

	INDIANA DEPARTMENT OF CHILD SERVICES	
	CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: July 1, 2019
	Section 10: Family Services	Version: 8

STATEMENTS OF PURPOSE

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

Exception: The family of a child in out-of-home care will not be offered services if the court rules that reasonable efforts to reunify the family are not required.

DCS will engage the Child and Family Team (CFT) in the development of the Family Service Plan and [Case Plan \(SF 2956\)](#). See policies [5.7 Child and Family Team Meetings](#) and [5.8 Developing the Case Plan](#) for additional information. The CFT will review the [Safety Assessment](#), [Risk Assessment](#), and [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) to assist in identifying the family needs and corresponding services. See policy [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) for additional clarification. DCS will make appropriate service referrals on behalf of the child and/or family 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 family's progress and any concerns.

Note: An incarcerated parent may have access to and receive services and/or treatment while incarcerated. DCS will discuss and document any services and/or treatment available to the incarcerated parent, including visitation, in the case plan.

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](#) case, dismisses the Child in Need of Service (CHINS) case, or rules that reasonable efforts to reunify the family are not required. DCS will provide services to children and families regardless of their immigration status.

DCS will provide regular updates to the court regarding services referred for the family and the family's participation and progress, including any violation of the dispositional order. See [Policy 6.8 Three-Month Progress Report](#) for more information.

Note: A modification of the disposition decree is required prior to modifying services ordered in the dispositional decree.

All services for parents, including visitation, should cease when Termination of Parental Rights (TPR) is filed. The Family Case Manager (FCM) should continue to maintain regular contact with the child's parent until TPR is finalized. See policy [8.10 Minimum Contact](#) for more information.

Note: DCS will obtain a court order finding no continued reasonable efforts to reunify prior to terminating services.

Code References

1. [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)
2. [IC 31-34-20-1 Entry of dispositional decree; placement in home or facility outside Indiana.](#)
3. [IC 31-34-15-4 Form; consents](#)
4. [42 USC 671\(a\)\(15\)\(B\): State plan for foster care and adoption assistance](#)

PROCEDURE

The FCM will:

1. Utilize the family's [Risk and Safety Reassessment](#), [CANS Assessment](#), and the [Family Functional Assessment Field Guide](#) as tools to assist the FCM, family, and CFT to mutually determine family strengths and needs. See policies [4.18 Initial Safety Assessment](#), [4.23 Initial Risk Assessment](#), [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#), [7.11 Safety and Risk Reassessments \(In-home\)](#), and [8.44 Reunification Assessment \(Out-of-Home\)](#) for additional guidance.
2. Identify any challenges to the family's basic survival (e.g., food, adequate housing, employment, transportation, and childcare), and if assistance is required:
 - a. Refer the family to the [Division of Family Resources](#) and other services available in the community, and/or
 - b. Request emergency funds when other resources are not immediately available by submitting the [Request for Additional Funding \(SF 54870\)](#). See policy [16.3 Assistance for a Family's Basic Needs](#).
3. Collaborate with the family and the CFT to identify needed services based on the family's [functional strengths](#) and [underlying needs](#). See policy [5.7 Child and Family Team Meetings](#); and
4. Obtain releases to collaborate with any community service providers who are working with the parent and are not contracted with DCS;
5. Complete appropriate provider referral in KidTraks for the family within 10 business days of identifying the service needed. See [Related Information](#) and [Practice Guidance](#) for more information regarding making a referral;
6. Document services, including visitation, in the [Case Plan \(SF 2956\)](#). See policy, [5.8 Developing the Case Plan](#) for more information;
7. Monitor the family's progress by:
 - a. Maintaining contact with service providers to assess the family's level of participation in services, and
 - b. Review the family's progress at each face-to-face contact and during CFT meetings and/or case conferences. See policies [5.7 Child and Family Team Meetings](#), [7.3 Minimum Contact](#), [7.5 Meaningful Contacts](#), [8.10 Minimum Contact](#), and [8.43 Meaningful Contact](#) for additional guidance;
8. Update the court regularly regarding the family's participation and progress including any violation of the dispositional order. See policy [6.8 Three Month Progress Report](#) for more information;
9. Reassess the child and family's needs utilizing the [Risk and Safety Reassessments](#) and the [CANS Assessment](#) at least every 180 days;

Note: [Risk and Safety Reassessments](#) are completed when the [Case Plan \(SF 2956\)](#) is revised. See policy, [5.8 Developing the Case Plan](#) for more information. Risk Reassessments should be completed more often if new circumstances or information arise that would affect risk. See [Related Information](#) for additional information.

10. Discuss the family's participation and progress regarding case goals and results of any new assessments with the CFT and FCM Supervisor and adjust services and/or service levels as necessary; and

Note: Referrals should be cancelled in KidTraks when services are no longer active.

11. Document in the case management system the family's progress, reasons for service type or intensity changes, and if applicable, reasons why services were not offered or were stopped.

The FCM 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. Review and approve services in KidTraks for the child and/or family and ongoing service adjustments as needed.

Adjusting and/or Discontinuing Services

The FCM will:

1. Notify the child's parent, resource parent (if applicable), service provider(s) of the decision to adjust and/or discontinue one (1) or more services;

Note: DCS will request court approval prior to discontinuing any services ordered through the Dispositional Decree.

2. Work with the CFT to develop a plan for change in services and/or the gradual removal of the services as appropriate;
3. Follow up with service providers to evaluate the family's response to the change and/or removal of services;
4. Modify the service withdrawal plan, if necessary;
5. Notify the service provider of the last allowable service date;
6. Cancel the referral in KidTraks; and

Note: Ensure information is documented in KidTraks to explain why the referral is being adjusted and/or terminated.

7. Continue to maintain regular contact with the family until case closure is complete.

The FCM Supervisor will:

1. Confirm service interventions are modified and/or discontinued as needed to address service provisions;
2. Ensure the FCM has notified the child, family, resource parents, and service providers of modification and/or discontinuation of services; and
3. Provide adequate and consistent supervision in order to ensure service level need is appropriate.

PRACTICE GUIDANCE

Communication with Service Providers

Communication between DCS and all service providers should occur on a regular basis throughout the life of the case. The FCM should 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 they have with the FCM. All communication between the FCM and any service provider must be documented in the case management system (e.g., safety, progress, and general case direction).

Making a Referral

Prior to creating a service referral, identify the needs of the family to determine what services would be the most appropriate. Ensure all referrals include the following:

1. Accurate contact information for the family and FCM;

Note: Ensure contact information is entered correctly in the case management system prior to creating a referral in KidTraks.

2. Information about the child's placement, safety plan and/or plan of safe care, applicable court orders (e.g., no contact orders or individuals that should not be in the home), and others involved in the case (e.g., other household members, CASA/GAL, non-custodial parents, and education providers);
3. Identified worker safety issues (e.g., drug use, domestic violence, and weapons);
4. A short summary about the reason for DCS involvement, including any previous involvement and services offered;
5. Approved locations for services to take place, if applicable;
6. Information about participant availability;
7. The level and frequency of services;
8. Information about other service providers working with the family and the services they are providing; and
9. The family goals and provider expectations, as documented in the case plan, to assist the family in achieving safe, sustainable case closure.

Note: If making a referral on behalf of another DCS employee, ensure the contact information for the assigned FCM is provided in the pertinent information section.

Additional information about service providers, available [intervention services](#), service mapping, and making a referral can be found on [SharePoint: Service Standards Summaries and Comparisons](#).

Domestic Violence Services

FCMs are encouraged to recommend domestic violence services to any family in which domestic violence may be present. However, mandating or forcing a **non-offending** parent to participate in domestic violence services may be contrary to the concept of empowerment, and this may actually be perceived by the non-offending parent as mirroring the same coercive and threatening behaviors of the alleged domestic violence offender.

Risk Reassessment

Risk Reassessment is an assessment tool used by the FCM throughout the life of the 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 increased,

decreased, or remained the same since the completion of the initial Risk Assessment. In addition to the Risk Reassessment Tool, FCMs should reference the [Family Functional Assessment \(FFA\)](#) tool when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk reassessment questions that may be helpful in determining the risk factors for LGBTQ youth are available in the [FFA](#) tool.

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.

FORMS AND TOOLS

1. [Family Functional Assessment Field Guide](#) – Available on the [Indiana Practice Model SharePoint](#)
2. [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) – Available in KidTraks
3. [Out-of-Home Risk and Safety Assessment](#) – Available in the case management system
4. [In-Home Risk and Safety Reassessment](#) – Available in the case management system
5. [Program of Informal Adjustment](#) – Available in the case management system
6. [Case Plan \(SF 2956\)](#) – Available in the case management system
7. [Provider Referral](#) – Available in KidTraks
8. [Request for Additional Funding \(SF 54870\)](#)
9. [Service Mapping Tool](#) - Available in KidTraks

RELATED INFORMATION

Intervention Services

Information on how to access available services, including comprehensive services through service mapping, how to create a referral, and contact information for Regional Service Coordinators, can be found on [SharePoint: Service Standards Summaries and Comparisons](#)..

Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

Underlying Needs

Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.