***Family Preservation Services***

***October 30, 2020 Provider Call***

***Agenda and Questions***

***(There were no formal questions submitted for this meeting)***

1. *Again, reminder on invoicing and evaluation language. Please help make sure you are reimbursed without any issues, and that the evaluation of FPS is successful!*

*Use these 3 phrases in your reports (please included in every report):*

 *“Referral received on mm/dd/yyyy…”*

 *“Initial phone/text contact on mm/dd/yyyy”*

 *“Initial face-to-face service contact on mm/dd/yyyy…”*

* Q: Do we put that wording in every monthly report for the life of the case?

A: Yes, just to make it easier for everyone put it in one time and leave it there for every report through the life of the case.

* Q: Do those need to be in the narrative or can we have them listed at the top of the report?

A: At the top of the report.

1. *Referral updates (as of 10/29/20):*

|  |  |
| --- | --- |
| **Region** | **Current Active Case Counts** |
| 1 | 127 |
| 2 | 70 |
| 3 | 82 |
| 4 | 61 |
| 5 | 49 |
| 6 | 74 |
| 7 | 87 |
| 8 | 92 |
| 9 | 61 |
| 10 | 186 |
| 11 | 90 |
| 12 | 72 |
| 13 | 55 |
| 14 | 42 |
| 15 | 63 |
| 16 | 88 |
| 17 | 73 |
| 18 | 60 |
| **Grand Total** | **1432** |

1. *Family Pres evaluation-- we* ***HAVE*** *to follow the service standards for lots of reasons, but, especially for our evaluation which is critically important. If you are not demonstrating adherence to the service standards in your documentation, we will not be able to continue sending you referrals for Family Preservation Services.* ***The evaluation formally begins on 1/1/2021.*** *IV. Example report (from George Jr. Republic) with breakdown of the key components.* 
   * Goal is that we want to demonstrate what we are doing is helping families. The evaluation team will be able to determine if this is working.
   * Q: Are there any data other than monthly reports, that you’d like us to develop for the evaluations?

A: Make sure you understand the service standard and are delivering in accordance with those standards. Any deviation from the written service standards should be well-documented in your monthly reports. Also please send us your concrete spend excel sheet that we have distributed and is available on the FPS page (here: <https://www.in.gov/dcs/files/Expense%20Tracking%20Agencies.xlsx>) .

* + Q: Are the evaluators trained on evidence based practice and the model?

A: The Evaluation Team is taking information directly from the CEBC website regarding the Essential Components, Program Delivery, Education & Training, and Implementation information for the EBPs and Models that are being used by the Family Pres providers.

* + Q: How will the evaluation team be selecting cases to review?

A: The evaluation team will be using a cohort of all Family Preservation referrals that start January 1st and follow for 12 months. If there is not a high enough sample size in January cohort we will continue to add February and March cohort.

Prior to January 1st the evaluation team will randomly pull cases from the Casebook system to check fidelity and address data needs.

* + Elisabeth Wilson: If providers have specific evaluation questions please feel free to email me. I am the Senior Research Analyst for DCS and running the evaluation component. After the team finalizes details we will be sending out a communication package about the evaluation. [Elisabeth.wilson@dcs.in.gov](mailto:Elisabeth.wilson@dcs.in.gov)
  + Q: Will the evaluation focus on a specific month/period? Will it consider the progress that is being made throughout the months?

A: The Evaluation will use the January cohort and then track progress at 6 months (if applicable) into treatment 12 months into treatment (if applicable) and 6 to 12 months post treatment.

1. *Example report (from George Jr. Republic) with breakdown of the key components.*
   * Q: Will we be able to receive this monthly report example with the minutes of this Family Pres meeting?

A: Yes, we will put this example on the website and will send the notes out to you.

* + Q: If a family member is quarantined, what do we need to do besides call Family Case Manager?

A: No we are not going to the home when someone is positive for Covid-19. Work with the Family Team to make a decision on how best to address this and continue to provide services.

* + Q: Any examples of safety plans that you can share would also be appreciated.

A: We can look to share a good one next call.

1. *Reminder about approved evidence-based practices. Only models that are at least a “Promising” practice on the California Evidence-Based Clearinghouse for Child Welfare (CEBC) may be utilized, whether you proposed for them or not (and, conversely, if you proposed for model that is not on the CEBC as at least a “Promising” practice, you may NOT use it).*

*CEBC-approved models only—****not necessarily models for which you proposed****. Look at two things: your contract language and the services standards.*

***Contract language states****:*

*“Should any information detailed in the Service Narrative (Attachment D to the Family Preservation Services RFP) submitted by Contractor conflict with the Service Standards,* ***the requirements set forth in the Service Standards shall control.****”*

*Service standards state:*

*“All services delivered under this standard must have as a foundation at least one*

*evidence-based practice that is classified at a minimum as a “Promising Practice”*

*on the California Evidence-Based Clearinghouse (CEBC) (http://www.cebc4cw.org/).*

*1. Models that are classified on the CEBC as “Supported” or “Well-Supported” may also be used.*

*2. No practice that is classified as “Fails to Demonstrate Effect” or*

*“Concerning Practice”, or that is not listed at all on the CEBC may be*

*utilized, except for concrete assistance which is defined below.*

*D. Providers (“Providers” or “Service Providers”) must be able to document*

*adherence to the evidence-based practice(s) that they are utilizing and be able to*

*show that staff delivering these practices have had adequate*

*training/certification/credentials (as required by the model being utilized).”*

* + Q: Would DV services be considered a supplement to a EBP?

A: The Family Pres Service Standard allows room for additional providers to be added if the Family Pres program does not include DV. There have been some cases where an additional provider for DV services was needed if the Family Pres provider could not accommodate the DV needs within their own Family Pres program.

* + Q: Example: The family is receiving TFCBT. A 4 year old included in list of participants who was sexually abused. We were asked if the therapist could work with them doing art therapy.

A: Document that they are requesting those specific services. Anything you do outside of the service standard make sure you document it well.

1. *Anything else?*
2. *Next meeting 11/13 @ 1:00 EDT*

*Thank you!*