**Indiana Family Preservation Services**

**Agenda and Questions**

**March 15, 2024**

**All providers**

1. Concrete supports reminder and discussion—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>

**As a reminder, the anticipated costs of concrete supports were built into the per diem.**

The decision to use concrete supports should also be a team one with good planning to ensure families achieve maximum benefit from these supports.

This also is applicable for Probation.

1. Service Hub. Please ensure you are updating regularly.
   1. App tells the FCM the last time your data was updated
   2. If they see your agency has not recently updated, they may believe the data is not accurate and move to the next provider
2. Carey Michels from the Indiana Pregnancy Promise Program to present on the program and how it may benefit families participating in Family Preservation Services (20 minutes)
   1. FSSA Program
   2. Funding by Centers for Medicare and Medicaid Services
   3. Indiana one of 10 states with this program
   4. Identify individuals as early as possible in pregnancy
      1. With history of opioid use
      2. Pregnant or within 90 days of end of pregnancy (not dependent on the outcome of the pregnancy)
      3. Continues after childbirth
   5. Free and voluntary for pregnant Medicaid members with current or history of opioid use
      1. Prenatal care, opioid treatment, other physical and mental health needs
   6. Priority access to childcare funding while caregiver is attending appointments or in treatment
   7. [www.pregnancypromise.in.gov](http://www.pregnancypromise.in.gov) ; [pregnancyPromise@fssa.in.gov](mailto:pregnancyPromise@fssa.in.gov); 888-467-2717
3. Dr. Allyson Dir, Ph.D., HSPP, to talk about a research study (5 minutes)
   1. <https://redcap.link/9n1iq0d5>
   2. [bbatch@iu.edu](mailto:bbatch@iu.edu)
4. Current referral information: *(as of 3/14/24):*

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| --- | --- |
| **Region** | **Family Pres Case Count** |
| 1 | 136 |
| 2 | 63 |
| 3 | 130 |
| 4 | 122 |
| 5 | 50 |
| 6 | 77 |
| 7 | 156 |
| 8 | 151 |
| 9 | 72 |
| 10 | 185 |
| 11 | 114 |
| 12 | 48 |
| 13 | 89 |
| 14 | 56 |
| 15 | 79 |
| 16 | 152 |
| 17 | 76 |
| 18 | 121 |
| **Grand Total** | **1877 (+25)** |

|  |  |
| --- | --- |
| **Region** | **DCS Case** |
| 1 | 116 |
| 2 | 57 |
| 3 | 85 |
| 4 | 103 |
| 5 | 38 |
| 6 | 59 |
| 7 | 140 |
| 8 | 130 |
| 9 | 50 |
| 10 | 172 |
| 11 | 105 |
| 12 | 32 |
| 13 | 69 |
| 14 | 44 |
| 15 | 73 |
| 16 | 135 |
| 17 | 74 |
| 18 | 100 |
| **Grand Total** | **1582 (+24)** |

|  |  |
| --- | --- |
| **Region** | **JD/JS** |
| 1 | 20 |
| 2 | 6 |
| 3 | 45 |
| 4 | 19 |
| 5 | 12 |
| 6 | 18 |
| 7 | 16 |
| 8 | 21 |
| 9 | 22 |
| 10 | 13 |
| 11 | 9 |
| 12 | 16 |
| 13 | 20 |
| 14 | 12 |
| 15 | 6 |
| 16 | 17 |
| 17 | 2 |
| 18 | 21 |
| **Grand Total** | **295 (+1)** |

1. Questions received:
2. We have gotten some pushback from some FCM's / Counties regarding calling the hotline when a weekly safety check cannot be done due to clients no showing etc. AND we are unable to reach anyone at DCS.  Initially during FP calls we were told that if a Q7 could not be completed that we were to call (not text / email) the FCM, FCM supervisor or LOD and if any of them cannot be reached we were to call the Hotline.  Has that guidance changed?
   1. The guidance has not changed. If you have not seen the family in the week or if you have any other safety concerns, please contact the FCM, Supervisor, or Local Office. If you cannot reach them, or if you suspect child abuse or neglect, call the hotline.
   2. If you have problems with this, please reach out to your regional services coordinator for assistance.
   3. If you get referrals that appear to not qualify for INFPS, please include your coordinator as well. They can assist in the conversations with FCMs
   4. You can point to the service standard and contract for clarification with the local office
3. We are looking at Aggression Replacement Training (ART) as an EBP to provide especially for our families involved in probation. This training is for groups. Are we able to use this for individuals in the home?
   1. Can use any EBP on the California Clearinghouse that is at least a Promising Practice
   2. Must do model to fidelity – so if there is a provision in the model to allow for one youth in a home, then this is acceptable.
4. This is regarding probation referrals.  When we have a probation client that gets placed at JJC/JDC AND probation is recommending residential, do we continue working with this family?  This would include seeing the client at detention weekly and meeting with the guardian.

I know if it is short term and it is anticipated that the client is going to return home, we would continue doing so.  But, if we know the outcome is residential, do we continue doing this until the client is actually placed in residential?

* 1. Services should stay in place until the youth is in residential or is in long term detention.
  2. Recommendation for residential is not a removal – continue services until the youth enters residential or detention

1. DCS contacted our agency about sending a FP referral and then stated later they would just send an MRO referral.  This is an In-home Chins case.  I didn't think the system would allow them to send an MRO referral if it is an In home Chins case.
   1. This should be a Family Preservation case – please reach out to your Regional Services Coordinator or Child Welfare Plan for assistance
2. Can you clarify pop in visits. I have FCMS that asked if we can schedule appointments and eliminate pop-ins.
   1. No requirement for pop-in visits for this service. You must be in the home weekly, but scheduled visits are usually preferred.
3. Is HBT also not allowed to be referred to a different agency is FP is already in place?
   1. Home Based Therapy should be provided as part of INFPS; this should not be a separate referral. There may be an exception, but it is not likely (such as for a child out of the home or parent in another location).
   2. Ideally, this should be with the same agency if ever necessary

Anything else?

**Next meeting: 4/19/24 @ 1:00 Eastern**

**THANK YOU!**