



DCS AND MENTAL HEALTH

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WHAT IS CHILD WELFARE?

THE PRACTICE OF CHILD WELFARE Child welfare services is a field of practice within social work where a partnership is developed with families in order to protect children who may be victims of child abuse/neglect and address the issues that lead to child abuse/neglect. When involvement is necessary, the least restrictive interventions are utilized, as DCS recognizes that the preservation of family and community ties are essential to safety, well-being, stability, and permanency for children. DCS recognizes and supports the preservation of family and community connections through our Mission, Vision, and Values.



DCS Practice Model

Skills

Teaming, Engaging, Assessing,
Planning, Intervening (TEAPI)

Values Based on Practice Principles

- Respect for all
- Racial justice
- Diversity & inclusion
- A culture of safety
- A commitment to continuous improvement

Trust-Based Relationships

Genuineness,
Empathy, Respect,
Professionalism

Mission and Vision

Mission: The Indiana Department of Child Services leads the state's response to allegations of child abuse and neglect and facilitates child support payments. We consider the needs and values of all we serve in our efforts to protect children while keeping families together whenever possible.

Vision: Children will live in safe, healthy and supportive families and communities.



OVERVIEW AND PURPOSE The Indiana Department of Child Services (DCS) partners with children and families to provide services in order to address issues that lead to Child Abuse and/or Neglect (CA/N) and ensure the safety, permanency, stability, and well-being of children. DCS also assesses allegations of (CA/N) and oversees licensing services for resource parents and child caring institutions. In addition, DCS is responsible for child support services and partners with county Prosecuting Attorneys, county Clerks of the Court, and various other local, state, and federal agencies to assist families with child support services under Title IV-D of the Social Security Act.

Source:

<https://www.in.gov/dcs/3208.htm>

WHAT IS A CHINS?

- ❖ The State of Indiana defines a child in need of services (CHINS) as a child prior to his/her 18th birthday who is experiencing one or more of the conditions outlined below AND the situation is unlikely to be remedied without the coercive intervention of the court.
- ❖ There are 11 subcategories of CHINS that outline in more specific detail, the type of abuse or neglect that is occurring. These cover broad categories from medical, physical, and mental health related concerns.



Source:
<https://www.in.gov/dcs/2515.htm>

WHAT IS AN IA?

- ❖ DCS can also become involved with a family on an informal level.
- ❖ The Indiana Department of Child Services (DCS) will initiate a Program of Informal Adjustment (IA) when:
 - ❖ 1. A Child Abuse and/or Neglect (CA/N) allegation is substantiated;
 - ❖ 2. Voluntary participation in family and/or rehabilitative services is the most appropriate course of action to protect the safety and well-being of the child;
 - ❖ 3. The parent, guardian, or custodian consents to an IA; and
 - ❖ 4. Juvenile court approval is requested and obtained.

An IA that is unsuccessful can lead to a CHINS.



Source:
<https://www.in.gov/dcs/2515.htm>

FAMILY PRESERVATION IS COMPLICATED

- ❖ There is no simple yes or no to any case, as I am sure you all know. We remove children based on the knowledge gathered and provided and with regard to safety and the interest of the family as the first priority.
- ❖ DCS has recently been tasked with utilizing more family preservation approaches than ever before.
- ❖ We are trying new approaches with family preservation services and more harm reduction based philosophies than previously.
- ❖ This is a result of legislation as well as deficits with foster homes and other suitable placements for children that better serve them than their biological or identified family.



DCS IS NOT A MENTAL HEALTH PROVIDER

- ❖ DCS does not directly provide any mental health services, rather we link our clients to needed services.
- ❖ We have many contracts with providers all across the state (and even out of state) to provide both general and specialized care for our clients mental health needs.
- ❖ We do oversee and maintain the contracts with residential facilities regularly.
- ❖ We can revoke a providers contract with us if we feel they are unethically or inappropriately providing services to clients.



DCS AND MENTAL HEALTH

- ❖ The main operative of DCS is to assess and assist children and families that are unsafe, unstable, or lacking resources.
- ❖ DCS has clients involved in every level of mental health care (inpatient, outpatient, acute, residential, and state hospital).
- ❖ We link and coordinate services for all types of mental health needs and all races, ages, genders, and sexual orientation.



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- ❖ All mental health services are considered throughout the life of a case and often guide the success of reunification, or the termination of the family.
- ❖ When making decisions in a case, we utilize actual mental health providers and other specialist to assist in making these decisions.
- ❖ Let's talk more about how DCS makes decisions for our families complex mental health needs.



INTEGRATED CARE TEAM

- ❖ Clinical Service Specialists/Clinical Consultants and Nursing Consultants.
 - Offers consultation and support on difficult cases.
 - Offers first hand knowledge of therapy models and clinical or medical needs.
 - Recommends services, testing, and settings that can assist a case.
 - Deciphers or reviews records, reports, and testing completed to assist the case manager, providers, or family.
 - Identifies services providers and supports in the clients community as needed.
 - Can assist the Family Case Manager on when to bring in other experts through DCS Contracts or to understand the gravity of the needs.
- ❖ Other DCS teams: Adoptions, Foster Care, Investigators, Educational Liaisons, Service Consultants, Licensing Specialist, Older Youth Services, etc.



PMAC RESOURCE

- ❖ One of the ways we get assistance with complicated matters is through the Indiana Psychotropic Medication Advisory Committee (PMAC).
- ❖ We are able to submit a referral for consultation regarding meds and case review through this program.
- ❖ In order to be referred to this program, you do have to meet criteria:
 - ❖ 4 or more meds
 - ❖ Multiple prescribers providing the meds and/or multiple conflicting diagnoses.
 - ❖ A child taking a medication without a diagnosis that warrants the medication.



PMAC RESOURCE CONTINUED

- ❖ The Psychotropic Medication Advisory Committee also assists DCS in approving medication for children who are wards of the state.
- ❖ While children are wards of the state, this means that FCM's and other state personnel take on the role of the child guardian and give consent to medical and mental health treatments.
- ❖ We utilize PMAC to guide us in making decisions about approving psych medications as we recognize that we are not medical providers. We also utilize our nursing consultants in this process.



PEDS RESOURCE

- ❖ Pediatric Evaluation and Diagnostic Services
- ❖ The PEDS physicians are board certified physicians in Pediatrics and the accredited sub-specialty in Child Abuse Pediatrics
- ❖ The goal of the PEDS Program is to provide expert knowledge from child abuse pediatrics physicians as a resource in medical diagnosis, assessment and determination of possible abusive head/neck injury, burns, fractures, differentiating maltreatment, accidental injuries and medical conditions
- ❖ The PEDS Program is a contracted service with DCS
- ❖ PEDS Services are available 24 hours/7 days a week (“Real-time” consultation is key)



DOCS INCASE

- ❖ Doctors for Indiana Child Abuse Screening and Education
- ❖ Docs INCASE is a network of Indiana pediatricians with a special interest in the prevention and assessment of all types of child abuse and neglect.
- ❖ Docs INCASE physicians work closely with child abuse experts at Riley Hospital for children and the Indiana Department of Child Services. Their goal is to strengthen the quality of the medical assessment in child abuse and neglect cases.



SUBSTANCE USE

- ❖ A large portion of DCS cases involve substance use or abuse.
- ❖ DCS does consider this to be a safety risk to the family system.
- ❖ DCS utilizes drug screening tools throughout the life of a case to assist with assessing for safety and to guide decision making regarding the family's safety.
- ❖ We utilize contracted providers to treat and to guide the treatment needs of a family or client regarding substance use needs.
- ❖ This means DCS does not directly assess for inpatient needs and the like. We defer to outside sources to guide us with these needs.
- ❖ We have also been able to utilize the AAA-Youth Addiction Access Line



DCS AND PREGNANCY

DCS unfortunately does not consider a fetus a “person”.

- This is partly due to legislature and partly because of lack of funding.
- DCS cannot become involved with a person and their child until the child is delivered.
- We can get involved prior to birth sometimes, IF there is already a case open and involvement with another child (this is very rare).

When to report

- Mandated reporting
- If a person is 6 months sober or more and very engaged in services, you may not need to make a DCS report. Follow your agency policy and, if possible, staff with agency before making a report.
- When in doubt, make the report and allow DCS to screen out/in the risk(s) appropriately as we are trained for the assessments and legalities.

HARM REDUCTION IN DCS

- ❖ DCS can be pretty black and white in this area. When it comes to the safety of a family, abstinence based practices are what we focus on. This is because we cannot support caregiving of children while under the influence as being safe in any capacity.
- ❖ However, DCS does support harm reduction when it comes to overdose risk and family preservation. Again, this is a gray area and very complicated at times with regard to removal of any children.
- ❖ We, as an agency, are still growing in this area.



NAS AND POLICY

- ❖ This is addressed in Chapter 4: Assessment Section 19: Safety Planning
- ❖ A Plan of Safe Care (SF56565) must be completed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome (NAS), and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). The plan must address the mental and physical health and substance use treatment needs of the infant, affected parents, household members, and the infant's caregivers. A Plan of Safe Care (SF56565) must be completed regardless of the decision to substantiate or unsubstantiate the assessment. A separate Safety Plan (SF53243) must be completed when the Plan of Safe Care (SF56565) does not address all safety concerns for each child included in the case. See policies, 4.42 Plan of Safe Care and 4.22 Making an Assessment Finding for further guidance.

MAIN “TAKE AWAY’S”

- ❖ DCS is not a service provider, but we are connected with a large variety of generalist and specialized providers across a wide array of fields and areas of need.
- ❖ DCS does not make unilateral decisions. We partner and consult the individualized needs of each case in order to effectively address the complex needs of a family or individual.
- ❖ DCS utilizes “experts” for consultation of cases (medical, psychological, educational, legal). This team is easily accessible and readily available throughout the state.





QUESTIONS?





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