

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: July 1, 2014
	Section 12: Closing a CHINS Case	Version: 5

STATEMENTS OF PURPOSE

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

N/A

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 [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 family supports;
4. Staff the case with his or her Supervisor regarding the appropriateness of case closure;
5. Facilitate a CFT Meeting 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;
10. Continue monitoring the case and meeting minimum contact requirements, until the CHINS case is dismissed by the court; and
11. Review and, if necessary, update the child's placement, [Case Plan \(SF 2956\)](#), hearings, school status, income, and resources in Management Gateway for Indiana's Kids (MaGIK) prior to closure.

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

The FCM 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 MaGIK.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Case Plan \(SF 2956\)](#) – Available in MaGIK
2. [In-Home Risk and Safety Reassessment](#) – Available in MaGIK
3. [Out of Home Risk and Safety Reassessment](#) – Available in MaGIK
4. [Safety Plan \(SF 53243\)](#) – Available in MaGIK
5. [Risk Reassessment](#) – Available in MaGIK
6. [Family Functional Assessment \(FFA\) Field Guide](#) – Available on the Indiana Practice Model SharePoint

RELATED INFORMATION

Factors That Indicate Appropriate Case Closure

The FCM in concert with the CFT 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, stating that the service providers are in agreement with the decision to close the case and express confidence that the family will live safely and successfully without further DCS involvement;
5. Identified safety concerns are no longer occurring or are consistently managed by the parents;
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 goals. The family and individual members' behaviors indicate the desired outcomes have been obtained; and
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.

Additional Factors that Indicate Sustainable Safe Case Closure when Domestic Violence is Present

The following factors should be considered in addition to those listed above when domestic violence has been identified as a risk factor during a case:

1. Parent, guardian, or custodian are willing to provide a safe home and demonstrate their ability to do so;
2. Domestic violence incidents have reduced in frequency and/or severity;
3. The child(ren) and non-offending parent feel safe in their home;
4. The alleged domestic violence offender has successfully completed treatment;
5. Both parents or caregivers understand the effects of domestic violence on their child(ren);
6. No new reports of CA/N related to domestic violence have been filed within the past six (6) months;
7. The child(ren) are exhibiting fewer behavioral effects of violence than before intervention, are enrolled in counseling, or connected with other resources;
8. The non-offending parent and alleged domestic violence offender each have a [Safety Plan \(SF 51455\)](#) in place that is being followed;
9. The non-offending parent has and exhibits the ability to protect child(ren); and
10. 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.

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 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, 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.

Closing the Case in MaGIK

Final updating of information in MaGIK, including assuring that all verifications on the Verification Screen have been completed and submitted, will be needed prior to closing the case in MaGIK. The FCM should then End Date the placement (Data Field) and close the removal episode.

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 \(FFA\) Field Guide](#) when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk reassessment questions that may be helpful in determining the safety of LGBTQ youth can be found in the [Family Functional Assessment \(FFA\) Field Guide](#).

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.