

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: July 1, 2014
	Section 10: Family Services	Version: 5

POLICY

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: When the child is in out-of-home care, services will not be offered to the child’s family 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. The team will review the family’s [Safety Assessment](#), [Strengths and Needs Assessment](#), and [Risk Assessment](#) to assist in identifying the family’s needs and corresponding services. DCS will make referrals on behalf of the child and/or family to appropriate services 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 progress the family is making as well as any concerns the service provider may have about the family.

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 or dismisses the Child in Need of Service (CHINS) case.

DCS will provide services to children and families regardless of their immigration status.

All services for parents, including visitation, should cease when Termination of Parental Rights (TPR) is filed unless otherwise ordered by the court. The Family Case Manager (FCM) should continue to maintain regular contact with the child’s parent(s) until TPR has been finalized. See separate policy, [8.10 Minimum Contact](#).

DCS will provide information about available community resources to all families where domestic violence has been identified as a risk factor.

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](#)

PROCEDURE

The FCM will:

1. Work with the family, and CFT, if applicable to identify needed services based on the family's strengths and underlying needs. The [Family Functional Assessment Field Guide](#) may be helpful as a tool to assist the FCM and family to mutually determine family strengths and needs;
2. Identify any challenges to the family's basic survival (e.g., lack of food, adequate housing, employment, transportation, childcare, etc.), if their basic needs would require assistance then:
 - a. Refer the family to the [Division of Family Resources](#) and other community service providers,
 - b. Request emergency funds when other resources are not immediately available by submitting the [Request for Additional Funding \(SF54870\)](#) form.
 - c. Complete a Provider Referral in KidTraks to refer the family to available and appropriate services within 10 business days of identifying the service need. See Related Information for further details.
3. Monitor and document the family's progress and update the court; and
4. Reassess the child and family's needs utilizing the Risk Reassessment 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.

5. Discuss the results of the Risk Reassessment with the CFT and adjust services and/or service levels, if necessary; and
6. Document in the Management Gateway for Indiana's Kids (MaGIK) any reasons why services were not offered or were stopped prematurely.

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 MaGIK for the child and/or family and ongoing service adjustments as needed.

Terminating Services

The FCM will:

1. Notify the child's parents, resource parents (if applicable), and service providers of the decision to terminate one or more services;
2. Work with the CFT to develop a plan for the gradual removal of the service(s), as appropriate;
3. Follow up with service provider(s) to evaluate the family's response to the removal of services;
4. Modify service withdrawal plan if necessary;
5. Notify service provider of last allowable service date; and
6. Continue regular contact 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 is expected to 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 (e.g. safety, general case direction) they have with the FCM. All communication between the FCM and any service provider must be documented in MaGIK.

Domestic Violence Services

FCMs are encouraged to recommend (but not mandate or force) services to any families in which domestic violence may be present. Mandating or forcing a non-offending parent to participate in domestic violence services may be contrary to the concept of empowerment and 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. [Strengths and Needs Assessment](#) – Available in MaGIK
3. [Risk Assessment](#) – Available in MaGIK
4. [Risk Reassessment](#) – Available in MaGIK
5. [Program of Informal Adjustment \(IA-R1070108\)](#) – Available in MaGIK
6. [Case Plan \(SF 2956\)](#) – Available in MaGIK
7. [Provider Referral](#) – Available in KidTraks
8. [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/2464.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 – 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 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 and appropriately in a timely manner. Services and activities that can 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 to and from any of the 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 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, drug and alcohol treatment, psychological assessment, etc.).

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. Specialized assessment services focusing on issues of domestic violence,
 - i. Day care,
 - j. Visitation center services,
 - k. Parent support groups, and/or
 - l. 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 abuse services,
 - c. Visitation center services,
 - d. Specialized assessment services focusing on issues of family violence,
 - e. Cooperation with police, probation, and parole when involved,
 - f. Fatherhood programs,
 - g. Parenting programs that include a focus on domestic violence issues, and/or
 - h. 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 for the non-offending parent that they believe increase the level of danger;
2. Court and/or divorce mediation;
3. Anger management groups;
4. Couples and/or family counseling (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. Alleged domestic violence offender and non-offending parent receiving treatment from the same therapist;

6. Visitation arrangements which endanger the children or non-offending parent (non-offending parent should not risk having contact with alleged domestic violence offender arriving for visits or departing after visits); and/or
7. Any service which increases the level of danger to the children or non-offending parent.

Participation in the services listed above can create an increased safety risk for the children and non-offending parent. [Case Plan \(SF 2956\)](#) goals and family services can 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.

[REVISED] Risk Reassessment

Risk Reassessment is an assessment tool used by the FCM throughout the life of the child welfare 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 decreased, remained the same, or have increased 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 can be found 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 determining what services are needed to address substance abuse issues. DCS will submit a referral to a professional to determine the level of need.