**Indiana Family Preservation Services**

**Agenda and Questions**

**March 18, 2022**

1. Brian Goodwin with update on the Evaluation and Surveys
   1. May need to directly contact some providers regarding missing survey entries and EBP’s being accurately documented. If Brian’s team reaches out to your, please respond to resolve any remaining evaluation issues.
   2. Very close to wrapping this up!
2. Crystal Whitis to talk about Services Hub and referral availability info.
   1. New information added
   2. Access Coordinator Information
      1. We’re beginning to get a lot of undeliverable emails when sending communication to your access coordinator.
      2. Please select ‘yes’ and update this coordinator information.
   3. Clinical Director Information – NEW
      1. Will be changing to say supervisor.
      2. This will be a back-up contact person who can provide information and take questions if access coordinator is not available.
      3. Emails from Services Hub will go to this person as well.
      4. Currently set as a mandatory data point, will be changing to optional.
   4. Names of agencies in Services Hub reflect vendor name
   5. If you don’t receive a confirmation email after submitting changes, you probably need to clear your browser and clear cookies, then do it again.
3. Indiana Prevention Plan update?
   1. Our plan is at the point of being able to be approved
   2. Not officially approved yet, some minor changes to be made
   3. This will allow Federal support for this program and Healthy Families America.
   4. Indiana has not lost any money since the plan has not yet been approved.
      1. Only 17 states are operating under approved plans
      2. Once approved, we can go back to Q1 2021 to claim funds
4. Concrete supports reminder—Please complete this form for any concrete spend, and send to Bridget McIntyre ([*Bridget.McIntyre@dcs.in.gov*](mailto:Bridget.McIntyre@dcs.in.gov)) or the Child Welfare Plan ([*ChildWelfarePlan@dcs.in.gov*](mailto:ChildWelfarePlan@dcs.in.gov)):

<https://www.in.gov/dcs/files/Expense-Tracking-Agencies.xlsx>

1. Current case information: *(as of 3/17/22)*

|  |  |
| --- | --- |
| **Row Labels** | **1** |
| 1 | 133 |
| 2 | 54 |
| 3 | 100 |
| 4 | 104 |
| 5 | 45 |
| 6 | 64 |
| 7 | 109 |
| 8 | 93 |
| 9 | 73 |
| 10 | 195 |
| 11 | 94 |
| 12 | 56 |
| 13 | 65 |
| 14 | 56 |
| 15 | 78 |
| 16 | 118 |
| 17 | 48 |
| 18 | 86 |
| **Grand Total** | **1571** |

*Up 26 cases from 3/4/22 meeting*

1. *“Family Pres Fridays” for DCS staff update*

*Meeting was held on 2/25. Next one scheduled for 3/25.*

1. Discussion on impact of removals on parents.

<https://theconversation.com/losing-children-to-foster-care-endangers-mothers-lives-93618>

<https://journals.sagepub.com/doi/full/10.1177/0706743717741058>

1. “The objective of this study is to examine suicide attempts and completions among mothers who had a child taken into care by child protection services (CPS). These mothers were compared with their biological sisters who did not have a child taken into care and with mothers who received services from CPS but did not have a child taken into care.”

“Mothers who had a child taken into care had significantly higher rates of suicide attempts and completions. When children are taken into care, physician and social workers should inquire about maternal suicidal behavior and provide appropriate mental health.”

“ the rate of suicide attempts was 2.82 times higher, and the rate of death by suicide was more than four times higher for mothers whose children were not in their custody.”

1. *“In the second study,*[*published in the American Journal of Epidemiology*](https://academic.oup.com/aje/article-lookup/doi/10.1093/aje/kwy062)*, we compared the rates of death from avoidable and unavoidable causes between 1,974 mothers who had a child placed in care, and their sisters whose children remained with them.*

*We found that mothers whose children were placed in care were 3.5 times more likely to die from avoidable causes (e.g. unintentional injury and suicide), and 2.9 times more likely to die from unavoidable causes (e.g. car accidents and heart disease).”*

*“Mothers whose children are taken into care often have underlying health conditions, such as mental illness and substance use. In both studies, we took pre-existing health conditions into account, so that was not the reason for the higher mortality rates we found.”*

1. <https://jech.bmj.com/content/71/12/1145.info> “**Conclusion** The health and social situation of mothers involved with child protection services deteriorates after their child is taken into care. Mothers would benefit from supports during this time period to ensure that the outcomes they experience after the loss of their child do not become another barrier to reunification.”
2. [*https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2206.2006.00424.x*](https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2206.2006.00424.x) *“It was especially common among former residents of long-term out-of-home care to be motherless (11%), fatherless (11–13%) or orphaned (3–4%) at age 18, compared with non-foster care peers (1%, 3% and 0.03%). Twenty-six per cent had lost at least one parent (4% among non-foster care peers). At age 25, the figures had increased considerably; 36% had lost at least one parent, compared with 7% in the majority population. Adjusted odds ratios for parental loss among long-term care youth were strikingly high, particularly for having a deceased mother. For youth from long-term care, parental death after start of placement was most common.” The odds of a parent literally dying are increased when they lose their children to foster care.*

# <https://pubmed.ncbi.nlm.nih.gov/26194783/> "I felt for a long time like everything beautiful in me had been taken out": Women's suffering, remembering, and survival following the loss of child custody

“**Results:**Trauma was identified as a key impact of separation, further exacerbated by women's cumulative trauma histories and ongoing mother-child apartness. Women described this trauma as unbearable and reported persistent symptoms of post-traumatic stress disorder and other mental health conditions. Practices of dissociation through increased use of drugs and alcohol were central in tending to the pain of separation, and were often synergistically reinforced by heightened structural vulnerability observed in increased exposure to housing instability, intimate partner violence, and initiation of injection drug use and sex work. Women's survival hinged largely on hopefulness of reuniting with children, a goal pivotal to their sense of future and day-to-day intentions toward ameliorated life circumstances.

**Conclusion:**Findings highlight needs for strategies addressing women's health and structural vulnerability following custody loss and also direct attention to altering institutional processes to support community-based alternatives to parent-child separation.”

1. Report/documentation quality and outcomes.

A new sample report is being added to the list on our Indiana Family Preservation Services page. Let’s discuss…

1. Quality documentation usually reflects quality work
2. Document your interventions accurately to show your outcomes and good work with families
3. Inclusion of PFS scores on every report is up to you – they are due every three months, so including in between is up to you
4. *Substance Use Disorder Assessment and Family Pres (depending on how much time we have left, this may be pushed to next meeting)*
   1. If you can do the SUDA, you should be doing this as part of Family Preservation. This should not be an additional referral.
   2. If substance use concerns come up after a INFPS provider is established who does not provide Substance Use services then a second referral may be needed.
5. Questions received:
6. We have a FP (IA) case that involves DV, substance abuse and mental health issues. Parents were together at the time of referral but have since separated and mom has filed for divorce.

Children are 2 years old and 8 months.

Dad moved in with his parents. Both mom and dad have made statements of paternal grandfather having mental health issues (past suicide attempt, paranoia, possible DV).

Mom and dad went to court regarding the divorce and visitation was established. Dad is to have the children every Friday for about 4 hours and then every other weekend from Friday to Sunday. The children are in his care where he resides with his parents.

Issues: his parents will not allow DCS or service providers into the home. Therefore, providers have not been able to see dad face to face in the home at least 1 x per week (per service standard); Providers have not been allowed to do safety checks in the home where the children are while in dad’s care. Dad is the perpetrator of the DV. Providers are not allowed in the home to see kids while they are with their father.  We have had this case since September and have not been allowed to do a checklist or see inside the home where dad resides. When meeting with dad – providers have to meet him at a public location. This also makes it difficult to assess whether dad has any parenting needs (education) as he cannot be seen in the home caring for his children.

DCS reported filing a motion to comply; however, they stated they cancelled it prior to the hearing date stating legal (attorney) indicated they did not have enough to file a motion and that the judge would not enforce in home services and being allowed to do safety checks since it is an IA.

We do feel there are concerns due to reports by both parents of paternal grandfather’s mental health. It has also been reported that they use THC to treat medical conditions. Although this has not been verified – the grandmother does transport the children.

We have attempted teaming this with FCM and FCMS. LOD has been included in some of the communications. My concern is that the attorneys and courts are not familiar with the service requirements. The FCMS indicated that they do not have other providers contacting them with safety concerns when they arise as per service standard. She indicated that they do not become aware of the issues until they receive the monthly report. Unfortunately, we are getting push back on trying to follow the service standard as a result.

I have reached out to our Regional coordinator to discuss with her. However, I believe this to be an issue in more than one area.

Any guidance will be appreciated.

1. Anything else?
2. Within the FP Service Hub, our agency is suddenly no longer listed to be able to choose for Marion County or Wayne County as of earlier this week when I went to fill it out. How do we correct this? Thanks for your help!
   1. Please send the services hub an email asking to be added back to those counties.
3. If we want to see what is listed as our EBPs, who should we contact?
   1. Can email your Regional Service Coordinator to get screen shots of what is currently listed under the service hub.
   2. We will be adding questions under the Service Hub in a few weeks to help ensure accuracy of information.

**Next meeting 4/8/2022 @ 1:00 EST (David is off on 4/1, so we will wait 3 weeks before meeting again)**

THANK YOU!