**Indiana Family Preservation Services**

**Agenda and Questions**

**April 8, 2022**

1. Services Hub and Family Pres referral availability—Crystal W.
   1. Referral Availability Link
      1. Thank you all for your patience as the link was down this week!
2. Indiana Prevention Plan update?
   1. We have resubmitted the plan as of 4/7/22
   2. Optimistic that we can obtain approval on this
3. 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. Please submit to Bridget or Child Welfare Plan monthly

1. Current case information: *(as of 4/7/22)*

|  |  |
| --- | --- |
| **Regions** | **Family Pres Case Count** |
| 1 | 136 |
| 2 | 47 |
| 3 | 94 |
| 4 | 103 |
| 5 | 49 |
| 6 | 66 |
| 7 | 111 |
| 8 | 102 |
| 9 | 64 |
| 10 | 197 |
| 11 | 87 |
| 12 | 61 |
| 13 | 63 |
| 14 | 55 |
| 15 | 73 |
| 16 | 117 |
| 17 | 51 |
| 18 | 85 |
| **Grand Total** | **1561** |

*Down 10 cases from 3/18/22 meeting*

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

*Meeting was held on 3/25. Next one scheduled for 4/29.*

* 1. Still working on increasing attendance
  2. If you are getting referrals without enough information, or not good information, encourage FCMs to attend
  3. Each meeting does promote good discussion and clarification
  4. Data we’ve collected with you as providers has been helpful to dispel myths/support information
  5. Myth ‘there are less kids in out of home care, so kids are not safe’ – data does not show this to be true, based on repeat maltreatment numbers

1. Case, Program, Evidence-Based Model, Etc. Discussion
2. Questions received:
3. 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. IA probably said that dad would agree to complete Family Preservation, and service standard outlines safety checks and expectations
     + 1. Team may need to review with dad
  2. Provider is properly completing service standard
  3. Provider should follow service standard above direction of local office

1. Providers indicate this is not working
   1. If there are safety concerns, it is better to address while we are involved
2. If we are not able to properly serve the IA, the team needs to meet to figure out what to do going forward
   1. David’s recommendation is to continue doing what you’re doing
      1. Following the service standard
      2. Calling FCM and leadership
      3. Go to the children’s home
   2. Providers are concerned that if they are the only one pushing back, local office will stop referring to them
      1. David encouraging providers to show local office how/why they are following the contract (via service standard)
3. Anything else?
   1. We are not getting enough information on the DCS referrals, especially safety issues.
      * 1. Especially regarding the physical safety of the home
        2. David and Austin continue to communicate that the FCM should include as much information as possible in a referral – will continue to stress this!
        3. In Family Pres, many are brand new cases and FCMs are not aware of some safety issues
   2. How come race is not listed on the referrals, but DCS has that information in their statistics? This makes it more difficult for us to track race.
      * 1. Race is in DCS system, but not on referrals
        2. Provider Feedback: I think it's good race isn't on the referral so that we aren't deciding whether to serve the family based on their race. We track race on referrals that we have accepted because we can discuss with the family how they identify and how this has impacted their lives.
        3. Provider Feedback: It might help us assign to appropriate staff.
        4. David will research to see if this is something we can or should add, based on research
           1. If you are aware of studies that show results that would support including race in referrals, please pass it along to David
   3. Is there a way that FP agencies could share information if they are hosting an EBP training?
      * 1. NAADAC has many free EBP trainings for members
        2. Review California Clearinghouse
        3. Title IV-E Clearinghouse continues to review and add new models
        4. CEBC newsletter has a training series listed, where an overview of well-supported models is presented. I emailed it to you and we can share with the meeting notes.
   4. Any update on reunification services?
      1. New adoption services coming soon
      2. Reunification is the most complicated to think through
         1. Multiple kids and placements
         2. What is the goal?
         3. How far away are parents?
         4. Plan is not dead, but no RFP in the immediate future

**CEBC Newsletter:** [**https://myemail.constantcontact.com/CEBC-Connection---April-2022.html?soid=1102561683104&aid=b7pXASd55S0**](https://myemail.constantcontact.com/CEBC-Connection---April-2022.html?soid=1102561683104&aid=b7pXASd55S0)

**Next meeting 4/22/2022 @ 1:00 EST**

THANK YOU!