

Family Preservation Services

July 24 Provider Call

Agenda

(There were no questions submitted for this call)

I. COVID-19/ongoing public health emergency

- a. Continue to allow initial contact to turn on per diem via virtual contact
 - i. Initial assessment and safety plan (different documents) within 7 days of this contact
 - ii. Must be uploaded to KidTraks
- b. Face to Face requirement will be tied to State of Indiana entry to phase 5
- c. Statewide mask mandate effective Monday, July 27

COVID-19 biweekly provider calls to continue

II. Provider capacity/survey

- a. No plan to do another survey
- b. Intention was to gauge who was ready to begin initial services
- c. If you've had changes, or weren't ready but now are, please email any of the following:
 - i. Regional Services Coordinator
 - ii. David or Austin
 - iii. childwelfareplan@dcs.in.gov
 - iv. Local office(s) you serve

III. Update on referrals

- a. 640 Family Pres referrals in accepted status statewide
 - i. Service approx.. 1500 children
 - ii. ~30-50 referrals per region
 - iii. Fewest in Region 3, most in Region 10
- b. In Home CHINS, IA or likely to become these are eligible
- c. TTV, out of home not eligible at this time
 - i. With some exceptions approved by David's team
- d. Provider gets referral and does assessment – learns that Family Pres is not appropriate – what do they do?
 - i. Differ to local office and child and family team to determine what is best in that particular situation
- e. Have any children been removed after Family Pres referral in place?
 - i. Jim Burns reports some, referrals were closed
 - ii. Madison County – recent referral – made several attempts with no response; FCM went back to home and removed 4 of 5 children and canceled referral
 - 1. David clarified that the remaining child should be involved in Family Pres if they are included in CHINS petition
 - 2. New referral would be needed – provider is waiting on new referral (this was part of the conversation with local office)
 - iii. David reminds group that we do not expect 100% success and no removals – in some cases it will be necessary
 - 1. Can provide more robust services to prevent removal as often as it has been necessary in the past
 - 2. No percentage of referrals targeted in service standard
 - 3. Goal is that if the referral has been open for three months, the child will be in a safer environment
 - 4. Service standard specifies goal to eliminate repeat maltreatment

IV. Invoicing. Questions? Concerns?

- a. No concerns voiced by providers
- b. Dan reports it is going well so far
- c. Issues not related to Family Pres will be addressed by Dan after this call

V. More on Initial

- a. Assessments should be specific to families, not generic
- b. Judges need to see that each assessment fits the family
- c. Quality is critical!
 - i. Reason for DCS involvement
 - 1. Ask for case plan or work with FCM
 - ii. Clinical observations for each member of the family
 - 1. Caregivers, children, all household members involved in case
 - iii. Initial treatment plan goals
 - 1. tied back to reason for involvement
 - 2. Update as needed - should change over time
 - 3. If initial treatment plan is separate document, just communicate to DCS and be clear
 - iv. What evidence based models will you deliver, and how will that look?
 - 1. Model, frequency, plan, etc.
- d. DCS reluctant to publish 'good' example – providers should develop your own good quality assessment
 - i. Some agencies have developed great assessments and it would be unfair to share with everyone to duplicate
 - ii. Can use multiple assessment tools – be sure to analyze and explain – not just score models
- e. Should visit more than once per week as necessary to complete good initial assessment and initiating services

VI. Concrete support tracking

- a. David has not had anyone report back with spend results
 - i. Form not expected per contract or service standard
 - ii. Bi-Monthly or quarterly reporting would be helpful for us to track spend and needs
 - b. If not paying would result in removal of the children, it should be paid
 - i. Address with family and teach them how to find ways to meet needs once your agency is not involved
 - c. Has anyone had to spend concrete support?
- Jim Burns reports one family needs utilities paid, but now dad has a job

VII. Protective Factors Survey

- a. Providing family concrete support in times of need is protective of children
 - i. Families who know where to go for support will benefit here
- b. First survey should be completed within 30 days of receipt of referral
 - i. Initial, middle, and end survey
 - ii. Helps families track their own progress
- c. See PFS Manual for specific questions
- d. Should be available on PFS website in Spanish
- e. If family initially ranks themselves high, showing progress is difficult even when they are improving
 - i. Actual score is not as important as family learning and recognition
 - ii. Goal is to have better conversations with families

VIII. Q & A

Have any children been removed in FPS? Yes, we have had some examples of this. Family Preservation services were cancelled for the children who are removed.

What are the biggest challenges you are hearing from providers as well as FCMs? The biggest challenge we've heard so far is regarding the Initial Assessments.

We use multiple assessments. We had a FCM ask that we provide an explanation for each score we gave in addition to the initial assessment. Is this something that will be expected? The Judges/FCMS/Attorneys do not know these assessments and do need to know what the scores mean. CLARIFICATION: FCM was asking for explanation for each individual score. Can this be a summary? If initial assessment references back to Evidence based tools and what these tools told you this can cover the necessary information. We can review the assessment you intend to use.

Can you please repeat those 4 key areas? Reason for DCS involvement. Clinical observations of each member of the family. Supports that the family has. Initial treatment plan goals. Planned interventions and how this is going to look.

Initial assessment/treatment plan are split: As long as both assessment and treatment plan are being given at the same time just make sure to communicate this to the local office. Please make sure these documents are in KidTraks.

Should we upload that with the MSR? You may, the problem with only adding it there, is that there is no way to track that via a monthly report. The spreadsheet allows us to handle the data points and in do so in one format rather than trying to hodgepodge it. We want it to be able to support what the actual spend is.

Is DCS allowing use of the PFS original survey for Spanish speaking families? There isn't a Spanish version of the PFS-2. We will look for the Spanish version of PFS-2, if none you can use the original.

Are you wanting it uploaded in KidTraks for all caregivers (grandparents)? Every caregiver should complete their own PF survey and it would be great to put all the score sheets into KidTraks.