**Indiana Family Preservation Services**

**Agenda and Questions**

**October 15, 2021**

1. *Crystal Whitis to provide updates on app development and data.* 
   1. Email sent last week with updates.
   2. Please continue to email Crystal if not showing up in the census for the counties you should be populating for. Please send the availability for that county, this information will immediately be shared.
   3. Name of app for FCM’s: Powerapps - Indiana DCS Services Hub
   4. For Providers you will use a link: <https://forms.office.com/g/eD3k56Sjd2>
   5. Is there a way to show how many openings are showing in the app?
      1. Not currently but we are aware of this being a need. We are working to address this and are likely going to be sending an automated email regarding the changes you’ve made.
   6. When you update in one county, does it update contact info for every county or just that one?
      1. This was done intentionally so that this would only update under the county that you made the change.
      2. If you need to change a bulk of date (multiple counties) Crystal can do it for you, just reach out through email.
   7. Could we get a list of items in the “Additional Services” dropdown?
      1. Yes, we can send a list of all the available options.
   8. If an employee resigns or is terminated and has had access to the app, what keeps them from sabotaging the app of a former employee.
      1. Will address if this happens in the future. Please be mindful of who you allow access to in order to prevent this.
2. 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 referral information: *(as of 10/15/21)*

|  |  |
| --- | --- |
| **Regions** | **Family Pres Case Count** |
| 1 | 172 |
| 10 | 203 |
| 11 | 126 |
| 12 | 63 |
| 13 | 70 |
| 14 | 44 |
| 15 | 65 |
| 16 | 96 |
| 17 | 76 |
| 18 | 121 |
| 2 | 62 |
| 3 | 86 |
| 4 | 91 |
| 5 | 56 |
| 6 | 61 |
| 7 | 95 |
| 8 | 70 |
| 9 | 56 |
| **Grand Total** | **1613** |

1. *EBP discussion—Please, please, please make sure that if you select an EBP on your survey that your reports have documentation to reflect that you did use that EBP.*
2. *Family Pres Fridays for DCS staff*
   1. Starting in two weeks
   2. Open to all DCS staff (field, clinical, legal, etc)
   3. Last Friday of every month

VII. Questions submitted (three are from our last call):

* + - 1. We have a few cases where the family we are serving includes both a survivor and a batterer. We are concerned about documentation of these services and how to maintain safety for the survivor. All monthly reports/treatment plans for FPS services include all notes and information about all services provided under the referral. As a member of the referral, the batterer has access to notes, treatment planning, etc. that relate to the survivor. Obviously, there are safety concerns regarding this. The local CFTs are aware of the concerns and need to ensure safety. Given the training last call, does the Department have a recommendation on how agencies should handle documenting all services provided but keeping survivor/batterer information separate? This is only a concern with FPS where both parties are on the same referral.
         1. You are encouraged to craft two reports in this scenario. One for the batterer and one for the survivor. To ensure invoices are processed promptly provide clear documentation that you complete all safety checks and that there is a separate corresponding report for the other client.
         2. Documentation of the children’s information should be discussed with the Child and Family Team about whether it’s best to include that information on both reports.
      2. Our agency offers Motivational Interviewing which can be used to address components of domestic violence. If our staff completes the 20 hour training through ICADV, is this a sufficient combination to accept DV referrals, since the ICADV is a training and not an evidence based model.
         1. That is correct that ICADV is a training, not an EBP. You would still need to have an Evidence Based model to provide treatment for that intervention. MI is a model that can be used for treatment.
         2. Please utilize expertise and resources through ICADV to address questions regarding treatment. If you determine you are not the best resource for that family, please reach out to DCS staff and let them know that this is not a good fit.
      3. Assuming the answer to the first question is yes, if we found Motivational Interviewing was not sufficient enough for the batterer, am I correct that we would then ask the FCM to issue an outside referral for a batterers intervention service?
         1. Yes, if you feel that you do not have the expertise to effectively and safety intervene you need to staff with the Child and Family Team so that we can make sure the family has the best intervention. This is a common service that needs an additional referral to cover the need.
      4. Our agency is receiving many referrals, not directly through DCS, but from another local agency that received the FP referral and they are subcontracting the individual services to our agency. It was my understanding that this was not the point of family preservation, as only one agency should primarily provide the services to a client. Is there a reason why companies are being given the family preservation referral and contracting out a non-specialized service?
         1. There is no prohibition against sub-contracting.
         2. Goal is to focus on outcome driven data to measure the provider.

If provider subcontracts, the responsibility is still on the referred provider to facilitate successful services

How will the contracting provider own the outcomes of services if they are not providing them?

Be mindful of this if you choose to sub-contract services

1. Anything else?

Next meeting 10/29/2021 @ 1:00 EDT

THANK YOU!