**Family Preservation Services**

**February 26, 2021 Provider Call**

**Agenda and Questions**

1. Recap of INFPS Roundtable—Questions and responses are posted on the INFPS page (here: <https://www.in.gov/dcs/4102.htm> )
* We will ensure that future panels better reflect the diversity of our providers, which we highly value. We want these services to be an intentional step toward resolving the disproportionate representation of families and children of color being involved with the Department, and our panels need to reflect this commitment. We failed to demonstrate that during the 1/27 roundtable and will ensure that this mistake isn’t made again in future roundtables/trainings.
* The entire roundtable should be posted soon on the INFPS page.
1. *Dates of upcoming INFPS Office Hours (info here:* [*https://www.in.gov/dcs/files/INFPS\_Office\_Hours\_Guidelines\_2021\_02\_01.pdf*](https://www.in.gov/dcs/files/INFPS_Office_Hours_Guidelines_2021_02_01.pdf)

March 3rd 2pm Eastern: Aubrey Kearney

March 17th 2pm Eastern: Elisabeth Wilson

March 31st 2pm Eastern: Brian Goodwin

April 14th 2pm Eastern: Aubrey Kearney

April 28th 2pm Eastern: Elisabeth Wilson

May 12th 2pm Eastern: Brian Goodwin

May 26th 2pm Eastern: Aubrey Kearney

June 9th 2pm Eastern: Elisabeth Wilson

* As you have questions regarding the evaluation please utilize the above schedules for further conversation.
* Open for anyone to come in and answer any questions you may have.
* We are starting to look at the survey, this will be a critical component of the evaluation. We want to make sure the models are being used to fidelity.
* We have been able to match 193 out of 360 referrals in January, Even if you didn’t make the deadline we would still like that information. This is designed for all referrals starting 1/1/2021. Please make sure to use accurate information such as referral ID/Date/names. We are also tracking timely responses. About 60 % of cases demonstrated timely contact (within 3 days of receipt of referral). We are seeing good fidelity to the models.
* California Evidence-Based Clearinghouse for Child Welfare: <https://www.cebc4cw.org/>
* CBT: there are different versions of CBT on the Clearinghouse. This must be at least a promising practice. Be more specific about the type of CBT you are delivering as just “CBT” isn’t a model on the CEBC
* Q: Will you or someone from the team reach out to the providers if there is a confusion about the missed referrals/information that you’re addressing?

A: Right now, no known plan – if there is confusion please reach out to us. We can track which surveys are missing.

* Q: Do we need to complete the survey for a new referral made for a family who was already in FP (prior to Jan). The new referral was just to update due to new adults in the home.

A: If it is a new referral, yes, please enter the information in. Any new referral beginning after 1/1/2021 please track the models and contacts. This does not apply before 1/1/2021. If the services have already been started, this is specifically for NEW referrals.

* Q: Will we receive receipts for the surveys?

A: Yes, you will, the flow is being worked on now. Should receive the receipts in 1 to 2 weeks.

* Q: For this past month we did surveys on all active FP cases. Do we need to do anything to rectify this?
A: If that’s something you did, that’s fine, you didn’t do anything wrong.
* Q: Father’s Engagement is not listed on the California Evidence-Based Clearing House, is this not an acceptable service to provide for Family Preservation?

A: This is not an evidence based practice, it is a service standard. You can utilize EBP’s within that standard. In case you don’t see a program listed on the survey, if you use something not listed please provide a link to the Clearinghouse for that EBP. We have broadened the definition of concrete supports, this does not need to be listed in the survey, it’s separate and apart from the EBP you are using.

* Q: Can we discuss expectations for providing services for children not listed on the referral? For example, some are requesting transportation for children to and from daycare and to a babysitter Monday-Friday for children who aren't even referred. Is that something we would do?

A: This should be discussed with the Child and Family Team.

* Q: For February do we complete surveys for both cases referred in January and February or just those referred in February?

A: Yes, both. We want to track model fidelity during the life of the referral for all cases with referrals in January, February, and March, 2021.

* Q: We are getting referrals for educational neglect (i.e.  children who are not logging on for e-learning).  What are expectations for EBP.  We have been doing some parenting education.  Mainly problem is parenting being unable to navigate the e-learning system.

A: This sounds very case specific. Please work with your Regional Service Coordinator and Child and Family Team.

* Q: We have a family that was recently identified as a CHINS 6 before any treatment plan was completed. The child will be placed in residential this week. How should we complete the survey and identify the EBP?

A: These are services that are designed to keep kids safely together with their families. This is not a prevention of a CHINS 6. Please send this case information so that we can review it to see if it meets the evaluation parameters.

* Q: So to be clear we fill out every month for the same family (considering they were referred in Jan 2021)?

A: Yes that is correct.

* Q: If there is a caseworker and a therapist using EBPs with the family, do both workers complete the survey?

A: If there is coordination between these workers, we would only need one survey entry. Make sure that you are reflecting that the model is being done to fidelity.

* Q: I am guessing that if a case has closed since January, that we would just no longer do a survey for that case. Is that correct?

A: If the January referral/case closed since the end of January, but a model was utilized at some point in February, we would like to track that information. However, for that specific referral/case, March 12 would be the final time you would submit a survey for that family

* Q: I recall that you have stated that providers can use additional EBPs to the one chosen on the initial contract. Are providers able to change the preferred EBP altogether if we think a different EBP is more appropriate as long it's still on the CCH?

A: Please list every EBP you are using with the family. Family Preservation does give the provider the flexibility to change to meet the family’s needs. Remember the survey is per child. List each of the EBP’s that the child is involved in.

* Q: We have been instructed by certain counties that if we are unable to provide therapy at this time, we should not reject the referral, rather we should accept it and then find an outside therapist for this family. This seems like it is in opposition with the plan that FP will decrease the number of agencies working with a family. Can you please provide some insight?

A: That is not the guidance that they should be providing. We want providers to accept referrals that they are reasonably confident that they are able to serve. If you are unable to meet the family’s needs then you should reject the referral or discuss the situation with the DCS worker. For help with this, please contact your Regional Services Coordinator.

* DCSResearchOfficeHours@dcs.IN.gov - Any evaluation/office hour questions can be sent to the above email. We are very happy to help/answer questions.
1. *INFPS formal evaluation is posted on the INFPS page! Here is the direct link:* [*https://www.in.gov/dcs/files/ProviderSummary\_INFPS\_Evaluation\_2021\_02\_22.pdf*](https://www.in.gov/dcs/files/ProviderSummary_INFPS_Evaluation_2021_02_22.pdf)
2. *INFPS and Batter’s Intervention Services*
* If Family Preservation is in place and Domestic Violence is present it’s appropriate to bring in another provider to address this. If you have the expertise or certification to provide this service then you can but we need to make sure the correct services are being provided.
* Feel free to use your community resources for Batterer’s intervention and you can reach out to your Regional Service Coordinator to have further conversation about this.
* Q: Will batterer’s Intervention services be added to the carve-out in the service standard?

A: It’s not excluded even though it’s not specifically mentioned in the service standard. The list in the service standard is not all-inclusive. When there is a clear need (and appropriate intervention services for DV would be a good example), additional referrals can be made. Child and family teams should talk about this.

1. Referral updates (as of 2/25/21):

**Region Family Pres -Current Open Cases**

**1) 188**

**2) 80**

**3) 109**

**4) 93**

**5) 62**

**6) 87**

**7) 116**

**8) 126**

**9) 72**

**10) 209**

**11) 144**

**12) 77**

**13) 63**

**14) 48**

**15) 96**

**16) 128**

**17) 93**

**18) 88**

**Grand Total:1879**

* Email David (*david.reed@dcs.in.gov*) separately to receive a breakdown per county.
1. Questions submitted:
* If we are providing Healthy Families to a family and it becomes a FP by another provider how do we get paid for

A: Ideally in this case the same provider who is providing Healthy Families could get the referral for Family Preservation and the Healthy Families referral could cancel. If that’s not possible and there is a clear need to keep both HFI in place while the family is participating in INFPS, this can be billed separately. Again, however, we would prefer that only one provider be working with a family at a time, so, ideally if a family is receiving HFI and they become an in-home CHINS or IA, efforts should be made to have the HFI provider receive the INFPS referral so that there would only be one provider agency involved with the family, and the family can receive HFI through INFPS.

* Should we accept an FP case that speaks a different language and use a translator service? Or reject it for the FCM to search for another agency that speaks that language?

A: Service Standard for Family Preservation has the same translation service caused as all other service standards. Interpreter services can be included on the referral.

* I know you have addressed this in previous meetings as well - but providers are not required to upload weekly assessments/notes in KT, correct?

A: That’s correct. This does not have to be uploaded individually but this should be documented in the monthly report.

* If we have a family that is resistant and we are only getting in one meeting a month we were told that we would need special permission from you or Austin for billing, is that accurate?

A: We know some families will be resistant. We want providers to keep trying. Call the FCM every week after making multiple contact attempts and documenting them. Then there shouldn’t be a problem with reimbursement. Send David the specific monthly report that was submitted with the invoice so we can look into giving that approval.

1. Anything else?
2. Next meeting 3/12/2021 @ 1:00 EST

THANK YOU!