 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Child Welfare
	Chapter No./Name	5 – Family Services (FS)
	Part No./Name	10 – Case Closure
	Section No./Name	Case Closure
	Document No./Name	5-1000 Case Closure
	Effective Date	January 22, 2020

I. STATEMENT OF POLICY

It is the policy of the Department of Children and Family Services (DCFS) that services offered to families may be terminated or transitioned when it is determined that all children in the home are safe, caretaker protective capacities are enhanced, and parents/caretakers have demonstrated the ability to safely care for children in the home environment. Specific guidelines regarding conditions for case closure and termination of DCFS services may be found in Family Services Policies [5-1005](#), [5-1010](#), and [5-1015](#).

II. PROCEDURES


A. CASE REVIEW

After reassessing the family's strengths, needs and the success of the service plan, the Family Service Worker, and his/her supervisor, must determine the feasibility of discontinuing DCFS services to the family. The decision to terminate services should only be made after ******* *** Reviewing** the case record information (including CPS material, ACCESS and FATS documentation). In reviewing family service plans, case activities, and correspondence, the Family Service Worker should consider observable behavioral change in relation to the identified abuse and/or neglect, and the degree of risk to the children and remaining ******* threats *** of danger. ****

1. Review of the Service Plans and Assessment of Progress with the Client Family

The worker should explore the **client's perception **** of the changes made and what they see as remaining needs or problems. The worker might also consider some of the following indicators of change when assessing progress with the family:

- a. ******* *** Caretaker protective capacities have been enhanced and the parents understand the abusive/neglectful behavior and conditions that result in threats of danger to the child. ****
- b. The parents recognize and are able to demonstrate positive behavioral changes and understand how the behavioral changes impact child safety.
- c. ******* *** The family has been stabilized and their ability to manage future threats of danger and/or potentially unsafe conditions has improved. ****
- d. The parents have realistic expectations of themselves and their children.

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2. Consultation with the Family Service Supervisor

The Family Service Worker shall discuss the current case situation with the supervisor to determine recommendations for additional services or activities that may be necessary to ensure child safety.

3. Recommend Consultation with Other Service Providers

Other agencies and individuals involved in the provision of related services to the family should be consulted to determine their views concerning the progress toward treatment goals and the current care and safety of the children.


Family Services cases in which there is clear indication that the family is continuing to benefit from services to remedy the identified abuse/neglect shall remain open until services are completed, except in situations where appropriate treatment will continue to be available to the clients after case closure, and there is reasonable assurance that the clients will continue treatment without monitoring by DCFS. When cases remain open for any period longer than six (6) months, based on the approval of the Child Welfare Manager (see Section [5-205](#) of this manual), subsequently these cases shall be reviewed monthly with the Family Service Supervisor in order to determine whether they should remain open.

B. MAKING THE DECISION TO CLOSE

The primary focus in making the decision to close a case shall be the safety of the child. A secondary, but also important consideration shall be the ability and/or willingness of the family to utilize DCFS intervention demonstrate observable behavioral changes necessary to minimize the risk of harm to all children in the home.

Case closure is usually indicated in the following situations when there are no existing court orders. It should be noted, however, that these guidelines are meaningful only if case progress has been in accordance with a family case plan that clearly relates to the abuse/neglect and the specific actions needed to effect changes that will result in the improved care and safety of the children. See Section [5-420](#), The Service Plan.

1. The family has complied with the case plan, there has been no recurrence of the abuse/neglect, and there is no indication that the child is at serious risk, * high, or very high risk of harm following the completion of the In-home risk re-assessment. In addition, safety assesses prior to closure utilizing [Form 5 Safety Assessment](#), and all children are deemed safe. ** ***
2. The family has partially complied with the service plan, refuses or is unable to follow through with additional services, and the worker's/supervisor's final assessment reveals no indication that the child is at serious risk of harm; ***

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*** Form 5 Safety Assessment **** shall contain specific and behavioral language documenting circumstances and conditions resulting in a “safe child.”

3. The family has not substantially complied with the service plan and refuses to cooperate further, but there has been a change in circumstances which eliminates or sufficiently diminishes the degree of risk to the child; documentation shall indicate enhanced protective capacities of *** parent** and/or **caretaker, legal custody relative/other caretaker, **** or specific circumstances resulting in a “safe child.”

C. TERMINATION AND AFTER CARE PLANNING

The following activities should also be performed during the case closure process:

- In preparing to terminate services to a client family, the Family Service Worker should discuss with the family, positive behavioral changes made and necessary actions required to maintain their current functioning without DCFS intervention.
- Review of progress with the family should include understanding and acknowledgement of abusive and/or neglectful behaviors and the potential harm to children in the home; recognition and understanding of enhanced protective capacities and how this may result in child safety; the ability and willingness to identify needs and develop strategies to address urgent needs.
- Visitation with the family as per the SDM Risk level and case plan must continue until the final termination visit and case closure (Refer to Section [5-800 E](#)).
- Review of progress with the family should include understanding and acknowledgement of abusive and/or neglectful behaviors and the potential harm to children in the home; recognition and understanding of enhanced protective capacities and how this may result in child safety; the ability and willingness to identify needs and develop strategies to address urgent needs.
- Visitation with the family as per the SDM Risk level and case plan must continue until the final termination visit and case closure (Refer to Section [5-800 E](#)).
- Case closure should not be too abrupt in those cases in which there has been intensive involvement or when essential services, such as day care or transportation, have been offered by the Department and will now become the responsibility of the clients.
- Agencies and individuals who are or have been involved in the provision of services or support to the family should also be contacted and informed that DCFS will no longer be working with the family.
- Individuals and organizations expected to have ongoing contact with the family will receive information regarding mandated reporting and procedures for reporting future abuse/neglect.
- Development of an after care plan with the family to include supportive resources, such as individuals, organizations, and community entities to prevent the occurrence of abuse/neglect.

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D. FAMILY AFTER CARE PLAN

While the Family Services Worker should support the effort of families who have successfully achieved case plan goals and have demonstrated their ability to safely care for the children, the worker should also develop an aftercare plan with the family which includes a plan to seek assistance, either from DCFS or other appropriate resources, should they experience problems with the care of their children. If possible, the worker and family should develop the Aftercare Plan to document steps needed to ensure the family’s stability and well-being. This plan should document who will take specific action, when and under what conditions. The plan should also identify community resources available to the family should the need arise. The plan should further document telephone numbers and contact information for the local Department of Children and Family Services Office, identified support network, and relevant community resources. In cases where sexual orientation and/or gender identity expression is an issue, referrals to Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) affirming, community based services need to be in place.

The aftercare plan should be written and documented so that the family understands preventive efforts and action that may be taken if issues/concerns should arise following DCFS case closure. The following information should be made available in the aftercare plan:

- Information on how to access 211 services from the internet, a mobile or land phone.
- If family members are receiving services offered by the Child Welfare Family Resource Center or the Louisiana Behavioral Health Partnership at the time of case closure, services should continue until completed with cooperation from the family.
- The Family Aftercare Plan shall be developed with the family and signed by Parent(s) and FS Worker. A signed copy of the aftercare plan will be provided to the family for future reference. The Family Aftercare Plan is documented in FATS case notes prior to case closure.

III. FORMS AND INSTRUCTIONS

* 5 Safety Assessment [Form / Instructions](#) **

62 Family Services Conference/Staffing [Form / Instructions](#)
[Family Assessment Tracking System Instructions](#)

IV. REFERENCES

There are no references associated with this policy.