



DCS AND MENTAL HEALTH

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Services

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 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.



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>

HOW AND WHY ARE CHILDREN REMOVED?

- ❖ The Indiana Department of Child Services (DCS) will make an initial determination as to whether an individual child is at imminent risk of removal and therefore a candidate for placement in out-of-home care.
- ❖ DCS will re-determine imminent risk of removal every 180 days. A child is at imminent risk of removal when a substantiation of abuse or neglect is made by DCS, as documented by an approved substantiated Assessment of Alleged Child Abuse or Neglect (311) (SF113), an Informal Adjustment (IA), or In-Home Child in Need of Services (CHINS) case is opened, and reasonable efforts are made to prevent the child's removal from his or her home.
- ❖ We must get court approval to remove a child from their home. This can be done emergently if needed.



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.



DCS AND MENTAL HEALTH

- ❖ 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.



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.



WHAT IS A CLINICAL SERVICES SPECIALIST?

- ❖ A “specialist” in the clinical realm.
- ❖ Offers consultation and support on difficult cases.
- ❖ Offers first hand knowledge of therapy models and 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.



PPS TEAM — PERMANENCY PRACTICE & SUPPORT

- ❖ The Indiana Department of Child services is comprised of different facets.
 - ❖ One of these facets is the PPS team; under which the clinical services specialist operates.
 - ❖ Other part of the PPS team include education specialists, nursing specialists, and investigative specialists.
 - ❖ The main goal of this team is to offer expert support to the field in order to improve case outcomes.
 - ❖ Using an integrative approach, we are able to address the individualized needs of a family system.



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.



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.





QUESTIONS?





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