

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 5:</b> General Case Management	<b>Effective Date:</b> July 1, 2021
	<b>Section 08:</b> Developing the Case Plan/Prevention Plan	<b>Version:</b> 11

<b>POLICY OVERVIEW</b>
------------------------

The Adoption Assistance and Child Welfare Act (P.L. 96-272) requires the development of a written Case Plan/Prevention Plan for any child receiving foster care maintenance payments. Case Plan/Prevention Plans are developed to identify, unify, and monitor the activities and services children and families need to achieve successful outcomes.

<b>PROCEDURE</b>
------------------

The Indiana Department of Child Services (DCS) will have an approved Case Plan/Prevention Plan in the case management system within 45 days of removal or disposition, whichever comes first, for the following:

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

**Note:** For children participating in a Program of Informal Adjustment (IA), the signed IA/Prevention Plan serves as the Case Plan/Prevention Plan.

3. All children who are at imminent risk of removal. See policy 7.01 Child at Imminent Risk of Removal for additional information.

**Note:** Indiana Code uses the phrase “imminent risk of placement” rather than “imminent risk of removal”.

DCS will verify completion, within federal guidelines, of a Case Plan/Prevention Plan for all Juvenile Delinquent/Juvenile Status (JD/JS) cases for whom payment of the placement is ordered to DCS.

DCS will work with the child (if developmentally appropriate); parent, guardian, or custodian (including non-custodial and/or incarcerated parents); extended family; members of the Child and Family Team (CFT) to develop a purposeful and achievable Case Plan/Prevention Plan that addresses the child’s safety, stability, permanency, well-being, educational needs (if identified) and any cultural considerations. See policies 5.03 Engaging the Family, 5.04 Noncustodial Parents for additional information, 7.06 Educational Services, 8.20 Educational Services for additional information, and 8.21 Special Education Services.

**Exception:** DCS will not involve the parent in the case planning process if parental rights have been terminated or if the parent has not been located after diligent efforts. See policy 2.26 Diligent Search for additional guidance.

DCS will make concerted efforts to actively involve **all** children and youth in the case planning process and development of the Case Plan/Prevention Plan goals (as developmentally

appropriate). However, youth 14 years of age and older are required to participate in the development of the Case Plan/Prevention Plan.

DCS may excuse the child from the case planning process only when the child is unable to participate effectively due to a physical, mental, emotional, developmental, and/or intellectual disability. The reasons for the child's inability to participate must be documented in the Case Plan/Prevention Plan.

**Note:** If the child/youth refuses to participate in the development of the Case Plan/Prevention Plan, DCS must record the refusal and document efforts made to obtain the child's input and participation in the development of the Case Plan/Prevention Plan.

DCS must ensure all youth 14 years of age and older receive the Indiana DCS Bill of Rights for Youth in Care and understand the bill of rights before signing the completed Case Plan/Prevention Plan. Youth 14 years of age and older may select up to two (2) child representatives to be a part of their CFT and assist with the development of the Case Plan/Prevention Plan.

DCS will ensure the Case Plan/Prevention Plan is updated at least every 180 days from the effective date of the previous plan. The Case Plan/Prevention Plan should be updated anytime there is a significant change in the child and/or family needs.

The FCM will:

1. Seek input from professionals who may not be members of the CFT but have expertise relating to the child's and/or family's strengths and needs (e.g., physicians, mental health professionals, school personnel, and other community service providers);

**Note:** For all children placed out-of-home, who are school-aged and not homeschooled, school personnel must be invited to provide information and participate in the case planning process. The invitation may be made through the school principal or Every Student Succeeds Act (ESSA) Point of Contact (POC). A standing invitation is on the School Notification and Best Interest Determination (BID) form asking school personnel to contact the FCM directly to provide this information. The date the form was sent to the school must be documented in the Case Plan/Prevention Plan.

2. Schedule and convene a CFT Meeting or conduct a Case Plan Conference if all required parties are not members of the CFT. The resource parent and Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL) must be involved in developing the Case Plan/Prevention Plan if they are not already members of the CFT. See When to Develop a Case Plan/Prevention Plan for additional clarification.

**Note:** For cases with identified domestic violence (DV), staff with the FCM Supervisor prior to the CFT Meeting or Case Plan Conference to plan for the safety of the child, non-offending parent, and others in attendance. Prior to the CFT Meeting or Case Plan Conference, staff with the FCM Supervisor to plan for the safety of the child and non-offending parent for cases with identified domestic violence (DV).

3. Review and update the child's Visitation Plan, medical information, education information, Permanency Plan, and child and parent status information in the case management system (see policies 6.10 Permanency Plan and 8.12 Developing the Visitation Plan);

4. Develop the Case Plan/Prevention Plan:
  - a. Prioritize the goals and services based on the immediate safety needs of the child and risk of future Child Abuse and/or Neglect (CA/N),
  - b. Determine the Permanency Plan and second Permanency Plan, if concurrent planning, that is in the best interest of the child. See When to Develop a Case Plan/Prevention Plan and policies 5.15 Concurrent Planning-An Overview and 6.10 Permanency Plan for additional information and clarification,
  - c. Utilize Specific, Measurable, Achievable, Relevant, and Timely (SMART) goals in the development of the Case Plan/Prevention Plan. See the SMART-Goals Tip Sheet for additional guidance,
  - d. Ensure all elements of the Case Plan/Prevention Plan are identified in the Case Plan/Prevention Plan, credibly related to the underlying needs of the child and family, and that all elements support the Permanency Plan,
  - e. Ensure services and any identified reasonable accommodations to address all identified risk factors for the child; parent, guardian, or custodian (including the non-custodial and/or incarcerated parent); and resource parent are in place and documented in the Case Plan/Prevention Plan. See policy 5.10 Family Services for more information,
  - f. Ensure the prevention plan and services offered to a pregnant or parenting youth (including an expectant father) to prevent removal of the minor parent's child are documented in the Case Plan/Prevention Plan, and
  - g. Recognize the importance of both formal and informal supports for the family and child.
  
5. Develop or update the Safety Plan and/or the Plan of Safe Care to ensure the child's safety in all settings (e.g. school, extracurricular activities, home setting, safe sleep environment, and visitation). See policies 4.19 Safety Planning, 4.42 Plan of Safe Care, and 5.21 Safety Planning for more information;

**Note:** Efforts to enable the child's school to provide appropriate support and protect the safety of the child will be documented in the Case Plan/Prevention Plan.

6. Ensure the following are attached to every Case Plan/Prevention Plan:
  - a. CFT Meeting notes. See policy 5.07 Child and Family Team Meetings for more information,
  - b. Safety Plan and/or the Plan of Safe Care. See policy 5.21 Safety Planning for additional information,
  - c. Visitation Plan. See policy 8.12 Developing the Visitation Plan for additional guidance;
  - d. Transition Plan for Successful Adulthood, if applicable. See policy 11.06 Transition Plan for Successful Adulthood for more information; and
  - e. The 30-Day Assessment Determination Report and the Step-Down Planning form, for any child receiving treatment in a residential facility. See policy 5.24 CFTR for more information.
  
7. Obtain signatures on the approved Case Plan/Prevention Plan from all required parties;

**Note:** The FCM must ensure youth 14 years of age and older understand that by signing the Case Plan/Prevention Plan, they are also acknowledging the receipt of the Indiana

DCS Bill of Rights for Youth in Care and that the bill of rights was explained in a manner they were able to understand.

8. Mail or hand deliver a copy of the signed Case Plan/Prevention Plan, within 10 calendar days of completion, to the 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/Prevention Plan, and
  - b. Service providers outlined in the Case Plan/Prevention Plan.
9. Upload the signed copy of the Case Plan/Prevention Plan into the case management system; and
10. Ensure a copy of the signed Case Plan/Prevention Plan is provided to the court.

The FCM Supervisor will:

1. Provide input when developing the Case Plan/Prevention Plan:
2. Discuss with the FCM how best to protect the safety of the child and the non-offending parent when writing the Case Plan/Prevention Plan for cases with identified DV;
3. Ensure the Case Plan/Prevention Plan is completed within the timeframes identified in this policy;
4. Review the Safety Plan and/or Plan of Safe Care to confirm it is appropriate to address the child's safety needs; and
5. Review and approve the Case Plan/Prevention Plan prior to its distribution.

The DCS Staff Attorney will file the signed Case Plan/Prevention Plan and any necessary attachments as part of the court report prior to the court hearing.

## LEGAL REFERENCES

- [IC 31-9-2-22.1: Concurrent Planning](#)
- [IC 31-34-15: Case Plan](#)
- [IC 31-34-15-4: Form: Contents](#)
- [IC 31-34-15-7: Consult with child; selection of child representatives; adviser](#)
- [IC 31-37-19-1.5 Completion of case plan; copies of case plan; contents; review and update](#)
- [42 USC 675\(1\) and \(5\): Public Health and Welfare](#)
- [42 USC 671 \(16\)](#)
- [42 USC 672: Foster care maintenance payment program](#)
- [42 USC 12102: Definition of disability](#)
- [45 CFR 1356.21\(g\): Case plan requirements](#)

## RELEVANT INFORMATION

### Definitions

#### Actively Involve

Active involvement is the process in which the FCM will engage the child/youth in an age and developmentally appropriate manner to discuss the child's goals and services, explain the plan and terms using language they understand, and include youth (14 years of age and older) in all case planning meetings.

**Note:** If the youth refuses to participate in the development of the Case Plan/Prevention Plan, DCS must record the refusal and document efforts made to obtain the child's input or participation in the development of the Case Plan/Prevention Plan.

#### Change in Child or Parent's Status

The Case Plan/Prevention Plan should document changes regarding the parent's income, employment status, and place of residence. These changes may affect the child's Title IV-E Eligibility. See policy 15.1 Eligibility Overview for Field and Legal Staff for more information.

#### Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

#### 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. See policy 6.10 Permanency Plan for additional information regarding each permanency goal:

1. Reunification;
2. Adoption;
3. Legal Guardianship;
4. Another Planned Permanent Living Arrangement (APPLA) (only applicable for youth 16 years of age and older); or
5. Placement with a fit and willing relative.

#### **Forms and Tools**

- Case Plan/Prevention Plan (SF 2956) – Available in the case management system
- [Indiana DCS Bill of Rights for Youth in Care](#)
- Plan of Safe Care (SF 56565) – Available in the case management system
- Program of Informal Adjustment/Prevention Plan – Available in the case management system
- Safety Plan (SF 54243) - Available in the case management system
- [SMART-Goals Tip Sheet](#)
- [Step-Down Planning \(SF 57072\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)
- Visitation Plan – Available in the case management system
- [When to Develop a Case Plan/Prevention Plan](#)

#### **Related Policies**

- [2.26 Diligent Search](#)
- [4.19 Safety Planning](#)
- [4.42 Plan of Safe Care](#)
- [5.03 Engaging the Family](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [5.04 Noncustodial Parents](#)
- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [5.15 Concurrent Planning-An Overview](#)
- [5.21 Safety Planning](#)

- [6.10 Permanency Plan](#)
- [7.01 Imminent Risk](#)
- [7.06 Educational Services](#)
- [8.12 Developing the Visitation Plan](#)
- [8.20 Educational Services](#)
- [8.21 Special Education Services](#)
- [11.06 Transition Plan for Successful Adulthood](#)