

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: May 1, 2008
	Section 12: Closing a CHINS Case	Version: 1

POLICY	OLD POLICY: N/A
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The Indiana Department of Child Services (DCS) will close a Child in Need of Services (CHINS) case at such time as the safety, permanency, and well-being can be assured over time for all children in the home. See related Information for further details.

DCS will facilitate a Child and Family Team (CFT) meeting, unless the family chooses not to participate in the CFT, to determine the appropriateness of case closure and family supports needed beyond case closure.

DCS, prior to case closure, will work with the CFT to assure continuation of informal support services needed for successful reunification, adoption or any other permanent placement. These supports may remain in place following case closure.

- 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.

Code References

1. N/A

PROCEDURE

- The Family Case Manager (FCM) will:
1. Thoroughly review the case plan, family progress, and all assessment information;
 2. Complete current risk and safety assessments;
 3. Obtain recommendations from service providers and other family supports;
 4. Staff the case with his/her supervisor regarding the appropriateness of case closure;
 5. Facilitate a CFT meeting (if applicable) for the purpose of determining appropriateness for case closure and the development of an aftercare plan;
 6. Consider any aftercare needs of the family and develop a plan to make appropriate referrals;
 7. Seek supervisory approval prior to discontinuing any services to the child or family;

8. Conduct a final visit with the family to provide closure to the FCM's relationship to the family, reinforce their ability to keep the child(ren) safe, remind them of available resources, and discuss their plans and resources to handle new situations;
9. Interview the child separately, if developmentally and age appropriate. If the child is 16 years of age or older. See separate policy, [11.12 Discharge Summary and Post-Discharge Summary](#); and
10. Continue monitoring the case and meeting minimum contact requirements, until the CHINS case is dismissed by the court.

Note: The court will specify in the order who is to be notified of case closure. The court will send a copy of the order to those persons specified.

The supervisor will:

1. Consult with the FCM when needed on case closure;
2. Support the FCM in providing closure between the family and DCS;
3. Review the aftercare plan and confirm DCS ability to close the ongoing case;
4. Review and confirm the court has returned legal custody of the child to the parent when DCS had been granted legal custody of the child;
5. Review and confirm case documentation is completed; and
6. Review and approve prior to closing the case in Indiana Child Welfare Information System (ICWIS).

PRACTICE GUIDANCE

1. N/A

FORMS AND TOOLS

1. N/A

RELATED INFORMATION

Factors That Indicate Appropriate Case Closure

The FCM in concert with the CFT (if applicable) needs to make a determination as to appropriate case closure. The following are some factors that may be relevant in making this decision:

1. The parents have an understanding of child safety measures and their ability to sustain safety over time.
2. The parents have developed a plan and identified resources to manage child safety over time.
3. The FCM is able to observe firsthand the changed behaviors, conditions or circumstances in the family that led to DCS intervention, and the changes in protective capacity.

4. The FCM has received progress reports from service providers, which contain recommendations for case closure.
5. Identified safety concerns are no longer occurring or are consistently managed by the parents.
6. The Safety Assessment indicates the child is “safe” and the Risk Assessment indicates a low or moderate level of risk for abuse or neglect.
7. The family has achieved case goals. The family and individual members' behaviors indicate the desired outcomes have been obtained.
8. Family functioning has improved to a minimally acceptable level. This is evidenced by the ability of the person(s) 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 (if applicable) 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 with response capacities that must be put in place and will work reliably;
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.”

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 (if applicable) 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.

Aftercare Plan

Case closure is viewed not as the end of work with a child and family, but as the beginning of a new phase of collaborations and ongoing problem solving. Services may be needed in order to further stabilize the family. These services will be provided to facilitate the integration of the child and family and to resolve problems they may encounter. 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. Parents and legal custodians will be made aware of all available services and supports so that they can select what the family needs. If they indicate no desire for services, they will be informed that community services are available to them should they desire them at a later time.

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