

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: July 1, 2018
	Section 10: Family Services	Version: 6

STATEMENTS OF PURPOSE

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

Exception: 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) to develop a Family Service Plan (see separate policy, [5.7 Child and Family Team Meetings](#)). The team will review the [Safety Assessment](#), [Risk Assessment](#), and [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) to assist in identifying the family's needs and corresponding services (see separate policy, [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)). 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.

DCS will reassess the strengths and needs of the child and family throughout the life of the case and will adjust services, if necessary, to meet identified needs. DCS will continue to offer services to the child and/or family regardless of participation, until the court closes the Program of Informal Adjustment (IA) 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](#)

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(s) until TPR is finalized (see separate policy [8.10 Minimum Contact](#)).

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

Code References

1. [42 USC 671\(a\)\(15\)\(B\): State plan for foster care and adoption assistance](#)
2. [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)
3. [IC 31-34-20-1: Dispositional Decrees](#)

PROCEDURE

The FCM will:

1. Utilize the family's [Safety Assessment](#), [Risk Assessment](#), [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 separate 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 \(Out-of-Home\)](#));
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 (see Practice Guidance for more information on making a referral), and/or
 - b. Request emergency funds when other resources are not immediately available by submitting the [Request for Additional Funding \(SF54870\)](#) (see separate 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 strengths and underlying needs (see separate policy, [5.7 Child and Family Team Meetings](#)).
4. Complete a [Provider Referral\(s\)](#) in KidTraks to refer the family to available and appropriate services within 10 business days of identifying the service need (see [Related Information](#) and Practice Guidance for more information regarding making a referral);
5. Monitor the family's progress by:
 - a. Maintaining contact with service providers to assess the family's level of participation in services, and
 - b. Reviewing the family's progress at each face-to-face contact and during CFT meetings (see separate 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](#));
6. Update the court regularly regarding the family's participation and progress including any violation of the dispositional order (see separate policy, [6.8 Three Month Progress Report](#));
7. Reassess the child and family's needs utilizing the [Safety and Risk Reassessments](#) and the [CANS Assessment](#) at least every 180 days;

Note: Risk Reassessments are completed when the [Case Plan \(SF2956\)](#) is revised (see separate policy, [5.8 Developing the Case Plan](#)). Risk Reassessments should be completed more often if new circumstances or information arise that would affect risk (see Related Information).

8. 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: Inactive referrals should be cancelled in KidTraks.

9. Document the family's progress, reasons for service type or intensity changes, and if applicable, reasons why services were not offered or were stopped, in the Management Gateway for Indiana's Kids (MaGIK);

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(s), resource parent(s) (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 service(s), 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.

PRACTICE GUIDANCE

Safety

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 MaGIK (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 MaGIK prior to creating a referral in KidTraks.

2. Information about the child's placement, safety plan, 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; and
8. 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.

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.

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. [Safety Assessment](#) – Available in MaGIK
4. [Risk Assessment](#) – Available in MaGIK
5. [Risk Reassessment](#) – Available in MaGIK
6. [Program of Informal Adjustment](#)– Available in MaGIK
7. [Case Plan \(SF 2956\)](#) – Available in MaGIK
8. [Provider Referral](#) – Available in KidTraks
9. [Request for Additional Funding \(SF54870\)](#)

RELATED INFORMATION

Family Services

Family services are provided to prevent a child from being removed from his or her parent, guardian, or custodian or reunite the child with his or her parent, guardian, or custodian when removal has occurred. See DCS service standards at: <http://www.in.gov/dcs/3878.htm>.

Preservation Services – Three Levels

1. Prevention:

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

2. Family Preservation:

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

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

3. Intensive Family Preservation:

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

Reunification Services – Two Levels

1. Reunification:

These are services and activities that are provided to a child in out-of-home placement, and/or the child's parents or primary caregiver, in order to facilitate reunification of the child safely, appropriately, and in a timely manner. Services and activities that may be provided under this category include the following:

- a. Home-based therapy,
- b. Case management,
- c. Individual and/or family counseling,
- d. Inpatient or outpatient substance abuse treatment services,

- e. Homemaker and/or parent aid services,
 - f. Transportation services, and
 - g. Supervised visitation.
2. Intensive Family Reunification:
These are intensive services to assist families when children are returning home from institutional or therapeutic placement, consisting of three (3) phases:
- a. Preparatory phase,
 - b. Intensive phase upon reunification, and
 - c. Follow-up services to stabilize the family.

Rehabilitative Services

Rehabilitative services are provided to the child and/or family to address issues identified as leading to involvement with DCS (e.g., parenting classes, substance use disorder treatment, and psychological assessment).

Domestic Violence Services

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

1. For the non-offending parent:
 - a. Individual and/or group counseling through community service providers,
 - b. Criminal and/or civil remedies,
 - c. Police intervention,
 - d. Legal services,
 - e. Housing, welfare advocacy, economic, and/or medical services,
 - f. Emergency shelter (consider friends, family, etc.),
 - g. Transitional living services,
 - h. Day care,
 - i. Visitation center services,
 - j. Parent support groups, and/or
 - k. Mental health and/or substance abuse services.
2. For the child(ren):
 - a. Individual and/or group counseling for children exposed to domestic violence,
 - b. Mentoring and after-school program referrals,
 - c. Support groups for children who have been exposed to domestic violence,
 - d. Head start programming, and/or
 - e. Community-based enrichment programs.
3. For the alleged domestic violence offender:
 - a. Batterer intervention programs,
 - b. Substance use disorder services,
 - c. Visitation center services,
 - d. Cooperation with police, probation, and parole when involved,
 - e. Fatherhood programs,
 - f. Parenting programs that include a focus on domestic violence issues, and/or
 - g. Mental health and/or substance abuse services.

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

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

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

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.

Substance Abuse

CFT members will assist DCS in identifying appropriate services to address substance abuse issues. DCS will submit a referral to a professional to determine the level of need.