

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: March 1, 2015
	Section 01: Transitioning a Case Between Family Case Managers	Version: 6

STATEMENTS OF PURPOSE *This policy does not apply to Collaborative Care (see Policy [11.21 Collaborative Care \(CC\) Case Transfers](#))*

The Indiana Department of Child Services (DCS) will ensure transitioning of cases, from one Family Case Manager (FCM) to another, is a smooth and informative process. Cases must be transitioned to ensure continuity of care for children and families. Families must be informed of a change in FCM, and any actions taken in the case. All pertinent case information will be shared with the Child and Family Team (CFT).

Code References

N/A

PROCEDURE

Refer to local office management for assistance if needed.

Local office management will ensure a written checklist/protocol is developed regarding the transitioning of a case and submitted to the Deputy Director of Field Operations and the Deputy Director of Permanency and Practice Support.

PRACTICE GUIDANCE

Successful transition of a case should ensure that all pertinent information is understood by the new FCM and the CFT.

Pertinent Family Information

All parties, especially the family, should have the opportunity to review and discuss all pertinent family information with the FCM and CFT (e.g., family strengths, values, support systems, family composition, behavioral management, mental health, developmental and/or medical needs, domestic violence concerns, immediate needs, substance abuse, truancy, review of the [Safety Plan \(SF 53243\)](#) and/or the [Plan of Safe Care \(SF 56565\)](#), etc. Depending upon the dynamics of the case, it may be necessary to have more than one (1) CFT to discuss all pertinent information (e.g., when there is a no contact order between parent, guardian, or custodian and the child or each other). If there are safety concerns, the FCM may also need to keep the location of the resource home confidential.

Safety Plans and Domestic Violence

The primary goal of a [Safety Plan \(SF 53243\)](#)/[Plan of Safe Care \(SF 56565\)](#) created by DCS is to ensure the safety of the child. The purpose of the plan is to:

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

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

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

The [Safety Plan \(SF 53243\)](#)/[Plan of Safe Care \(SF56565\)](#) of the non-offending parent and child should not be shared with the alleged domestic violence offender. The FCM will attempt to engage the alleged domestic violence offender to develop a separate [Safety Plan \(SF 53243\)](#)/[Plan of Safe Care \(SF56565\)](#), which holds him or her accountable for the abusive behavior and responsible for stopping the violence. Both plans should also address any other safety concerns that have been identified for the child.

Purpose of Transitioning a Case

A Child and Family Team (CFT) Meeting should be utilized to accomplish a case transition. Timing of this meeting is critical to the actual transfer of the case so initiating the transfer as soon as possible may be beneficial. During the meeting, all parties should receive information about the status of the case, current services, along with identified additional needs to plan for services and appropriate placement.

Examples of information to be shared and discussed with the parties include, but are not limited to:

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

FORMS AND TOOLS

1. [Visitation Plan](#) – Available in the case management system
2. [Affidavit of Diligent Inquiry \(SF 54778\)](#) – Available in the case management system
3. [Assessment of Alleged Abuse or Neglect Report 311 \(SF 113\) \(311\)](#)– Available in the case management system
4. [Safety Plan \(SF 53243\)](#)– Available in the case management system
5. [Plan of Safe Care \(SF 56565\)](#) – Available in the case management system

6. [Notice to Relatives \(SF 55211\)](#) – Available in the case management system

RELATED INFORMATION

“Transitioned” Defined

A case is “transitioned” when the following has occurred:

1. The new FCM is assigned to the case in the case management .
2. The new FCM has received the hard copy file.

Eligibility for Federal Funding

The following should be documented in the case file and in case management system:

1. The most accurate and up-to-date information concerning household members;
2. The relationships of household members to the removed child. See policies, 15.4 Specified Relative and [15.5 Assistance Group](#) for additional information.
3. Household members income and resources in the month of removal;
4. Each parent’s place of residence in the month of removal;
5. Each parent’s employment status; and
6. Any physical or mental illnesses that would prevent either parent from providing care to the child.