

Family Preservation provider call 5/1/2020

We are scheduling these calls to occur every other Friday before contracts start on June 1st.

It's not realistic due to the Covid-19 for providers to be expected to go into homes weekly. However if your agency is only doing remote services then please let David Reed know (David.Reed@dcs.IN.gov). It's required that anyone who accepts this referral has some ability to go into the home and see clients face to face.

We will be sending out a survey to those who are included in the invitation for this call with a few questions. This survey will hopefully be sent early next week and will include questions such as: Name/agency name, counties you were awarded that you have capacity for on June 1st, how much capacity, and what models you have available to you. This will help in planning for local offices so that we can review existing cases as well as new cases and the best provider fit for each.

Providers are free to do virtual contacts as long as they are addressing child safety as the Child and Family Team recommends. How you work with your families is up to you as the provider. Teams will rely on the provider to address any mitigating risk.

AGENDA

- * Balancing child safety and coronavirus risks with in-home CHINS and Informal Adjustment cases: *by having one provider in place for these families we should be able to team better.*
- * Current readiness for referrals among providers:
- * Training for DCS staff:
- * Transition plans for existing IA and in-home CHINS cases:
- * Concrete supports in the current public health state of emergency:
- * Reporting requirements:
- * Safety Planning:
- * Protective Factors:
- * Delivering EBPs creatively:
- * Other topics as requested:

QUESTIONS

When will contract be sent? We are unsure on an exact time line for the contracts but they will have a start date of June 1st. Referrals will start on June 1st.

Once capacity is determined and surveys completed. How will DCS assign the referrals in each region? For example, round robin? There will not be a round robin for referrals. Referrals will be up to FCM/FCMS who will put thought in to the appropriate case fit for each provider's services offered.

We will likely increase counties and availability (and EBPs) as time goes on--may not all be ready by June 1. will there be follow up surveys for updated availability? or do we just contact local DCS offices directly? It is expected that there will be changing capacities. We do intend to continue surveys and hope the new computer system will allow capacity updates in real time.

If a family is confirmed as testing positive for COVID-19, will that be taken into consideration regarding the required face to face contact? Absolutely, this will be taken into consideration

through the Child and Family Teams. We recognize Family Preservation cases are high risk cases and cannot operate without any face to face contact.

In the service standards, the PFS-2 seems to be mandatory to use, but then there are statements that it is optional. Can you clarify if this assessment is optional or mandatory to use? It is mandatory to use this survey. There are other surveys on that website that are optional to use but could provide helpful information in the formation of treatment plans. The PFS 2 (Protective Factors Survey 2) has to be completed within 30 days. This will help begin conversations with families about their protective factors. There is a retrospective PFS that can show where the family was when they first started and can allow a more honest answer.

Are local DCS offices aware of the conversations we are having? Example, who has been approved, child and family teams will discuss how often the face to face visits will occur. We are in process of developing a Computer Assisted Training (CAT) for field staff and attorneys which will be required to be completed before June 1st and will be shared with providers. This tool can help address concerns regarding concrete supports. Since changes have had to be made due to Covid-19 there will be some deviation from the service standards. It was intentional to wait to release the training due to field staff turnover and wanting the information to be fresh in the FCM's minds. It is strongly encouraged that providers talk with local offices about the types of cases they can cover.

Will families that are currently In home CHINS or Informal Adjustment be enrolled in the Family Preservation instead of continuing on the Community Based model? If it's a brand new case it will likely be shifted to Family Preservation but established cases will not be transferred. Because of Covid-19 we anticipate a smaller percentage of existing cases to be shifted.

Is there a list of DCS Family Case Managers for each office? Not known of. You are encouraged to reach out to local office management. We would not condone mass emails to FCM's. We will try to help guide DCS field staff through the survey responses.

Will HF sites be able to use the HFPI instead of PFS-2 for those specific families? If a provider is doing Healthy Families will still need to use PFS 2 in addition to HFPI. You will need to do both to follow the models to fidelity.

I thought I read that there was a monetary limit to the family for concrete assistance. Is that the case, and if so, what is that limit? There is no limit. We understand there is anxiety regarding concrete services. When you see the training you will see how this is being communicated as to how and when we will use that concrete assistance. Tracking this will be important, we encourage providers to track internally and share that data with us.

Will FCM's be educated on the different evidenced based models? If you want to talk to field staff about the different models you can do that. Providers are the experts regarding these services. This will hopefully simplify things for FCMs. With that said we will in some capacity break down providers that can do parenting models/substance abuse models and so on so that the FCM's can make appropriate referrals.

Can you make the training that is developed for FCMs available to providers, so we can make sure we are all on the same page? Yes, that will be shared with providers.

What is the future for agencies contracted for Comprehensive Services- can will still accept referrals for Family Reunification and Kinship which are not served by this RFP? Absolutely, those service are still available for reunification and JD cases.

Where do we get the tool from PSF2 – In the service standards there is a link. The people who created the tool are happy to answer questions and it is free. This tool is able to be integrated into EMRs.

If and when a database or centralized system for community based resources, we will be happy to help funnel these to you and or track them internally. Especially with new programs emerging during the pandemic. The better we can work together on our capacity the better it will be for our families

Will it be listed somewhere what each provider's area of strength in that region is? Our Regional Service Consultants (RSCs) will be helpful in keeping track of which providers can service which types of cases.

When can we expect to get service codes for billing? Will we have to wait for this until the contracts come out? The sooner the better with programming our electronic systems – We can get that out before the contract comes out. It will be in the Attachment 1 as well.

How do we get the training that you created for the FCM's and Providers? Should I send a request to the DCS email address? The target date for that is May 18, we have a call around then and will send out to providers.

Our answers on the survey for June 1 will likely change down the road, regarding capacity and EBPs available--how do we communicate as we open up more capacity/EBPs available? Yes, we will be looking to update it as we move forward, this is for the baseline of June 1.

Will the billing be done the same way? – This is a per diem model which can be started upon first meeting with clients.

Could you talk on the safety check list that the providers will be doing? What does that look like? I know each child must be seen but what about the specific areas of the home? We haven't mandated a specific format for safety plans/checklists, etc. Providers can create their own tools. We're not choosing to dictate the format at this point. Although service standards specify providers must assess the entire home for safety this should be done within reason due to the pandemic. We may find ourselves on porches for now until the pandemic passes. The best way to address child safety will be determined in Child and Family Team meetings.

The per diem starts once we have our first face to face with the targeted caregiver(s). Can this be done virtually? Yes, due to the pandemic this is okay right now. Not once normality ensues. Make sure to document your first contact with the family then the per diem can start.

How do I get added to invite? Can email David (see email above) so it is forwarded to you.

Will the billing be once a month or can you do biweekly – You should bill once a month, by the 10th of the month following services. Don't submit invoices until report is in system to avoid denials.

Will ongoing case DCS staff also be doing any in home checks? Yes, of course. DCS still has to assess safety. The in-home contacts with families are not about completing something like a 310 assessment. If encounter a safety concern CALL US.

Can you talk about the referral process? This is one referral to one agency. If the assessment worker knows a case will be open they can refer immediately.

Many of the EBP training's/certifications are expensive. Would there be a way to merge with other agencies to bring in trainers to share in the expense? A list of providers with training's they are interested in receiving or a list of agencies that will be housing the training's that other agencies could possibly join in on? Is that something the Regional Consultants would be aware of? Please talk amongst yourselves about models you're interested in. We would love the ability for the models to extend across the State. You don't have to have DCS lead that.

Does the per diem cover any time you interact with client? If parent reaches out for a 15 minute call, and that's your only contact with the family that day, how is that calculated? You will get the same daily reimbursement whether you saw/talked to/tried to see client. This will even include weekends. We do have requirements for serving the family with EBPs but you will be paid even if you don't contact the families.

Will documentation be standardized or relative to the EBP? Or do we develop our own "case note" per se – Think of what model you are using. If the model has specific documentation follow it. Just make sure you are documenting something that shows an EBP is being used. DCS staff will need good factual notes as to what has transpired. We don't believe we will need to mandate format. Make sure to document concrete supports provided.

Will there be additional oversight of CFTM's? Tie in to performance reviews? Maybe internal audits...? We have done a practice model relaunch and have several events planned. We want to do CFTM's better. There is no excuse not to have good meetings especially with a single provider.

If we have not been invited to the practice model relaunch, how can we get an invite? Email David (email address listed above) for the invite.