**Family Preservation Services**

**October 16, 2020 Provider Call**

**Agenda and Questions**

1. Brief (or maybe not-so-brief, depending on questions) Review of Service Standards. As a reminder, the service standards are on our Family Preservation Services page, found here: <https://www.in.gov/dcs/4102.htm>
   1. Availability to deliver services/Family Schedule
      1. There is an expectation that providers should be available for the family when they need them; sometimes in crisis situations during non-traditional hours
      2. Group sessions for services, such as DV – how do families participate when they work
         1. Work with the CFT to brainstorm creative solutions
   2. Some families need additional therapy, more than our agency can provide under Family Preservation.
      1. One referral should cover all needs of the family; if your agency cannot meet the comprehensive needs of the family, you should be denying referrals
         1. Family should not be working with multiple agencies to have their needs met
         2. Diminishes ability to track outcomes at the provider level
   3. If a service such as therapy is not part of the EBP our agency provides, can an additional referral be made?
      1. Family Preservation is a comprehensive service, and therapy is a commonly needed service for families; if your agency cannot provide therapy, most families will not be appropriately served by your agency; additional referrals to another agency for therapy would not be appropriate
         1. Even if your agency can provide the service, you will not receive separate referrals for each service in addition to the EBP you outlined in your RFP
         2. Your agency should use your resources to meet all family needs within the per diem received for Family Preservation
      2. As a provider, you can add EBPs as you learn to facilitate them and hire qualified staff
      3. Exceptions for unique services and/or intensive needs that arise well AFTER the family has engaged with the Family Pres provider (example, Substance Use concerns arise several months into service delivery)
   4. At what point is our agency able to determine that we can no longer serve a family who is not cooperating with us? Not engaging, not showing up for meetings, not home, etc.
      1. Two things end referrals – removal of children and closure of case
      2. Cannot end Family Preservation referrals because we are expected to continue service the family
      3. Clearly document and follow up with phone calls when the family does not engage/show up – we do not want providers to stop trying
      4. If there are no safety concerns and removal is not justified due to lack of cooperation, DCS should consider case closure
      5. Your agency will continue to receive per diem while you continue attempts to engage with the family
   5. FCM is reporting that she is required to see the family weekly per the IA. Is this accurate?
      1. That is not in policy, but may be needed for a particular case
      2. The FCM may be following guidance from the risk and needs assessment completed for this family
   6. What happens in a case in which the children were not in the home when the referral was made, but are included in the referral? Children were voluntarily placed with grandparents. Do we need to see the kids at grandparents?
      1. Work with your Regional Services Coordinator to navigate this
   7. Refer to Family Preservation page on the DCS website for clarification regarding invoice, notes, etc. in order to avoid invoicing denials.
2. Reminder on Invoicing and evaluation language. Please help make sure you are reimbursed without any issues, and that the evaluation of FPS is successful!

Use these 3 phrases in your reports:

* “Referral received on mm/dd/yyyy…”
* “Initial phone/text contact on mm/dd/yyyy”
* “Initial face-to-face service contact on mm/dd/yyyy…”

1. Referral updates (as of 10/13/20):

|  |  |
| --- | --- |
| Region | Current Active Case Count |
| 1 | 111 |
| 2 | 61 |
| 3 | 71 |
| 4 | 55 |
| 5 | 53 |
| 6 | 66 |
| 7 | 83 |
| 8 | 90 |
| 9 | 59 |
| 10 | 171 |
| 11 | 79 |
| 12 | 62 |
| 13 | 48 |
| 14 | 42 |
| 15 | 55 |
| 16 | 80 |
| 17 | 64 |
| 18 | 54 |
| **Grand Total** | **1304** |

1. Questions received:
2. *We have a Family Preservation case that was closed yesterday because the children were removed and placed with a relative.  The family has court later this month and the FCM believes the children will be placed back at home and become in-home chins.  At that point Family Preservation services are expected to be reinstated.  Do we need to re-do the start-up process?  (Initial Assessment and Safety checklist, budget and protective factors)  If we are not to re-do the startup, and we are to pick up where we left off, how do we document that these have already been done for this case?*
   1. Service standard reflects that short, time limited removals do not necessarily require ending Family Preservation; you could consider talking with FCM about continuing Family Pres while children are with relative, then go back to regular services in the home in a few weeks when the family is back in the home
      1. If removal is to be long term, then the referral should end and once children are back in the home (after extensive placement), Family Preservation would not be appropriate
   2. If this referral does end and a NEW referral is started when the kids go home (again, may not be appropriate), then yes, you would need to restart all assessments for a new referral
   3. For specific questions like this, reach out to your Regional Services Coordinator for guidance
3. *Will we be penalized if we are not able to see a family on the short week of Thanksgiving and Christmas? We will try and schedule with the families but what will happen if they do not want to see us those weeks. Can we document this and be ok?* 
   1. Any time there is a variation from the service standard, you need to very clearly document WHY in the reports
      1. Plan ahead in a CFTM if the family is going to travel or be unavailable
   2. Any time the safety assessment cannot be completed, even for valid reasons, you need to clearly document
4. *We received Denial due to no start/end times on report for Family Preservation - is this a requirement? We received Denial due to not all safety checks unloaded for the month, in both cases family had COVID like symptoms and we had approval to not complete that week. In response we uploaded safety check for that week and documented what occurred - will this work?*
   1. The dates of service and start/end times is an Auditor of State requirement to verify the services provided throughout the month. This is required in our other per diem programs as well.
   2. Document those instances, and any communication you have had with the team regarding the issue that did not allow for the safety check and upload them.
5. *Does the PFS need uploaded to kid tracks or just documented in report?*
   1. Doesn’t have to be uploaded but it does need to be documented that this was completed in the monthly report.
6. Clarifying question on the Safety Checklist. If we have FCM permission to not do the safety checklist in a specific week, do you want us to upload the specific documentation to KT and label it as a safety checklist? Or do you want us to include that documentation only in the monthly report?
   1. Upload it as the Safety assessment with the documentation from the FCM regarding this.
7. What is considered indefinite and formal removal? We have a child who was removed from mom and placed with uncle. This is being called respite. When is it required to close out the family preservation referral?
8. Discuss this situation with the Child and Family Team and especially, what court has determined. I am not sure what they are referring to as “respite”, so I think that this needs to be defined by what the court has ordered, and what the goal is.
9. Anything else?
   1. Family has moved from Northwest Indiana to Central Indiana, now difficult to serve them; Can referrals be transferred?
      1. Yes – work with the CFT to transfer the referral and service to a provider who serves the current community
      2. Regional Service Coordinator/Services Team can help navigate these situations with the Child and Family Team as well
   2. Is there a timeline for how long these meetings will continue?
      1. We intend to continue offering these meetings, although they are not necessary to attend
   3. KidTraks is currently down, will we get additional time to accept referrals?
      1. As far as we know, there is nothing built into KidTraks to extend the timeline. You may need to work with FCMs to get new referrals that auto-reject
10. Next meeting 10/30 @ 1:00 EDT

Thank you!