



## Indiana Family Preservation Services DCS and Provider Roundtable January 27, 2021 | Questions and Responses

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**1. Can clarification be provided regarding concrete assistance? How do we ensure the family will be able to cover these costs going forward?**

Whether to use concrete supports for a family should be decided by the child and family team and should be used only when failure to do so would result in DCS having to remove the child. Please see page 4 of the [service standards](#), specifically Section II, B1. Concrete assistance is not meant to be provided on an ongoing basis or replace access to resources that families will need on an ongoing basis. Providers and child and family teams are encouraged to teach families about resources available in their communities (e.g., SNAP, TANF, housing supports, etc.) so families are prepared for their eventual case closure.

**2. Does this service replace the removal of the children from homes that are obviously unsafe?**

No. DCS will never leave children in an unsafe environment. Indiana Family Preservation Services seek to safely preserve more Hoosier families utilizing evidence-based models and concrete supports. We know removing children from their primary families is traumatic and should only be done if necessary. We believe these services and concrete supports will help alleviate safety concerns so more families can stay together.

**3. When do we discontinue Family Preservation Services? Do they continue if a child is temporarily or voluntarily placed with relatives?**

Indiana Family Preservation Services should remain in place until we close the case or we formally and indefinitely remove the child(ren). Please see page 3, section I, part M and page 8, section VI, part 2 of the [INFPS service standards](#). If the removal is short term, INFPS may remain in place with approval of the child and family team (per page 5, Section II, part F of the service standards). If the child and family team needs assistance, the team should contact the regional services coordinator.

**4. If a youth on your caseload has a baby (e.g., a teen mother) and is receiving case management, does the baby need added even if not designated as a CHINS?**

If the baby is not a CHINS or formally involved in any DCS case, the answer is likely no. Please contact your regional service coordinator about this to make sure services are well thought-out for both the youth and their baby.

**5. How will DCS track the outcomes of closed cases after one year?**

DCS will track the cases based on if a child is removed, comes back into care, or experiences another substantiated allegation after the termination of INFPS services. The child will be tracked through their unique child ID using DCS administrative data.

**6. Do we have statistics on how often FPS is meeting the service standard guidelines?**

Stage 2 of the INFPS evaluation centers on provider fidelity. We will be asking the following three questions to track provider fidelity for the next year: 1). Are providers with an INFPS referral using only evidence-based services ranked as promising practice or higher on the CEBC? 2). Are providers with an INFPS referral using evidence-based services according to the model's service standard set by the CEBC? 3). Do families accepted for an INFPS referral receive a face-to-face contact within three days of the accepted referral date? Until the start of the evaluation, we will not have any data on how providers meet the service standard guidelines. The first round of provider data is scheduled to be received in February.

**7. What if probation removes the child against DCS recommendation. May we still refer to IFPS?**

If the child is removed from the home, INFPS services must discontinue. Reunification cases are not eligible for INFPS at this time.

**8. What if a case does not close on the anticipated date?**

INFPS should remain in place until either the case closes or the child(ren) is formally and indefinitely removed.

**9. We are still seeing DCS sending referrals to agencies who cannot accommodate services. Then we are contacted to complete DV, or even therapy using community-based services. Can DCS field workers give priority to providers who can offer services that clients need without using other providers?**

Please make sure that your regional services coordinator is aware of this issue. Also make sure the FCM knows you have INFPS on your contract and can do the DV and/or therapy under the INFPS referral without an additional referral being necessary.

**10. What goes on the safety assessment if family is not engaged?**

If the family is not engaging, this should be discussed with the local office.

**11. Will FPS negatively affect non-FPS cases regarding provider availability?**

We are not aware of any issues revolving around INFPS, but if a provider you need for a non-FPS case says they are currently taking only FPS referrals, contact your regional service coordinator for assistance.

**12. What level of practitioner completes the initial assessment?**

This is not defined in the service standards, but providers must follow their chosen evidence-based model(s), and these models often do have qualification requirements. Providers are encouraged to complete a thorough and high-quality initial assessment that can then be used to develop their treatment plan including their planned interventions, as well as inform DCS and the court of the family's needs. If there is a concern about the quality of an assessment, please contact your regional services coordinator so that this can be addressed with that provider. The quality of initial assessments is one of the things that FCMs are encouraged to consider when deciding to what agency a family should be referred.

**13. Did we have a baseline of research regarding maladaptive care with single-service referrals prior to Family Pres going into effect?**

We do not have specific research surrounding specific aspects of maladaptive care under the individual services referrals. The only raw statistics we have at this time are that approx. 40% of children who received individual service referrals between January and February 2019 experienced at least one removal event 2 years after the start of their CHINS or IA Case (starting January to Feb 2019). This data cannot be compared to any of the percentages that have been presented on INFPS referrals because INFPS has been an active program for only 7 months. The evaluation will use a research design called a Quasi-Experimental Design which will allow DCS to compare the outcomes of children under the individual service referrals to children under the INFPS referrals.

**14. Has there been any discussion about moving Homebuilders to a FP contract since it is a model that can be used by a FP provider?**

Homebuilders is listed as supported on the California Evidence-based Clearinghouse for Child Welfare and thus can be used with families referred for INFPS.

**15. Do you find that the providers DCS contracts with are using a wide range of evidence-based models of care, or are there a few models that have emerged as most common?**

Currently, Casebook and Kidtraks do not track the individual evidence-based models used by each provider on each INFPS referral. EBP information is traditionally stored in the monthly provider notes as text. Stage 2 of the evaluation uses survey to track each EBP a provider uses with their referrals. Starting Feb. 12, we will be able to see the range of EBPs providers are using.

**16. Many contracted agencies have received no referrals and thus cannot illustrate their proficiency and expertise in family preservation service delivery. Do you have any guidance?**

Providers who have capacity for INFPS and feel they are being underutilized are encouraged to let local offices and their regional service coordinators know of their availability.

**17. Are Family Preservation providers prohibited from recommending removal?**

No, providers may continue to provide their recommendations and communicate them to DCS and to the court when asked. Please provide additional details to Austin Hollabaugh ([Austin.Hollabaugh@dcs.in.gov](mailto:Austin.Hollabaugh@dcs.in.gov)) and/or David Reed ([David.Reed@dcs.in.gov](mailto:David.Reed@dcs.in.gov)) if something remains unclear.

**18. Regarding case/referral closure: can we end the referral after a closure CFTM (if everyone is in agreement) even though we are still waiting on the court order closing the case?**

No, DCS is required to provide services to families that are in IA or CHINS status, so referrals should not be canceled until the case is officially closed (or the child is indefinitely removed).

**19. I have found that there is no consistency between agencies. Some agencies do it all and then there are agencies that say they need a referral for something they don't offer. Why are all agencies not held to the same accountability standards?**

Case managers are encouraged to send referrals for INFPS to providers they feel are best-suited to help that family achieve the goal of safely preventing the removal of the child. Every INFPS provider has the same contract, and every INFPS referral must follow the service standards. If there is a concern that a specific provider is not following the service standards, please be sure to notify your regional services coordinator.

**20. Can you please clarify when a 310 should be called?**

The service standards speak to what providers are to do if they have a safety concern. Not being able to see a family for the required weekly safety check would be a safety concern. Those expectations are outlined in Section I H on page 2 of the [service standards](#).

**21. Can requests for concrete supports be placed in the care portal?**

Yes.

**22. Is there a protocol for when both parents are in treatment and kids are with one parent in treatment? How do we bill the FP case (or do we!) and ensure safety checks and services?**

Please work with your regional services coordinator and the child and family team on that specific case to determine the best way to serve the family. It is possible that the INFPS referral should remain in place, but this should be a team decision based on that family's specific circumstances.

**23. Is there a resource providers use to identify the amount of contact they would have with families on a daily to weekly basis?**

Providers must follow their chosen evidence-based model to fidelity, and it may dictate frequency of contacts. Outside of that, providers must see families at least one time per week as outlined in the service standards.

**24. Can you provide direction to providers on how to go about rebills/appeals? If we receive a denial for a weekly safety assessment missing or F2F contact, yet the provider staff say those items have been submitted to DCS, how would I go about a rebill? Do I need to include these weekly safety notes, emails, and any other docs upon rebill/appeal?**

You have 90 days from the end of the month that a service was provided in order to submit an invoice for that service; when doing so, please select Bill Type = First Bill. And you have 90 days from the most recent denial in order to rebill an expense; when doing so, please select Bill Type = Rebill and attach to the invoice any previous denial(s). If the 90-day submission window is missed, please select Bill Type = Appeal and attach to the invoice a letter briefly explaining why the expense was not submitted timely. The appeal process is available for expenses between 90 and 365 days from the date of service. If you've received a denial for missing a weekly safety check, please ensure that the monthly report includes documentation as to why that safety check was missed, and rebill that expense. The invoicing audit process for Family Preservation services has been recently narrowed somewhat in an effort to process invoices more timely and efficiently. Please keep in mind though that the Evaluation Team will be looking for the same documentation in the monthly reports, per Family Preservation service standard requirements. Email [DCSPaymentResearchUnit@dcs.in.gov](mailto:DCSPaymentResearchUnit@dcs.in.gov) with any further concerns or questions.

**25. Family preservation allows for general casework. If we are doing general casework outside of our evidence-based program, is this appropriate? Do we still need to include the evidenced-based practice in the note for a general casework activity such as helping a client apply for food stamps?**

Please define those activities as concrete assistance. The definition of concrete assistance has been expanded and can be found on the top of page 4 of the [service standards](#).

**26. What is process for the Protective Factors Survey after it is completed and discussed with the client? Scoring? Is it submitted to DCS or placed on Kidtraks?**

Please see the service standards for additional information related to the Protective Factors Survey and INFPS. This information can be found on page 6, Goal No. 2 on the [service standards](#). This was also discussed during the July 24, 2020, provider meeting, and those minutes can be found [here](#). While we do want the survey to be scored, the specific score is not as important as the conversations and treatment targets that we hope completing the survey generates.

**27. Some providers give the family a resource guide and say they cannot hold their hands and get them to use it. We are usually involved with these families because the family is not already taking measures on their own to keep their family safe. So, I guess my question is, how can we improve engagement with the families? Is there ongoing training within your agencies for the Family Preservation workers?**

This sounds like a great topic for discussion during a child and family team meeting, which we hope is happening more often with only one provider to contact. We do want providers to teach families about resources in their communities, which is explained in the [service standards](#) under concrete supports on Page 4, Section B, and in the goals section on the bottom of page 6.

**28. We often see providers giving recommendations for parents but not the children involved in the referral. Are they required to provide recommendations specific to each individual, or just the overall family? If we want recommendations for the children specifically, do we need to do something specific in the referral to identify that?**

Our goals with INFPS are to use concrete supports and evidence-based models to safely preserve Hoosier families, and those evidence-based models involve the whole family. If there is some specific clinical question or desired intervention that is child-specific, this should be discussed as a child and family team. While these requests can likely be met by the INFPS provider under the INFPS referral, additional services can be referred.

**29. The service standards state that there should rarely be a need for DCS to refer families that qualify for INFPS for additional services outside of what is offered by INFPS; however, examples of services not included are translation, diagnostic and evaluation services, substance use outpatient services, etc. Are providers able to make additional referrals if these additional services are needed?**

Yes, additional services can be referred if necessary. The decision to bring in additional resources should be a decision made by the child and family team, and FCMs should strive to make initial INFPS referrals to the agency that is most able to meet all of the needs of the family through INFPS without the need to bring in additional services/referrals.

**30. If DCS knows they want Homebuilders services for a family with an IA or in-home CHINS, should the referral come in through FPS or can they make a direct referral for Homebuilders and later make an FPS referral either to the same agency or a different one?**

No. All in-home cases (IAs and In-home CHINS) must be referred to INFPS. If the team feels Homebuilders should be the chosen model, the INFPS referral should be sent to a provider with the ability to deliver Homebuilders until the INFPS referral.

**31. Are race and ethnicity data being tracked?**

Yes, these data are being tracked and will be included in the formal evaluation of INFPS.

**32. Is the score for the Family Protective factor important for our monthly reports?**

No. The requirement of the protective factors survey isn't really to get a score, but to facilitate conversations between families and providers. Please see Goal No. 2 on page 6 of the [service standards](#).

**33. Can you provide clarity on the process of adding additional regions?**

Please contact your regional services coordinator for specific questions about expanding services to new regions.

**34. Will we be receiving confirmation emails upon completion of each survey? What are auditors looking for with regard to completion of the survey?**

Providers will not see immediate confirmation emails upon completing the survey. Instead, they will receive their completion email after the data is downloaded by the DCS Evaluation team. We anticipate this will be 2-5 business days after the due date. The auditors are looking for fidelity to the service standard. This includes only using EBPs as promising practice or higher as ranked by the California Evidence Based Clearinghouse. The auditors are also looking to ensure the models are used according to the service standard of delivery as set by the California Evidence Based Clearinghouse.