**Indiana Family Preservation Services**

**Agenda and Questions**

**February 4, 2022**

1. Evaluation and Survey Update—Brian Goodwin
	1. Within the next few weeks will send out another round of updates.
	2. A lot of evaluation cases are closed. We will notify if additional surveys are needed.
	3. Reach out with any questions you have: brian.goodwin@dcs.in.gov
2. Concrete supports reminder—Please complete this form for any concrete spend, and send to Bridget McIntyre (*Bridget.McIntyre@dcs.in.gov*) or the Child Welfare Plan (*ChildWelfarePlan@dcs.in.gov*):

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

1. Current case information: *(as of 2/17/22)*

|  |  |
| --- | --- |
| **Regions** | **Family Pres Case Count** |
| 1 | 123 |
| 2 | 57 |
| 3 | 101 |
| 4 | 91 |
| 5 | 50 |
| 6 | 61 |
| 7 | 82 |
| 8 | 78 |
| 9 | 76 |
| 10 | 190 |
| 11 | 104 |
| 12 | 57 |
| 13 | 70 |
| 14 | 59 |
| 15 | 75 |
| 16 | 115 |
| 17 | 53 |
| 18 | 95 |
| **Grand Total** | **1537** |

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

*Meeting was held on 1/28. Next one scheduled for 2/25.*

*But one thing has come up from field this week that we’d like to discuss—Providers accepting INFPS referrals, but then asking other provider agencies to do provide services like therapy. Let’s discuss…*

* A key component to INFPS is one provider covering all needed services (comprehensive)
* Providers should only accept referrals that they have the ability to serve.
	+ If you cannot provide the services the family may need, do not accept the referral.
* Continuity of care is important. We’ve encouraged providers to become Medicaid eligible so that medically necessary services can be billed that way.
* Having a single provider improves the chances that everyone who is involved in the case attends Family Team Meetings.
* DCS should be using Services HUB to make sure getting the correct provider.
* It’s understandable that specialized services may be referred out separately.
	+ If the service needs aren’t recognized to begin with but the provider is engaged, we can add a separate provider.
	+ If you are the secondary agency being referred when INFPS is in place, team with the CFT to determine next steps.
	+ Be mindful that if a removal or repeat maltreatment occurs, the negative outcome is attributed to the INFPS provider, not the secondary service provider

V. Updated point-in-time data—

Statewide Point-in-time, as of 2/17/2022:

Total Families: 6,284

Total Children: 12,950

Total Families served at least 90 days: 4,175

Total Children served at least 90 days: 8,719

Of cases served at least 90 days (Point-in-time):

433 families (6.89%) have had another subbed assessment

800 children (6.18%) have had another subbed assessment

466 families (7.42%) have experienced a removal

907 children (7.0%) have experienced a removal

Race breakdown Point-in-Time (total/>90 days):

American Indian or Native Alaskan—7 families, 7 children/2 families, 6 children

Asian—38 families, 61 children/32 families, 50 children

Black—1,170 families, 1,937 children/778 families, 1,328 children

Hispanic—727 families, 1,173 children/500 families, 818 children

Multiracial-773 families, 1,094 children/504 families, 728 children

Native Hawaiian—13 families, 5 children/8 families, 4 children

Unknown/other—232 families, 93 children/150 families, 66 children

White—5,017 families, 8,580 children/3,317 families, 5,719 children

Point-in-Time by race served over 90 days (**children**):

American Indian or Native Alaskan—0 subbed assessments, 0 removals

Asian—2 (3.28%) children subbed assess, 4 (6.56%) removals

Black—111 (5.73%) children subbed assess, 92 (4.75%) removal

Hispanic-56 (4.77%) children subbed assess, 61 (5.2%) removal

Multiracial-55 (5.03%) children subbed assess, 70 (6.4%) removal

Native Hawaiian-0 children subbed, 0 removals

Unknown/other-0 subbed, 0 removals

White—576 (6.71%) children subbed assessment, 680 (7.93%) removal

Regional Point-in-Time Breakdown (**families** served > 90 days):

 Region 1: 58 (5.24%) subbed assessment/64 (5.78%) removals

 Region 2: 31 (5.12%) subbed assessment/31 (5.12%) removals

 Region 3: 40 (6.06%) subbed assessment/39 (5.91%) removals

 Region 4: 28 (3.73%) subbed assessment/46 (6.13%) removals

 Region 5: 28 (5.44%) subbed assessment/36 (6.99%) removals

 Region 6: 22 (3.51%) subbed assessment/29 (4.63%) removals

 **Region 7: 68 (9.16%) subbed assessment/65 (8.76%) removals**

 **Region 8: 65 (9.02%) subbed assessment/76 (10.54%) removals**

 **Region 9: 30 (5.65%) subbed assessment/31 (5.84%) removals**

 Region 10: 96 (6.35%) subbed assessment/92 (6.08%) removals

 Region 11: 52 (6.64%) subbed assessment/64 (8.17%) removals

 **Region 12: 48 (9.36%) subbed assessment/49 (9.55%) removals**

 Region 13: 35 (6.24%) subbed assessment/50 (8.91%) removals

 Region 14: 20 (5.59%) subbed assessment/26 (7.26%) removals

 Region 15: 42 (6.91%) subbed assessment/38 (6.25%) removals

 Region 16: 49 (4.66%) subbed assessment/56 (5.33%) removals

 Region 17: 37 (5.46%) subbed assessment/41 (6.05%) removals

 **Region 18: 51 (7.98%) subbed assessment/74 (11.58%) removal**

 CASE TYPE: Cases Cases> 90 Kids Kids >90

Informal Adjustment: 3467 2734 6509 5233

CHINS: 1956 1163 4041 2448

Outcomes (>90 days) IA Fam% IA Kid% CHINS Fam% CHINS kid%

Repeat Maltreatment 6.69% 5.96% 9.30% 8.71%

Removal: 3.98% 3.56% 16.87% **16.26%**

1. *Continuation of previous conversation about relationships and outcomes*[*"What the evidence shows"*](https://www.apa.org/monitor/2019/11/ce-corner-sidebar)*).*

Demonstrably effective

* **The alliance (in individual adult psychotherapy, in youth psychotherapy, and in couple and family therapy).** Building an effective working relationship with your patient or patients; defined by the quality and strength of the relationship.
* **Collaboration.** Working together with your patient on the treatment process so that you are “on the same page.”
* **Goal consensus.** Fostering agreement on the goals and expectations of therapy.
* **Cohesion in group therapy.** Promoting a positive bond between all members of a psychotherapy group by facilitating a climate of openness, warmth and egalitarianism.
* **Empathy.** Sensitive understanding of the patient’s feelings and struggles; seeing them from the patient’s point of view.
* **Collecting and delivering client feedback.** Using feedback systems to gauge how a patient is doing and using the information to tailor treatment accordingly. This relationship factor has been shown in controlled trials to cause positive outcomes.
* **Positive regard/affirmation.** Prizing and supporting your patients, regardless of their behavior, attitudes or emotions.

Probably effective

* **Congruence/genuineness.** Relating authentically to your patients without hiding behind a professional or personal facade.
* **The real relationship.** Nurturing a therapy relationship marked by genuineness and seeing each other in realistic terms.
* **Emotional expression.** Sharing genuine emotions with your patient in ways that are appropriate to the framework of therapy.
* **Cultivating positive expectations.** Supporting patients’ expectations that their mental health will improve as a result of psychotherapy.
* **Promoting treatment credibility.** Promoting patients’ belief that psychotherapy makes sense, is suited to their needs and is effective.
* **Managing countertransference.** Attending to and controlling your own emotions as they are stirred up in relation to your patient.
* **Repairing alliance ruptures.** Using therapy tools such as empathy, collaboration and mutual discussion to address breakdowns in the therapy relationship.

Promising but not yet sufficiently researched

* **Self-disclosure and immediacy.** Using the immediate situation to invite your patient to examine what is happening in the therapy relationship. It may involve disclosing aspects of your emotions or personal life in ways that can feel risky and unfamiliar.
1. Questions received:
	1. A case is waiting on confirmation to close successfully, as the parent met all treatment objectives and there have been no safety concerns. No additional goals were identified by the parent, FCM, or HBCW during a CFTM. As a result, the FCM instructed the HBCW on the case that she can reduce appointments to every other week, and this was stated in an email for documentation purposes. If the FCM agreed to bi-weekly appointments, is the HBCW still required to conduct a weekly safety check?
		* This is acceptable as long as there is collaboration and agreement among the CFT
		* Should be very clearly documented via CFTM, emails, and notes
	2. We are having some difficulty across counties obtaining the Indiana Family Preservation supplemental referrals for Cordant when substance use is present in our Family Preservation cases. Has there been any conversation about making the INFP Supplemental referral part of the standard procedure when referring for Family Preservation?
		* This is not feasible because not all providers should have the supplemental referral, and we are not easily able to make changes to KidTraks as IKids is in development
		* If you have difficulty with the FCM not understanding please reach out to your Regional Service Coordinator or the Child Welfare Plan (*ChildWelfarePlan@dcs.in.gov*).
	3. What are providers to do when concrete assistance goes from covering expenses to keep the children safe and in the home to becoming a large ongoing monthly expense?  We have a family (opened for educational neglect) that has had a recent tragedy in their lives and has no income.  Caregiver is not motivated to come to therapy to address depression or look for employment and is unable to pay any of the monthly bills. Community resources have been contacted but due to past due balances from previous addresses we are not having much luck.  CFT has met but no sustainable plan put in place.
		* The concrete supports were intended to prevent removal but not to pay ongoing bills month after month. What can the team do to ensure that we are not going to become the sole source of income for a family?
		* We will continue this discussion at the next meeting.
2. Anything else?
* Can you get the judges to attend those DCS INFPS meetings with the FCM's
	+ It may not be the best fit for judges to attend this particular meeting, but we can work on future opportunities to meet with judges and educate them regarding INFPS

Next meeting 3/4/2022 @ 1:00 EST

THANK YOU!