**Indiana Family Preservation Services**

**Agenda and Questions**

**April 22, 2022**

1. Provider Survey Update—Brian Goodwin
   1. As of this week, less than 30 total cases from evaluation period that remain open.
   2. For those providers who are working those open cases, continue to submit those surveys including the EBP’s being used.
   3. Reaching out to providers who need to provide some clarification or additional entries. Please watch for emails regarding this.
   4. Once surveys are completed will send final document notifying of completion, no further entry needed.
   5. Reach out with any questions you may have.
   6. Reminder of evaluation dates:
      1. Any case that opened for Family Preservation 1/1/2021 to 3/31/2021
      2. This will continue until case closure, or the child is removed
2. Services Hub and Family Pres referral availability—Crystal W.
   1. Availability link was down, back up and running smooth now.
   2. We are addressing difficulties, if you are entering for a county and your agency does not populate this doesn’t mean it is not showing up on the Hub.
   3. How can we verify if we are listed as a Medicaid provider? Is that only on the DCS side?
      1. Currently yes, DCS is entering that information. We can add a question to the form you are filling out asking if you are Medicaid provider.
   4. I have changed the referral person several times (Since we had a different person initially) yet I never received the email when it was down. How can I confirm that the right contact is in there?
      1. When it was down you would not have received an email.
      2. Email your Regional Service Coordinator to confirm that for you.
      3. As long as you are updating, and you get a confirmation email this should be working.
      4. Automated emails will only go out if more than 7 days has passed without an update.
   5. Provider portal link will allow you to update all aspects of the Hub from the same place: [*https://forms.office.com/g/ichLbPMZ7S*](https://forms.office.com/g/ichLbPMZ7S)
3. Concrete supports reminder—Please complete this form for any concrete spend, and send to Bridget McIntyre ([*Bridget.McIntyre@dcs.in.gov*](mailto:Bridget.McIntyre@dcs.in.gov)) or the Child Welfare Plan ([*ChildWelfarePlan@dcs.in.gov*](mailto:ChildWelfarePlan@dcs.in.gov)):

<https://www.in.gov/dcs/files/Expense-Tracking-Agencies.xlsx>

* 1. Please submit to Bridget or Child Welfare Plan monthly

1. Current case information: *(as of 4/21/22)*

|  |  |
| --- | --- |
| **Regions** | **Family Pres Case Count** |
| 1 | 144 |
| 2 | 45 |
| 3 | 91 |
| 4 | 97 |
| 5 | 48 |
| 6 | 58 |
| 7 | 108 |
| 8 | 104 |
| 9 | 65 |
| 10 | 197 |
| 11 | 83 |
| 12 | 63 |
| 13 | 70 |
| 14 | 52 |
| 15 | 73 |
| 16 | 118 |
| 17 | 53 |
| 18 | 82 |
| **Grand Total** | **1551** |

*Down 10 cases from 4/8/22 meeting*

1. Questions received:
2. We have a child who would benefit from Autism testing. In the past (in our Fam Pres program), since we have D&E capability at YOC, we would speak with the local office about the testing referral. DCS would then send a referral for testing to YOC, and then we follow our typical protocol.

This morning when our Fam Pres Manager discussed the need for Autism testing for one of their youth on the Fam Pres referral, John was informed that testing referrals would no longer be put in for this and there would be no funding from DCS, as this should be all in house.

I am confused about this direction, as I don’t see how all Fam Pres programs would have this capability for psych testing or autism testing. We are just fortunate enough to be connected to residential with a D&E program. However, is this the new guidance set forth by DCS when a family member is being recommended for further testing?  Who is going to fund this?

* These are comprehensive services. The provider should assess, identify problems, develop treatment plan, monitor progress.
* Initial assessment is expected within 7 days
  + The more technical/thorough/professional your assessment, the better treatment you will likely be able to provide. Do good assessments!
* We can do additional referrals for specialized interventions such as in-depth psych evaluations.
* In a situation where the provider is asked to evaluate for autism - Who wants to know and how is it going to impact treatment?
  + If provider needs this information to inform their treatment plan, they should do this as part of the Family Preservation service
  + If DCS or the Court is asking, this can be a separate referral
  + Providers who have the ability to assess for a wide array or presenting challenges (things like SUD, autism, DV, etc.) are in the best position to receive the most referrals. Providers are encouraged to diversify their expertise so that they can accurately assess and effectively treat diverse presenting problems. Providers are also free to bill 3rd parties like Medicaid if the assessment is medically necessary.

1. Can the requirements of Motivational Interviewing be discussed? This is not only a therapeutic model and can be done to fidelity without a therapeutic license. However, there is a belief that MI is therapy. Can our non-licensed, but trained staff, use this evidence-based model under the Family Preservation standard for addressing behavioral changes within the family? Or would DCS work off the assumption that it is therapy and require the license?
   * MI can be delivered by paraprofessional level – licensure is not required.
   * You can do any qualifying model you want that is at least a promising practice on the California Based Clearinghouse as long as you deliver the model to fidelity.
   * Refer DCS staff to the service standard if they have questions about qualifications for models
2. In Region 1, we have great communication with our FCMs. However lately we are having many contact agencies 2-3 months into a case and say they were told to close it out successfully and they are submitting the paperwork that day. When we ask why this was not discussed during our weekly updates they are saying they are sorry there was no notice but they didn't know either. We are only 8-12 weeks in, and not finished with our curriculums. The FCM’s are then saying if we are not finished they will close it as unsuccessful as opposed to providing more notices. Is region 1 having a new push for earlier closure? How can we rectify this problem if the FCM’s keeps saying they had no idea either?
   * There is no push to close cases sooner than before.
   * Families should not have to have an open DCS case to receive services.
   * We should be involved if there are safety concerns. If there aren’t safety concerns any longer it is likely appropriate that these close. We should not continue cases just so that service/model can be completed. It is ideal that the family would continue their service model as desired after case closure through Medicaid or other 3rd party payments, so, again, providers are encouraged to explore being able to accept 3rd party payments so that they can stay involved even after a family’s DCS case closes. This improves continuity of care for families, and should help keep kids safer, too.
   * The determination of whether the case is successfully closed or unsuccessfully closed is if the child was removed or has repeat maltreatment up to a year post-case-closure. The FCM does not make that determination.
3. For substance abuse therapy, does family preservation allow us to use staff who only have an LAC or LCAC? To specify, they do not have the LSW/LCSW/LMHC license that the community-based services require.
   * See qualifications in the service standard.
   * If the model does not require an LCSW/LCAC then you do not need to have this. Follow the evidence-based model that you choose to fidelity.
   * Focus on getting families to good outcomes.
4. Anything else?
5. Service question – Should FP refer for a parenting assessment or would DCS take care of this?
   * Family Pres provider should not be referring anything else
   * As the provider of INFPS you should be assessing the parent’s competency as a parent, do they need parent education, knowledge regarding child development, safe sleep, etc.?
   * Should not be a need for a separate referral for this.
6. We have several cases that are involved due to substance use. We do offer assessments and treatment as part of family preservation cases. The FCM's however are giving clients a "pass" from participating in the treatment program stating that they will wait for a positive drug screen before asking for that service. The irony is that clients are not being drug screened.
   * Sounds like a county or office specific difficulty. Please talk to your Regional Service Consultant or follow up with Austin directly.
   * Provider should assess the family for what they need. If you determine they need substance use treatment, then you can/should be providing that as the Family Pres provider
7. I attended a county DCS meeting earlier this week, and the Director announced that procedures will be different when calls are made to the Hotline reporting child/abuse neglect. It was stated that the referral made to the county by the Hotline staff will only state the nature of abuse/neglect, but not provide any details on the referral. David we are already lacking information on referrals, especially safety issues. Could you validate this change? Can providers have a list how DCS defines abuse/neglect today.
   * The information provided in the 310 is not changing.
   * Process for after-hour calls and reports, what information is given internally, may be changing.
   * Please see information regarding the hotline here: <https://www.in.gov/dcs/contact-us/child-abuse-and-neglect-hotline/>
   * The statute that defines abuse and neglect has not changed except clarifying poverty implications.
8. Should the DCS FCM be stating on the referral what needs to be done? When we go in and complete intake to make the recommendations and complete the services
   * We want information on the referral that will help you when working with that family. We do not want FCMs to start putting on the referral specific service requests as providers should be using their clinical judgment and expertise to guide specific interventions with the overall goal of safely keeping children with their families and out of foster care.

**Next meeting 5/6/2022 @ 1:00 EST**

THANK YOU!