

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: July 1, 2019
	Section 12: Closing a CHINS Case	Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will close a Child in Need of Services (CHINS) case when the child’s safety, permanency, and well-being are sustainable over time. See [Related Information](#) for further details.

DCS will recommend closure of a CHINS case if:

1. The terms of the Dispositional Order or permanency goals have been met;
2. The child turns 18 years of age and the coercive intervention of the court is no longer needed; or
3. At or before the time the child becomes 21 years of age, when the case has remained open for services needed after the child turned 18 with approval of the court.

DCS will collaborate with the Child and Family Team (CFT) to:

1. Determine the appropriateness of case closure;
2. Identify supports needed beyond case closure; and
3. Ensure availability or continuation of informal supports needed for successful reunification, adoption, or other permanent placement.

Code References

1. [IC 31-34-21-7.6: Documents provided to individual leaving foster care](#)
2. [42 USC 675 \(5\)\(I\)](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Thoroughly review the [Case Plan \(SF 2956\)](#), family progress, child safety, and all assessment information;
2. Complete and review the results of a current [In-Home Risk and Safety Reassessment](#) or [Out-of-Home Risk and Safety Reassessment](#) less than 30 days prior to anticipated case closure;

Note: These assessments should be completed for the biological family only if Termination of Parental Rights (TPR) has not been finalized.

3. Obtain recommendations from service providers and other child and/or family supports;
4. Discuss the appropriateness of case closure with the FCM Supervisor;
5. Facilitate a CFT Meeting to determine the appropriateness of case closure and develop an [aftercare](#) plan. See Related Information for additional information;

6. Identify personal items the child has accumulated during placement in out-of-home care and ensure those items are returned to the child and/or permanent caregiver;
7. Ensure any applicable benefits (e.g., Medicaid, Social Security Income [SSI]) have been transferred to the caregiver;
8. Ensure the permanent caregiver (or child, if he or she is being emancipated) is provided with necessary documentation, including, but not limited to:
 - a. A copy of the child's [Medical Passport \(DCS Pamphlet 036\)](#)
 - b. A copy of the child's birth certificate (if available),
 - c. Child's insurance records,
 - d. Child's individual medical records, and
 - e. Child's driver's license or state identification card, if applicable.

See separate [policy 8.41 Transitioning from Out-of-Home Care](#) for additional guidance.

Note: A youth age 16 and older at the time of case closure must be provided all documents listed on the [Transition Plan for Successful Adulthood \(SF 55166\)](#), including the [Foster Care Verification \(SF 56571\)](#).

9. Consider any [aftercare](#) needs of the child or family and develop a plan to make appropriate referrals. See [Related Information](#) for additional information;
10. Seek supervisory approval prior to discontinuing any services to the child or family;
11. Conduct a final visit with the child and family to provide closure to the FCM's relationship with the family, reinforce their ability to keep the child safe, remind them of available resources, and discuss plans and resources to handle new situations;
12. Interview the child separately, if developmentally and age appropriate. If the child is 16 years of age or older;
13. Continue monitoring the case and meeting minimum contact requirements, until the CHINS case is dismissed by the court;
14. Submit a Permanency and Practice Support (PPS) referral to the Educational Services Team (EST) to complete the School Notification and Best Interest Determination Form; and
15. Review and, if necessary, update the child's placement, [Case Plan \(SF 2956\)](#), hearings, income, and resources in the case management system prior to closure.

Note: The court may specify in the order who must receive notification of case closure and may send a copy of the order to the persons specified.

The FCM Supervisor will:

1. Consult with the FCM regarding case closure;
2. Support the FCM in providing closure between the child and/or family and DCS;
3. Review the aftercare plan and confirm DCS ability to close the case;
4. Review and confirm the court has returned legal custody of the child to the parent, if applicable;
5. Review and confirm case documentation and referrals are complete; and
6. Review and approve prior to closing the case in the case management system.

PRACTICE GUIDANCE

Indicators for Sustainable Safe Case Closure

The following are indicators, which may be relevant in assisting the FCM and CFT in making a decision to close a CHINS case:

1. The parent, guardian, or custodian have a good understanding of their child's safety needs and have demonstrated their ability to provide for their child's safety once the case is closed;
2. The parent, guardian or custodian have developed a plan and identified resources, formal, and informal supports to assist them in managing their child's safety;
3. The FCM and CFT has observed positive changes in the parents protective capacities, behavior, and circumstances, as verified by progress reports from service providers and visitations with the child and family;
4. The FCM has received input from the CFT and service providers indicating that the family has made sustainable improvements that alleviate DCS involvement;
5. Identified safety concerns are no longer occurring or are consistently managed by the parent;
6. The [Risk and Safety Reassessment](#) indicates the child is "safe" and the [Risk and Safety Reassessment](#) indicates a low or moderate level of risk for abuse or neglect;
7. The family has achieved case goal outcomes; and
8. Family functioning has improved to a minimally acceptable level. This is evidenced by the ability of the person responsible for the child's health, safety, and wellbeing and other family members to demonstrate a commitment to protect the child and the presence of effective protective behaviors within the family.

Utilizing the CFT in the Case Closure Process

When doing permanency planning with the CFT, consider and understand what specific changes must occur in order for the family to function successfully without external intervention or support.

1. Develop protective provisions that must be put into place to keep children in the home safe;
2. Specify behavioral patterns that must be acquired, and adequately and consistently demonstrated by the caregiver to preserve or reunify a family and to maintain family stability and daily functioning;
3. Develop recovery plans, relapse prevention plans, and [Safety Plans](#) and or [Plans of Safe Care](#) with response capacities that must be put in place and will work reliably. See policies [4.42 Plan of Safe Care](#) and/or [5.21 Safety Planning](#) for more information;
4. Identify or develop sustainable family supports (e.g., housing, health care, and adequate supervision) that will preserve and sustain the family following case closure;
5. Seek resolution of legal issues and court requirements (e.g., court orders, guardianship, and adoption) that must be achieved before case closure can occur; and
6. Review previously established measures for determining progress, outcomes, and satisfaction of case closure requirements. These elements define for the family, practitioners, and providers, "how we will know what's working and when we're done."

Indicators for Sustainable Safe Case Closure when Domestic Violence is Present

In addition to the indicators above, the following factors should be considered when domestic violence has been identified as a risk factor during a case:

1. The child and non-offending parent feel safe in their home;
2. The alleged domestic violence offender has successfully completed treatment;
3. Both parents or caregivers understand the effects of domestic violence on their child;

4. No new reports of CA/N related to domestic violence have been filed within the past six (6) months;
5. The child is exhibiting fewer behavioral effects of violence than before intervention, are enrolled in counseling, or connected with other resources;
6. The non-offending parent and alleged domestic violence offender each have a [Safety Plan](#) and/or [Plan of Safe Care](#) in place that is being followed;
7. The non-offending parent has and exhibits the ability to protect child; and
8. The non-offending parent has knowledge of and access to relevant supports, resources, information, and safety options.

Additional alleged domestic violence offender factors include:

1. The alleged domestic violence offender is out of the home and has no contact with children; or
2. The alleged domestic violence offender is accepting responsibility for his or her behavior and not using physical violence or control tactics.
3. The alleged domestic violence offender is complying with parole or probation supervision and any court ordered intervention program; and
4. Other case issues (drug or alcohol abuse, etc.) are resolved or not affecting parenting ability.

See Policy [5.10 Family Services](#) for additional information regarding services for families where domestic violence has been indicated.

Preparing the Family for Case Closure.

When a child is returned home, at first, the service level may be very high and contacts with the family are quite often. As the family stabilizes and DCS involvement is no longer indicated, it is essential to bring closure to the working relationship between the FCM and family. The FCM must separate from the family while continuing to support and encourage them to initiate their own self-help efforts. The determination to close a case is a joint decision with DCS, the CFT, and the family. The CFT discusses and reviews with the family all critical elements of DCS intervention, at which time the family is empowered to express their opinions and feelings, and encouraged to provide constructive feedback to the team. Based on CFT recommendations, the FCM submits the aftercare plan for the family to the supervisor for review and approval. The FCM will then meet with the family a final time to discuss the plan.

Closing the Case in the Case Management System

Ensure information and documentation is completed and entered into the case management system. See the Casebook Help site for more information regarding [Closing/Ending Removal Episode](#) and [Closing an Involvement Type](#).

FORMS AND TOOLS

1. [Case Plan \(SF 2956\)](#) – Available in the case management system
2. [In-Home Risk and Safety Reassessment](#) – Available in case management system-Forms
3. [Out of Home Risk and Safety Reassessment](#) – 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. [Risk Reassessment](#) – Available in the case management system
7. [Family Functional Assessment \(FFA\) Field Guide](#) – Available on the Indiana Practice Model SharePoint
8. [Medical Passport \(DCS Pamphlet 036\)](#)
9. [Transition Plan for Successful Adulthood \(SF 55166\)](#)
10. [Foster Care Verification \(SF 56571\)](#)
11. [School Notification and Best Interest Determination \(SF 47412\)](#)

RELATED INFORMATION

Aftercare Plan

Services may continue to be needed in order to further support the family during the transition to case closure and after case closure. Referrals to a community service agency and other community-based service agencies will be necessary well in advance of case closure in order to provide long-term sources of support and assistance. The parent, guardian, or custodian will be made aware of all services and supports available to them following case closure. If the parent, guardian or custodian indicate no desire for services, they will be informed that community services are available to them should they desire them at a later time.

Risk Reassessment

The 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.