January 2022 Regional Service Council

Region 6

January 19, 2022

* **Welcome-**
* Liz Learned \* Regional Manager
* Iwona Morretino \* DCS Rep Regional Service Coordinator
* Katie Craft DCS RFM
* Kerri King \* Huntington Co LOD
* Jamie Brown \* Fulton Co LOD
* Julie Hobbs \* Wabash Co LOD
* Stacey Morgan \* Howard Co LOD
* Delli Wells \* Cass Co LOD
* Mary Werner Foster Care
* Janaei Smith \* Cass Co FCMS
* Kelly Moorman Huntington Co FCMS
* Bradley Samuel FCM Fulton Co
* Christy Robbins Community Partners Director
* Libby Martin LSSI
* Caroline Sholty Four County
* Jan Williams YSB
* Kimberly Simms
* Barbara Hilton
* Courtney Calhoun
* Katrina Tillman

The minutes from the December meeting will be reviewed in January as support staff is out on FML.

* SCAN – not too many updates since December. Referrals from DCS is still our highest referral source with Howard Co in the lead.
* We added a new summary to see how many referrals and enrollments we are getting each month.
* We had $17,361.08 flex funds used to assist families, primarily housing & utility assistance
* 389 clients served July through December, 154 were adults, 235 were children.
* Program outcomes, a little bit of improvement in the last month with our 5-day contact
* 63% of our families are engaging in services
* Need to improve on goal achievement, trying to write smaller goals that are achievable. Trying to focus on safety. We are finding that some families are disengaging sooner than later, and we are trying to adjust to that issue.
* Financials – we are on target with our services and our local prevention dollars, we are a little ahead of budget there. We should be at 42% and we are at 44%
* Region Updates-
  + Staffing transitions – we are struggling just like anyone else. We have a couple of openings in Wabash co. Please reach out to Julie Hobbs or go on in.gov to fill out an application.
  + We continue to work on our practice despite our staff shortages.
  + We implemented a practice program where we are focusing on CFTM’s, the formation and function and the quality of the process all throughout the process.
  + Ensuring the fidelity to our practice model.
  + We are doing audits on our CFTM’s.
  + We are empowering our peer coaches to support their local teams in understanding and enhancing their CFTM’s.
  + We are also working very hard at building informal supports for families.
  + The 2 areas that we’ve found over the last couple of months –
    - we have fallen short on safety issues – what are the safety issues related to the child, what are the issues that we need to address?
    - the alternative plan – what could go wrong? What would prevent the mom from caring for the child, what would be the alternative plan?
  + Makayla is working hard with the local offices to try to identify needs in each community and how we can provide some prevention activities or services at the local level.
* Services – Iwona – Biennial Plan discussion and approval –
  + Our teams have met and developed a new action plan for the upcoming biennium.
  + The document is now ready with the updated action plan.
  + We discussed prevention services, maltreatment after involvement, permanency for children in care over 2 years. Issues related to substance use disorder treatment. We also added another area to enhance relative and kinship placement support.
  + Our groups met earlier this month to discuss what in the current plan has been accomplished, what should continue or should continue to be accomplished.
  + Liz has sent the plan out to the voting members.
    - For Prevention Services – Kerri King
      * the outcome that was developed was to develop a collaboration to utilize prevention funds and resources to best meet the needs in the region and some of the action steps included increased collaboration between community stakeholders to promote positive partnerships within prevention service delivery.
      * To increase organizational training and capacities within the region to maintain best practices and increase family engagement.
      * Increase the number of preventative community-based referrals from key community stakeholders, such as schools and individuals in the community outside of DCS to 35% of the overall referrals to community partners.
      * The group also talked about other preventative services such as Gear Up Healthy Families and others.
      * We also discussed focusing on engagement of fathers and absent parents and just trying to be as proactive and mindful of that in our practice when it comes to prevention that fathers play a significant role in children’s lives and continuing to enhance the way that we engage and collaborate even if the absent parent isn’t the father.
      * We also talked about a new kind of relationship that we are starting regarding safe sleep that can be branched out into the Gear Up programs and Community Partners. We are looking at the safe sleep baby simulators for the region. There have been 4 of those ordered. They should be here by March. Maybe by the next RSC meeting we can model one and show how it works and demonstrate in person what happens when a baby is faced down versus on the side or on the back and even in a car seat.
    - Maltreatment after involvement - Jamie Brown
      * Region 6 will reduce maltreatment of children after DCS involvement to 5% not having a second incident of maltreatment during the first 12 months
      * Action steps also focused on additional supports after case closure to maintain an ongoing support for the family. Refer families to community partners upon successful case closure to ensure they are receiving support after involvement.
      * We utilize the birth parent advisory board and the icebreaker to establish positive informal connections for families to utilize after DCS involvement.
      * Ensure staff are educated about resources available within the county, region and statewide that appropriate referrals are made.
      * Ensuring ongoing support for families even after we successfully closed our cases, and our involvement ends to make sure our families have appropriate tools to not have to be involved again
      * Talked a lot about incorporating the curriculum that’s used in Family Preservation with the Community Partners and then linking families up with Community Partners after we close out for a smoother transition and the hope that they would lessen our involvement and increase the more community-based services so that the hope and goal would be that we wouldn’t have to get re-involved because they would still have support in the home without it being DCS support
      * Make sure that everyone is cross trained and knows what curriculum that everyone is using so it’s smooth
      * Talked about accessing community services throughout the state because we know that our families move a lot
    - Permanency for children who have been in care 24 months or longer – Delli Wells
      * To increase the percentage of CFTM’s completed every 2 months to 95% for cases beyond the 24-month time frame or with adoption as the permanency goal
      * Decrease the average and median length of stay for children in DCS care by 5%
      * Increase and maintain the numbers and quality of CFTM’s held in a case while ensuring fidelity to the model.
      * Focus on needs assessments for all children
      * Enhance FCM skills for transparency and engagement
      * Increase team participants knowledge of purpose and roles for their involvement in the process of the CFTM
      * Make sure that we’ve identified some informal supports, bring them along
      * Making sure we’ve identified the needs of the child again at the beginning rather than waiting until long into the case and discovering something is needed
      * Use the CFTM tool to identify barriers or overcome the obstacles.
      * Bimonthly CFTM for the adoption cases or the ones over 24 months
      * Focusing on removing those barriers to timely permanency and the legal barriers involving our support staff like adoption specialists and other members of our staff support team.
    - Treatment for substance use disorder- Stacey Morgan
      * Identified work with community partners, with prevent child abuse and with local community mental health centers to continue to educate community of what substance abuse is including alcoholism, and how to access services prior to DCS involvement
      * To increase access to timely substance abuse services throughout the region to include assessments, detox in home services, day treatment and relapse prevention
      * To ensure that staff are educated about resources available within the county, region and statewide so that they can make the appropriate referrals when necessary
      * Provide preventative measures for teen population
      * Turning point and the new center that’s opening up, primarily is going to be for Howard and Miami counties but we are looking at extending that out.
    - Enhance relative and kinship placements – Julie Hobbs
      * Enhance placement stability and supporting and preserving relative and kinship placements
      * Assess relatives for placement throughout the life of the case
      * Icebreakers
      * Enhance mindset regarding promoting kinship and relative option for placement as first choice
  + We did hold a public meeting, no one came and presented at that meeting.
  + The biennial plan was presented. Howard Co LOD Stacey Morgan motioned and FCMS Kelly Moorman seconded. Iwona will finish it up and Kara Shively will assist in securing the signatures of the voting members.
  + Services for R6 – Iwona
    - The only mention is that notification was sent out to all providers. There is a new requirement for Cyber Liability Insurance for all contracted providers that will be effective July 1.
  + Financial – Katie Craft
    - July-December the target for that time period was to be at or below 51.01% and R6 is actually at 55.31%, we are about 23% higher this time than we were last year
    - We’ve currently expended in 6 months 6.9 million.
      * We are up in residential – which includes collaborative care children who were originally chins children but moved to collaborative care. Last year we had 25 in residential and now have 7. The collaborative care isn’t overseen by our region but those children who went to collaborative care from residential continue to hit our budget.
      * Up in community-based services
      * Up in LCPA foster homes
      * Down in DCS foster homes
    - Foster Care – Mary Werner
      * We ended the year with 95 licensed DCS homes, 21 of those were relatives, 74 are foster
      * As a region, LCPA’s had 2 relative licensures and 56 foster homes
      * 153 licensed homes
      * We are looking to add several more this month.
      * Foster care is replacing an ongoing worker
  + Open discussion –
    - Barb Hilton gave a special thanks to Makayla and Stacey Morgan on working with our council on getting some regional prevention dollars for safe sleep campaign. Howard County is getting 4 of the simulators from the Health Department and Dr Seeley
    - The coroner in Howard that there were no sleep related deaths from March to January
  + adjourn