**Indiana Family Preservation Services**

**May 28, 2021 Provider Call**

**Agenda and Questions**

1. *Substance Abuse Treatment—how to become Division of Mental Health and Addiction (DMHA)-certified to treat substance use disorder.*

*Wendy Harrold, DMHA Deputy Director, Provider Quality and Performance, to provide an overview of DMHA certification.*

*For more, see:* [*https://www.in.gov/fssa/dmha/addiction-services/for-addiction-providers/*](https://www.in.gov/fssa/dmha/addiction-services/for-addiction-providers/)

* PowerPoint regarding certification will be sent with meeting notes.
* Contact for the Certification and licensure Team: DMHA-CL@fssa.in.gov
* How often do you have to get recertified?
	+ Outpatient every two years. Regular every three years
* If we submitted our 11 staff names/accreditations, and some have changed with turnover do we need to notify you?
	+ Yes, we do need to be notified when staff changes.
* I have heard that a Bachelor level can obtain their LAC, does DCS allow that level for SUD therapy? And do all LAC staff need to be supervised by and LCAC?
	+ Yes they can. They must be supervised by anyone with a licensed clinical level. We have specific substance use disorder standards. Since this is through Family Preservation there are broad requirements as long as you are following the law.
	+ You can check for the specific requirements for the SUD models under the INFPS service standard here: <https://www.cebc4cw.org/>
* Does the SUD treatment need to be from an evidence based model
	+ all models in SUD for the INFPS program will need to be evidence-based as at least a promising practice from CEBC. MI and CBT are good examples of evidence-based models used to treat SUD.
1. *Updates from the Evaluation Team:*
	1. *Dates of upcoming INFPS Office Hours—a* ***really*** *great option to ask questions!*

 *Info:* [*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)

June 9th 2pm Eastern: Elisabeth Wilson

* Office Hours may resume and continue in July
* Expect delayed response for the next few weeks – Prevention Plan data is due soon and team will be focused on that
* Continue to complete surveys!
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 article in Open Minds. This has been published now, and I have the PDF, but I can’t share it broadly as Open Minds is not a free publication. Here is where you can find it online, but there is a cost:*

[*https://openminds.com/market-intelligence/news/indiana-dcs-launches-family-preservation-services/*](https://openminds.com/market-intelligence/news/indiana-dcs-launches-family-preservation-services/)

* 1. Open Minds Publication
	2. Fee to view the article unless someone from your agency is a member
	3. Good article with a pretty thorough overview of INFPS
1. *Birth Parent Advisory Board (BPAB). Please see attachments on this. We’re still actively recruiting for this. If you know of any birth families with which you have worked in the past who may be a good candidate for this, can you please let David know (**David.Reed@dcs.in.gov**)? We’re also open to considering INFPS parents, as we want to hear from them as well.*
	1. Interested to hear from birth parents willing to participate
		1. Does not have to be closed for a year to be considered
2. *Reminder on surveys (same as previous meetings)*
	1. *Complete a survey every month until case closure for all children referred in January, February, AND March 2021, and, for those kids, complete a survey* ***every*** *month until case closure.*
	2. *Please try to get surveys done by the 12th*
	3. *Responses have been good so far, and they show fidelity to chosen models!*
	4. *Be sure to enter* ***all*** *models used with a child.*
3. *Protective Factors Training! Free! Training from the California Training Institute. As previously discussed, this is an 8-week training (1 hour per week) covering the five protective factors: parental resilience, social connection, concrete support in times of need, knowledge of parenting and child development, social and emotional competence with opportunities for Q&A throughout. While it’s already started (May 6), it appears they are still taking registrations for the upcoming dates! Register here:* [*https://www.caltrin.org/training/caltrin-hosted-trainings-evidence-based-service-delivery-models/the-protective-factors-framework/*](https://www.caltrin.org/training/caltrin-hosted-trainings-evidence-based-service-delivery-models/the-protective-factors-framework/)
4. Current referral information:



1. Family Reunification Services RFI posted 4/29, closes June 10 at 3:00. <https://fs.gmis.in.gov/psc/guest/SUPPLIER/ERP/c/SCP_PUBLIC_MENU_FL.SCP_PUB_BID_CMP_FL.GBL?&>
	1. Per Diem based out of home services
	2. Goal of reunification
	3. Q&A is posted
	4. Supervised Visitation
2. Questions submitted:
3. I have been asked if families are expected to remain on family preservation for at least 6 months since that is what our referrals state. I understand some families might complete goals sooner but it seems like we cannot really complete any evidence practice and see progress if the timeline is short.
	* There are only TWO things that can trigger an end to services:
		1. Children removed from home
		2. Case closure
	* Otherwise, the referral and services should continue – this can go beyond 6 months and the referral can be adjusted
	* After case closure, families can continue to work with providers voluntarily through Community Partners or Medicaid
4. We have a family with an FPS referral with 3 of the 4 children in home with Mom and Dad, and the 4th child who was in residential is now going to foster placement before reunifying back into the family. The FCM is wanting for that child to join family therapy to prepare for reunification. The child is not on the family preservation referral so FCM asked if we would need an additional referral for therapy for this fourth child or if FPS would cover him joining the family even though he is not currently living with the family or on the initial referral. The goal is reunification but the plan is to transition him back into the home since he has been gone for a long period of time. Would we need an updated FPS referral, an additional home based therapy referral, or would the original referral cover this?
* The child and family team would need to discuss the specifics of this; what is the family involvement, is there transportation needs, etc. These are Family based services. If it is going to require a lot of extra work, staff, or time another referral may be the best way to accommodate this.
1. Anything else?
* Do we have to offer supervised visitation as part of this program?
	1. It depends. The majority of INFPS cases, there is no visitation, kids haven’t been removed. When cases with non-custodial parent, it depends on how many hours is required.
	2. You may be able to facilitate visitation under your INFPS referral, which is the preference. These are family services, hopefully the non-custodial parent is involved. The specifics of this should be addressed with the child and family team.
* We do not have to do surveys for April and May cases, just January, February and March?
	1. You do not have to complete surveys for new cases that opened in April and May. However please complete them for cases that opened in January, February, or March and remain open in April and May.
* We have families with a short term removal, and FCM requests that FP services continue. When invoicing we get a red light due to the removal and cannot proceed. How do we handle this?
	1. the Family Preservation Service Standard language says, "If, during the course of service delivery, it becomes necessary to formally and indefinitely remove the child(ren) due to unresolvable safety concerns, the referral for Family Preservation Services will end, effective the date of the removal."
	2. It really depends on if there a definite plan for the kids to be put back in the home, and why were they removed.  And it should not be for a long time.  The CFT would need to have a clear, time sensitive plan in place.
* There are concerns about weapons in the home where children live. Does the provider have to go into the home?
	1. These are home based services. Providers need to be in the home
	2. You’ll need to think through the best way to work with the family – go in pairs, during the day, etc.
	3. Collaborate with the child and family team
	4. Report safety concerns to DCS according to the service standard
* Question regarding legislation that Licensed clinical professionals are able to diagnose.
	1. This is signed into law and is correct. We will be updating some DCS service standards to align with new law.
	2. The legislation that allows clinically-licensed individuals to diagnosis mental health disorders is Senate Enrolled Act 82 effective 7/1/2021.
		+ Link: <https://legiscan.com/IN/text/SB0082/id/2379175>
* Drug Screens in Family Preservation
	1. If you have a Family Preservation referral, there is no requirement to do drug screens with substance use services
		+ If you as the provider want drug screens, you can do whatever you need to get that done.
		+ If DCS or the court wants drug screens, DCS will make a referral to get screens
* Should FCM dictate how services are rendered? It is my understanding that when making decisions about cases in relationship to treatment the child and family team should come together to make a sound decision based upon the needs of the family.
	1. Your specific intervention is up to you
	2. The child and family team should work together to determine the needs of the family
	3. The service provider should determine treatment

Next meeting 6/11/2021 @ 1:00 EDT

THANK YOU!