs;
4. Clarify expectations about what happens next;
5. The name and contact information of the new FCM and Supervisor;
6. Formal and informal supports for the family; and
7. Information about the membership of the CFT.

Continuous parent, guardian, or custodian involvement throughout the case is a significant factor in family preservation and family reunification efforts. Therefore, the family should attend the transition meeting, if at all possible, and be given ample notice of the meeting. When scheduling the transition meeting, consideration should also be given to the new FCM to prepare for the next court hearing (i.e., allowing enough time to prepare).

Pertinent Family Information

At the transition meeting, all parties, especially the family, should review and discuss with the new FCM all pertinent family information (e.g., family strengths, values, support systems, family composition, behavioral, mental health, developmental and/or medical needs, domestic violence concerns, immediate needs, substance abuse, truancy, etc.). Based on the dynamics of the case, it may be necessary to have more than one transition meeting (i.e., when there is a no contact order between parent, guardian, or custodian and the child or each other). If there are safety concerns, the FCM may also need to keep the location of the resource home confidential.

"Transitioned" Defined

A case is "transitioned" when the following has occurred:

1. A transition meeting;
2. The new FCM is assigned the case in ICWIS, within 48 hours of the transition meeting; and
3. The new FCM has received the hard copy file.

Eligibility for Federal Funding

The following should be documented in the case file and in ICWIS:

1. The most accurate and up to date information concerning household members;
2. The relationships of household members to the removed child;
3. Household members income and resources in the month of removal;
4. Each parent's place of residence in the month of removal;
5. Each parent's employment status; and
6. Any physical or mental illnesses that would prevent either parent from providing care to the child should be documented.

The FCM is responsible for determining which members of the household are included in the Assistance Group and which persons should be designated as the child's Specified Relative in ICWIS. This information is needed to make an eligibility determination for federal funding (Title IV-E foster care, Title IV-A Emergency Assistance, Title IV-E Waiver) to cover the costs of the child's substitute care and DCS's administrative expenditures.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	**Effective Date:** January 1, 2009
	Section 2: Gathering Case Information	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) will gather as much information as possible about the child and the family to assist in completing a thorough assessment of the functional strengths and underlying needs of the family. This information will be used when developing the Case Plan (SF 2956/DCS 0046) and establishing eligibility for federal funding. See separate policy, 5.8 Developing the Case Plan and the Family Functional Assessment Field Guide for suggested questions in each functional area.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Collect at least the following information:
   a. Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310),
   b. Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311),
   c. Safety Assessment,
   d. Risk Assessment,
   e. Strengths and Needs Assessment,
   f. Assessment notes, photographs, and recordings,
   g. Educational information,
   h. Medical Passport (DCS PAM 036(R2/3-06)),
   i. Family Network Diagram (See Chapter 12, Family Network Diagram Instruction Guide),
   j. Documentation for determining eligibility for federal funding, and
   k. Provider reports;
2. Record all pertinent contacts pertaining to assessment in the Indiana Child Welfare Information System;
3. Analyze all information as it pertains to safety, permanency, and well-being of the child(ren);
4. Provide a summary of all pertinent information to the Child and Family Team (CFT), for the purpose of developing an appropriate Case Plan (SF 2956/DCS 0046) to meet the needs of the child and family; and
5. Provide relevant information to service providers on the Service Referral Form.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Family Network Diagram Instruction Guide
2. Family Functional Assessment Field Guide – Available on the Indiana Practice Model SharePoint
3. Service Referral Form – Available in the Indiana Child Welfare Information System
4. Case Plan (SF 2956/DCS 0046) – Available in the Indiana Child Welfare Information System
5. Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) – Available in the Indiana Child Welfare Information System
6. Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) – Available in the Indiana Child Welfare Information System
7. Medical Passport (DCS PAM 036(R2/3-06)) – Available in Hard Copy

RELATED INFORMATION

Family Network Diagram

This tool combines the Ecomap and Genogram to provide valuable information on genealogy and community resources available to the family. The use of this tool recognizes the family as the most knowledgeable source of information. See Family Network Diagram Instruction Guide for more information.

Areas of Assessment

Assessment is an ongoing process that happens at every interaction point with the family. Throughout the life of the case, the FCM will strive to assess the functional strengths and underlying needs for each family member in the following areas:

1. Safety;
2. Well-being;
3. Domestic violence;
4. Sexual abuse;
5. Living conditions;
6. Financial aspects and employment;
7. Education;
8. Formal and informal supports available to caregivers;
9. Resources available to the family;
10. Interaction between caregivers and child(ren);
11. Academic or developmental level of the child(ren) and the parent, guardian, or custodian;
12. Relationship between adult caregivers and child(ren);
13. Recent losses;
14. Any apparent family physical or mental health issues;

15. Substance abuse challenges;
16. Stability and transitions; and
17. Permanence.

As the FCM is gathering case information from the family and service providers, the most accurate and up to date information should be documented in ICWIS and the case file, as needed. For example, if an item can be scanned into ICWIS, it does not need to be saved in the hard file. The following details regarding persons living in the household of the removed child are needed:

1. The relationship of household members to the removed child;
2. Sources and amounts of income for each household member in the month of removal;
3. Each parent's place of residence in the month of removal;
4. Each parent's employment status; and
5. Any physical or mental illnesses of one or both parents that would prevent the parent from providing care and support to the child.

   Note: These details can be used in determining a child's eligibility for Title IV-E Foster Care, Title IV-E waiver and/or Title IV-A Emergency Assistance.

Functional Strengths

The depth of an individual and family's capacity that enables them to endure and cope with difficult situations, to bounce back in the face of significant trauma, the ability to use external challenges as a stimulus for growth, to excel despite the barriers they may be presented, and the use of social supports, family rituals and traditions, as a source of resilience.[1]

Underlying Needs

These are the underlying needs in the family that prevent the children from being safe. The family's beliefs, values, and knowledge that leads to behaviors that are either protective or not. The family, with help and support from the team, identify the needs, issues, obstacles, barriers, or problems to address in order to achieve safety, permanency, and well-being for the children. The first meeting includes an honest and complete disclosure by the team of all the identified needs with the understanding that, over time, subsequent CFT Meetings will address each of the needs, according to the priority established by the team.

[1] Adapted from McQuaide and Ehreneich, 1997

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** May 1, 2009
	Section 3: Engaging the Family	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) will build trust-based relationships with families and other partners by exhibiting empathy, professionalism, genuineness, and respect.

DCS will encourage the parent, guardian, or custodian to utilize the Child and Family Team (CFT) Meeting as the primary means for assessment of the individual strengths and needs of the child and family in determining case and service planning. DCS will explain the benefits of utilizing this process to each family. See Related Information. See separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan.

The Family Case Manager (FCM) will communicate to family members that active participation is wanted, needed, and valued in all aspects of the case as members of the CFT. DCS will, to the extent possible, engage both maternal and paternal family members equally in the assessment and case planning process from the first point of intervention.

DCS will demonstrate sensitivity and empathy to the crisis and emotions that family members may be experiencing, especially if they are separated from their child(ren).

DCS staff will strive to identify and value the cultural context in which the family operates. See Related Information for further details.

[NEW] DCS will engage all parents to be involved in the lives of their children, even when there is domestic violence present. DCS believes that all parents have a right and responsibility to be involved in their children's lives always considering the safety of the child(ren) and non-offending parent. See Related Information.

Code References

IC 5-26.5-1-3: "Domestic violence"

PROCEDURE

The FCM will[1]:

1. Utilize CFT Meetings to encourage participation;
2. Clearly communicate DCS expectations to the parent, guardian, or custodian, to:
   a. Actively participate in (CFT) Meetings;
   b. Keep appointments;

[1] Illinois Best Practices Manual, 8.5.5, Engagement of the Kinship Network, http://dcfswebresource.prairienet.org/bp/kinship/placement-04.php

c. Make every effort to involve the parent, guardian, or custodian in recommended services; and
d. Communicate openly and honestly.

3. Communicate updates regarding all aspects of the case in a timely manner to the court, CFT, parent, guardian, or custodian, and service providers;
4. Recognize that family members may be new participants in the child welfare and juvenile court system. Take the time to explain how these systems work and answer any questions asked by the family. Ensure the family understands that events can occur at certain timelines during the life of the case, (i.e., filing of termination petition at 15 months of child being in substitute care);
5. Respect the pace at which the family moves. Intervention is a traumatic time and the family may need time to process what is happening. Don't rush discussion and be sure to convey the importance of each and every contact;
6. Recognize the value of the family members and value their expertise on the family history; and
7. Assess family strengths, then engage the CFT or Case Plan Conference to determine how these strengths can be used to provide for the child's safety and well-being;

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Engagement

Engagement between a child, family, and FCM is the first step in creating invested relationships and assessing family strengths and underlying needs. When families are engaged in collaborative decision making and case planning, they understand their roles and are more empowered and motivated to make the long-lasting changes necessary to protect the children in their care. Engaging is the skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.

Benefits of the CFT Process to the Child(ren) and Family

When the FCM finds it necessary to encourage the family to utilize the CFT Meeting process, the following benefits of the CFT process can be shared:

1. Reduces the need for substitute care;
2. Increases the use of relative care;
3. Increases placement options in the child's own community;
4. Reduces the need for of institutional and group home care;
5. Reduces number of placement moves and disruptions;
6. Increases sibling placements;

7. Reduces court involvement;
8. Reduces length in out-of-home care;
9. Increases reunification and permanency rate;
10. Increases child and family visits;
11. Reduces incidence of repeat maltreatment;
12. Better outcomes for children;
13. Empowers parents which results in lasting change;
14. Better follow-through with services because parents make more decisions;
15. Validates the strengths of parents because DCS staff, service provides, and family members identify and discuss the strengths of the family;
16. Builds and improves important relationships and informal supports that continue long after DCS involvement;
17. Shared responsibility: family members and workers come together to make important decisions;
18. Concerns and issues are discussed: workers discover that family members are often concerned about the same issues that workers are concerned about;
19. Family specific service plans: CFT Meetings provide opportunities to develop service plans that are specific to the needs of the child and family; and
20. Establishes hope that families are willing to care for their own.

Cultural Competence & Family-Centered Practice

In family-centered practice, the child welfare agency and its staff strive to be culturally competent and ensure that services provided to children and families are respectful of and compatible with their cultural strengths and needs. Culturally competent agencies and practitioners are able to view a family's strengths and needs within a cultural context and integrate culturally relevant information in helping the family develop a meaningful plan of action. Cultural competence is a skill learned by the individual and the organization, fostered by a commitment to provide services that are culturally appropriate and that make a positive difference for children and families.

The culturally competent worker is guided by the following principles:

1. Respect for the client's home and family is of utmost concern;
2. Local etiquette should prevail in the worker's behavior as he or she enters the family's environment;
3. Careful work in establishing the role of the worker as a partner in helping is essential to establishing trust; and
4. The family remains in charge of their own lives while the worker motivates, facilitates, and creates a climate of respect and caring.[2]

Becoming culturally competent is considered a lifelong process that requires continual study and effort.

[NEW] Domestic Violence Service Providers and Child Protection Services (CPS)

Differences in mission, mandates, and development of child welfare and domestic violence agencies have contributed to a history of tension, a lack of collaboration, and even mistrust between domestic violence and CPS workers. However, during recent years, these two systems have begun to partner together effectively to support families and children facing domestic violence. Domestic violence agencies typically focus on safety and empowerment for adult victims, while the primary focus of child welfare workers is the protection of children.

[2] http://www.childwelfare.gov/supporting/cultural.cfm#one#one

Although there can be tension between these two systems, there are important similarities in values:

1. Both want to end domestic violence and child maltreatment;
2. Both want children to be safe;
3. Both want adult victim to be protected – for their own safety and so their children are not harmed by the violence;
4. Both believe in supporting a parent's strengths; and
5. Both prefer that children not be involved with DCS, if avoidable.

Building on these existing similarities will enhance the ability of each DCS local office to collaborate with local domestic violence service providers.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** May 1, 2008
	Section 4: Noncustodial Parents	**Version:** 1

POLICY **OLD POLICY:** N/A

The Indiana Department of Child Services (DCS) will make diligent efforts beginning in the assessment phase to locate and engage the noncustodial parent. These efforts will continue throughout the life of the case. A noncustodial parent is a person who does not have legal or primary physical custody of the child.

The Family Case Manager (FCM) will clearly document the efforts made to locate and engage the noncustodial parent, if the noncustodial parent fails to participate at any point in the life of the case.

DCS will provide the Advisement of Legal Rights Form (SF 47114/CW 0010) to the noncustodial parent, and will inform the noncustodial parent of his or her rights to include:

1. Request that the child be placed with him or her;
2. Visit with the child, unless the court orders no visitation; and
3. Participate in case planning for the child through the Child and Family Team (CFT) Meeting or Case Plan Conference.

If it is necessary to place a child outside of his or her home, DCS will give primary consideration to the noncustodial parent when selecting an out-of-home placement option. See separate policy, 8.1 Selecting a Placement Option.

If warranted, background checks may be conducted when moving a child to the custody of the noncustodial parent. See Related Information for further details.

DCS will inform noncustodial parents of their obligation to pay child support, if ordered. If not ordered, DCS will assist noncustodial parents in establishing child support responsibilities.

Note: The prosecutor's office is responsible for enforcement of all child support orders.

Code References

NA

PROCEDURE

The FCM will:

1. Ask the parent, guardian, or custodian the name and location of the noncustodial parent, at the time of the initial assessment;
2. Record the information in the Indiana Child Welfare Information System (ICWIS);

3. Complete a diligent search to locate the noncustodial parent if the parent's location is unknown. See separate policy, 5.6 Locating Absent Parents;
4. Continue to request names and locations of the noncustodial parent as necessary throughout the life of the case;
5. Notify the noncustodial parent of their rights and responsibilities, and all pending court hearings (i.e., once identified and located);

   Note: In the case of an involuntary removal, notify the noncustodial parent according to separate policy, 4.28 Involuntary Removals.

6. Make copies of all correspondence sent to the noncustodial parent for the case file; and
7. Document in ICWIS efforts to engage the noncustodial parent.

The Supervisor will:

1. Review all efforts made by the FCM to locate and engage the noncustodial parent; and
2. Provide direction and support to the FCM as needed.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Advisement of Legal Rights Form (SF 47114/CW 0010) – Available in ICWIS
2. Case Plan (SF 2956/DCS 0046) – Available in ICWIS

RELATED INFORMATION

Reasons for Engaging Noncustodial Parents

The DCS Vision and Mission supports that the FCM engages families by supporting them and partnering with them. Apart from the noncustodial parent's potential as a caregiver, through engaging noncustodial parents of children under the care and supervision of DCS:

1. There can be the potential benefit of a parent-child relationship (i.e., when such a relationship does not pose a risk to the child's safety or well-being);
2. Placement decisions are more complete and there is benefit to gaining access to resources for the child;
3. DCS may learn important medical information or that the child is the recipient of or is eligible for certain benefits; such as health insurance, survivor benefits, or child support;
4. The resources provided by the noncustodial parent's extended family might assist the CFT and support a reunification goal or a relative guardianship and therefore enhance permanency options for the child;
5. Additional information can be obtained about the child and the family circumstances upon which a stronger Case Plan (SF 2956/DCS 0046) and formal service support network can be built; and
6. DCS can facilitate an expansion of the informal support network that, in almost every case, must be in place in the child's and family's life when DCS intervention ceases,

thereby ensuring more permanency and stability that can continue for the rest of the child's life.

Conducting Background Checks on Noncustodial Parents

Background checks can be conducted on the noncustodial parent if the FCM has reason to question the safety of the placement or if risk factors are present. Safety or risk factors that would necessitate a criminal history check include but are not limited to the following:

1. Child(ren) raises concern regarding the placement;
2. Custodial parent or members of the CFT have concerns regarding the placement;
3. Custodial parent or member of the CFT report past or current criminal history perpetrated by the non-custodial parent; and
4. Non-custodial parent does not have regular visitation with the child(ren).

The FCM must document in ICWIS, if criminal history checks are not conducted on a noncustodial parent.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	**Effective Date:** July 1, 2011
	Section 5: Alleged Fathers	**Version:** 2

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will refer a child's case to the local prosecuting attorney's office for the filing of a paternity action, if the following conditions apply:

1. The child is born out of wedlock and is alleged to be a Child in Need of Services (CHINS);
2. The child is under the supervision of DCS;
3. The identity of the alleged father is known;
4. The alleged father has presented at court hearings as the alleged father and named in the CHINS petition; and
5. The DCS local office reasonably believes that establishing the paternity of the child would be beneficial to the child. See Related Information for further details.

DCS will offer services to an alleged father while he is awaiting the results of paternity testing.

DCS may recommend placement of a child with an alleged father or the family member of an alleged father until paternity has been established.

Note: Paternity may be affirmed through a paternity affidavit or DNA testing.

Code References

IC 31-34-15-6: Filing of paternity action by local prosecuting attorney's office

PROCEDURE

The Family Case Manager (FCM) will conduct a search using the Indiana Child Welfare Information System (ICWIS)/Indiana Support Enforcement Tracking System (ISETS) interface to determine if there is an existing child support order, if the child's parents are divorced, and/or if paternity is established.

Note: The search process requires an overnight run for completion, so it is imperative that the FCM check the following day for results of the search.

If an order exists, the FCM will:

1. Obtain a certified copy of the order from the clerk in the county in which the order is in effect;
2. File the order in the court in which the CHINS petition was filed; and
3. Ensure the child support is temporarily assigned to the DCS local office for the duration of the child's out-of-home placement.

The court will:

1. Properly assume temporary jurisdiction of the order;
2. Notify the court where the child support order exists of the assumption of control over the order; and
3. Clearly state in the order that the order is a "**child support**" order.

Note: This establishes an ongoing commitment to support the child and is not to be confused with a reimbursement order (discussed below). The child support order will establish DCS as the payee unless the child is receiving Temporary Assistance to Needy Families (TANF) benefits (formerly known as AFDC). However, it is important to ensure that all collections be processed through the appropriate foster care account (i.e., if the child is IV-E eligible) as maintained on the ISETS system and not sent directly to the DCS local office. If the child receives TANF benefits, see the exception in Related Information for additional information regarding TANF benefits. Once a child support order is established, all enforcement activities are available through the IV-D office.

If no order exists, the FCM will:

1. Ensure that a Application for Title IV-D Support Services SF 34882 is filed with the local IV-D office, services include state and federal Parent Locator Service, establishment of paternity, and/or enforcing a support obligation (i.e., including health insurance coverage); and
2. Ensure that a support order is established for the pre-CHINS noncustodial parent.

If the paternity test results are negative for an alleged father, DCS will:

1. Inform all parties of the test results;
2. Consider continuing services at low or no cost through Community Partners, etc., to the alleged father, if he chooses to remain involved in the child's life as a potential de facto custodian placement. See Related Information for further details; and
3. Allow the individual to participate in case planning if he chooses to be involved and has the consent of the child's mother.

If the paternity test results are positive, DCS will:

1. Inform all parties of the test results;
2. Ensure the father is participating in services or referred to services; and
3. Include the father in the case planning process.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

Application for Title IV-D Support Services SF 34882

RELATED INFORMATION

ISETS

ISETS is the database used by the IV-D Prosecuting Attorney and County Clerk to enter and monitor child support orders and payments. This search is conducted through the entire state ISETS system. This will allow the FCM to gather information regarding child support regardless of the county where the order exists.

ISETS is most helpful in providing identifying absent parent information including demographics, employment, the amount of court-ordered child support, the court cause number, and the last payment date. Through the ICWIS/ISETS interface, a referral record of IV-E eligible children will be sent to ISETS. Referrals will also be sent when the child's placement changes, when the removal episode has ended, and whenever a history correction is completed on the ICWIS FC History screen changing the IV-E FC status.

If the child is placed with a specified relative and this specified relative opts to receive TANF benefits for the child instead of the foster care per diem, the child support is to be assigned differently than described above. Federal law requires that as a condition of eligibility for TANF benefits, applicants are required to assign their rights to child support to the State of Indiana and to participate in the Title IV-D Child Support Program. This Federal law supersedes the Indiana law indicated above. The TANF child's support will automatically be assigned through the Indiana Client Eligibility System (ICES) upon application for TANF and any support paid on behalf of this child will go toward the repayment of TANF benefits received by the child.

Determining if establishing paternity is in the child's best interests

The following circumstances are examples of when it may be contrary to the child's best interest to establish paternity, including but not limited to:

1. Adoption proceedings are pending in court;
2. The child was conceived as a result of incest or rape.

Alleged Father

A person who is asserted to be the father of a child, or who claims to be the father of a child, and a paternity action has been filed in court.

Putative Father

A person who is asserted to be the father of a child, or who claims to be the father of a child, and a paternity action has not been filed in court.

Adjudicated Father

A man who has been finally determined by a court to be the legal father of a child.

Noncustodial Parent

A person who does not have legal or primary physical custody of the child.

De facto Custodian

"De facto custodian" means a person who has been the primary caregiver for, and financial support of, a child who has resided with the person for at least:

1. Six (6) months, if the child is less than three (3) years of age; or
2. One (1) year, if the child is at least three (3) years of age.

Any period after a child custody proceeding has been commenced; may not be included in determining whether the child has resided with the person for the required minimum period. The term does not include a person providing care for a child in a resource family home.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** May 1, 2009
	Section 6: Locating Absent Parents	**Version:** 4

POLICY

The Indiana Department of Child Services (DCS) will make diligent efforts to locate absent parents of children under DCS care and custody at the earliest possible time during the life of the case (e.g. after the initial assessment visit occurs, after referral to DCS, after the Detention or Initial Hearing, after filing a Child in Need of Services (CHINS) petition, after creating an informal adjustment (IA), prior to filing Termination of Parental Rights (TPR)).

When the identity and whereabouts of a parent of a child under DCS care and custody is unknown, DCS will attempt to identify and provide notification to the parent of the court proceedings using various means such as the Putative Father Registry and Parent Locator.

When the whereabouts of a parent of a child under DCS care and custody is unknown, DCS will complete an Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI) to document for the court the efforts to locate the child's parent and provide notice of court proceedings.

Code References

1. IC 31-34-3-2: Procedures for notice; custodial parent, guardian, or custodian who cannot be located

PROCEDURE

When the identity and whereabouts of a parent of a child under DCS care and custody is unknown, the Family Case Manager (FCM) will gather the following information about the absent parent from the parent, guardian, or custodian during the assessment process and throughout the life of the case, if necessary:

1. Full name of both parents and any known aliases;
2. Social security number (SSN) for both parents;
3. Date of birth for both parents;
4. Previous address and/or telephone number;
5. Present or previous employers;
6. Address and telephone number of any known relatives;
7. Any benefits received (e.g., disability, Temporary Assistance to Needy Families (TANF), etc.); and

   Note: When the parent is located, gather information regarding their income and resources for the removal month.

8. Ask about a history of domestic violence in the relationship. Check police records, protective order registry, and other sources to obtain additional information about potential domestic violence.

Note: If there is a history of domestic violence, the search for the absent parent must still be completed. The information obtained will help the FCM be more prepared when actually locating the parent and assessing permanency alternatives.

The FCM will make other efforts to identify the absent parent as necessary:

1. Ensure a letter is sent to the Department of Health requesting a search of the Putative Father Registry;
2. Utilize the Family Network Diagram and present a copy to the court. A hard copy of the diagram should be kept in the case file. See Chapter 12, Family Network Diagram;
3. At the first court hearing, request the judge to put the custodial parent or other individuals under oath to answer questions regarding the noncustodial parent and extended family;
4. Obtain and review a copy of the birth certificates of the child(ren) to ascertain date of birth and the names of parents listed;
5. Inquire as to persons who were present at the time of the child's birth;
6. Ask the child, if age-appropriate, about the absent parent or extended family;
7. Inquire as to who is listed as the emergency contact at school or with a medical provider;
8. Review the child's health records for names of parents; and
9. Request service providers to assist DCS in obtaining information about the absent parent.

When the identity of a parent of a child under DCS care and custody is known but the whereabouts are unknown, the FCM must utilize the following tools in the order listed until the parent is located:

1. Search the databases available to the FCM including the Indiana Support Enforcement Tracking System (ISETS); Indiana Child Welfare Information System (ICWIS) and the Indiana Client Eligibility System (ICES);
2. Search the white pages website at http://www.whitepages.com/ ;
3. Search the Bureau of Motor Vehicles (BMV) at http://www.in.gov/bmv/. See practice guidance for instructions;
4. Contact the county jail to see if the absent parent is being held;
5. Search the Department of Corrections (DOC) at http://www.in.gov/idoc/. Click on Offender Locator on the right side of the screen; and
6. Use http://www.ussearch.com/ to locate parent. See practice guidance for instructions.

Note: The FCM must be prepared to submit an Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI) to the court at the time of the initial hearing.

In addition to the steps listed above, the FCM may utilize the following efforts to locate the absent parent:

1. Check other government information;
2. Search the worldwide military locator, if applicable;

   Note: There may be a fee associated with this service.

3. Search databases related to career or hobbies;
4. Check the telephone directory;
5. Search other state offender locator services as available;
6. Attempt to contact the absent parent at their last known address; and

7. Attempt to make contact with other individuals (e.g., extended custodial family) who may assist in locating the absent parent.

The FCM will also:

1. Document all efforts and the results of the search in ICWIS 'Contacts';
2. Advise the Child and Family Team (CFT) regarding the identity, or lack thereof, of the noncustodial parent and efforts to locate;
3. Complete/provide an Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI) during the assessment phase outlining the efforts taken to identify and/or locate the absent parent to the DCS Local Office Attorney to ensure that notice of proceedings is published as to the absent parent; and
4. Continue to pursue these efforts if necessary throughout the life of the case.

   Note: When the identity and location of the noncustodial or alleged parent is known, the FCM will provide the address of the parent to the DCS Local Office Attorney so the parent may receive notices of court proceedings.

PRACTICE GUIDANCE

BMV Search

Use the following steps to complete a BMV search to locate an absent parent:

1. Go to BMV homepage at http://www.in.gov/bmv;
2. Click *Search BMV Records* on the far right side of the site;
3. Click *Start a driver's license records search*;
4. Choose the radio button *For use by a government agency to carry out its functions*; and
5. Enter the search criteria based on the information you have available.

US Search

The FCM Supervisor must approve all use of US Search:

1. Go to http://www.ussearch.com/familyfinders;
2. Type email address and group password. The password can be obtained from the Supervisor;
3. Provide information on person being searched;
4. Do not submit searches on children;
5. Use SSN when possible for best results;
6. Add information such as SSN, Date of Birth (DOB), previous address, city and/or state of residence, if the absent parent has a common name;
7. Results will be sent via email within 24 hours; and
8. Submit follow-up questions or additional information via **email**, not through the website, or DCS will be charged for a new search.

FORMS AND TOOLS

1. Family Network Diagram Guide
2. Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI) – Available in ICWIS

RELATED INFORMATION

Importance of Conducting a Diligent Search for Absent Parents

Failure to complete a diligent search for the absent parent may delay appropriate permanency options for the child(ren) under the care and custody of DCS. It is necessary to demonstrate to the court that a diligent search has been made to locate an absent parent before a court can involuntarily terminate that person's parental rights.

Eligibility for Federal Funding

In determining eligibility for federal funding, the absence of a parent indicates that the child is being deprived of parental support and care from two parents. This information should be documented in the case file and should be entered on the 'Deprivation Screen' in the ICWIS 'Eligibility Module'. The documentation used to verify the parent's absence needs to be entered on the 'Verification Screen' in ICWIS.

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** April 1, 2012
	Section 7: Child and Family Team Meetings	**Version:** 4

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will facilitate the Child and Family Team (CFT) Meeting process with every family at critical junctures throughout the life of the case beginning in the assessment phase and continuing through all case type closures. The CFT Meeting is a process and the composition of the team should continue to be expanded based on the needs of the family. The CFT Meeting model is a shared decision-making model and is a strength-based approach to assist with the initial and ongoing assessments of children and their families. The CFT Meeting process includes gathering formal and informal supports to achieve the goals identified by the family. This process will allow DCS to hear and understand the family's voice and to assist families with building a support system that will remain in place after the DCS assessment or case has closed.

[NEW] To assist families with achieving their goals, the most effective teams will always consist of at least one (1) or more formal or informal supports identified by the family. This strategy of team building will enable informal supports to continue assisting the family well after the exit of DCS and other formal supports. If formal or informal supports are not included on the team, the reason for this lack of team formation must be staffed with the FCM's supervisor. Efforts should always be made to meet the logistical needs of the family, including the time and location of the CFT Meeting. Throughout the life of a case, DCS will continuously work toward the engagement of the family in the CFT Meeting process.

DCS will utilize CFT Meetings to create plans for assessment, safety, service delivery, and permanency. A CFT Meeting may fulfill the requirement to hold a Case Plan Conference if all required parties are present. If a family chooses not to participate in the CFT Meeting process, a Case Plan Conference must be held to develop the Case Plan (SF 2956/DCS 0046). If the membership of the CFT does not include the resource parent or the Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), who are mandatory parties to the development of the Case Plan (SF 2956/DCS 0046), a Case Plan Conference must be held in addition to the CFT Meeting. See separate policy 5.8 Developing the Case Plan.

The Family Case Manager (FCM) will engage members of the CFT regarding the need for a CFT Meeting when critical junctures occur in the life of the case, including but not limited to:

1. Assessing the need for and/or preventing removals;
2. Development of the Case Plan;
3. Revising permanency goals prior to court;
4. Safety and service planning;
5. Exploring or changing placement options;
6. Request of any team member; and

7. Case closure.

Code References

1. IC 31-34-15-5 Cooperation in development of plan
2. 45 CFR 1356.21(g) Case plan requirements

PROCEDURE

For cases where domestic violence has been identified, the FCM will:

1. Assess whether holding a CFT meeting with both parents present can be accomplished safely. See Practice Guidance;
2. Seek Supervisory input when determining how to involve the alleged domestic violence offender in the teaming process;
3. Consider other options for having the alleged domestic violence offender involved in the meeting without being physically present if there are safety concerns; and
4. Include a domestic violence advocate or another domestic violence service provider(s) in meetings whenever possible.

[REVISED] Note: If a CFT Meeting is held with both the parent alleged to be the victim of domestic violence and the alleged domestic violence offender present, a plan should be created during the CFT preparation meeting to address safety before, during, and after the meeting. This may include, but is not limited to: having the parent alleged to be the victim of domestic violence and alleged domestic violence offender arrive and leave the meeting at different times; having scheduled breaks throughout the meeting to evaluate the safety of all team members; etc. See 5.A Tool-Domestic Violence and CFT Meeting Considerations.

The FCM will:

1. **[REVISED]** Utilize the preparation meeting to explain the CFT process to the parent(s), guardian, or custodian(s), child (when appropriate), and other team members. Document that this information has been provided to families;
2. Utilize the SF 54341 Authorization to Contact Child and Family Team Meeting (CFTM) Members form to determine the list of members to be included in the CFT;

   Note: The family should select all CFT members, with the exception of DCS staff.

3. Encourage the parent, guardian, or custodian to include the relative placement, foster parent, and Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) as members of the CFT by explaining the benefits to case planning;
4. Send a SF 54338 Confirmation Notice of a Child and Family Team Meeting (CFTM) to all team members to notify them of an upcoming meeting;
5. Coordinate and implement the CFT Meetings following the Family Team Meeting Agenda;
6. Ensure that all CFT members sign a SF 54339 Child and Family Team Meeting (CFTM) Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information and the family understands the limits of the confidentiality of team members;

[REVISED] Note: Individuals who have not signed the form may not participate in a CFT Meeting or receive a copy of the CFT Meeting notes. Individuals are required to sign the form each time they attend a CFT Meeting.

7. Gather essential family and community connections to document in the GenoPro software;
8. Ensure that individualized plans based on the family's personal goals are developed during the CFT Meeting to connect the family with the appropriate services and resources;
9. Complete CFT Meeting notes. The Family Story is not included in the notes. If a safety concern is raised during the Family Story, a 'Contact' titled, "family story" must be entered in the Indiana Child Welfare Information System and the information about the safety concern must be entered;

   [REVISED] Note: All CFT Meeting notes must include a current Safety Plan (SF 51455/CW 0440) which includes the child's current level of safety in placement, visitation, school, etc.

10. Ensure the CFT Meeting notes are distributed to all appropriate parties and entered in the Indiana Child Welfare Information System within seven (7) calendar days of the CFT Meeting;

    [REVISED] Note: Distribute CFT Meeting notes to the CASA/GAL if they were not included as part of the CFT. They do not need to request the notes, they must be sent automatically as they are a party to the case.

11. Submit all CFT Meeting notes with each Progress Report (PermRptR1070108) to the court;
12. **[REVSIED]** Contact the parent alleged to be a victim of domestic violence within 24 hours after the CFT Meeting, if domestic violence has been identified as a risk factor for the family and both parents were present at the CFT Meeting; and

    [REVISED] Note: This contact will allow the FCM to assess any impact the CFT Meeting may have had on the parent alleged to be the victim of domestic violence and the child's safety. See for more information.

13. **[NEW]** Contact a supervisor, Peer Coach or Peer Coach Consultant for assistance with all families who agree to have a CFT Meeting but cannot identify informal or formal supports to form a team. If formal or informal supports are not included on the team, the reason for this lack of team formation must be staffed with the FCM's supervisor.

[REVISED]The Supervisor will assist the FCM in creating a plan that addresses safety before, during, and after the CFT Meeting when a CFT Meeting is held with both the parent alleged to be the victim of domestic violence and alleged domestic violence offender present.

Note: For additional information regarding the role of the Supervisor, see Case Practice Reform Goals and Expectations for Supervisors at the Indiana Practice Model SharePoint.

PRACTICE GUIDANCE

[NEW] Preparation Meeting

This is the critical first step in the CFT Meeting process to engage the family and other team members with details about the CFT Meeting process. During this meeting, the FCM should obtain a list of potential team members and make a list of goals identified by the family for a safe/sustainable permanency plan. After team members have been identified and have agreed to participate in the CFT meeting, the facilitator must also schedule a preparation meeting with these team members to describe for the CFT meeting process. Preparation of team members is not a onetime event, but should happen consistently throughout the life of a case or the family's involvement with DCS.

The preparation interview enables team members to participate and contribute fully by helping the family:

1. Focus on strengths as well as needs;
2. Identify the goals the team member would like to see accomplished at the CFT meeting;
3. Explore any potential conflicts and discover ways to manage emotions positively; and
4. Determine what the team members need to participate in a positive way.

[REVISED] Domestic Violence and CFT Meetings

Due to the extreme power and control that one partner typically exhibits in a relationship where domestic violence is present, it may be unsafe and/or unproductive to have both the parent alleged to be the victim of domestic violence and alleged domestic violence offender present at the same CFT Meeting.

Reasons why a joint meeting would be inappropriate include, but are not limited to:

1. The parent alleged to be the victim of domestic violence does not want a meeting because he or she feels that they or the child would be in danger;
2. The parent alleged to be the victim of domestic violence does not want a meeting because he or she feels intimidated and therefore unable to represent what they feel is in the child's best interest;
3. The parent alleged to be the victim of domestic violence has secured a "no contact order" and the CFT Meeting would be a violation of the order;

   Note: If it has been determined that is in the best interest of the family, DCS may request the court to lift the "no contact order" during the time of the meeting.

4. **[REVISED]** The alleged domestic violence offender denies that DV is an issue or that DV has not occurred when evidence states otherwise (i.e. police reports, visible bruises, etc.);
5. **[REVISED]** The FCM believes the parent alleged to be the victim of domestic violence or the child could be placed in danger if the meeting took place; or
6. **[REVISED]** The family of the parent alleged to be the victim of domestic violence or the alleged domestic violence offender either denies or enables the abuse.

[REVISED] Note: It may initially be inappropriate to have the parent alleged to be the victim of domestic violence and alleged domestic violence offender attend the same CFT Meeting. Prior to each meeting DCS should evaluate the option of having the parent alleged to be a

victim of domestic violence and alleged domestic violence offender attend the same CFT Meeting. Other options may be considered, such as a conference call with the alleged domestic violence offender. If there is a court order in place, permission can be sought from the court for the alleged domestic violence offender to be on the phone for a CFT Meeting. See Tool 5.A: Domestic Violence and CFT Meeting Considerations for more information.

[NEW] Building Informal Supports

1. Location: Families may identify a potential informal support but are concerned they may not be able to be physically present at the CFT Meeting. We should encourage these informal supports to participate via conference call or speakerphone. Efforts should always be made to accommodate the best time and location for the family and the identified informal supports.
2. Situation: Families may not invite someone because they feel the person already has too much going on, or they are too busy, or because there is a strained relationship. DCS should encourage families to invite these informal supports regardless of what their schedule might be or what has occurred in the past.

[NEW] Questions to Assist Family in Selection of Team Members:

1. Who do you list as an emergency contact on the school paperwork for your children?
2. Who do you list as an emergency contact person for yourself?
3. Whom would you trust to make decisions for you if you could not do this for yourself?
4. Who would you want to care for your child if you could not care for them?
5. Name the activities in which your children are involved. Who are the people at those activities who you find to be helpful? (Church, Missions, Sports, School, YMCA, Big Brothers/Sisters, Mentors, etc.)

Resolving Potential Differences (Addressing Potential Conflicts) [1]

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. How might this issue or difference influence the development and implementation of the family's plan?
3. Does this issue or difference impact the ability of the team or family to assure safety, well being and permanency for the child?

The goals and requests of the parent(s) must never come before ensuring the safety of the child.

[NEW] For additional practice support, see Indiana Practice Model SharePoint.

FORMS AND TOOLS

[1] The Child Welfare Policy & Practice Group, *Engagement and Facilitating the Child and Family Team Meetings*

1. SF 54338 Confirmation Notice of a Child and Family Team Meeting (CFTM) – Spanish Version Available at http://intranet.dcs.in.gov/Pages/ChildandFamilyTeamMeeting(CFTM).aspx
2. SF 54341 Authorization to Contact Child and Family Team Meeting (CFTM) Members – Spanish Version Available at http://intranet.dcs.in.gov/Pages/ChildandFamilyTeamMeeting(CFTM).aspx
3. SF 54339 Child and Family Team Meeting (CFTM) Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information – Spanish Version Available at http://intranet.dcs.in.gov/Pages/ChildandFamilyTeamMeeting(CFTM).aspx
4. Family Team Meeting Agenda
5. SF 54600 Child and Family Team Meeting Facilitator Debrief/Feedback
6. SF 54601 Child and Family Team Meeting Notes
7. 5.A Tool-Domestic Violence and CFT Meeting Considerations
8. Case Plan (SF 2956/DCS 0046) – Available in Management Gateway for Indiana's Kids (MaGIK)
9. Safety Plan (SF 51455/CW 0440)
10. GenoPro Software
11. Family Network Diagram Guide
12. Progress Report (PermRptR1070108)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	**Effective Date:** February 1, 2010
	Section 8: Developing the Case Plan	**Version:** 4

POLICY

The Indiana Department of Child Services (DCS) will have an Indiana Child Welfare Information Services (ICWIS) approved Case Plan (SF 2956/DCS 0046) within 45 days of removal or disposition, whichever comes first for:

1. Every child who has been adjudicated a Child in Need of Services (CHINS);
2. All children with an open case type;

   Note: For children participating in a Program of Informal Adjustment (IA), the signed Program of Informal Adjustment (IA-R1070108) serves as the Case Plan (SF 2956/DCS 0046).

3. Children who are at imminent risk of removal; or
4. A Juvenile Delinquent or Juvenile Status (JD/JS) for whom DCS has been ordered to pay for the placement, and the child is IV-E eligible.

DCS will seek input from professionals who may not be members of the Child and Family Team (CFT) but have expertise relating to the child and family's strengths and needs (e.g., physicians, mental health professionals, school personnel, and other community service providers), for the purpose of developing the Case Plan (SF 2956/DCS 0046). See separate policy, 5.7 Child and Family Team Meetings.

DCS will work with the parent, guardian, or custodian, extended family, child (if age and developmentally appropriate), and the CFT, if applicable, in developing the Case Plan (SF 2956/DCS 0046).

Exception: DCS will not involve the parent in the case planning process if parental rights have been terminated or they cannot be located after diligent effort. See separate policies, 5.3 Engaging the Family and 5.4 Noncustodial Parents.

DCS must include the resource parent(s) and Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL) in developing the Case Plan (SF 2956/DCS 0046), if they are not already members of the CFT.

DCS will ensure that the Case Plan (SF 2956/DCS 0046) is updated at least every 180 days from the effective date of the previous plan and anytime there is a significant change (e.g., change in placement, identified needs, change in permanency plan, parents failure to participate in services, parents cannot be located, changes with parent's income and employment, child's income and resources, etc.).

Code References

1. IC 31-34-15: Case Plan
2. 42 USC 675(1) and (5)
3. 45 CFR 1356.21(g) Case plan requirements

PROCEDURE

The Family Case Manager (FCM) will:

1. For cases with identified domestic violence, staff with the Supervisor to determine how to protect the safety of the non-offending parent and child(ren) when writing the Case Plan (SF 2956/DCS 0046);
2. Convene a CFT Meeting, if applicable for the development of the Case Plan (SF 2956/DCS 0046) with the required parties:
   a. Parent, guardian, or custodian (including noncustodial parent),
   b. Child (if age appropriate and developmental level),
   c. Resource parent(s) (if applicable),
   d. CASA/GAL,
   e. Licensed Child Placing Agencies (LCPA) - if applicable, and
   f. DCS FCM and his or her Supervisor.

3. Schedule and convene a Case Plan Conference, if all required parties (resource parent(s), CASA/GAL) are not part of the CFT;
4. Develop the Case Plan (SF 2956/DCS 0046):
   a. Determine the Permanency and Concurrent Plans that are in the best interest of the child. Ensure that the goals, objectives, and activities outlined in the Case Plan (SF 2956/DCS 0046) support the Permanency Plan. See separate policy, 6.10 Permanency Plan,
   b. Specify the activities or tasks to be undertaken, the person(s) responsible for each task, and the time frames for achieving the goals, objectives, and tasks,
   c. Ensure that services are in place that addresses all identified risk factors. See separate policy, 5.10 Family Services and Practice Guidance for more information;
   d. Develop or update the Safety Plan (SF 51455/CW 0440) while helping the parents gain the confidence and capacity needed to care appropriately for the child,
   e. Ensure that the Case Plan (SF 2956/DCS 0046) is realistically related to the underlying needs of the family,
   f. Prioritize the goals and service delivery based on the immediate safety needs of the child and the risk of future Child Abuse and/or Neglect (CA/N), and
   g. Recognize the importance of both formal and informal community supports to the family.

5. Complete the Safety Plan (SF 51455/CW 0440) in ICWIS and update information regarding changes in the child's or parents status including:
   a. Change in the child's or a parent's income on the Employment/Income tab;
   b. Parent's employment status on the Employment/Income tab; and
   c. Parent's place of residence in Profile;

   Note: These types of changes in the parent's status may also require updating on the Deprivation Screen in the Eligibility Module as the parent may be unable to provide support and care to the child.

6. Obtain required signatures on the approved Case Plan (SF 2956/DCS 0046) from the required parties:
   a. Parent, guardian, or custodian (including noncustodial parent),
   b. Child (if age appropriate and developmental level),
   c. Resource parent(s) (if applicable),
   d. CASA/GAL,
   e. LCPA, if applicable,
   f. Residential treatment provider, if applicable, and
   g. DCS FCM and his or her Supervisor.

7. Mail or hand deliver a copy of the signed Case Plan (SF 2956/DCS 0046) within 10 days of completion to the above required parties as well as the following:
   a. Additional persons specifically identified in the plan who will play a role in implementing the Case Plan (SF 2956/DCS 0046), and
   b. Service providers outlined in the Case Plan (SF 2956/DCS 0046).

8. File a copy of the signed Case Plan (SF 2956/DCS 0046) with the court at the next Periodic Case Review.

The Supervisor will:

1. Provide input into Case Plan (SF 2956/DCS 0046) development as needed;
2. For cases with identified domestic violence, staff with the FCM to determine how to protect the safety of the non-offending parent and child(ren) when writing the Case Plan (SF 2956/DCS 0046);
3. Ensure the Case Plan (SF 2956/DCS 0046) development process is completed in a timely fashion; and
4. Review and approve the Case Plan (SF 2956/DCS 0046) prior to its distribution.

PRACTICE GUIDANCE

Permanency Plan

The Permanency Plan is the intended permanent or long-term arrangement for care and custody of the child. The Permanency Plan must include one (1) of the following goals that the court considers most appropriate and in the best interest of the child:

1. Reunification;
2. Adoption;
3. Legal Guardianship;
4. Another Planned Permanent Living Arrangement (APPLA); or
5. Placement with a Fit and Willing Relative.

Reunification

The process by which a child returns to live with either legal parent, guardian, or custodian without continued supervision and/or intervention by DCS. Typically, reunification is the most favorable permanency goal for a child as long as the parent(s), guardian, or custodian(s) are able to provide a safe, nurturing and stable home. Most children want to return to or remain in their home with their parent(s) and support this permanency goal.

Adoption
The legal process when a child becomes the legal child of a person or persons other than their biological parents. A child may be adopted by a relative, a resource family, or an unrelated person. Adoption offers the most stability to a child who cannot be reunified with their parent(s).

Adoption may be the most appropriate permanency goal when the child has been under a dispositional decree for at least six (6) months with no progress made towards a plan of reunification, when termination of parental rights are filed, or when a judge rules that attempts to reunify the family are not necessary.

Legal Guardianship
The transfer of parental responsibility and legal authority for a minor child to an adult caregiver who intends to provide permanent care for the child. Guardianship can be established with or without the termination of parental rights. Transferring legal responsibility removes the child from the state child welfare system, allows the caregiver to make important decisions on the child's behalf, and establishes a long-term caregiver for the child.

Guardianship may be an appropriate permanency goal for children who are placed with a relative for at least six (6) months and are at least 13 years of age. The CFT should decide if guardianship is a more appropriate permanency goal than reunification or adoption.

Another Planned Permanent Living Arrangement (APPLA)
Refers to a situation in which DCS maintains care and custody responsibilities for the child, but places the child in a setting in which the child is expected to remain until adulthood, such as:

1. With resource parents who have made a commitment to care for the child permanently, but are not moving toward adoption;
2. In a residential facility (i.e. for children with emotional or developmental disabilities who require long-term residential care); or
3. Receiving services (IL) that will lead the youth to successful adult living after emancipation from the child welfare system.

[REVISED] APPLA may only be identified as a child's permanency goal if there is a compelling, documented reason that it would not be in the best interest of the child to be working towards a more favorable permanency goal (i.e. reunification, adoption, guardianship). This goal must be approved and supported by the CFT and presented to the Regional Permanency Team for final approval.

Fit and Willing Relative
The permanent placement of a child with a fit and willing relative who is able to provide adequately for the child's needs and is willing to care for the child long-term. When a child is placed with a fit and willing relative, the CHINS case will remain open, typically until the child reaches the age of majority.

Placement with a fit and willing relative may be an appropriate goal for children who have been in placement with the relative for the past six (6) months and the relative has made a commitment to provide for the child until the child reaches the age of majority. The CFT should decide if a fit and willing relative is a more appropriate permanency goal than adoption or guardianship.

Case Planning and Domestic Violence

For cases where domestic violence has been identified as a risk factor, the FCM will collaborate with the CFT to develop a logical and achievable plan for the child(ren) and family by prioritizing service needs. Services should first focus on "barrier" issues that must be dealt with before family members can benefit from other services. The Case Plan (SF 2956/DCS 0046) should focus on the concrete supports the non-offending parent needs as well as supports that counteract the coercive tactics used by the alleged domestic violence offender. The Case Plan (SF 2956/DCS 0046) should indicate that it is important for the alleged domestic violence offender to stop being violent, begin taking responsibility for the violence, and reduce their power and control tactics before the non-offending parent and/or child(ren) can safely participate in other services with them.

> **Note:** Items listed below are examples of goals and objectives that may be included in a Case Plan (SF 2956/DCS 0046).

Case Plan (SF 2956/DCS 0046) goals or objectives for non-offending parents may include:

1. Parent will participate in safety planning for self and children;
2. Parent will participate in an evaluation and counseling to address personal safety issues in order to protect self and child(ren) from alleged domestic violence offender;
3. Parent will not use excessive discipline with the child(ren);
4. Parent will develop capacity and willingness to protect child(ren);
5. Parent will participate in supportive counseling for self and child(ren) to reduce the negative effectives of domestic abuse;
6. Parent will participate in domestic violence education;
7. Parent will participate in educating him or herself regarding the effects of domestic violence on children and will help child(ren) cope with and recover from the effects of domestic violence;
8. Parent will comply with recommendations for child(ren)'s therapy; and/or
9. Parent will assist in the development of, and compliance with the Safety Plan (SF 51455/CW 0440).

Case Plan (SF 2956/DCS 0046) goals or objectives for child(ren) may include:

1. Child(ren) will develop skills for self-protection that match their age and ability;
2. Child(ren) will develop skills to cope with and recover from the after-effects of witnessing domestic violence;
3. Child(ren) will participate in therapy;
4. Child(ren) will not be violent;
5. Child(ren) will participate in individual or group sessions learning alternatives to violence; and/or
6. Child(ren) will have a safety plan that is consistent with their willingness, age, and development.

Case Plan (SF 2956/DCS 0046) goals or objectives for alleged domestic violence offenders may include:

1. Participate in an evaluation and specialized treatment program and follow all recommendations; the alleged domestic violence offender will be required to attend and complete the program; the alleged domestic violence offender may be required to pay for the program;
2. Develop capacity and willingness to protect child(ren) by stopping all abusive behavior toward all family members. This includes physical abuse, sexual abuse, emotional abuse, verbal abuse, stalking, and neglectful behavior;

3. Will not interfere with the therapy for child(ren) nor question the child(ren) regarding their sessions;
4. Will not involve the child(ren) in attempts to control the non-offending parent or force them to witness or participate in other abusive behaviors;
5. Will participate in educating him or herself regarding the effects of domestic violence on children;
6. Comply with all court orders and probation conditions; and/or
7. Will develop a Safety Plan (SF 51455/CW 0440) with the FCM.

FORMS AND TOOLS

1. Case Plan (SF 2956/DCS 0046) – Available in ICWIS
2. Program of Informal Adjustment (IA-R1070108) – Available in ICWIS
3. Safety Plan (SF 51455/CW 0440) – Available in ICWIS

RELATED INFORMATION

Parent, Guardian, or Custodian Not Available/Refuses to Participate in Case Planning

The FCM must document in ICWIS the efforts made to involve both parents, guardian, or custodian. Despite a parent, guardian, or custodian's refusal to participate in the development of the Case Plan (SF 2956/DCS 0046), the FCM must provide a copy of the document to the parent, guardian, or custodian and ask him or her to review and sign it.

Elements of the Case Plan

1. Objectives
   Objectives are statements of direction and are sometimes referred to as goals. The objectives in a Case Plan (SF 2956/DCS 0046) describe desired statements or outcomes. In the CFT process, identifying objectives is a powerful process that creates energy and direction leading to change. The objectives become the map or foundation for change. The team then identifies formal and informal supports to meet the stated objectives;
2. Strengths
   A child and family's available past and present experiences, assets, interests, resources and preferences provide strengths to meet needs. Strengths are more than value statements such as "she loves her child" (inventory). Strengths identified as resiliency, experiences, assets, interest, or qualification, are strengths that can be applied in building the action steps of a plan (functional);
3. Needs
   A need may be a requirement that is essential to all human beings such as the need for shelter, food, affiliation or nurturance. A need is often a description of the underlying conditions that may be the source of the symptoms or the behavioral expressions of problems that a family may be encountering; and
4. Activities
   Activities represent the agreement we have with self and others. Activities are the pathways to meeting the needs and achieving our objectives. Activities should be meaningful enough to motivate the person toward an action and an achievement. Activities should be reasonable enough for people to have confidence in accomplishing the defined task(s). Activities should be clear enough so that members within and

outside the team share a common understanding of what is to be achieved. Activities should define the "who, what, how, where, and when" of the planning process.

a. Activities are behaviorally specific, provide clear direction, concrete, measurable, and observable,
b. Activities are built around the strengths of the family and other CFT members,
c. Activities are progressive, moving from the simple to the complex, and
d. Activities include the person(s) responsible and the target completion date for each activity.[1]

Change in Child or Parent's Status

The Case Plan (SF 2956/DCS 0046) should document changes regarding the parent's income, employment status and place of residence. These changes can have a direct impact on whether the child is considered deprived of parental care and support, which is a requirement of eligibility for federal funding. It is also critical that any changes to the child's income or resources be documented as these also can affect the child's eligibility for federal funding. Hard copy documentation of these changes should be in the case file and ICWIS must be updated as well.

Deprivation Screen

The Deprivation Screen should be updated when certain changes to the parent's employment and/or income occur. Some examples of when to update the screen include:

1. Change in parent's employment status;
2. Change in parent's part-time employment (number of hours employed); or
3. If parents have separated or reunited (parents have stopped living together or resumed living together).

Domestic Violence and Cultural Considerations [2]

When developing a Case Plan (SF 2956/DCS 0046) with families experiencing domestic violence, the FCM may want to consider the following questions to ensure that all recommended services are accessible and appropriate for the family:

1. Are there culturally sensitive resources, materials, and services for non-English speaking families?
2. Are there specialized services for gays, lesbians, transgendered, or bisexual individuals who are victimized by their partners?
3. Are there specialized services available for heterosexual men who are victimized by their partners?
4. How will a non-offending parent's immigration status affect his or her ability to obtain services recommended in the Case Plan (SF 2956/DCS 0046)?
5. How does the family view American culture? How will this impact the family's ability to seek help?
6. Are daycare and transportation services available so that the non-offending parent can attend domestic violence counseling or meet other service plan requirements?
7. Does the local domestic violence shelter have food and living accommodations appropriate for ethnic families, disabled individuals, or non-offending parents with older male children?

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[1] Paragraphs on Goals, Strengths, Needs and Activities are adapted from the Planning Curriculum, The Child Welfare Policy and Practice Group.

[2] Adapted from Bragg, H.L. (2003). *Child Protection in Families Experiencing Domestic Violence.* (pp.52-53). Washington DC: US Department of Health and Human Services. Available online at http://www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolence.pdf

8. Is there transitional housing, affordable housing, or economic support for non-offending parents once they leave the domestic violence shelter?
9. Do non-offending parents who live in rural communities have accessible transportation to domestic violence advocacy programs and other support services?

[NEW] Regional Permanency Teams

Regional Permanency Teams are designed to ensure that all children live in a permanent, safe, and supportive environment after case closure. Permanency Teams are in place in each region to assist FCMs in achieving permanency for all children on their caseload. These teams are designed to supplement current existing practices. FCMs are expected to utilize all available permanency resources including Special Needs Adoption Program (SNAP).

Regional Permanency Team members can include: FCM, FCM Supervisor, Local Office Director, Regional Licensing Specialist, probation officer, CASA/GAL representative, and IL specialist. Cases reviewed by the team are specifically selected based on length of stay in care, time of involvement, and severity of needs identified. The team reviews the case and develops plans to help move the child towards permanency. The team must also review and approve changing a child's permanency plan to APPLA.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** July 1, 2010
	Section 9: Informal Adjustment (IA)	**Version:** 4

POLICY

The Indiana Department of Child Services (DCS) will initiate a Program of Informal Adjustment (IA) when:

1. A Child Abuse and/or Neglect (CA/N) allegation is substantiated;
2. Voluntary participation in family and/or rehabilitative services is the most appropriate course of action to protect the safety and well-being of the child;
3. The parent, guardian, or custodian consents to an IA; and
4. Juvenile court approval is requested and obtained.

The duration of the IA will be no longer than six (6) months. An IA extension may be requested for no longer than three (3) months.

If the court does not approve or deny the IA or set a hearing within 10 business days of filing, the IA is deemed approved. If the hearing is set within 10 business days but not held and action is not taken to approve or deny the IA within 30 business days of submission to the court, the IA is deemed approved. See Related Information for further details.

[REVISED] DCS will utilize the Progress Report on Program of Informal Adjustment (IAProgRptR1073008) to:

1. Notify the court that DCS will be filing a subsequent report (DCS will file a CHINS petition or is still determining the best courses of action);
2. Extend the IA past the initial 6 months (an IA can have one 3 month extension);
3. Dismiss the IA (DCS has already filed a CHINS petition or the family has not complied with the terms of the IA and DCS is not requesting an extension); or
4. Discharge the IA (if the family has complied with the terms of the IA).

Note: The Progress Report on Program of Informal Adjustment (IAProgRptR1073008) must be submitted to the court no later than five (5) months after the implementation of the IA.

DCS will file a petition for compliance if a parent, guardian, or custodian fails to comply with the services outlined in the IA agreement. See Related Information for further details.

DCS will consider filing a Child in Need of Services (CHINS) petition if the parent, guardian, or custodian does not comply with the terms of the IA or the best interests of the child requires additional services for which court intervention is needed.

When requesting an extension of the original six (6) months IA agreement or by the filing of a CHINS petition, DCS will redetermine if the child continues to be at imminent risk for placement and that reasonable efforts are continuing to be made to safely maintain the child at home. See separate policy, 7.1 Child at Imminent Risk of Placement.

If the parent, guardian, or custodian has initiated an Administrative Review or Appeal of the substantiated determination, consideration of the review or appeal will be delayed until after completion of the IA. See separate policies, 2.1 Requests for Administrative Review, 2.2 Administrative Review Process, and 2.5 Administrative Appeal Hearings.

Code References

IC 31-34-8 Program of Informal Adjustment

PROCEDURE

The Family Case Manager (FCM) will:

1. Convene a Child and Family Team (CFT) Meeting or case conference to assist the family in determining the goals to be met by the IA agreement;
2. Complete the Program of Informal Adjustment (IA-R3091109), outlining the activities or actions to be completed by each person and the deadline for completion. All activities and actions should directly relate to the safety and well-being of the child;
3. Review the final document with the family to assure that each person understands and agrees to his or her responsibilities;
4. Assure that the parent, guardian, or custodian and other participants understand the consequences of failure to comply with the terms of the IA before asking for signatures;
5. **[REVISED]** Provide each person who is named in the IA with a copy of the signed agreement within 10 days;
6. Submit the Program of Informal Adjustment (IA-R3091109) and Intake Officer's Report of Preliminary Inquiry and Assessment (PI) (PI-R1(070108)) to the DCS Local Office Attorney;
7. Track the filing of the IA to determine whether it was approved. See Related Information;
8. Utilize the CFT to support the family in completing the terms of the IA agreement;
9. Review and discuss the Safety Assessment, Risk Assessment, Strengths and Needs Assessment, and Family Functional Assessment with the family;
10. Discuss with the family any potential barriers to obtaining and/or participating in services (e.g., transportation, childcare, work schedules, etc.);
11. Monitor the family's progress, and complete and submit to the court the Progress Report on Program of Informal Adjustment (IAProgRptR1073008);
12. If the family is not making progress toward the terms of the IA, request an extension from the court or request approval to file a CHINS petition using the Progress Report on Program of Informal Adjustment (IAProgRptR1073008); and

    [NEW] Note: A CHINS petition should only be filed if safety concerns arise because the parent, guardian, or custodian has not complied with the terms of the IA or the best interests of the child requires additional services for which court intervention is needed.

13. **[NEW]** Use the Progress Report on Program of Informal Adjustment (IAProgRptR1073008) to notify the court of DCS' intent to let the IA expire at six (6) months, if no further DCS involvement is required.

The DCS Local Office Attorney will:

1. Prepare and file a Request for Approval of Program of Informal Adjustment (IA-R3091109), utilizing the PI and IA as attachments/exhibits or discuss the legal insufficiency with the DCS Local Office Director or designee;
2. Notify the FCM of the filing date of the PI and IA; and
3. Prepare and file appropriate pleadings to request time extension or discharge in accordance with the Progress Report on Program of Informal Adjustment (IAProgRptR1073008) presented or discuss the issues with the DCS Local Office Director or designee.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Program of Informal Adjustment (IA-R3091109) – Available in ICWIS
2. Progress Report on Program of Informal Adjustment (IAProgRptR1073008) – Available in ICWIS
3. Intake Officer's Report of Preliminary Inquiry and Assessment (PI) (PI-R1(070108) – Available in ICWIS
4. Safety Assessment- Available in ICWIS
5. Risk Assessment- Available in ICWIS
6. Strength and Needs Assessment- Available in ICWIS
7. Family Functional Assessment- Available on Indiana Practice Model SharePoint

RELATED INFORMATION

Petition for Compliance

If the DCS local office determines the parent, guardian, or custodian has not substantially complied with the terms of the Program of Informal Adjustment (IA-R3091109), the DCS local office may file a petition for compliance with the court. Upon the filing of a petition for compliance and after notice and a hearing on the petition for compliance, the juvenile court may order the parent, guardian, or custodian of a child to participate in a program of IA approved by the court. A parent, guardian, or custodian who fails to participate in a Program of Informal Adjustment ordered by the court may be found in contempt of court.

Denial of Informal Adjustments (IAs)

If the court denies an IA, it must state its reasons for the denial, which can include lack of probable cause to believe there is a CHINS or that there is no need for coercive intervention of the court.

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** July 1, 2010
	Section 10: Family Services	**Version:** 4

POLICY

The Indiana Department of Child Services (DCS) will provide family services to all children and families with an open case type to address needs as identified. See Related Information for further details.

> **Exception:** When the child is in out-of-home care, services will not be offered to the child's family if the court rules that reasonable efforts to reunify the family are not required.

DCS will engage the Child and Family Team (CFT) to develop a Family Service Plan. The team will review the family's Safety Assessment, Strengths and Needs Assessment, and Risk Assessment to assist in identifying the family's needs and corresponding services. DCS will make referrals on behalf of the child and/or family to appropriate services within 10 business days of identifying a need for services. DCS will regularly communicate with all service providers throughout the life of the case to discuss the progress the family is making as well as any concerns the service provider may have about the family.

[NEW] DCS will reassess the strengths and needs of the child and family throughout the life of the case and will adjust services, if necessary, to meet identified needs.

DCS will continue to offer services to the child and/or family regardless of participation, until the court closes the Program of Informal Adjustment (IA-R1070108) case or dismisses the Child in Need of Service (CHINS) case.

[NEW] DCS will provide services to children and families regardless of their immigration status.

[REVISED] All services for parent(s), including visitation, should cease when Termination of Parental Rights (TPR) is filed unless otherwise ordered by the court. The Family Case Manager (FCM) should continue to maintain regular contact with the child's parent(s) until TPR has been finalized. See separate policy, 8.10 Minimum Contact.

DCS will provide information about available community resources to all families where domestic violence has been identified as a risk factor.

Code References

1. 42 USC 671(a)(15)(B): State plan for foster care and adoption assistance
2. IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families

PROCEDURE

The FCM will:

1. Work with the family, and CFT, if applicable to identify needed services based on the family's strengths and underlying needs. The Family Functional Assessment Field Guide may be helpful as a tool to assist the FCM and family to mutually determine family strengths and needs;
2. Identify any challenges to the family's basic survival (e.g., lack of food, adequate housing, employment, transportation, childcare, etc.), if their basic needs would require assistance then:
    a. Refer the family to the Division of Family Resources and other community service providers,
    b. Request emergency funds (Emergency Fund Requests), when other resources are not immediately available, and
    c. **[NEW]** Complete a Provider Referral in ICWIS to refer the family to available and appropriate services within 10 business days of identifying the service need. See Related Information for further details.

3. Monitor and document the family's progress and update the court; and
4. **[NEW]** Reassess the child and family's needs utilizing the Risk Reassessment at least every 180 days;

    Note: Risk Reassessments are completed when the Case Plan (SF 2956/DCS 0046) is revised. See separate policy, 5.8 Developing the Case Plan. Risk Reassessments should be completed more often if new circumstances or information arise that would affect risk. See Related Information.

5. **[NEW]** Discuss the results of the Risk Reassessment with the CFT and adjust services and/or service levels, if necessary; and
6. Document in the Indiana Child Welfare Information System (ICWIS) any reasons why services were not offered or were stopped prematurely.

The Supervisor will:

1. Ensure services are appropriate for the identified risk and needs of the child and/or family;
2. Ensure referrals for services are made within 10 business days of needs being identified; and
3. **[REVISED]** Review and approve services in ICWIS for the child and/or family and ongoing service adjustments as needed.

Terminating Services

The FCM will:

1. Notify the child's parents, resource parents (if applicable), and service providers of the decision to terminate one or more services;
2. Work with the CFT to develop a plan for the gradual removal of the service(s), as appropriate;
3. Follow up with service provider(s) to evaluate the family's response to the removal of services;
4. Modify service withdrawal plan if necessary;
5. Notify service provider of last allowable service date; and
6. Continue regular contact until case closure is complete.

PRACTICE GUIDANCE

Safety

Communication between DCS and all service providers should occur on a regular basis throughout the life of the case. The FCM is expected to have open dialogue with service providers about the family's progress and compliance with services. This communication will also enable service providers to share any concerns (e.g. safety, general case direction) they have with the FCM. All communication between the FCM and any service provider must be documented in ICWIS.

Domestic Violence Services

FCMs are encouraged to recommend (but not mandate or force) services to any families in which domestic violence may be present. Mandating or forcing a non-offending parent to participate in domestic violence services may be contrary to the concept of empowerment and may actually be perceived by the non-offending parent as mirroring the same coercive and threatening behaviors of the alleged domestic violence offender.

FORMS AND TOOLS

1. Family Functional Assessment Field Guide – Available on the Indiana Practice Model SharePoint
2. Strengths and Needs Assessment – Available in ICWIS
3. Risk Assessment – Available in ICWIS
4. Risk Reassessment – Available in ICWIS
5. Program of Informal Adjustment (IA-R1070108) – Available in ICWIS
6. Case Plan (SF 2956/DCS 0046) – Available in ICWIS
7. Provider Referral – Available in ICWIS

RELATED INFORMATION

Family Services

Services provided to prevent a child from being removed from his or her parent, guardian, or custodian or reunite the child with his or her parent, guardian, or custodian when removal has occurred. See DCS service standards at: http://www.in.gov/dcs/2464.htm.

Preservation Services – Three Levels

1. Prevention:
   These are services designed to prevent unnecessary placements of children into foster care or other out-of-home care. DCS utilizes Community Partners for prevention services, which is available in every region in the state. Families can refer themselves or be referred by community agencies to connect families to resources needed to strengthen the family and prevent Child Abuse and/or Neglect (CA/N).

2. Family Preservation:
   Provision of home based casework services for multi-problem and/or dysfunctional families provided in the family's home. Home based casework is also available for preadoption and postadoption services for adoptive families at risk or in crisis. Home Based Caseworker Services provides any combination of the following kinds of services to the families once approved by DCS:

a. Home visits,
b. Case planning,
c. In-home supervised visitation,
d. Coordination of services,
e. Conflict management,
f. Crisis intervention.
g. Education – child development, domestic violence, parenting, communication,
h. Assistance with transportation,
i. Advocacy,
j. Family assessment,
k. Community referrals and follow-up,
l. Develop structure – time management,
m. Behavior modification,
n. Budgeting – money management,
o. Meal planning/preparation,
p. Parent training with children present,
q. Monitor progress of parenting skills,
r. Community services information, and
s. Develop long/short term goals.

3. Intensive Family Preservation:
   These are time-limited intensive services that address immediate needs of families to keep their children safe while preserving the family unit. This service is appropriate for families when placement is being considered due to imminent risk of placement, if the family can address safety needs adequately with timely intensive support.

Reunification Services – Two Levels

1. Reunification:
   These are services and activities that are provided to a child in out-of-home placement, and/or the child's parents or primary caregiver, in order to facilitate reunification of the child safely and appropriately in a timely manner. Services and activities that can be provided under this category include the following:
   a. Home-based therapy,
   b. Case management,
   c. Individual and/or family counseling,
   d. Inpatient or outpatient substance abuse treatment services,
   e. Homemaker and/or parent aid services,
   f. Transportation to and from any of the services, and
   g. Supervised visitation.

2. Intensive Family Reunification:
   These are intensive services to assist families when children are returning home from institutional or therapeutic placement, consisting of three phases:
   a. Preparatory phase,
   b. Intensive phase upon reunification, and
   c. Follow-up services to stabilize the family.

Rehabilitative Services

Services provided to the child and/or family to address issues identified as leading to involvement with DCS (e.g., parenting classes, drug and alcohol treatment, psychological assessment, etc.).

Domestic Violence Services

For families where domestic violence has been identified, services should be provided that address all identified risk factors, including domestic violence. Some services that may be beneficial for families dealing with domestic violence include, but are not limited to:

1. For the non-offending parent:
   a. Individual and/or group counseling through community service providers,
   b. Criminal and/or civil remedies,
   c. Police intervention,
   d. Legal services,
   e. Housing, welfare advocacy, economic, and/or medical services,
   f. Emergency shelter (consider friends, family, etc.),
   g. Transitional living services,
   h. Specialized assessment services focusing on issues of domestic violence,
   i. Day care,
   j. Visitation center services,
   k. Parent support groups, and/or
   l. Mental health and/or substance abuse services.

2. For the child(ren):
   a. Individual and/or group counseling for children exposed to domestic violence,
   b. Mentoring and after-school program referrals,
   c. Support groups for children who have been exposed to domestic violence,
   d. Head start programming, and/or
   e. Community-based enrichment programs.

3. For the alleged domestic violence offender:
   a. Batterer intervention programs,
   b. Substance abuse services,
   c. Visitation center services,
   d. Specialized assessment services focusing on issues of family violence,
   e. Cooperation with police, probation, and parole when involved,
   f. Fatherhood programs,
   g. Parenting programs that include a focus on domestic violence issues, and/or
   h. Mental health and/or substance abuse services.

The following services are **not** appropriate for cases where domestic violence has been identified and will not be included in an initial DCS Case Plan (SF 2956/DCS 0046) or Program of Informal Adjustment (IA-R1070108):

1. Options for protection for the non-offending parent that they believe increase the level of danger;
2. Court and/or divorce mediation;
3. Anger management groups;
4. Couples and/or family counseling (This includes being in the same group therapy sessions, and marital therapy, unless and until all service providers and the non-offending parent agree);
5. Alleged domestic violence offender and non-offending parent receiving treatment from the same therapist;
6. Visitation arrangements which endanger the children or non-offending parent (non-offending parent should not risk having contact with alleged domestic violence offender arriving for visits or departing after visits); and/or
7. Any service which increases the level of danger to the children or non-offending parent.

Participation in the services listed above can create an increased safety risk for the children and non-offending parent. Case Plan (SF 2956/DCS 0046) goals and family services can be adapted to include these types of services only when the non-offending parent and **all** service providers believe the service is a reasonably safe option.

[NEW] Risk Reassessment

An assessment tool used by the FCM throughout the life of the child welfare case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have decreased, remained the same, or have increased since the completion of the initial Risk Assessment.

> **Note:** Risk Reassessments are completed for the biological or family of origin unless TPR is finalized. If TPR is finalized, Risk Reassessments are not required.

[NEW] Substance Abuse

CFT members will assist DCS in determining what services are needed to address substance abuse issues. DCS will submit a referral to a professional to determine the level of need.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	**Effective Date:** July 1, 2010
	Section 12: Closing a CHINS Case	**Version:** 4

POLICY

The Indiana Department of Child Services (DCS) will close a Child in Need of Services (CHINS) case at such time as the safety, permanency, and well-being can be assured over time for all children in the home. See Related Information for further details.

DCS will facilitate a Child and Family Team (CFT) Meeting, unless the family chooses not to participate in the CFT, to determine the appropriateness of case closure and family supports needed beyond case closure.

DCS, prior to case closure, will work with the CFT to assure continuation of informal support services needed for successful reunification, adoption, or any other permanent placement. These supports may remain in place following case closure.

DCS will recommend closure of a CHINS case if:

1. The terms of the Dispositional Order or permanency goals have been met;
2. The child turns 18 years of age and the coercive intervention of the court is no longer needed; or
3. At or before the time the child becomes 21 years of age, when the case has remained open for services needed after the child turned 18 with approval of the court.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. **[REVISED]** Thoroughly review the Case Plan (SF 2956/DCS 0046), family progress, child safety, and all assessment information;
2. **[REVISED]**Complete and review the results of a current Risk Reassessment less than 30 days prior to anticipated case closure;

   [NEW] Note: These assessments should be completed for the biological family only if Termination of Parental Rights (TPR) has not been finalized.

3. Obtain recommendations from service providers and other family supports;
4. Staff the case with his or her Supervisor regarding the appropriateness of case closure;

5. Facilitate a CFT Meeting for the purpose of determining appropriateness for case closure and the development of an aftercare plan;
6. Consider any aftercare needs of the family and develop a plan to make appropriate referrals;
7. Seek supervisory approval prior to discontinuing any services to the child or family;
8. Conduct a final visit with the family to provide closure to the FCM's relationship to the family, reinforce their ability to keep the child(ren) safe, remind them of available resources, and discuss their plans and resources to handle new situations;
9. Interview the child separately, if developmentally and age appropriate. If the child is 16 years of age or older, see separate policy, 11.12 Discharge Summary;
10. Continue monitoring the case and meeting minimum contact requirements, until the CHINS case is dismissed by the court; and
11. Review and, if necessary, update the child's placement, Case Plan (SF 2956/DCS 0046), hearings, school status, income, and resources in the Indiana Child Welfare Information System (ICWIS) prior to closure.

Note: The court may specify in the order who is to be notified of case closure and may send a copy of the order to those persons specified.

The Supervisor will:

1. Consult with the FCM when needed on case closure;
2. Support the FCM in providing closure between the family and DCS;
3. Review the aftercare plan and confirm DCS ability to close the ongoing case;
4. Review and confirm the court has returned legal custody of the child to the parent when DCS had been granted legal custody of the child;
5. Review and confirm case documentation is completed; and
6. Review and approve prior to closing the case in ICWIS.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Case Plan (SF 2956/DCS 0046) – Available in ICWIS
2. Indiana Family Risk Assessment – Available in ICWIS
3. Safety Plan (SF 51455/CW 0440) – Available in ICWIS
4. Risk Reassessment – Available in ICWIS

RELATED INFORMATION

Factors That Indicate Appropriate Case Closure

The FCM in concert with the CFT needs to make a determination as to appropriate case closure. The following are some factors that may be relevant in making this decision:

1. The parents have an understanding of child safety measures and their ability to sustain safety over time;
2. The parents have developed a plan and identified resources to manage child safety over time;
3. The FCM is able to observe firsthand the changed behaviors, conditions or circumstances in the family that led to DCS intervention, and the changes in protective capacity;
4. The FCM has received progress reports from service providers, stating that the service providers are in agreement with the decision to close the case and express confidence that the family will live safely and successfully without further DCS involvement;
5. Identified safety concerns are no longer occurring or are consistently managed by the parents;
6. The Safety Assessment indicates the child is "safe" and the Risk Assessment indicates a low or moderate level of risk for abuse or neglect;
7. The family has achieved case goals. The family and individual members' behaviors indicate the desired outcomes have been obtained; and
8. Family functioning has improved to a minimally acceptable level. This is evidenced by the ability of the person(s) responsible for the child's health, safety, and wellbeing and other family members to demonstrate a commitment to protect the child and the presence of effective protective behaviors within the family.

Additional Factors that Indicate Sustainable Safe Case Closure when Domestic Violence is Present

The following factors should be considered in addition to those listed above when domestic violence has been identified as a risk factor during a case:

1. Parent(s), guardian, or custodian(s) are willing to provide a safe home and demonstrate their ability to do so;
2. Domestic violence incidents have reduced in frequency and/or severity;
3. The child(ren) and non-offending parent feel safe in their home;
4. The alleged domestic violence offender has successfully completed treatment;
5. Both parents or caregivers understand the effects of domestic violence on their child(ren);
6. No new reports of CA/N related to domestic violence have been filed within the past six (6) months;
7. The child(ren) are exhibiting fewer behavioral effects of violence than before intervention, are enrolled in counseling, or connected with other resources;
8. The non-offending parent and alleged domestic violence offender each have a Safety Plan (SF 51455/CW 0440) in place that is being followed;
9. The non-offending parent has and exhibits the ability to protect child(ren); and
10. The non-offending parent has knowledge of and access to relevant supports, resources, information, and safety options.

Additional alleged domestic violence offender factors include:

1. The alleged domestic violence offender is out of the home and has no contact with children; or
2. The alleged domestic violence offender is accepting responsibility for his or her behavior and not using physical violence or control tactics.

3. The alleged domestic violence offender is complying with parole or probation supervision and any court ordered intervention program; and
4. Other case issues (drug or alcohol abuse, etc.) are resolved or not affecting parenting ability.

Utilizing the CFT in the Case Closure Process

When doing permanency planning with the CFT, consider and understand what specific changes must occur in order for the family to function successfully without external intervention or support.

1. Develop protective provisions that must be put into place to keep children in the home safe;
2. Specify behavioral patterns that must be acquired, and adequately and consistently demonstrated by the caregiver to preserve or reunify a family and to maintain family stability and daily functioning;
3. Develop recovery plans, relapse prevention plans, and Safety Plans with response capacities that must be put in place and will work reliably;
4. Identify or develop sustainable family supports (e.g., housing, health care, and adequate supervision) that will preserve and sustain the family following case closure;
5. Seek resolution of legal issues and court requirements (e.g., court orders, guardianship, and adoption) that must be achieved before case closure can occur; and
6. Review previously established measures for determining progress, outcomes, and satisfaction of case closure requirements. These elements define for the family, practitioners, and providers, "how we will know what's working and when we're done."

Preparing the Family for Case Closure.

When a child is returned home, at first, the service level may be very high and contacts with the family are quite often. As the family stabilizes and DCS involvement is no longer indicated, it is essential to bring closure to the working relationship between the FCM and family. The FCM must separate from the family while continuing to support and encourage them to initiate their own self-help efforts. The determination to close a case is a joint decision with DCS, the CFT, and the family. The CFT discusses and reviews with the family all critical elements of DCS intervention, at which time the family is empowered to express their opinions and feelings, and encouraged to provide constructive feedback to the team. Based on CFT recommendations, the FCM submits the aftercare plan for the family to the supervisor for review and approval. The FCM will then meet with the family a final time to discuss the plan.

Aftercare Plan

Case closure is viewed not as the end of work with a child and family, but as the beginning of a new phase of collaborations and ongoing problem solving. Services may be needed in order to further stabilize the family. These services will be provided to facilitate the integration of the child and family and to resolve problems they may encounter. Referrals to a community service agency and other community-based service agencies will be necessary well in advance of case closure in order to provide long-term sources of support and assistance. Parents and legal custodians will be made aware of all available services and supports so that they can select what the family needs. If they indicate no desire for services, they will be informed that community services are available to them should they desire them at a later time.

Closing the Case in ICWIS

Final updating of information in ICWIS, including assuring that all verifications on the Verification Screen have been completed and submitted, will be needed prior to closing the case in ICWIS. The FCM should then End Date the placement (Data Field) and close the removal episode.

[NEW] Risk Reassessment

An assessment tool used by the FCM throughout the life of the child welfare case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have decreased, remained the same, or have increased since the completion of the initial Risk Assessment.

> **Note:** Risk Reassessments are completed for the biological or family of origin unless TPR is finalized. If TPR is finalized, Risk Reassessments are not required.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** February 1, 2009
	Section 13: Transferring a Case Between DCS Local Offices	**Version:** 1

POLICY (NEW)

The Indiana Department of Child Services (DCS) will ensure that when any case is transferred from one county to another, a child's safety will be maintained. Decisions to transfer cases will be guided by principles of child safety, permanency, and well-being while focusing on meeting the needs of the family. In order to provide the most consistent service possible, cases for families moving less than 50 miles away from the DCS local office will not be transferred; rather, the original Family Case Manager (FCM) will continue to manage the case.

> **Exception:** If the family moves less than 50 miles away from the DCS local office and the court decides to transfer the court case, the DCS case may also be transferred.

DCS will facilitate a Child and Family Team (CFT) Meeting or Case Conference any time a transfer request is received or DCS learns that a family has moved out of the jurisdiction of a DCS local office.

DCS will consider transferring a case when:

1. A family with an Informal Adjustment (IA) moves out of the jurisdiction of a DCS local office;
2. The family of an in-home Child in Need of Services (CHINS) moves out of the jurisdiction of a DCS local office; or
3. The family of an out-of-home CHINS moves out of the jurisdiction of a DCS local office.

DCS will not recommend that the court transfer a case if the safety and well-being of the child cannot be assured. All decisions regarding recommendations to accept or deny a request for case transfer must be approved by the DCS Local Office Director. DCS will not transfer any cases unless the court transfers its case as well. If the court does not accept the request to transfer, the original FCM will continue to manage the case.

Code References

1. IC 31-32-7-1: Venue of proceedings
2. IC 31-32-7-2: Change of Venue
3. IC 31-32-7-3: Assignment of case or supervision of child to county of child's residence

PROCEDURE

In-Home CHINS or IA Case

Upon receiving notification from a parent, guardian, or custodian that they are planning to move; receiving a request from the parent, guardian, or custodian to transfer a case; or learning that the family has moved out of the jurisdiction of the local court; the FCM will:

1. Confirm with the family the date of the planned move and the new address where the family will be residing or present address if they have already moved. If the family has

already moved, inspect the condition of the new residence. See separate policy, 4.13 Assessing Home Conditions;

Note: If the family's new residence is less than 50 miles away from the DCS local office, the case may not be transferred between local offices and the original FCM will be required to continue to provide case management unless the court transfers the case. Cases where a family is moving more than 50 miles away from the DCS local office may be transferred, if doing so would be in the best interests of the child and family.

2. Notify the DCS Local Office Attorney and child's Court Appointed Special Advocate (CASA) / Guardian ad Litem (GAL) (if applicable) of the request to transfer;
3. Thoroughly review the Case Plan (SF 2956/DCS 0046), family progress, all assessment information, and the most recent Risk Assessment and Safety Assessment;
4. Staff the case with his or her Supervisor to determine if a transfer of the case is appropriate;
5. Convene a CFT Meeting or Case Conference (if applicable) to determine the appropriateness of a case transfer and develop a plan for a smooth transition;
6. Work with the DCS Local Office Attorney to submit a request to the court with jurisdiction to contact the court in the family's new county of residence to determine if the case can be transferred by the agreement of the courts.

Note: The final decision to transfer jurisdiction of a case must be made by the agreement of the two juvenile court judges. The juvenile court of origin will facilitate all contact with the court in the family's new county of residence.

The Supervisor will:

1. Staff with FCM to determine if case transfer is appropriate for the family;
2. If case transfer is appropriate, work with the DCS Local Office Director to contact the DCS Local Office Director or designee in receiving county to determine if case transfer is in the best interest of the family;

Note: Local Office Directors will determine whether or not to request that the court with jurisdiction consider the transfer.

3. If case transfer is not appropriate, seek approval from the DCS Local Office Director prior to recommending to others that the case not be transferred;
4. Assist DCS Local Office Attorney and FCM in communicating with the court regarding the possible case transfer; and
5. Ensure continuity of DCS case management services.

If the juvenile court approves the case transfer:

The FCM in the original county of residence will:

1. Ensure that the case file in the Indiana Child Welfare Information System (ICWIS) is current. See Related Information;
2. Complete and fax a Case Transfer Summary Form (CTSF020901FRM) to the DCS Local Office Director of the receiving county;
3. Confirm the family's new residence address via phone or email with the new FCM within five (5) business days of court's approval of the transfer; and
4. Attend the CFT or transfer meeting in the family's new county of residence whenever possible to ensure a smooth transition of the case and required services.

The FCM Supervisor in the original county of residence will:

1. Transfer the case file in ICWIS; and
2. Transfer the hard case file to the new county of residence within 10 business days of case transfer.

The FCM for the new county of residence will:

1. Confirm, in person, the family's new residence within five (5) business days of the assignment of the new case number by the receiving court. Utilize the Visitation Checklist (SF 53557/CW 3112) when meeting with the parent, guardian, custodian, or child. See separate policy, 7.3 Minimum Contact;
2. Inform the DCS Local Office Attorney who may then request that the court appoint a new CASA/GAL (if applicable) for the child;
3. Notify the original FCM of the date, time, and location of the CFT or transfer meeting;
4. Coordinate the CFT or transfer meeting within 10 business days of the case transfer; and
5. Ensure that DCS continues to meet the identified needs of the family in the new county of residence.

If the juvenile court does not approve the transfer:
The FCM in the original county of residence will:

1. Work together with their Supervisor, the child's family, and CFT to continue to meet the family's needs and assure that the family has access to needed interventions, supports, and services; and
2. Continue to provide case management even if the family has moved further than 50 miles away from the DCS local office.

Out-of-Home CHINS
Upon receiving notification from a parent, guardian, or custodian that they are planning to move; receiving a request from the parent, guardian, or custodian to transfer a case; or learning that a family has moved out of the jurisdiction of the local court; the FCM will:

1. Confirm with the parent(s) the date of the planned move and the new address where the parent(s) will be residing or present address if they have already moved. If the family has already moved, inspect the condition of the new residence. See separate policy, 4.13 Assessing Home Conditions;

   Note: If the new residence is less than 50 miles away from the DCS local office, the case may not be transferred between local offices and the original FCM will be required to continue to provide case management unless the court transfers the case. Cases where a family is moving more than 50 miles away from the DCS local office may be transferred, if doing so would be in the best interest of the child and family.

2. Notify the DCS Local Office Attorney and child's CASA/ GAL (if applicable) of the request to transfer;
3. Thoroughly review the Case Plan (SF 2956/DCS 0046), family progress, all assessment information, and the most recent Risk Assessment and Safety Assessment;
4. Staff the case with his or her Supervisor to determine if a transfer of the case is appropriate;
5. Convene a CFT Meeting or Case Conference to determine the appropriateness of a case transfer and develop a plan for a smooth transition; and

Note: If both parents or custodians are participating in services with DCS, but only one is moving, the CFT should carefully consider whether it is in the best interest of the child(ren) to transfer the case. See Practice Guidance for more information.

6. Work with the DCS Local Office Attorney to submit a request to the court to contact the court in the family's new county of residence to determine if the case can be transferred by the agreement of the courts.

   Note: The final decision to transfer jurisdiction of a case must be made by the agreement of the two juvenile court judges. The juvenile court of origin will facilitate all contact with the court in the family's new county of residence.

The FCM Supervisor will:

1. Staff with FCM to determine if case transfer is appropriate for the family;
2. If case transfer is appropriate, work with the DCS Local Office Director to contact the DCS Local Office Director in receiving county to determine if case transfer is in the best interest of the family;

   Note: DCS Local Office Directors will determine whether or not to request that the court with jurisdiction consider the transfer.

3. If case transfer is not appropriate, seek approval from the DCS Local Office Director prior to recommending to the court that the case not be transferred; and
4. Assist the DCS Local Office Attorney and FCM in communicating with the court regarding the possible case transfer.

If the juvenile court approves the case transfer:

The FCM in the original county of residence will:

1. Ensure that the case file in ICWIS is current. See Related Information;
2. Complete and fax a Case Transfer Summary Form (CTSF020901FRM) to the DCS Local Office Director of the receiving county;
3. Confirm via phone or email with the new FCM the family's new residence within five (5) business days of the family's move or the court's approval of the transfer; and
4. Attend the CFT or transfer meeting in the family's new county of residence whenever possible to ensure a smooth transition of the case and required services.

The FCM Supervisor in the original county of residence will:

1. Transfer the case file in ICWIS; and
2. Transfer the hard case file to the new county of residence within 10 business days of the case transfer.

The FCM in the new county of residence will:

1. Confirm, in person, the parent(s), guardian, or custodian(s)' new residence within five (5) business days of the transfer. Utilize the Visitation Checklist (SF 53557/CW 3112) when meeting with parent, guardian, custodian or child. See separate policy, 8.10 Minimum Contact;
2. Inform the DCS Local Office Attorney who may then request the court appoint a new CASA/GAL (if applicable) for the child;
3. Notify the original FCM of the parent(s), guardian, or custodian(s)' new residence and date, time, and location of the CFT or transfer meeting;

4. Coordinate the CFT or transfer meeting within 10 business days of the case transfer; and
5. Ensure that DCS continues to meet the identified needs of the family in the new county of residence.

If the juvenile court does not approve the transfer:
The FCM in the original county of residence will:

1. Work together with their Supervisor, the child's family, and CFT to continue to meet the family's needs and assure that the family has access to needed interventions, supports, and services; and
2. Continue to provide case management even if the family has moved further than 50 miles away from the DCS local office.

PRACTICE GUIDANCE

Cases Appropriate for Transfer

When determining whether a family is appropriate for a case transfer the FCM and Supervisor should consider:

1. Level of service need of the family. See separate policy, 4.26 Determining Service Levels and Transitioning to Ongoing Services;
2. The opinion of the CFT about the transfer;

   Note: There may be cases where a family is moving more than 50 miles away from the DCS local office, and the CFT feels it is more appropriate for the FCM in the original county of residence to continue providing supervision.

3. The compliance level of the family throughout the life of the case;
4. If the case is an IA, how much time is remaining in the IA (if there are 1-2 months remaining, would transfer be a disservice to the family); and
5. Whether the family will have access to the same or comparable interventions, supports, services, and resources after moving.

Preparing a Family for Case Transfer

In any case transfer, ensuring a child's safety is given the highest priority. The best way to ensure this safety is to maintain consistent services for the family. Through the transfer meeting, the family will begin developing a relationship with their new FCM and will begin to identify informal supports in their new community. Immediately after transferring a case, a family may need a higher level of support from the FCM because they will be adjusting to their new surroundings and may not have access to the same services, formal and informal support system(s) as before.

Concerns when Considering a Case Transfer

It is not intended that a case will be transferred multiple times during a family's involvement with DCS. Case transfer requests should only be considered when a family's move will ultimately facilitate permanency. DCS staff should carefully consider the potential positive and negative effects of transferring a case before making a decision regarding the transfer.

Special Circumstances in Out-of-Home CHINS Case Transfers

In some instances, both parents may be engaged with DCS, and only one may be moving. The CFT will play a crucial role in determining whether to make a recommendation to the court to consider transferring the case to another county. For example, the children were removed from their custodial parent. The noncustodial parent becomes engaged with DCS after the removal. Now, the custodial parent is planning on moving more than 50 miles away. The CFT should consider the involvement of both parents throughout the life of the case and determine which parent is most likely to receive custody of the child(ren) when the CHINS case is closed.

When an out-of-home CHINS case is transferred, the placement of the child is not expected to be disrupted unless all parties agree that it would be in the best interest of the child and the placement change will facilitate permanency. When making a decision about changing a child's placement, the CFT should take into account the child's permanency goal and concurrent plan, as well as the level of parental involvement with DCS prior to the transfer, and the child's opinion (if age appropriate). The county in which the parent resides will have jurisdiction over the case and the new FCM will be responsible for ensuring that minimum contacts with the child and parent, guardian, or custodian occur. The FCM will also be responsible for assuring that the visitation plan continues to be implemented. See separate policy, 8.10 Minimum Contact.

FORMS AND TOOLS

1. Case Transfer Summary Form (CTSF020901FRM) – Available in ICWIS
2. Visitation Checklist (SF 53557/CW 3112)
3. Risk Assessment – Available in ICWIS
4. Safety Assessment – Available in ICWIS
5. Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) – Available in ICWIS
6. Case Plan (SF 2956/DCS 0046) – Available in ICWIS
7. Assessment of Alleged Child Abuse and Neglect (SF 113/CW0311) – Available in ICWIS
8. Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI) – Available in ICWIS

RELATED INFORMATION

Transfer Meetings

A CFT Meeting should be used to accomplish a transfer meeting, and both the original and new FCMs must be present[1]. If the original FCM is no longer employed by DCS, a Supervisor should attend the transfer meeting in their place. The purpose of the transfer meeting is to provide all parties with as much information as possible about the status of the case, and partner with the family in the process to ensure a smooth transfer of services.

The original FCM must participate in the CFT or transfer meeting held immediately after the family moves. If attending the meeting in person is not possible, the FCM may participate via phone. It is essential that both FCMs work together to ensure that the family's service plan remains intact and child safety is being assured throughout the case transfer process.

Examples of information that should be shared and discussed at the transfer meeting include but are not limited to:

[1] If still employed by DCS.

1. The family's identified strengths and underlying needs;
2. Needs that may arrive in the near future, especially with the family's move;
3. What efforts have been taken to meet those needs;
4. Clarify expectations about what happens next;
5. The name and contact information of the new FCM and Supervisor;
6. The family's new address and contact information;
7. Formal and informal supports for the family that will be utilized after moving (this may include supports that were present prior to moving);
8. Information about membership in the CFT (membership may or may not remain the same after relocating); and
9. Visitation arrangements (specifically if the child's placement has changed).

IA Extensions

Each IA may be granted one three (3) month extension. If this extension is granted prior to case transfer an additional extension may not be granted after case transfer. If an FCM decides to request an extension from the court, the petition must be filed in the county which has jurisdiction over the case. An IA may not be extended as a direct result of the family's move or request to transfer.

Filing a CHINS Petition After Transferring an IA

If a family has moved, the IA was transferred, and a CHINS petition needs to be filed, the FCM in the new county of residence should file the petition in the county which has jurisdiction over the case (the county in which the family currently resides). A CHINS petition should only be filed if safety concerns arise because the parent, guardian or custodian has not complied with the terms of the IA or the best interests of the child requires additional services for which court intervention is needed.

If a CHINS petition needs to be filed and a family has moved or the IA was not transferred, staff from the original county of residence and new county of residence will need to communicate to ensure that there is no break in services for the family. Each family situation will need to be carefully evaluated by the FCM and Supervisor to determine which county should file the CHINS petition.

If new allegations of abuse or neglect arise and a family has moved and the IA was not transferred, a Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) should be filed in the family's new county of residence. The original county should close their IA and the new county should file the CHINS petition if appropriate. Two cases should not be open in two different counties at the same time.

Case File

Prior to transferring the hard case file or the ICWIS file, the FCM is responsible for ensuring that all information is current and accurate. The county where the family originally resided is not required to keep a copy of the case file. The data entry must be complete for each of the following:

1. Hearings;
2. Placement;
3. Services;
4. Visitation Plan;
5. Assessment of Alleged Child Abuse and Neglect (SF 113/CW0311);
6. Case Plan (SF 2956/DCS 0046);
7. Demographic information;

8. Contacts;
9. School information and other related education information (Individualized Education Plan);
10. Medicaid number;
11. Health Information (medical and dental health issues, current treatment);
12. Indiana Support Enforcement Tracking System (ISETS) interface;
13. Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI);
14. Court Reports;
15. Notices;
16. Mental Health Screen; and
17. Immunization records.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** May 1, 2009
	Section 14: End of Life Care	**Version:** 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will involve the court when a physician or hospital contacts any DCS staff member regarding the removal of life support or the issuance of a Do Not Resuscitate (DNR) Order for a child under the care and placement of DCS.

DCS staff, resource parents, and Guardian ad Litems (GAL)/Court Appointed Special Advocates (CASA) **do not** have the legal authority to make a final decision about whether a hospital should remove life support or issue a DNR Order for a child under the care and placement of DCS. The decision must be made by the juvenile court.

Situations involving the removal of life support, issuance of DNR Orders, or organ donation of children under the care and placement of DCS require thoughtful, sensitive, and thorough communication among all persons involved including the child's parents, parent(s)' attorney(s) (if applicable), DCS staff, medical personnel, hospital ethics committee and the court. DCS staff members are not permitted to share personal opinions or give recommendations to families, medical personnel and/or attorneys in situations regarding the removal of life support or the issuance of a DNR Order.

The child's legal parents are to be involved in the decision-making process regarding the removal of life support, the issuance of a DNR Order, or organ donation regardless of the status of the case. If there is any question concerning the appropriateness of involving the child's legal parents in the decision making process, the chief legal counsel for DCS must be consulted.

The decision to donate the organs of a deceased child in the care and placement of DCS should be made by the child's parents. If Termination of Parental Rights (TPR) has occurred, the individuals authorized to make the decision are identified in IC 29-2-16.1-8. See Related Information for a listing of these individuals.

Code References

1. IC 29-2-16.1-8 Priority of persons authorized to make an anatomical gift of a decedent's body or part
2. IC 29-2-16.1-1(12) Definition of Guardian
3. IC 1-1-4-3 Uniform Determination of a Death Act

PROCEDURE

When a recommendation is made for the removal of life support or issuance of a DNR Order for a child under the care and placement of DCS by a child's attending physician **the Family Case Manager (FCM) will**:

1. Immediately notify Supervisor and DCS Local Office Director of the physician's request to remove life support or issue a DNR Order;
2. Obtain a written statement from the child's attending physician recommending the removal of life support or the issuance of a DNR Order and the supporting documentation for this recommendation. The statement must include:
   a. A brief medical history for the child,
   b. The child's current condition and diagnosis,
   c. The supporting documentation for the recommendation, and
   d. Compliance with the hospital's ethics protocol, if applicable.

3. Notify the child's parent(s), DCS Local Office Attorney, resource parent(s) and child's CASA/GAL (if appointed) of the physician's recommendation to remove life support or issue a DNR Order;

   Note: The child's parent(s) **must be notified** regarding the medical recommendation unless they cannot be located.

4. If the parent(s) of the child cannot be located, document efforts made to locate the parent in ICWIS. See separate policy, 5.6 Locating Absent Parents for guidance. If possible and appropriate, notify a grandparent, other relative, or other adult who exhibited special care and concern for the child;
5. Discuss the physician's recommendation with DCS Local Office Attorney and work with the attorney to prepare and submit a written report to the court outlining the child's medical situation within one (1) business day of receiving the physician's written statement. This report must include the recommendation from the child's attending physician;

   Note: If TPR has not occurred, the FCM should include the parent(s) opinions and recommendations when preparing the report to submit to the court.

6. Make available to the court any information about the child including but not limited to: child's medical history, family and resource parent information, recommendation of the attending physician, parent(s)' recommendation (if known), and any additional information requested by the court. Specifically note whether or not the child expressed an opinion about his or her desire to enter into a DNR Order or the removal of life support and when, where, and how the child made their wishes known;
7. Consult with DCS Local Office Attorney to request that the juvenile court hold a hearing to make a determination regarding the appropriate medical treatment for the child;
8. Confirm whether the child has a CASA/GAL. If not, collaborate with DCS Local Office Attorney to request that the court appoint a CASA/GAL for the child immediately; and
9. Notify and inform all interested persons, including the child's CASA/GAL, regarding the recommendation from the physician, and discuss any provisions needed for assistance and support to the child's family (both biological and resource).

When a recommendation is made for the removal of life support or issuance of a DNR Order for a child under the care and placement of DCS by a child's attending physician **the Supervisor will**:

1. Immediately notify Regional Manager and DCS Director or his or her designee of the physician's recommendation;
2. Ensure that timely notification of all required persons occurs; and
3. Attend all relevant court hearing and meetings with FCM.

When a recommendation for the removal of life support or issuance of a DNR Order for a child under the care and placement of DCS whose parental rights have been terminated, is made, DCS must request that the juvenile court hold a hearing to make a determination regarding the appropriate medical treatment for the child, and follow the above listed procedures. **DCS may not authorize the removal of life support or issuance of a DNR Order.**

Organ Donation
If a family member or a representative of an Independent Organ Procurement Agency (IOPA) contacts DCS regarding potential organ donation, the FCM will:

1. If TPR has not occurred, notify and be available to the child's parent(s) during the decision making process; or
2. If TPR has occurred for both parents, notify other individuals authorized to make a decision about organ donation as identified by IC 29-2-16.1-8. See Related Information; or
3. If TPR has occurred for both parents and no other authorized individual is able to make a decision, collaborate with FCM Supervisor, DCS Local Office Director, Regional Manager, Central Office attorney(s) and DCS Local Office Attorney to determine if organ donation is appropriate. This team must consider the following factors prior to making a decision:
    a. Statement on the child's driver's license (if any),
    b. Possible need for an autopsy of the child,
    c. Concerns of any involved extended family,
    d. Previous statements by the child regarding organ donation (if any), and
    e. Cultural and/or religious preferences of the family regarding organ donation.

PRACTICE GUIDANCE

Children Not in the Care or Supervision of DCS
If a child has not been detained or is not currently in the custody of DCS and the removal of life support or the issuance of a DNR Order is recommended by the child's physician, DCS may be available as an extended support system for the family. DCS staff members will not provide guidance or advice to family in this situation. The ultimate decision in this situation lies with the parent, guardian, or custodian of the child.

Child's Wishes Regarding Removal of Life Support, DNR, and/or Organ Donation
Previous statements or opinions of a child regarding the removal of life support, issuance of a DNR Order, or organ donation should be considered in all situations. Although this opinion may not necessarily be followed it is important for all members of the team (including the court) to be aware of previous statements made by the child regarding any of end of life care issues.

Brain Death Situations
According to IC 1-1-4-3, an individual who has sustained "irreversible cessation of all functions of the entire brain, including the brain stem is dead." If an individual meets this definition for brain death, he or she may be declared dead by a physician per the hospital's brain death protocol. This declaration of death by a physician is a medical determination which does not need to be perfected by a court order. When an individual is declared dead per this protocol, the medical team will determine the appropriateness of disconnecting any and all medical equipment connected to the individual. However, if the parent(s), guardian(s), or CASA/GAL

object, if the hospital seeks DCS consent or input, or if the physician or hospital is unwilling or unable to make a declaration of death, then a court order **must** be obtained.

FORMS AND TOOLS

N/A

RELATED INFORMATION

Do Not Resuscitate (DNR) Order
A medical order to provide no resuscitation to individuals for whom resuscitation is judged to be of no medical benefit. This specifically refers to Cardiopulmonary Resuscitation (CPR). There are circumstances when CPR might seem to lack benefit for a child whose quality of life is so poor that no meaningful survival is expected even if CPR were successful in restoring circulatory stability. A DNR Order may also be used to withhold life-sustaining treatment (to refrain from using life support to artificially prolong a child's life).

Removal of Life Support
The removal of all medical procedures or interventions that serve only to prolong the process of dying or maintain the individual in a condition of persistent unconsciousness. This does not include the administration of medication or performance of medical treatments deemed necessary to alleviate pain or provide for the normal consumption of food and water.

Organ Donation
The decision to make an anatomical gift of a deceased individual's body or parts of the body. This gift may be made for the purpose of transplantation, therapy, research, or education.

DCS staff shall never sign consent forms for organ donation on behalf of a child's family member who has made a decision to donate the child's organs. DCS may only make a decision regarding organ donation for a child under the care and placement of DCS if TPR has occurred, the priority order of persons authorized to donate the child's organs has been followed, and a court order has named DCS as the child's guardian as defined in IC 29-2-16.1-1(12).

Persons Authorized to Donate a Deceased Individual's Organs
According to IC 29-2-16.1-8 the priority of persons authorized to make an anatomical gift of a decedent's body or parts are as follows:

1. An agent of the decedent at the time of death who could have made an anatomical gift under section 3(2) of this chapter immediately before the decedent's death;
2. The spouse of the decedent;
3. Adult children of the decedent;
4. Parents of the decedent;
5. Adult siblings of the decedent;
6. Adult grandchildren of the decedent;
7. Grandparents of the decedent;
8. An adult who exhibited special care and concern for the decedent;
9. A person acting as the guardian of the decedent at the time of death; and
10. Any other person having the authority to dispose of the decedent's body.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	**Effective Date:** April 1, 2010
	Section 15: Concurrent Planning – An Overview	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) is committed to ensuring that all children in DCS care achieve permanency in a timely manner. The Family Case Manager (FCM) and Child and Family Team (CFT) will address "What could go wrong" with the identified permanency plan (Plan A) at each CFT Meeting. The CFT should discuss an alternative or 'Plan B' for permanency if 'Plan A' is not successful. See separate policy, 5.7 Child and Family Team Meetings.

In a small number of cases, the use of Concurrent Planning is the most effective way to ensure that children in out-of-home and in-home care achieve permanency. DCS will evaluate each case to determine the appropriateness of Concurrent Planning.

Concurrent Planning requires the FCM and CFT to plan and work towards both reunification and another permanency plan. The intent of Concurrent Planning is that both plans will be pursued simultaneously and aggressively.

DCS **will develop** a Concurrent Plan for children in out-of-home or in-home care that meet at least one of the following mandatory Concurrent Planning Indicators:

1. The parent(s) have a history of voluntary Termination of Parental Rights (TPR);
2. The minor parent is under the age of 16 with no support systems and placement of the child and parent together has previously failed due to the minor parent's behavior;
3. The parent, guardian, or custodian has asked to relinquish the child on more than one occasion following initial intervention; or
4. The parent, guardian, or custodian has a diagnosed mental illness or substance abuse problem that renders him or her unable to provide for or protect the child which, upon assessment, indicates:
    a. A history of treatment without response, or
    b. The parent, guardian, or custodian in treatment has a pattern of noncompliance with medication or treatment intervention.

DCS **may develop** a Concurrent Plan for children in out-of-home or in-home care that meet at least one of the following potential Concurrent Planning Indicators. The FCM should staff these situations with their Supervisor to determine the appropriateness of developing a Concurrent Plan.

1. There has been a single severe incident of Child Abuse and/or Neglect (CA/N), such as a near fatality of the child or a sibling or a fatality of a sibling;
2. The family has a history of repeated, failed attempts to correct conditions which resulted in child maltreatment;

3. Child or siblings have been in out-of-home care on at least one other occasion for a period of six (6) months or more, or have had two or more prior placements with DCS involvement;
4. There has been an ongoing pattern of documented domestic violence lasting at least one year in the household; or
5. The parent, guardian, or custodian has a developmental disability or emotional impairment which, upon assessment, indicates that the parent may be unable to provide, protect or nurture the child, and the parent, guardian, or custodian has no other relatives or social supports able or willing to assist in parenting.

DCS may consider developing a Concurrent Plan for other children in DCS care when appropriate. DCS will ensure that all parent(s), guardian, custodian(s), and members of the CFT are informed about Concurrent Planning.

DCS will collaborate with the parent(s), guardian, or custodian(s) and the CFT to create a Primary Plan and a Concurrent Plan. The Primary Plan should be changed to the Concurrent Plan if little or no progress is made at six (6) months following removal or at the discretion of the CFT.

Code References

IC 31-34-21-5.6 Exceptions to requirement to make reasonable efforts to preserve and reunify families

PROCEDURE

The FCM will:

1. Engage the family during the Child Protective Services (CPS) assessment to determine how the family's strengths and needs impact the safety, permanency, and well-being of the child(ren);
2. Within five (5) business days of removal or opening a case, determine whether any of the mandatory or potential Concurrent Planning Indicators are present;
3. If there are no indicators present continue with regular case procedures. If one or more mandatory indicators are present, follow Concurrent Planning procedures outlined below. If one or more potential indicators are present, staff the case with his or her Supervisor to determine the appropriateness of a Concurrent Plan for the child and family;
4. Staff the case with the Supervisor to discuss Concurrent Planning options;
5. Utilize the Family Functional Assessment (FFA) Field Guide to assist in identification of the family's underlying needs;
6. Ensure full disclosure to the parent(s), guardian, or custodian(s), relatives, service providers, attorneys, and Court Appointed Special Advocate and/or Guardian Ad Litem (CASA/GAL). See Practice Guidance for more information;
7. Explain the process of Concurrent Planning to all CFT members and address the following:
    a. The detrimental effects of out-of-home placement and the child's need to obtain permanency as quickly as possible,
    b. Parental rights and responsibilities, and outcomes that may occur as a result of parental action or inaction with respect to the Case Plan,

c. The services and supports that the agency can provide, including the role of the CFT, and
d. Permanency plan options and the time limits to achieving permanency.

8. Hold a CFT Meeting or Case Plan Conference no later than 30 calendar days of removal or the decision to create a Concurrent Plan. At this meeting the team will:
   a. Identify a Primary Plan and a Concurrent Plan for the Case Plan(s). See separate policies, 6.10 Permanency Plan and 5.7 Child and Family Team Meetings:
      i. The Primary Plan must be for reunification through services with measurable outcomes and time frames, and
      ii. The Concurrent Plan must be an alternative permanency plan, including a permanency goal other than reunification (e.g., fit and willing relative, legal guardianship, adoption, Another Planned Permanent Living Arrangement (APPLA), reunification with non-custodial parent.)

   b. Identify services, outcomes, and measures, and
   c. Develop the Visitation Plan, with parent and child visitation occurring a minimum of two (2) times per week. See separate policy 8.12 Developing the Visitation Plan,

   Note: If a CFT Meeting is not convened, a Case Conference must be held. See separate policy, 5.8 Developing the Case Plan.

9. Utilize the 'Concurrent Planning' dropdown menu in the Indiana Child Welfare Information System (ICWIS) to identify the Concurrent Plan and to code the case as Concurrent Planning;
10. Make referrals for services to work towards the outcomes for both the Primary Plan and the Concurrent Plan within 10 business days of identifying a need for services. See separate policy, 5.10 Family Services;
11. Complete the Case Plan (SF2956/DCS 0046) in the Indiana Child Welfare Information System (ICWIS), obtain supervisory approval, and secure all signatures within 45 calendar days of removal;
12. Complete a comprehensive search for absent parents. See separate policy 5.6 Locating Absent Parents;
13. Create a Family Network Diagram by utilizing GenoPro to identify extended family members and support the search for potential relative resources. See Family Network Diagram Guide;
14. **[REVISED]** Utilize the CFT to determine when the permanency plan should be changed from the Primary Plan to the Concurrent Plan. If there is no significant progress towards the Primary Plan within six (6) months of disposition the Concurrent Plan will become the Primary Plan and DCS will evaluate the appropriateness of filing TPR; and
15. If the Concurrent Plan becomes the Primary Plan, the case should be unmarked as a 'Concurrent Planning' case in ICWIS and return to regular case planning procedures.

The Supervisor will:

1. Staff the case with the assigned FCM and make recommendations as needed;
2. Approve the 'Concurrent Planning' label in ICWIS;
3. Review and approve, if necessary, the child's placement needs as recommended by the FCM and CFT;
4. Approve Case Plan (SF2956/DCS 0046) in ICWIS once completed; and

5. If the Concurrent Plan becomes the Primary Plan, assist the FCM in transitioning back to regular case planning procedures and ensure that the FCM unmarks the case as a Concurrent Planning' case in ICWIS.

The DCS Local Office Attorney will:
1. Consult with FCM and Supervisor; and
2. Review Concurrent Plans prior to submitting to the court.

PRACTICE GUIDANCE

Care must be taken that parent(s) do not perceive Concurrent Planning as a threat. Although the Concurrent Plan is implemented when the Primary Plan cannot be achieved, it should not be presented as a punishment. Rather, Concurrent Planning offers parent(s) the opportunity to make critical decisions on behalf of the child and in the child's best interests. In many cases, Concurrent Planning allows the parent(s) to avoid the termination of parental rights and remain actively involved in their child(ren)'s lives.

Full Disclosure

Full disclosure is a process that facilitiates open and honest communication between the FCM, parent(s), guardian, or custodian(s), extended family members, resource parents, attorneys, the court, and service providers. This process of sharing information, establishing expectations, clarifying roles, and addressing obstacles is an essential component of ethical social work practice.

Key items to discuss during a full disclosure interview:
1. Rights of the parent(s), guardian, or custodian(s);
2. Responsibilities of:
    a. DCS,
    b. Parent(s), guardian, or custodian(s),
    c. Resource parent(s), and
    d. Relative placement.

3. The effect of out-of-home placement on a child. When children remain in foster care for long periods of time, they may experience multiple moves, often making them unable to form normal attachments. Children need permanent families as quickly as possible for their emotional well being. Services will be provided to the family for a specific time to minimize the child's length of stay in foster care; and
4. The paths that a parent, guardian, or custodian may take include:
    a. Actively working with DCS,
    b. Withdrawing, disappearing, or only sporadically appearing making it difficult to effectively implement a service plan,
    c. Acting in a resistant manner towards all services, or
    d. Choosing Voluntary TPR.

Visitation and Concurrent Planning

Frequent visitation is a foundation of Concurrent Planning. Utilizing frequent visitation between the parent(s), guardian(s), or custodian and the child will:
1. Decrease anxiety for the child during out-of-home care;
2. Secure relationships and maintain bonds between parent/child;

3. Motivate parent(s), guardian, or custodian(s) to work towards Case Plan (SF2956/DCS 0046) outcomes;
4. Decrease the amount of time that children remain out-of-home;
5. Offer opportunities for the parent(s), guardian, or custodian(s) and the resource parent(s) to engage in learning and growing; and
6. Give the opportunity to evaluate the parent and child relationship.

Recommended Concurrent Planning Visitation and Contact Standards

Participants	***Frequency***	***Type***
Parent/Child	2 times per week	Face-to-face
Parent/FCM	1 time per week	Face-to-face
Child/FCM	1 time per week	Face-to-face
Resource Parent/FCM	1 time per week	Phone
	1 time every month	Face-to-face
Service Provider/FCM	1 time per week	Face-to-face, phone, email

Changing from the Primary Plan to the Concurrent Plan

[REVISED] The CFT should determine when the permanency plan will transition from the Primary Plan to the Concurrent Plan. If significant progress has not been made towards the Primary Plan within six (6) months of disposition, the Concurrent Plan will become the Primary Plan.

If the decision is made to change the Concurrent Plan to the Primary Plan, the case will return to regular case procedures and will no longer be considered a 'Concurrent Planning' case.

FORMS AND TOOLS

1. Family Functional Assessment (FFA) Field Guide - Available on the Indiana Practice Model SharePoint
2. Family Network Diagram Guide
3. Visitation Plan – Available in ICWIS
4. Case Plan (SF 2956/DCS 0046) – Available in ICWIS

RELATED INFORMATION

The Adoption and Safe Families Act (ASFA) of 1997 encourages states to engage in Concurrent Planning. This same Act requires states to file termination of parental rights at 15 of 22 months that the child is in out-of-home placement. It also specifies that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunite the family. This is the primary goal of Concurrent Planning. Other benefits include:

1. Achieves early permanency for children within or outside the birth family;
2. Decreases a child's length of stay in foster care;
3. Develops a pool of resource families that can be of assistance to both child and family;
4. Maintains family relationships;
5. Reducing the number of placements;
6. Reducing the length of time in care;

7. Increase in voluntary TPR; and
8. Improving the long-term adjustments of the child by an increase in the degree of openness.

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** June 1, 2011
	Section 16: Caregiver Strength and Needs	**Version:** 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will utilize the Child and Adolescent Needs and Strengths (CANS) Caregiver and Family Module questions to determine the strengths and needs of each parent, guardian or custodian which will assist in the identification of appropriate services.

The Family Case Manager (FCM) will identify the strength and needs of the parent, guardian or custodian throughout the life of the case and at least every 180 days by using the CANS Caregiver and Family Module questions, and address each need rated 2 or 3 in the Case Plan (SF 2956/DCS0046). Additionally, any need rated a 3 requires immediate attention.

Code References

N/A

PROCEDURE

DCS will engage the Child and Family Team (CFT) to assist in determining the services for the parent, guardian or custodian, using the Indiana Caregiver Strength and Needs Assessment for guidance.

The FCM will:

1. Determine the strengths and needs of the parent, guardian or custodian;
2. Document and address any needs rated 2 or 3 in the Case Plan (SF 2956/DCS0046);
3. Determine an immediate action for any need rated 3; and
4. Discuss with their supervisor the recommended immediate action, if necessary.

The Supervisor will:

1. Discuss any questions or regarding the strength and needs of the parent, guardian or custodian and any recommendations resulting from the identified needs;
2. Approve an immediate course of action for any need rated a 3, and;
3. Monitor the documentation of any items rated 2 or 3 on the Case Plan (SF 2956/DCS0046.

PRACTICE GUIDANCE

The Indiana Caregiver Strength and Needs Assessment is an optional tool which allows the FCM to rate a Primary and Secondary Caregiver separately. Depending on the situation, a

caregiver who is rated a 2 in one area may have that item mitigated by the strength of other caregiver. Critical thinking skills along with regular case staffing in combination with the CFT Meetings will allow the FCM to recommend the best plan for the parent, guardian or custodian.

FORMS AND TOOLS

1. Indiana Caregiver Strength and Needs Assessment – Available in Hard Copy
2. 5.B Tool Indiana Strength and Needs Definitions–Available in Hard Copy
3. Case Plan (SF 2956/DCS0046) - Available in the Indiana Child Welfare Information System

RELATED INFORMATION

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date:** April 1, 2012
	Section 17: Assistance for a Family's Basic Needs	**Version:** 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) believes that families should be financially responsible for ensuring their children's basic needs are met. In situations where the parents need assistance providing for the basic needs of their children, DCS has determined that the following assistance is available for applicable children:[1]

1. One (1) month of rent and a one (1) security deposit of up to $750 each. These each have a lifetime cap of $750 each per family;
2. Collective one-time payment for gas, electric, water & sewage utilities assistance of up to $1000 per family;

   Note: For families in need of mortgage assistance, an additional $750 can be made available for utility assistance in certain circumstances (see Practice Guidance).

3. Up to $200 per lifetime for Pest Control services per family;
4. Up to $400 per lifetime, per child for children's bed and bedding; and
5. Up to $50 per month per family to cover the cost of parent, guardian and custodian travel (gas card, bus tickets, etc. See Practice Guidance).

   Note: Questions regarding a family's use of payments should be directed to the local Regional Finance Manager (RFM).

DCS will not pay any of the following:

1. Mortgage payment assistance (See Practice Guidance);
2. Repairs and purchases of home appliances, (including stoves, refrigerators, dishwashers), heating, ventilating, and air conditioning (HVAC), repairs and purchases;
3. Furniture (not including children's beds as outlined above);
4. Food and groceries;
5. Car repairs, driver's license reinstatement fees, and other expenses related to parental travel not listed above;
6. Clothing;
7. Recreation (including, but not limited to fees, supplies, uniforms, etc.);
8. Education (including, but not limited to tuition, uniforms, book fees, etc.);
9. Day Care; and
10. Telephone & cell phone.

[1] Applicable children/families include families who have a child who: (a) is in an out-of-home Child in Need of Services (CHINS) or Juvenile Delinquent (JD) placement, (b) is in an in-home CHINS, (c) is the subject of an Informal Adjustment (IA) (d) is the subject of an assessment and receiving services.

Code References

N/A

PROCEDURE

For Families with an applicable child, The Family Case Manager (FCM) should:

1. Engage the Child and Family Team (CFT) to identify community supports and services which may be able to assist the family in meeting their financial needs;
2. Document whether the family has an unusual circumstance or a situation that requires additional financial support, the exact reason the service is needed, and efforts made to locate alternative funding prior to completing a referral in the Indiana Child Welfare Information System contacts (see Practice Guidance for additional information on alternative funding); and
3. Complete a referral to request approved funding for the family if community resources are not able to meet the identified needs.

Appeals for Additional Funding:

1. The FCM will complete the Appeal for Additional Funding SF 54870 detailing the unusual circumstances and situations prior to the expenditure of any funds and submit to the Supervisor for approval or denial.
2. The Supervisor will review and approve or deny the appeal for additional funding. The Supervisor will immediately notify the FCM if the request is denied. If the Supervisor approves the appeal for additional funding, it will be submitted to the DCS Local Office Director for approval or denial.
3. The DCS Local Office Director will approve or deny the appeal of additional funding. If the DCS Local Office Director approves the appeal for additional funding, the written request will be sent to the Regional Manager (RM) and if approved the RM will submit a copy to the RFM.
4. The RM will notify the Local Office Director of the final determination via written correspondence.

PRACTICE GUIDANCE

Prior to requesting any funding from the DCS local office to assist a family in meeting their basic needs, the FCM should ensure financial support of extended family members is explored for potential funding assistance as well as the following:

Utilities:

1. Contact Trustee's Office;
2. Contact utility company directly (gas, electric, water, etc.) to see about enrolling in a payment plan;
3. Contact local winter assistance, summer cooling programs if available in the area;
4. Contact Energy Assistance Program (EAP);
5. Contact Salvation Army; and
6. Contact Local churches.

Transportation:

1. Salvation Army;

2. School system;
3. Medicaid Transportation; and
4. Churches, community groups that may provide transportation to and from certain types of appointments.

Permitted travel expenses are those related to the benefit of the parent (i.e. parental visitation, counseling/therapy sessions, and substance abuse appointments/meetings).

In the event a family needs assistance to pay their mortgage, DCS should provide assistance for other household expenses to be paid so that funds are available for the family to make the mortgage payment. The FCM and family will develop a plan as to how household expenses will be paid in future months. This assistance is available one time for each family and is available through an approved appeal by the RM.

DCS local offices should have a mechanism in place to validate the family's participation in the service or event for which the assistance was deemed necessary prior to subsequent disbursements to the family.

Applicable children/families include families who have a child who: (a) is in an out-of-home Child in Need of Services (CHINS) or Juvenile Delinquent (JD) placement, (b) is in an in-home CHINS, (c) is the subject of an Informal Adjustment (IA) (d) is the subject of an assessment and receiving services.

FORMS AND TOOLS

1. Appeal for Additional Funding SF 54870

RELATED INFORMATION

N/A

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 5: General Case Management	**Effective Date** September 1, 2012
	Section 18: Death and Burial of a Child In Out-of-Home Care	**Version:** 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will ensure the death of a child is handled within acceptable standards (See Related Information) when the child is adjudicated a Child In Need Of Services (CHINS) and is placed in out-of-home care. This includes any death that is sudden or unexpected, and those deaths due to a medical condition.

If Child Abuse or Neglect (CA/N) is suspected to be the cause of death, a report should be immediately made to the Child Abuse Hotline and to the Local Law Enforcement Agency (LEA).

DCS will immediately provide the court with written notification of the child's death.

DCS will immediately notify the biological parents and siblings (if appropriate) and if possible coordinate this notification with LEA and the Coroner. These notifications should occur in person. If the biological parents live in another county or state, DCS will request immediate assistance from the specific county or state to make face to face contact with the child's parents. To the extent possible, the family should not be contacted by telephone.

> **Note**: If Termination of Parental Rights (TPR) has been ordered, contact is not required. However, if it is determined to be in the best interest of the surviving siblings and family, the biological parents and or extended family can be notified of the child's death when TPR has been ordered. This notification should occur in person unless unforeseen circumstances prohibit this from happening.

DCS will work with the biological family regarding burial arrangements and expenses. If the biological family is willing and able to assume responsibility for the burial, they should be encouraged to do so. The Family Case Manager (FCM) will explore resources such as insurance policies and Medicaid to assist with fees associated with burial or cremation.

> **Note**: All DCS financial assistance must be approved by the Regional Manager. See Procedure for additional information.

If the biological family is unable to assume responsibility, the FCM will contact a local funeral home and cemetery to provide a basic service and burial. DCS will consider the wishes of the biological family in making arrangements for the child's burial.

DCS and the family will obtain estimates of the following services and determine what is in the best interest of the child's family, siblings, and/or foster parents:

1. General same day visitation with standard funeral including all fees, burial costs (including cemetery costs) with basic casket and vault selections;
2. Same day visitation with standard funeral to be followed by direct cremation after service with burial of ashes at a later date;

3. Same day visitation (visitation & funeral) with standard funeral to be followed by direct cremation with remains returned to closest biological family member;
4. Direct cremation with memorial service at a later date with interment (burial) of remains; and
5. Direct cremation with memorial service at a later date with remains returned to the closest biological family member.

Code References

N/A

PROCEDURE

The FCM will:

1. Make a report of CA/N to the Child Abuse Hotline and LEA if CA/N is suspected;
2. Notify the court immediately of the child's death;
3. Notify the biological parents and siblings of the child's death in person;

   Note: If TPR has been ordered, contact is not required. However, if it is determined to be in the best interest of the surviving siblings and family, the biological parents and or extended family can be notified of the child's death when TPR has been ordered. This notification should occur in person unless unforeseen circumstances prohibit this from happening.

4. Assist the family in making funeral, burial or cremation arrangements for the child;
5. Explore community resources available to assist the family with funeral and burial expenses;
6. Consult with the Regional Finance Manager regarding financial assistance;
7. Ensure surviving siblings including children under the care and supervision of DCS are able to participate in funeral services as appropriate; and
8. Assist the family in locating community resources to deal with grief or other issues identified by the family.

If the biological parents are deceased, the FCM should proceed with making funeral and burial arrangements on behalf of the child and consider the wishes of extended family members and or foster parents if possible.

The Supervisor will:

1. Assist the FCM in communicating with family members;
2. Assist the FCM and family in locating a funeral home and place for burial or cremation; and
3. Ensure that the FCM is offered supportive services to cope with the child's death.

To request DCS financial assistance:

1. The FCM will complete the Appeal for Additional Funding SF 54870 form detailing the need for assistance and submit to the Supervisor for approval or denial;
2. The Supervisor will review and approve or deny the appeal for additional funding. The Supervisor will immediately notify the FCM if the request is denied. If the Supervisor approves the appeal for additional funding, it will be submitted to the DCS Local Office Director for approval or denial.

3. The DCS Local Office Director will approve or deny the appeal of additional funding. If the DCS Local Office Director approves the appeal for additional funding, the written request will be sent to the Regional Manager (RM) and if approved the RM will send a copy to the RFM.
4. The RM will notify the Local Office Director of the final determination via written correspondence.

PRACTICE GUIDANCE

Medicaid Coverage

Medicaid benefits will cover $600.00 towards funeral director expenses and $400.00 towards burial and/or cremation expenses. Medicaid will not cover the cost of a headstone.

Funeral Director Expenses can include:

1. Reasonable expenses connected with preparation of the body, including cremation;
2. Purchase of necessary clothing;
3. Funeral services;
4. Transportation of the body; and
5. Professional services of the Funeral Director.

Cemetery & Burial Expenses can include:

1. Purchase of a burial plot;
2. Opening and closing the grave;
3. Purchase of a cemetery vault;
4. Purchase of a casket and flat concrete marker (in absence of a headstone) when required by the cemetery authorities;
5. The cost of renting a lowering device; and
6. Tent and artificial grass, if required by the cemetery authorities.

Possible Additional Assistance

DCS should assist the family in locating possible community resources or donations for the deceased child and family. Community resources that can be contacted for possible assistance are, but not limited to:

1. Trustee's Office;
2. Community foundations;
3. Community clubs;
4. Churches;
5. Salvation Army; and
6. Goodwill.

DCS Assistance

DCS may provide financial assistance for approved items if the child is not receiving Medicaid, or if the costs exceed the allowable Medicaid benefits when extenuating circumstances exist. All costs including a headstone require approval from the Regional Manager prior to discussing this with the family. DCS will not provide financial assistance for flowers or burial clothing. All approved vendors will need to complete Vendor Information SF 53788 in order to receive payment. See Procedure for additional information.

FORMS AND TOOLS

Appeal for Additional Funding SF 54870

Vendor Information SF 53788

RELATED INFORMATION

Acceptable Standards

DCS defines acceptable standards as a basic funeral and burial or cremation services where surviving siblings, relatives, foster parents, DCS staff, service providers, school personnel, and any other pertinent individuals in the child's life are given the opportunity to pay their respects and grieve the child's death. DCS will make efforts to partner with the deceased child's family (if appropriate), to provide the deceased child any combination of the following services: a visitation/viewing, funeral/memorial services, burial or cremation services (including a headstone) that fall within the parameters of requested services by the child's family and have been agreed upon by the funeral home and cemetery of choice.

Surviving Siblings

DCS should make efforts to notify the surviving siblings of the deceased child. These notifications should, if at all possible, occur in person. Efforts should be made to allow surviving siblings including children under the care and supervision of DCS to participate in funeral services for the deceased child. This includes but is not limited to transportation, referrals for grief counseling, and ongoing support for surviving siblings that are under the care and supervision of DCS.