**Indiana Family Preservation Services**

**July 23, 2021 Provider Call**

**Agenda and Questions**

1. Recap of research discussion from July 9 meeting. Any feedback or questions on that research? I appreciated the discussion and the feedback about that meeting.
   1. How are you determining the removals on the provider reports?
      1. We track removals from our database (Casebook).
      2. The provider-level reports that just went out today only included cases that have been open for 90 days.
      3. You can see at the bottom of the report the statewide averages for all cases that have reached 90 days of INFPS. If you want to know how you measure up to other providers in your region, you can see notes from the June 25 meeting (here: <https://www.in.gov/dcs/files/Family-Preservation-6-25-2021-Agenda-and-questions.docx> )
   2. The evidence was compelling. Do we know WHY Indiana removes so many children?
      1. Great question, and we believe how we deliver services to families is a part of the answer. What we had been doing wasn’t producing the kinds of outcomes for families that we wanted to see. How we engage providers to help us achieve a mutual goal is important.
      2. Family Preservation has helped to shift this. We’ve made a lot of progress.
      3. The per-diem model allows providers to keep trying to engage families.
      4. Concrete supports can be utilized for needs to ensure we use resources in different ways to keep families together.
2. Updates from the Evaluation Team:
   1. Elisabeth Wilson to provide updates on DCS survey
      1. As of yesterday 269 DCS staff have completed survey.
      2. 92% of the surveyed staff have done referrals under old and new system.
      3. We have about 40 DCS staff willing to do follow up interviews with the evaluation team.
      4. Survey is up for about 1 more week. With good numbers we can close and start analyzing that data.
   2. Brian Goodwin to discuss provider surveys
      1. We will be reaching out with another round of survey entry documents soon.
      2. Between 1/1/2021 and 3/31/2021
         1. 1300 referrals total
         2. 1050 are being tracked to see what EBP’s are being used.
         3. Still missing 150 referrals. We will reach out to providers regarding these
      3. We are seeing good numbers, about 90% referrals have been entered into the surveys.
      4. The documents being sent in near future – we are going to be asking for survey re-entry as needed.
         1. 250 that will need some form of re-entry
         2. We will be specific about what we are expecting or looking for.
      5. Once documents are sent we are planning to open up office hours again to be available for questions.
      6. Continue completing surveys for qualifying referrals, including all children and EBPs for every month as long as the referral remains open
      7. We are starting to hit a plateau where a lot of the referrals are starting to close, and this is positive and expected.
3. 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>
4. 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%20Tracking%20Agencies.xlsx*](https://www.in.gov/dcs/files/Expense%20Tracking%20Agencies.xlsx)

This should be completed monthly, please.

1. Current referral information:
2. Questions submitted:
3. Our agency offers Motivational Interviewing, which can be used to address domestic violence components. However, some clients need more extensive DV treatment (such as formal batterers intervention). Many times we do not know the full extent and need to decide whether to accept or reject the referral. Can you provide guidance on determining whether Motivational Interviewing is sufficient, when sometimes knowing so little when a referral arrives?
   * These are often brand new families to us too. We will all be learning as we go. Is your agency able to address that challenge with Family Preservation? Let’s figure out new ways to address these with that family.
   * This is a good opportunity to build a staff with a variety of skills and qualifications
   * If there is a need that exceeds your agency’s ability to serve, we have some options
     + If it is a rather new referral and client/family relationships and engagement have not formed, we will likely need to find another provider
     + If the provider and family have been working together and are engaged, the team may consider additional referrals. The child and family team needs to think these scenarios through and do what is best for families, and the Regional Services Coordinators can also assist with this.
   * There are other EBPs that address domestic violence, especially survivors
   * If you get a referral and can identify in the referral details that you are not able to treat the presenting needs, please reject the referral
4. We have a client who has been diagnosed with cognitive delays and just had a baby and the concern of Mom being able to adequately care for the child was what initiated FPS services. Since the start of the FPS case the FCM/FCM-S have asked us to be involved 7 days a week for safety checks, and we have done that. We have not seen any major safety concerns throughout our time serving this client and have expressed that to FCM/FCM-S but they are still wanting a service provider seeing her every day. Any issues that have been brought up by FCM /FCM-S have been addressed and the client continues to be engaged daily and improving in parenting skills. Her cognitive delays seem to have minimal impact on her parenting and her daily living skills so that is not a concern to us. However, we still get push back from DCS about being able to reduce the number of days that we are seeing or virtually checking in on the client. We have had this case since the start of May and the case is now going to court to decide on if it will be an IA or In-Home CHINS. DCS has pushed for an in-home CHINS but the lawyer has recently said that this case is more than likely going to be an IA because there are no concerns to warrant the in-home CHINS. Since we are not seeing the level of need indicating to be seeing the client daily, are we able to determine the amount of time and days we are seeing her under FPS standards or do we need to continue to follow the requests of the FCM/FCM-S?
   * Fall back on CFT/Practice model and talk through these things.
   * The service standard does say that the provider will be in the home at least weekly or more often if requested by DCS.
   * Continue the conversation with DCS. Discuss what is reasonable and what DCS’ concerns are and what can be done to mitigate them. How can progress be tracked? Express what you are seeing and your impressions.
   * This may be a good case to bring in the Service Coordinator or potentially escalating within the local office or DCS chain of command.
   * Share your professional opinion in the court hearing.
5. We received a FP referral for a family that lives in 2 separate households. Mom and dad share custody of the baby. Both households will require weekly safety checks, both mom and dad require therapy, both require parenting education, and both need concrete support work. They are completely independent of each other (no services will be delivered conjointly). This seems like a perfect example of a situation in which separate FP referrals would be utilized. This has been discussed in our earlier FP calls, but I wanted to confirm?
   * Discuss the situation within the Child and Family Team.
   * There is no prohibition to having multiple FP referrals.
   * Loop in service coordinator, Crystal, Austin, or David.
6. Anything else?
   * What about 2 or 3 EBP on one family? How do you track?
     + It depends on the situation. If 2 or 3 EBP’s we would be looking for those entered on a per-child basis. Everything we’ve covered so far is through May.
     + The survey allows unlimited EBP’s to be entered per child. So all models should be entered into the survey per child.
     + When we send out the documents, if there is an EBP listed by mistake, or your agency did not use with the family, all we ask is that you let us know so that we can update our notes.
   * How do you measure a removal where 2 of 3 children are removed and turned into an out of home CHINS, but one child remains in the home and continue in the Family Preservation Services?
     + Removals are measured per child. So the 2/3 children would be counted as removed the 3rd child would not be counted as removed. At the referral level/family level the family would be marked as experiencing a removal.

Next meeting 8/6/2021 @ 1:00 EDT

THANK YOU!