	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	**Effective Date:** June 1, 2011
	Section 1: Child at Imminent Risk of Removal	**Version:** 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will make an initial determination as to whether an individual child is at imminent risk of removal and therefore a candidate for foster care. DCS will redetermine imminent risk every 180 days.

DCS defines a child at imminent risk of placement as a child less than 18 years of age who reasonably may be expected to face out-of-home placement in the near future as a result of at least one (1) of the following:

1. Abuse or neglect;
2. Emotional or mental disturbance; or
3. Family conflict so extensive that reasonable control of the child is not exercised.

Code References

N/A

PROCEDURE

[REVISED] The Family Case Manager (FCM) will:

1. Make an initial determination that a child is at imminent risk for removal with a substantiation of abuse or neglect by the DCS as documented by an approved substantiated Assessment of Alleged Child Abuse or Neglect SF113/CW0311.

   Child In Need of Services (CHINS):

   a. Complete a Risk reassessment in the Indiana Child Welfare Information System;
   b. Document via the Case Plan on the case identification screen that:
      1.) The child is at imminent risk of removal from the home environment and absent effective preservation services, the Department will petition the court to place the child in foster care; or
      2.) The child is not at imminent risk of removal from the home environment; or
      3.) The child is no longer at imminent risk of removal from the home environment due to the success of preservation services.

Informal Adjustment (IA) Cases:

a. Initial determination of imminent risk for removal should be documented on the IA form in QUEST and again, on the IA history screen in the Indiana

Child Welfare Information System. The Family Case Manager (FCM) will document that:

1.) The child is at imminent risk of removal from the home environment and absent effective preservation services, the Department will petition the court to place the child in foster care; or
2.) The child is not at imminent risk of removal from the home environment; or
3.) The child is no longer at imminent risk of removal from the home environment due to the success of preservation services.

2. Make a redetermination of imminent risk of removal. The redetermination will be completed on every child with an open case type of IA or In home CHINS within six (6) months of the initial determination. Redeterminations will be conducted as follows:

   CHINS:

   a. Complete a Risk reassessment in the Indiana Child Welfare Information System;
   b. Document via the Case Plan on the case identification screen that:
      1.) The child is at imminent risk of removal from the home environment and absent effective preservation services, the Department will petition the court to place the child in foster care; or
      2.) The child is not at imminent risk of removal from the home environment; or
      3.) The child is no longer at imminent risk of removal from the home environment due to the success of preservation services.

   For IA Cases:

   a. Redeterminations of imminent risk of removal should be documented on the Progress on IA (formally the 5-month report) via the IA history screen. The Family Case Manager (FCM) will document that:
      1.) The child is at imminent risk of removal from the home environment and absent effective preservation services, the Department will petition the court to place the child in foster care; or
      2.) The child is not at imminent risk of removal from the home environment; or
      3.) The child is no longer at imminent risk of removal from the home environment due to the success of preservation services.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Assessment of Alleged Child Abuse or Neglect (SF 113/CW0311) – Available in the Indiana Child Welfare Information System
2. Family Risk Assessment – Available in the Indiana Child Welfare Information System

3. Family Risk Reassessment – Available in the Indiana Child Welfare Information System
4. **[REVISED]** Program of Informal Adjustment – (IA-R3(091109)) – Available in QUEST
5. **[REVISED]** Progress Report on Program of Informal Adjustment - (SF 54336) – Available in the Indiana Child Welfare Information System
6. Intake Officers Report of Preliminary Inquiry and Investigation – Available in the Indiana Child Welfare Information System
7. **[REVISED]** Case Plan (SF2956/CW0046) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION

[REVISED] Outlining the population

Candidates for out-of-home placements/children at imminent risk for removal include:

1. Child residing in his/her own home;
2. Children on the run from their home or privately-paid facility; and
3. Children placed with the non-custodial parents who have NOT been placed with the non custodial parent via court order.
4. Child who is Homeless

Children at imminent risk for removal do not include:

1. Children in out-of-home placement care;
2. Children placed in licensed foster homes, unlicensed relative homes; and
3. Children on a trial home visit.

POLICY

The Indiana Department of Child Services (DCS) will offer in-home services to children who are identified as candidates at imminent risk of placement and to their families. These services will include children and their families with an open case type of Informal Adjustment (IA) or In-Home Child in Need of Services (CHINS) to facilitate the child's safety and the safe closure of the case. See separate policy, 5.10 Family Services for a description of services available.

DCS will engage the Child and Family Team (CFT) to review the family's Safety Assessment, Strength and Needs Assessment, Risk Assessment, and the Family Functional Assessment (FFA) Field Guide to assist in identifying the family's underlying needs and corresponding services. See separate policy, 5.7 Child and Family Team Meetings.

Code References

NA

PROCEDURE

The Family Case Manager (FCM) will:

1. Utilize the CFT, the family's Safety Assessment, Strength and Needs Assessment, Risk Assessment, and the FFA Field Guide to identify the type and intensity of services that are necessary to build on the family strengths, address the family needs, and address child safety and risk of future child abuse or neglect (CA/N). See separate policies, 4.18 Safety Assessment, 4.23 Risk Assessment, 4.24 Strengths and Needs Assessment, 5.7 Child and Family Team Meetings, and 5.10 Family Services;
2. Develop a Case Plan (SF 2956/DCS0046) or an IA, including the type, level, frequency, time frames, activities or actions, and provider of services to be provided as well as the goals to be achieved. See separate policy, 5.8 Developing A Case Plan;
3. Make timely referrals to appropriate support services, and facilitate family's access to and utilization of the support services outlined in the Case Plan (SF 2956/DCS0046) or IA. See separate policy, 5.10 Family Services;
4. Monitor and document the family's progress toward meeting the Case Plan (SF 2956/DCS0046) goals or identified activities or actions in the IA and update the court. See separate policies, 7.1 Child at Imminent Risk of Placement, 5.7 Child and Family Team Meetings, 5.9 Informal Adjustment (IA), 6.8 Three Month Progress Report and 7.3 Minimum Contact:
   a. Review the family's progress at each face-to-face contact and during CFT Meetings,
   b. Maintain contact with service providers to confirm the family's attendance and assess their level of participation in services, and

    c. Make revisions to the Case Plan (SF 2956/DCS0046) as needed.
5. Document in the Indiana Child Welfare Information System (ICWIS) and case notes:
    a. Goals and services included in the Case Plan (SF 2956/DCS0046),
    b. Activities or actions to be completed by each person and the deadlines for completion in the IA,
    c. Any additional service referrals made for the family and/or child(ren),
    d. Reasons why services were not offered or were halted prematurely, and/or
    e. Milestones that the family achieves from services provided.

6. Upon completion of identified services for the family addressing all safety concerns, recommend case closure. See separate policies, 5.9 Informal Adjustment (IA) and 5.12 Closing a CHINS Case.

The Supervisor will:
1. Provide input into Case Plan (SF 2956/DCS0046) or IA development as needed;
2. Ensure the Case Plan (SF 2956/DCS0046) or IA development process is completed in a timely fashion; and
3. Review and approve the Case Plan (SF 2956/DCS0046) prior to its distribution.

PRACTICE GUIDANCE

N/A

FORMS

1. Safety Assessment – Available in ICWIS
2. Risk Assessment – Available in ICWIS
3. Strengths and Needs Assessment – Available in ICWIS
4. Family Functional Assessment Field Guide – Available in ICWIS
5. Case Plan (SF 2956/DCS0046) – Available in ICWIS
6. Assessment of Alleged Child Abuse or Neglect (SF 113/CW0311) – Available in ICWIS

RELATED INFORMATION

Imminent Risk of Placement

DCS defines a child at imminent risk of placement as a child less than 18 years of age who reasonably may be expected to be placed in an out-of-home placement in the near future as a result of at least one (1) of the following:
1. Abuse or neglect;
2. Emotional Disturbance; or
3. Family conflict so extensive that reasonable control of the child is not exercised.

In Indiana, imminent risk is documented by an approved substantiated Assessment of Alleged Child Abuse or Neglect (SF 113/CW0311) or the opening of a case.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	**Effective Date:** July 1, 2010
	Section 3: Minimum Contact	**Version:** 3

POLICY

Contact with Children at Imminent Risk of Placement

The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact with all children under DCS care and supervision who are at imminent risk of placement. This includes children and their families participating in an Informal Adjustment (IA). Visitation will occur in the home.

[REVISED] Contact During Critical Case Junctures

During critical episodes involving the child and/or family (e.g., potential risk of removal, new child abuse and/or neglect (CA/N) allegations, potential runaway situations, pregnancy of the child, lack of parental contact, etc.), contact must be made **within 24 hours** of receiving knowledge that a crisis has occurred. The Family Case Manager (FCM) will monitor and evaluate the situation, as well as convene the Child and Family Team (CFT), to assess whether the situation warrants additional services or supports to the family. See separate policies, 5.7 Child and Family Team Meetings and 4.18 Safety Assessment.

DCS will initiate an emergency removal if the child is in immediate danger. See separate policy, 4.28 Involuntary Removals.

Contact with Child's Parent, Guardian, or Custodian

DCS will have **monthly** face-to-face contact with the parent/guardian/custodian who is receiving in-home services and has a child that is under the care and supervision of DCS. Visitation will occur in the home.

DCS will maintain contact with the non-custodial parent (mother or father) and will ensure that this parent is afforded the opportunity to visit with the child and maintain involvement in the child's life, unless the court has ruled that this is not in the child's best interest.

> **Note:** During every visit with the parent, guardian, or custodian, the FCM will assess for the presence of domestic violence through questioning and observation skills.

Code References

IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

Contacts with the Child

The FCM will have monthly face-to-face contact with the child and:

1. Assess the child's safety, health, and well-being. Does the child:
   a. Have any visible injuries,
   b. Appear to be ill, or
   c. Appear to be emotionally unhealthy (withdrawn, angry, scared, etc.)

2. Choose a setting that affords the child an opportunity to speak freely, and to discuss any concerns that the child may have about any incidents that have occurred (does the child feel safe with family members, other people who visit the home, etc.).

Contacts with the Parent, Guardian, or Custodian

The FCM will have monthly face-to-face contact with the parent, guardian, or custodian and:

1. Utilize the Visitation Checklist (SF 53557/CW3112) to gather information and discuss any updates with the family;
2. Assess family progress, discuss services the family needs or is receiving, and provide assistance and support to the family as needed;
3. Observe the overall condition of the home and discuss any areas of concern with the family;
4. Discuss the child's overall progress including behavioral management, school adjustment, etc.;
5. Assist the family with problem-solving and accessing community resources as needed; and
6. Review progress on the concerns that brought the family to the attention of DCS.

Contacts with Siblings, if Applicable

The FCM will develop a visitation plan to ensure that sibling contact is maintained and strengthened. See separate policy, 8.12 Developing the Visitation Plan.

Documenting Visits

The FCM will document the visit and any new information gained (e.g., health, educational services) in the Indiana Child Welfare Information System (ICWIS) within one (1) business day following each visit with the child, and parent, guardian, or custodian.

PRACTICE GUIDANCE

Visiting and Monitoring of Plans

While monthly visits conform to DCS policies, best practice would indicate a need to see the child on a more frequent basis early on to ensure monitoring and adherence of a Safety Plan (SF 51455/CW0440), for example, as determined by the CFT Meeting process.

FORMS

1. Visitation Checklist (SF 53557/CW3112) – Available in ICWIS
2. Safety Plan (SF 51455/CW0440) – Available in ICWIS

RELATED INFORMATION

Regular Contact is Paramount

Regular contact with the parent, guardian, or custodian and the child who has been identified as a candidate at imminent risk of placement is the most effective way that DCS can:

1. Promote timely implementation of Case Plans or IAs for children and families served by DCS; and
2. Track and adjust service plans as needed.

Regular contact with the child allows the FCM to:

1. Assess the child's health, safety, and well-being;
2. Develop and maintain a trusting and supportive relationship with the child; and
3. Assess the child's progress.

   Note: Any concerns should be discussed with the parent, guardian, or custodian and the child (as appropriate, based on the child's age and development).

Choose an Appropriate Setting

The FCM should choose a setting that allows the child to talk candidly to express his or her feelings comfortably.

POLICY

The Indiana Department of Child Services (DCS) will assess through a partnership with the Child and Family Team (CFT), the interactions of the parent, guardian, or custodian and the child(ren) who have been identified as candidates at imminent risk of placement, to determine whether they are accomplishing the goals and objectives outlined in the current Case Plan (SF 2956/CW0046) or activities or actions in the Informal Adjustment (IA).

Note: DCS will complete on-going assessment of Safety, Risk, Strengths and Needs throughout the life of the case.

DCS will utilize regular monthly contact with the parent, guardian, or custodian, the child(ren), and service providers to track and make any necessary adjustments to the current Case Plan (SF 2956/CW0046) such as:

1. Incorporating new information and circumstances into the Case Plan (SF 2956/CW0046);
2. Documenting progress made; and
3. Identifying barriers encountered by the family.

Note: DCS will update the Case Plan (SF 2956/CW0046) and engage the CFT anytime there is a significant change (e.g., identified needs, parents failure to participate in services, household composition changes, etc.) . See separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing A Case Plan.

DCS will utilize regular monthly contact with the parent, guardian, or custodian, the child(ren), and service providers to monitor the family's progress and compliance with the IA or Child in Need of Services (CHINS). See separate policies, 5.9 Informal Adjustment (IA) and 7.3 Minimum Contact.

DCS will assess if the parent, guardian, or custodian, or non-custodial parent who is receiving in-home services is demonstrating the skills and techniques learned through the services provided throughout the life of the case.

DCS will encourage and support the interaction and involvement that is appropriate between the non-custodial parent, the parent, guardian, or custodian, and the child, given the need for child safety and well-being, unless otherwise ordered by the court.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Convene a CFT Meeting, for the development of the Case Plan (SF 2956/CW0046) or IA and to connect the family with the appropriate services and resources. See separate policies, 5.7 Child and Family Team Meetings, 5.8 Developing the Case Plan, and 5.9 Informal Adjustment (IA);

   Note: Reconvene the CFT, if the Case Plan (SF 2956/CW0046) needs to be changed based on new information or circumstances or if the parent, guardian, or custodian does not comply with the services outlined in the IA agreement.

2. Complete on-going Safety, Risk, Strength and Needs Assessments throughout the life of the case. See separate policies, 4.18 Safety Assessment, 4.23 Risk Assessment, and 4.24 Strength and Needs Assessment;
3. Engage and establish a partnership with the parent, guardian, or custodian, and non-custodial parent, if applicable, and members of the CFT to obtain feedback to assist in the assessment of skills and techniques learned and/or demonstrated through services provided by service providers; and
4. Encourage and empower the parent, guardian, or custodian, and non-custodial parent, if applicable and members of the CFT throughout the life of the case to ensure safety, well-being, and stability for the child(ren).

PRACTICE GUIDANCE

N/A

FORMS

1. Case Plan (SF 2956/CW0046) – Available in ICWIS
2. Family Functional Assessment Field Guide – Available in ICWIS

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	**Effective Date:** December 1, 2011
	Section 5: Meaningful Visits	**Version:** 5

POLICY

The Indiana Department of Child Services (DCS) will address safety, stability, well-being, and permanency with the parent, guardian, or custodian and the child(ren) who are identified as candidates at imminent risk of placement during all visits. See Practice Guidance for suggested questions that address each area.

[REVISED] DCS will ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship. Child safety must always be addressed. The observation and evaluation must be documented in the Indiana Child Welfare Information System (ICWIS) within 'Contacts.' Any and all safety concerns that are identified must be discussed with the parent, guardian, or custodian. The development of a plan to address the safety concern(s) must occur and be reported to the Supervisor immediately.

DCS will provide on-going assessment of safety and risk when visiting the parent, guardian, or custodian and the child(ren) who are identified as candidates at imminent risk of placement. DCS will identify and document the parent, guardian, or custodian's functional strengths and underlying needs. DCS will monitor and reassess to assure that the current Case Plan goals or identified activities or actions in the Informal Adjustment (IA) are meeting the underlying needs of the family. DCS will discuss any concerns with the family.

> **Note:** The FCM is strongly encouraged to utilize the Family Functional Assessment (FFA) Field Guide for suggested questions to assist in gathering the parent, guardian, or custodian's functional strengths and underlying needs.

DCS will utilize the family's functional strengths to assist in the identification of informal and formal support systems that may decrease the possibility of future risk of child abuse and/or neglect (CA/N). Over time, ideally, the parent, guardian, or custodian's functional strengths should increase with the inclusion of identified services and their underlying needs should decrease. Each individual case should be evaluated independently based upon its own unique conditions.

Code References
N/A

PROCEDURE

The FCM will:

1. Address and assess safety and risk, stability, well-being, and permanency during all visits with the parent, guardian, or custodian and the child(ren) identified as candidates at imminent risk of placement;

2. During every visit with the parent, guardian, custodian, and child(ren), the Family Case Manager (FCM) should be assessing for the presence of domestic violence through questioning and observation skills;
3. Ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship during all visits;

   Note: Visitation appointments should be made with consideration of nap times for younger children. If a child is sleeping, the FCM should schedule another appointment within the next three (3) to five (5) days, to accurately document the parent-child relationship.

4. Identify and discuss the parent, guardian, or custodian's functional strengths and underlying needs;
5. Partner with the parent, guardian, or custodian to utilize their functional strengths and underlying needs to identify formal and informal supports;
6. If a safety concern is identified, collaborate with the parent, guardian, or custodian and the child(ren), if age appropriate, to develop a plan to address the safety concern;
7. Report any and all safety concerns to the Supervisor immediately; and
8. Accurately document in ICWIS within 'Contacts', the observation, evaluation and outcomes of visits with the parent, guardian, or custodian and the child(ren). It is important to reflect in the 'Contact' that the parent, guardian, or custodian was actively involved during the visitation and if any barriers were identified by the parent, guardian, or custodian or FCM to prohibit the completion of activities or objectives agreed upon by the Child and Family Team (CFT).

PRACTICE GUIDANCE

[NEW] Protective Factors

Research has shown that the following protective factors are linked to a lower incidence of child abuse and neglect:

1. Nurturing and attachment — A child's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection.
2. Knowledge of parenting and of child and youth development — Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence. Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world, and motivates children to achieve.
3. Parental resilience — Parents who can cope with the stresses of everyday life, as well an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors, such as a family history of abuse or neglect, health problems, marital conflict, or domestic or community violence—and financial stressors such as unemployment, poverty, and homelessness—may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.
4. Social connections— Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves.

Most parents need people they can call on once in a while when they need a sympathetic listener, advice, or concrete support. Research has shown that parents who are isolated, with few social connections, are at higher risk for child abuse and neglect.

5. Concrete supports for parents Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment. Providing concrete supports may also help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

See http://www.childwelfare.gov/can/factors/protective.cfm for additional information.

Below is a suggested list of specific questions in the areas of Safety, Stability, Well-being and Permanency that the FCM should consider when completing a visit. These questions are taken from the Quality Service Review (QSR) Protocol (Version 2.1). [1]

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his/her place of residence and other daily settings? Is the child's care or supervision currently compromised by the parent's pattern of domestic violence? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child(ren) free from harm?
2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced changes in their school setting?
3. **Well-being** – If there are identified special needs for the child, does the parent have the capacity and supports necessary to address these needs? Is the child achieving his/her optimal or best attainable health status? Is the child achieving key developmental milestones? Does the child express a sense of belonging and demonstrate an attachment to family and friends? Is the child achieving at a grade level appropriate for their age?
4. **Permanency** – Safety, stability and sufficient caregiver functioning are simultaneous conditions of permanency for a child or youth. Is the child's daily living and learning stable and free from risk of disruption? Was there a change in adults residing in the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year?

FORMS

1. Family Functional Assessment (FFA) Field Guide - Available on the Indiana Practice Model SharePoint
2. Quality Service Review (QSR) Protocol (Version 4.0)

RELATED INFORMATION

Functional Strengths and Underlying Needs of Parent, Guardian, or Custodian

Over time, ideally, the parent, guardian, or custodian's functional strengths should increase with the inclusion of identified services and their underlying needs should decrease. Each individual case should be evaluated independently based upon its own unique conditions.

[1] Quality Service Review Protocol for Use by Certified Reviewers. "A Reusable Guide for a Child/Family-Based Review of Locally Coordinated Children's Services", April 2007.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	**Effective Date:** July 1, 2010
	Section 6: Educational Services	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) will utilize the Child and Family Team (CFT) to review and discuss the educational needs of children receiving in-home services and to ensure that the child's educational needs are met. See separate policy, 5.7 Child and Family Team Meetings.

DCS will encourage the child's parent, guardian, or custodian to invite the child's teacher, school social worker and any other identified educational supports to participate as a member of the CFT.

DCS will work with the Department of Education and the parent, guardian, or custodian to ensure that all children receiving in-home services receive educational services to meet their individual needs.

1. DCS will ensure that all children that have identified special education needs and have a developed Individualized Education Plan (IEP) on file are receiving the services outlined in the IEP;
2. DCS will ensure that all children who have not been identified as requiring special education services and do not receive special education services through an IEP are referred for appropriate services if a problem or a disability is suspected; and
3. **[NEW]** DCS will confer with the school in preparing the Case Plan for all children who have an IEP and reference the contact in the Predispositional Report.

DCS will assure that every school aged child receiving in-home services is enrolled in school, unless one of the following circumstances exists:

1. The youth is eligible for and actively pursuing a General Education Development (GED) certificate;
2. **[REVISED]** An alternate education plan has been recommended by the child's pre-placement school and approved by the court;
3. The youth has graduated from high school or obtained a GED certificate;
4. **[REVISED]** The youth is enrolled in a home school program that is providing instruction equivalent to that given in public schools for a child of the same age and grade level; or
5. **[NEW]** The youth has medical condition which prevents him or her from attending school.

If a child is expelled from his or her school, DCS will assist the parent, guardian, or custodian in finding an alternate education plan.

[REVISED] DCS will ensure that DCS wards in the 6th through 12th grade are enrolled in the Twenty-First (21st) Century Scholars program.

[NEW] DCS will ensure that all youth are provided with information about:
1. Pell grants;
2. Chafee grants;
3. Federal supplemental grants;
4. The Free Application for Federal Student Aid (FAFSA);
5. Individual Development Accounts (IDA); and
6. The State Student Assistance Commission.

Code References
1. IC 20-33-2: Compulsory School Attendance
2. IC 4-4-28: Individual Development Accounts
3. IC 20-51-2: Exchange of Information; Rules
4. 511 IAC 7-38-1
5. 20 USC 1232g (b)(1)(E)
6. IC 21-12-6: Twenty-first Century Scholars Program; Tuition Grants

PROCEDURE

Education Services for Children Receiving In-Home Services

The Family Case Manager (FCM) will:
1. Partner with the CFT to assess the child's school attendance and academic performance. See Related Information below and see separate policy, 5.7 Child and Family Team Meetings;
2. Recommend and encourage the child's parent, guardian, or custodian to include the child's school social worker, counselor or another school representative to participate as a member of the CFT;
3. Assure that educational goals and issues are included in the child's Case Plan;
4. If the child displays signs that a disability may be present, assist the parent, guardian, or custodian in referring the child for testing to identify any special education needs and/or related services the child may need;
5. Encourage the parent, guardian, or custodian to complete the forms for free or reduced lunch, and textbooks;
6. **[NEW]** Provide youth in 6th through 12th grades with information about the 21st Century Scholar programs;
7. **[REVISED]** Ensure that a completed application for the 21st Century Scholar program is submitted for all 6th through 8th graders by June 30th. Applications for the 21st Century program may be obtained by calling toll free 1-888-528-4719, by visiting www.scholars.in.gov, or through the youth's school. The application process requires the FCM to:
   a. Assist the youth in completing the application,
   b. Sign the application to verify the youth is in foster care, and

c. Have the youth and caregiver sign an Acknowledgement of Receipt of Information about Various Educational Programs (ACRCPT070901FRM). Give the youth and caregiver a copy and place the original in the youth's case file.

8. **[NEW]** Ensure that youth in 9th through 12th grade who have not already enrolled in the 21st Century Scholars program submit an application. Applications for students in grades 9 through 12 must also be accompanied by 21st Century Scholars Program Enrollment Letter;
9. **[NEW]** Provide youth with information regarding Pell grants, Chafee grants, federal supplemental grants, the Free Application for Federal Student Aid (FAFSA), and the State Student Assistance Commission at a Child and Family Team (CFT) Meeting held at age 17. See separate policies, 11.6 Independent Living/Transition Plan and 11.15 Post-Secondary Education; and

   Note: This information may be provided earlier if the youth will be applying to colleges prior to age 17.

10. **[NEW]** Provide youth who have obtained over $400 in earned income with information about opening an IDA. See separate policy, 11.15 Post-Secondary Education.

Special Education Services for Children Receiving In-Home Services
The FCM will:
1. Attend the child's IEP conferences and provide relevant input. The FCM must obtain a copy of the finalized IEP for the child's case file.
2. Encourage and empower the child's parent, guardian, or custodian to attend all IEP conferences, educational meetings and reviews. Encourage the child's parent, guardian, or custodian to work with the school to coordinate the development of a transition plan for the child when deemed necessary at appropriate times in their education development.

PRACTICE GUIDANCE

N/A

FORMS

21st Century Scholars Program Enrollment Letter

RELATED INFORMATION

GED Information and Eligibility
GED information and eligibility requirements can be obtained from any local school corporation, or the Department of Education website (www.doe.in.gov). On the website, type "GED" in the Search field to bring up information about pursuing a GED in Indiana.

Individuals with Disabilities Education Act (IDEA)

IDEA guarantees that persons ages 3-22 with disabilities receive appropriate public education through the development and implementation of an IEP. The IEP is designed to meet the assessed educational needs of each student. It assures that testing and evaluation materials, procedures, and interpretation of results are not biased, and that each student with disabilities will be educated within the least restrictive environment appropriate to meet the student's needs.

Evaluation Process

In order for a child to be eligible for special education and related services, the child must first be determined to have a disability. Parents, teachers, or other school officials who suspect that the child may have a disability would request that the child be evaluated by a multi-disciplinary team to determine if the child has a disability and needs special education or related services as a result of the disability. Generally speaking, IDEA requires that a child be evaluated within 60 days once the parent has given consent for the evaluation. Exceptions to the timeline exist if the child moves from one district or state to another district or state after the evaluation was requested or if the parent refuses to make the child available for the evaluation. Under those circumstances, districts are required to make sufficient progress to ensure that a timely evaluation is conducted.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	**Effective Date:** September 1, 2010
	Section 7: Health Care Services	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) will partner with the child's parent, guardian, and custodian and the Child and Family Team (CFT) by assisting, empowering and advocating for health care services necessary to meet the child's needs (e.g., physical, mental, dental, visual, auditory, and developmental). See separate policy, 5.7 Child and Family Team Meetings.

[REVISED] DCS will ensure that every child receiving in-home services receives a Child and Adolescent Needs and Strengths (CANS) Assessment. See separate policy, 4.32 Child and Adolescent Needs and Strengths (CANS) Assessment.

DCS will assure that every child receiving in-home services receives ongoing assessments and follow-up care when:

1. Recommended by the child's current physician, dentist, a qualified mental health provider, health care worker or social worker; or
2. The child's parent/guardian/custodian indicates there are noticeable changes or the child is exhibiting symptoms that indicate a need for follow-up care or assessment outside of normally scheduled or recommended follow-up medical or mental health appointments.

Code References

NA

PROCEDURE

The Family Case Manager (FCM) will:

1. Assure that the child's parent/guardian/custodian is responsible for the child's ongoing medical care and treatment.

   Note: The FCM will provide the child's parent/guardian/custodian with a Medical Passport to assist in documenting the child's health care services.

2. Include the CFT in the planning and decision making process for the child's ongoing medical care and treatment. See Practice Guidance for further details. See separate policy, 5.7 Child and Family Team Meetings.

3. Assure that the child's physical, mental health (including substance abuse, if applicable), dental, visual and developmental history is documented and shared with the CFT. See separate policy, 5.7 Child and Family Team Meetings.
4. Inform the child's parent/guardian/custodian of the responsibility to:
   a. Schedule and assist with transportation to the child's health care appointments.
   b. Document all care and treatment received in the child's medical passport.
   c. Immediately inform the FCM of any serious injuries or illnesses experienced by the child.
   d. Seek emergency care for the child for the following:
      1) Serious injury or illness;
      2) Serious dental issues (e.g., broken teeth, bleeding gums, etc.);

         Note: For, a comprehensive list of identified Medicaid eligible dentists in the child or families region see, http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx

      3) Mental health issues that place the child at risk for harming himself/herself or others; and
      4) Serious vision issues (i.e., the child's glasses/contacts are broken or lost).

   Note: For a comprehensive list for child behavioral health providers see, http://www.in.gov/fssa/dmha/4450.htm. For a comprehensive list of Medicaid eligible behavioral health and health providers go to, http://www.in.gov/fssa/dfr/2881.htm. The "Doctors" link will lead to a search for physicians by region.

6. **[REVISED]** Ensure that every child receiving in-home services receives a CANS Assessment. If the CANS Assessment indicates that a comprehensive mental health assessment is warranted, refer the child for that assessment within 10 business days of the recommendation. See separate policy, 4.32 Child and Adolescent Needs and Strengths (CANS) Assessment; and
7. Encourage the child's parent/guardian/custodian to ensure that the child receives ongoing routine health care and treatment as outlined below:
   a. Physical health check-ups, including immunizations, according to the schedule set forth by the American Academy of Pediatrics, as recommended by the child's primary care physician.
   b. Dental exams and cleanings every six (6) months.
   c. Visual exams every 12 months for children with corrected vision. For all other children, the vision screening performed by the child's primary care doctor at the time of the physical health check-up or those performed at the child's school is sufficient.
   d. Hearing exam every 12 months for children with corrected hearing (hearing aid or tubes) or as recommended by the child's physician. For all other children, the hearing screening performed by the child's primary care doctor at the time of the physical health check-up or those performed at the child's school is sufficient.

PRACTICE GUIDANCE

Health Care Planning and Decision Making

If during the CFT meeting DCS recommends treatment for the child and the parent/guardian/custodian does not have the financial resources to address the identified need of the child, DCS will encourage the parent/guardian/custodian to utilize free or low cost clinics and/or apply for Medicaid, if they are not already receiving Medicaid benefits for the child. If the parent/guardian/custodian's financial need continues to be a barrier, DCS will assess to determine if the family would qualify for a Medicaid waiver. The DCS local office Director or designee will make all final decisions as to the utilization of waiver services

Depending on the child's individual assessed needs, ensure that the child is provided/offered the following specialized care and treatment:

a. Therapy/counseling services and medication.
b. Drug and/or alcohol testing and substance abuse treatment.
c. Testing and any necessary treatment for HIV, sexually transmitted diseases (STDs) and other communicable diseases.
d. Developmental screenings and services if warning signs exist or if known/suspected drug use during pregnancy. Screenings are done through First Steps if child is less than three (3) years of age and through the school corporation if over three (3) years of age.
e. Pregnancy options counseling and prenatal care.
f. Education and information about hygiene, sexual development, birth control and sexually transmitted diseases.

First Steps

The Indiana First Steps program includes professionals from education, health and social services. The services these professionals provide are coordinated to offer the children of Indiana an extensive selection of early intervention resources. First Steps is available in every county in Indiana.

Most referrals to First Steps originate from doctors, hospital staff, or other social service agencies such as DCS. Also, a parent may become concerned about apparent delays in their child's development and initiate a "self referral" to First Steps. For further information regarding the First Steps program, view their website http://www.in.gov/fssa/ddrs/2633.htm.

Eligibility for First Steps includes families with children ages birth to three (3) years who:

1. Are experiencing developmental delays.
2. Have a diagnosed condition that has a high probability of resulting in a developmental delay.

FORMS

N/A

RELATED INFORMATION

Qualified Mental Health Provider

A QMHP is defined as a licensed psychiatrist, a licensed physician or a licensed psychologist or a psychologist endorsed as a Health Service Provider in Psychology (HSPP).
An individual who has had at least two (2) years of clinical experience, under the supervision of a mental health professional, with persons with serious mental illness. Such experience must have occurred after the completion of a Master's Degree or Doctoral Degree or both from an accredited university, and the individual must possess one of the following credentials:

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

Disclosure of Physical, Mental Health and Addiction History of the Parent/Guardian/Custodian

The FCM must obtain consent from the parent/guardian/custodian prior to disclosure of information regarding the physical, mental health and addiction history of the parent/guardian/custodian. This is distinguished from self-disclosures, i.e., during a CFT meeting in which the parent/guardian/custodian volunteers personal information in the presence of members of the CFT.

Developmental Delays

For more information on developmental delays, including signs to look for, contact the First Steps program at Indiana's Family and Social Services Administration by visiting: http://www.in.gov/fssa/ddrs/2633.htm or calling (317) 232-1144.

Additional resources on the web to assist in identifying warning signs that a developmental delay might be present and an evaluation is needed, such as:

http://www.cdc.gov/ncbddd/autism/actearly/screening.html

http://www.firstsigns.org/concerns/flags.htm

Parent/Guardian/Custodian's Cultural Beliefs

DCS respects and values the family's cultural beliefs surrounding medicine and healing, provided the family's cultural practices do not place the child at risk or harm or preclude medical interventions deemed necessary for the child's health and safety.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	**Effective Date:** October 1, 2008
	Section 8: Respite Care	**Version:** 1

POLICY

The Indiana Department of Child Services (DCS) will encourage families who are receiving in-home services to use informal supports identified either by the family or through the Child and Family Team (CFT). If informal supports cannot be identified by the family, the Family Case Manager (FCM) will assist the parent, guardian, or custodian in finding respite care if it is a part of the Case Plan or recommended by the CFT. However, DCS will not pay for the cost of respite care.

> **Note:** Informal supports may include, but are not limited to aunt, uncle, grandparent, cousin, brothers, sisters, neighbors, friends, co-workers.

DCS will encourage families to use respite care services if identified as a necessary support service. DCS defines respite care as a transfer of caregiving responsibilities with the specific intent of providing relief to the family in stressful or emergency situations. For children receiving in-home services respite care may be anywhere from 24 hours to five (5) days.

> **Note:** DCS does not consider field trips and sleepovers to be respite care.

All respite care must be preapproved by the FCM assigned to the child, unless emergency circumstances exist. If respite care is secured by the parent, guardian, or custodian, the FCM must complete a Child Protection Services (CPS) check and a limited criminal history check on the identified respite care provider.

> **Note:** If emergency circumstances exist, the parent, guardian, or custodian must call the Supervisor of the assigned FCM, or call the 24-hour contact number for the DCS local office and inform the intake worker of the emergency and where the child will live and for how long.

For all children under the care and supervision of DCS, DCS will require that the respite care provider be a licensed foster family home or licensed child caring institution unless the recommendation was made by the CFT or waived by the DCS Local Office Director. The DCS Local Office Director or a designee may grant exceptions to this in writing.

DCS will not count children in respite care towards the licensed capacity of the care provider.

DCS will collaborate with the family to develop a respite care plan, if identified as a necessary support service through the CFT Meeting or Case Conference, to be utilized during DCS involvement and after the family has reached sustainable safe case closure.

DCS will require that the parent, guardian, or custodian provide the respite care provider with the following information about each child to be cared for:

1. The full name and date of birth;
2. The Medicaid card or other insurance information;
3. The medical needs, including detailed medication instructions, if applicable;
4. A daytime phone number for the assigned FCM;
5. A 24-hour contact phone number for the DCS local office on call person;
6. A contact phone number where the parent, guardian, or custodian can be reached;
7. Any pertinent information relating to the child's behavior;
8. Any known allergies; and
9. Any restrictions in contacting the parent, guardian, or custodian, etc.

Code References

NA

PROCEDURE

The FCM will:

1. Document all requests for respite care services in the Indiana Child Welfare Information System (ICWIS) case log notes;
2. Review all requests for respite care and seek input from the Supervisor, CFT members and/or convene a CFT Meeting if there are any concerns regarding the length of the planned respite care, the frequency of requests, etc. See separate policy, 5.7 Child and Family Team Meetings;
3. Recommend use of respite care when there are signs of extensive family stress;
4. Notify the parent, guardian, or custodian if the request for respite has been approved; if not approved, provide an explanation as to why;
5. Assist the parent, guardian, or custodian with locating and/or coordinating the respite care;
6. Verify with the respite care provider the arrangements that have been made (e.g. length of stay, drop off and pick-up times, etc.); and
7. Ensure that the respite care provider receives all necessary information to adequately care for the child (e.g. Medicaid number, physician name and number, FCM contact information, etc).

The parent, guardian, or custodian will:

1. Request the use of respite care at least three (3) business days in advance, unless emergency conditions exist. Requests may be in writing or oral;
2. Make all arrangements with the respite care provider (e.g., length of stay, drop-off and pick-up times, pre-care visits, and any agreements regarding payment for respite care, etc.); and
3. Prepare the child for respite care (e.g., pre-care visits, explaining respite care to the child, etc.).

PRACTICE GUIDANCE

N/A

FORMS

N/A

RELATED INFORMATION

Why is Approval Necessary?

DCS must review all respite care requests because:

1. DCS is responsible for the care and supervision of the child; therefore, DCS needs to be able to locate the child at all times; and
2. Review of respite care use allows DCS to identify potential concerns. Frequent respite care use could signal that in-home services may not be appropriate.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 7: In-Home Services	**Effective Date:** July 1, 2010
	Section 9: Travel and Overnight Stays	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) will require notifications and/or approvals for travel and participation in overnight activities as follows:

[REVISED] In-State Travel, Activities or Events

1. IA's - The child's FCM will engage the parent, guardian, or custodian during their monthly visits to identify any upcoming in-state travel that the child may be involved in that would require an overnight stay.
2. In-Home CHINS – For in-state travel that requires an overnight stay over 48 hours the parent, guardian, or custodian should notify the child's Family Case Manager (FCM) during their monthly scheduled visits, via phone (i.e., voice mail messages are acceptable) or e-mail, unless this is a reoccurring visit with the non-custodial parent.

[REVISED] Out-of State Travel

1. IA's – The child's FCM will engage the parent, guardian, or custodian during their monthly visits to identify any upcoming out-of-state travel.
2. In-Home CHINS - For any overnight out of state travel, the parent, guardian, or custodian must notify the FCM at least seven (7) days in advance, whenever possible. For any out of state overnight travel exceeding 48 hours the parent, guardian, or custodian must have court authorization through a court order. The parent, guardian, or custodian should notify the child's FCM as early as possible in order to allow sufficient time to obtain permission from the court for out-of-state travel unless this is a reoccurring visit with the non-custodial parent.

   Note: In the event of an emergency requiring a parent, guardian, or custodian to travel out-of-state and the stay will exceed 48 hours, and the DCS local office is closed, the parent, guardian, or custodian must call the Child Abuse and Neglect Hotline (1-800-800-5556) to obtain verbal authorization from the on call Supervisor. The parent, guardian, or custodian must provide the on call Supervisor with the vehicle color, make/model and license plate number in which the child will be traveling. The parent, guardian, or custodian must notify the assigned FCM the next business day. Refer to the DCS Disaster Plan for detailed instructions regarding ensuring the safety and security for all children under DCS care and supervision during an emergency or disaster.

Out-of-The Country Travel

1. IA's - The child's FCM will engage the parent, guardian, or custodian during their monthly visits to identify any upcoming out-of-the country travel.

2. In-Home CHINS - For all out-of-country travel, the parent, guardian, or custodian must obtain written authorization from the DCS Regional Manager, and a court order. Authorization must be requested at least one (1) month in advance.

Code References

N/A

PROCEDURE

[REVISED] In-State Travel

IA's

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits; and
2. Partner with the parent, guardian, or custodian to identify any upcoming in-state travel that the child may be involved in that would require an overnight stay.

In-Home CHINS

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Partner with the parent, guardian, or custodian to identify upcoming in-state travel that the child may be involved in that would require an overnight stay;
3. Collect during scheduled monthly visits and document in ICWIS the following details if the child will be participating in any in-state travel that would require an overnight stay:
   a. The date, duration, and location of the travel;
   b. The purpose of the travel (e.g., vacation, extended field trip, summer camp, etc.);
   c. The name of the adult(s) who will accompany the child; and
   d. Contact telephone and lodging information.

The parent, guardian, or custodian will:

1. Collaborate with the FCM during their scheduled monthly visit to identify upcoming in-state travel that the child may be involved in that would require an overnight stay; and
2. Communicate with the FCM during their scheduled monthly visit or at least seven (7) days in advance, any overnight stays over forty-eight (48) hours, unless this is a reoccurring visit with the non-custodial parent.

[REVISED] Out-of State Travel

IA's

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits; and
2. Partner with the parent, guardian, or custodian to identify any upcoming out-of-state travel.

In-Home CHINS

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Partner with the parent, guardian, or custodian to identify any upcoming out of state travel;

3. Collect during scheduled monthly visits and document in ICWIS the following details if the child will be participating in any out-of-state travel that would require an overnight stay exceeding 48 hours:
   a. The date, duration, and location of the travel;
   b. The purpose of the travel (e.g., vacation, extended field trip, summer camp, etc.);
   c. The name of the adult(s) who will accompany the child;
   d. Contact telephone and lodging information;
   e. Vehicle color, make/model and license plate number in which the child will be traveling; and
4. Submit a court report to the Supervisor for approval, if the travel will require an overnight stay exceeding 48 hours.

The Supervisor will:
1. Partner with the FCM to assure that the family's needs are being met; and
2. Review and approve the court report, if the travel will require an overnight stay exceeding 48 hours.

The parent, guardian, or custodian will:
1. Collaborate with the FCM during their scheduled monthly visit to identify any upcoming out-of-state travel at least seven (7) days in advance whenever possible; and
2. Communicate with the FCM as early as possible in order to allow sufficient time to obtain permission from the court for out-of-state travel if the travel will require an overnight stay exceeding 48 hours.

[REVISED] Out-of- The Country Travel

IA's

The FCM will:
1. Engage the parent, guardian, or custodian during scheduled monthly visits; and
2. Partner with the parent, guardian, or custodian to identify any upcoming out-of-the country travel.

In-Home CHINS

The FCM will:
1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Partner with the parent, guardian, or custodian to identify upcoming travel that the child may be involved in that would require out-of-the country travel;
3. Collect during scheduled monthly visits and document in ICWIS the following details if the child will be participating in any travel requiring overnight stays:
   a. The date, duration, and location of the travel;
   b. The purpose of the travel (e.g., vacation, extended field trip, summer camp, etc.);
   c. The name of the adult(s) who will accompany the child;
   d. Contact telephone and lodging information;
   e. Vehicle color, make/model and license plate number in which the child will be traveling.

4. Submit the parent, guardian, or custodian's request for out-of-the country travel to the Regional Manager, who will then forward their decision to the DCS Local Office Director. The request may be made by e-mail; and

5. Submit a court report to the supervisor for approval after receiving approval from the Regional Manager.

The Supervisor will:
1. Partner with the FCM to assure that the family's needs are being met; and
2. Review and approve the court report.

The parent, guardian, or custodian will:
1. Collaborate with the FCM during their scheduled monthly visit to identify any upcoming travel that the child may be involved in that would require out-of-the country travel; and
2. Communicate with the FCM as early as possible in order to allow sufficient time to obtain permission from the court for out-of-the-country travel.

PRACTICE GUIDANCE

The Indiana Department of Child Services (DCS) is legally responsible for children who are identified as In-Home CHINS. It is equally important that DCS partners with children and their families who are participating in an Informal Adjustment (IA). Therefore, it is imperative that DCS knows the whereabouts of all children under their care and supervision at all times unless the terms of the Informal Adjustment (IA) include travel restrictions.

FORMS

N/A

RELATED INFORMATION

[REVISED] "Blanket" Travel Requests

The DCS local office Director can approve "blanket" travel requests for frequent in-state travel or out of state travel that does not require an overnight stay in excess of 48 hours each instance. Such requests should be clearly detailed in writing and include the following:
1. Specific child/children to travel,
2. Adult(s) who will accompany the child, and
3. Travel location and reason for frequency of travel.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	**Effective Date:** January 1, 2009
	Section 10: Transition to Out-of-Home Care	**Version:** 2

POLICY

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

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

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

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

DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policy 8.1 Selecting a Placement Option.

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

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

Code References

IC 31-38-2: Review of Proposed Restrictive Placements of Children by Local Coordinating Committees

PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the CFT and:
   a. Assess all available alternatives for supporting the parent/guardian/custodian in keeping the child in the home. See separate policy, 5.10 Family Services.
   b. If out-of-home placement is required, identify the placement type and/or resource. See separate policy, 8.1 Selecting a Placement Option.
   c. If the child requires residential placement, refer to separate policy, 8.4 Residential Care Review and Approval.
   d. Develop a transition plan with assistance from the CFT, to the fullest extent possible given time constraints.
   e. Notify the child in advance and discuss the new placement with the child to the extent that he/she is able to understand given age and developmental level. See separate policy, 8.8 Preparing the Child for Placement.

2. Note the reason for the out-of-home placement in the case notes.
3. [**REVISED**] Recommend the court approve the out-of-home placement of the child and that an order be issued removing the child from the home as well as finding that removal is in the Best Interests of the child, that Reasonable Efforts have been made to prevent removal and that responsibility for Placement and Care of the child will reside with DCS.
4. Notify all relevant parties of the planned change in placement, as soon as possible or within legal time constraints.
5. Remove the child and assist in his or her transition to the new placement. See separate policies, 8.8 Preparing Child for Placement and 8.9 Placing the Child in Out-of-Home Care.
6. Request the assistance of law enforcement authority (LEA) if the parent/guardian/custodian acts to prevent removal. See separate policy, 4.28 Involuntary Removals.

PRACTICE GUIDANCE

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

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

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

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

Use skills and techniques for conflict resolution such as:

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

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

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

FORMS

N/A

RELATED INFORMATION

[REVISED] Out of Home Philosophy

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

When the court issues an order concerning Best Interests, Reasonable Efforts to prevent removal and also gives placement and care responsibility to DCS, but allows the child to remain at home, there must be a new order issued if the child is later removed and placed in foster care. The new order must state that the child is being removed from the home and contain findings of Best Interests, Reasonable Efforts and Placement and Care responsibility to DCS. On the Removal Screen in ICWIS Case Management, the FCM must document the start date of the removal episode with the date the child is first placed in foster care and enter the placement on the Placement screen. The date and title of the hearing is entered on the Hearing Screen and the appropriate hearing date for the court order language on the Best Interests/Reasonable Efforts/Placement and Care tab is reviewed and updated if necessary.

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

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

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

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

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In Home	**Effective Date:** June 1, 2011
	Section 11: Safety and Risk Reassessments (In Home)	**Version:** 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will conduct Safety and Risk Reassessments (In Home) on all open cases where all children remained in the home or where the children have been returned home to evaluate a family's progress toward case plan goals.

Safety and Risk Reassessments (In Home) will be conducted at least every 180 days on all open on-going cases where family preservation services are provided. The Safety and Risk Reassessments (In Home) should be completed sooner if there are new circumstances or new information that would affect safety and risk or during critical case junctures.

During a Child and Family Team (CFT) Meeting, DCS will discuss the results of the Safety and Risk Reassessments (In Home) with the CFT to assist in developing a plan to address the safety threats, identify protective factors and reduce the risk level by thoroughly identifying and considering the families strengths, needs, and informal supports. See separate policy 5.16 Strength and Needs.

<u>Code References</u>

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Answer all questions on the Safety and Risk Reassessments (In Home);
2. Determine if any safety threats exist;
3. Document which protective factors mitigate the safety threats;
4. Determine the risk level; and
5. Discuss the results of the Safety and Risk Reassessments (In Home) with the CFT to develop a plan to assist in the identification and utilization of the family's strengths, informal supports and services to address needs.

If no safety threats exists, consider recommending case closure with supervisory approval.

PRACTICE GUIDANCE

Best practice suggest each ongoing case should be reviewed in conjunction with judicial review hearings (at least every 180 days) to reassess safety and progress toward objectives and long-term goals, including the elimination of safety threats and reduction of risk. A reassessment may be done earlier if there have been significant changes that affect safety and/or risk.

Safety
A safety reassessment should be used for open cases which a child is in the home and new information or circumstances require that the safety of the child be assessed, the safety assessment should be used to determine whether the child may remain in the home with or without protective interventions, or be protectively placed. If there are no safety threats, consider recommending case closure with supervisory approval. If any safety threats exist, the case must remain open until safety threats are resolved.

Risk
The risk reassessment determines whether the case should remain open or be closed. For cases that will remain open, the reassessment includes updating the treatment plan based on current needs and strengths.

FORMS AND TOOLS

1. Safety and Risk Reassessment (In Home) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION

The purpose of the safety assessment is: 1) to help assess whether any child is likely to be in immediate danger of serious harm/maltreatment which requires a protecting intervention, and 2) to determine what interventions should be initiated or maintained to provide appropriate protection.

Safety vs. Risk Assessment: It is important to keep in mind the difference between safety and risk when completing these forms. Safety assessment differs from risk assessment in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

Determining Overall Risk Level

Research has demonstrated that for the reassessment, a single index best categorizes risk for future maltreatment. Unlike the initial risk assessment that contains separate indices for risk of neglect and risk of abuse, the risk reassessment is comprised of a single index.

Risk-Based Case Open/Close Guide	
Risk Level	Recommendation
Low	Close, if there are no unresolved safety threats
Moderate	Close, if there are no unresolved safety threats
High	Case remains open
Very High	Case remains open

Risk Levels
Risk assessment identifies families with low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months[i]. The difference

between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

---

[i] See The Children's Research Center website for more information at http://www.nccd-crc.org/crc/crc/pdf/2008_sdm_book.pdf