

*Specifically related to infants born exposed to substances*

- 1) The Indiana Department of Child Services (DCS) receives a report of alleged child abuse or neglect
  - a) The allegation for infants born exposed to substances is typically that either the infant tested positive for an illicit substance that was either not prescribed or if prescribed not used per the prescription.
  - b) The hotline in collaboration with the local county office makes a determination as to whether the allegations are legally sufficient to open up an assessment.
    - i) If the allegations do not meet legal sufficiency the report is not assigned and there is no further DCS involvement
- 2) Once a report is assigned for assessment, a Family Case Manager (FCM) will initiate the assessment by making face to face contact with the baby and ensuring the safety of the baby.
  - a) The FCM will complete a safety assessment and if needed a safety plan in the first 24 hours of the assessment
    - i) The safety assessment will assess safety across a variety of factors not limited to substance use disorders
  - b) The FCM has 40 days to complete the assessment and make a determination to either substantiate the allegations or unsubstantiate the allegations.
  - c) If the allegations are substantiated the FCM and DCS will determine if ongoing intervention is needed and the level of intervention needed. All levels of intervention include individual plans designed to reduce the risk to the child in support of permanency. The differing levels are based on the need or lack thereof for coercive intervention from the court.
    - i) Possible DCS intervention may include:
      - (1) **Informal Adjustment (IA):**
        - (a) Lowest level of formal case with DCS
        - (b) Child remains in the care of parents
        - (c) Documents are filed with the court but parties are not typically required to appear in court

- (d) Typically six month involvement but could be extended for a short term after the initial six months

## **(2) In-home CHINS**

- (a) Child remains in the care of parents
- (b) Documents are filed with the court and parties are required to appear in court
- (c) Parents can deny the allegations in the CHINS petition
  - (i) If this occurs a fact finding hearing is held and the judge will determine if DCS had sufficient evidence to support the CHINS

## **(3) Out of home CHINS**

- (a) An out of home CHINS is processed in the same manner of an in-home CHINS with the primary difference being that the child has been placed in out of home care
  - (i) In addition to an initial CHINS hearing, at which parents can deny the allegations in the CHINS petition, a detention hearing is also held as the judge must approve DCS' decision to place the child in out of home care.
    1. A detention hearing must be held within 48 hours after DCS places a child in out of home care.
      - a. Parents have the right to be heard in court and object to out of home care
  - (ii) If a child is placed in out of home care, DCS is required by federal and state law to provide evidence as to why this is in the best interests of the child and why remaining in the home is contrary to the welfare of the child.
  - (iii) If a child is placed in out of home care, DCS is required by federal and state law to provide reasonable efforts to reunify the child with the parents for a minimum of six months before changing the permanency plan for the child to anything other than reunification with the parents.

- 3) If at any time during an assessment or case the FCM and DCS determine that the safety of the baby cannot be ensured while in the care of the parents, the baby may be placed in out of home care (see above for court process and parents' rights if this occurs).
  - a) DCS makes every attempt to partner with the parents to create a safety plan which keeps the parents and baby together
    - i) Parents are encouraged to and assisted in forming their own Child and Family Team which should include both formal and informal supports
      - (1) Parents choose their team members and formal supports from the medical team are welcome
      - (2) Safety plans are best developed within the team and with parents driving the team.
      - (3) If out of home care is necessary, the team can determine the least restrictive placement for the child as well as the best plan to maintain bonding between the parents and baby.
        - (a) Relative or kinship care is the first option
          - (i) Parents can identify who they would like to care for their child if out of home care is necessary
        - (b) Creative plans, while ensuring child safety are encouraged
          - (i) In some instances a parent could live in the home with a relative caregiver – so while not being the primary caregiver for their child they still have opportunity to bond.
- 4) The Child and Family Team is also crucial in developing a plan for sustainable case closure that may include ongoing mental health needs, supports, relapse prevention and other factors.
  - (a) Helping families develop informal support and access to services after DCS closes the case is key in preventing further involvement with DCS and ensuring long term safety and well being for the baby.