**Indiana Family Preservation Services**

**Provider Call**

**Agenda and Questions**

**August 6, 2021**

1. *Updates from the Evaluation Team:*
	1. *Brian Goodwin to discuss recent provider reports and upcoming office hours*
		1. *Last week sent all documents regarding survey*
		2. *Opening office hours again Wed. 1-2 eastern time, every other week starting this upcoming Wednesday.*
		3. *If would like to email please reach out to Brian or the evaluation team*

*Repeat mal-treatment/removal REAL TIME DATA: serviced 4,592 families, 2,926 of which for at least 90 days. We’ve served 9,551 kids, of which 6,111 have had at least 3 months FPS. We are at a point-in-time substantiated repeated maltreatment rate of 4.5% (430 kids out of the 6,111) and 5.44% removal rate (520 out of the 6,111).*

1. Concrete supports reminder—Please complete this form for any concrete spend, and send to Bridget McIntyre (*Bridget.McIntyre@dcs.in.gov*) or the Child Welfare Plan (*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. Discussion about Non-Family Pres referrals to your agencies, and paraprofessional-level referrals
* Providers are saying no to non-INFPS referrals, preferring to hold staff for INFPS. Please continue to serve all case types. If this is your current practice, please re-evaluate so we can have high quality service for all case types.
* Visitation where we need paraprofessional level (only concerned about child safety) - agencies are pushing back due to only having bachelor’s level staff and asking for bachelor’s level visitation referral. This is not the best way to approach this. Qualifications are minimum qualifications. If only need paraprofessional we should not be making a different referral.
	+ Talk about comparison between paraprofessional and case management. We will get referrals for paraprofessional that are a higher need.
		- If referral makes it clear that a higher intervention is needed it makes sense to have the higher level referral, but, again, if all we are needing is to ensure child safety, the para-professional level should be the referral.
	+ Distinguish between parent-aid and HBCW:
		- Has to do with sophistication of services. We would expect more of an intervention focus/treatment focus with HBCW.
1. *Consumer Financial Protection Bureau (CFPB) resource (consumerfinance.gov/renthelp) for renters and landlords to find information on rental assistance in their area and apply for assistance (see attachments for more information)*
2. Current referral information: *(as of 8/05)*

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| --- | --- |
| **Regions** | **Family Pres Case Count** |
| 1 | 195 |
| 10 | 212 |
| 11 | 146 |
| 12 | 75 |
| 13 | 62 |
| 14 | 48 |
| 15 | 69 |
| 16 | 104 |
| 17 | 89 |
| 18 | 117 |
| 2 | 73 |
| 3 | 89 |
| 4 | 98 |
| 5 | 64 |
| 6 | 65 |
| 7 | 109 |
| 8 | 85 |
| 9 | 62 |
| **Grand Total** | **1762** |

1. Questions submitted:
2. *We have referrals where services and safety checks are required in two different homes (mom and dad). When referring to our last call with our local office, we were told that two separate family preservation referrals are not required and that we should service both homes off the one referral. Can this be reviewed today so that the written Q&A might provide us with something to reference when discussing this with our region?*

*Also, when servicing parents who are separated, are we still required to merge both reports onto the same monthly report?*

* 1. *We’ve covered this in previous calls. Not able to apply to every case. It does depend on that family’s situation. Vast majority we do want one and only one referral per case, but situations may require multiple referrals. These are family-based services.*
	2. *Reach out to you Service Coordinator or the Child and Family Team regarding these specific family needs.*
	3. *Depending on what you are talking about in those reports or what the treatment looks like. Make sure to follow appropriate confidentiality. Can reach out to legal as needed.*
1. *Our agency is continuing to need clarification regarding services that may fall outside of the Inclusive Service Model.  (Section II A. 1. a. of the service standard.)  A  FCM is requesting a Psychiatric Evaluation and Substance Use Disorder Assessment on a FP client and indicates that DCS should not provide a referral for either of these services. Is this an accurate interpretation of this section of the standard?  We have completed the interview portion of Substance Assessment.  How do we facilitate the assessment toxicology screen without a referral?*

*I realize you don't know the specific case, but perhaps you can speak generally regarding this portion of the Standard.*

* 1. *You are doing Family Preservation services under that referral. The service standard does not say anything about drug screens or toxicology. Substance use assessment could and should be included in your overall assessment of the case (as required within 7 days of your first face-to-face). If substance use needs addressed, you can provide treatment as well under INFPS, and that is expected in the majority of cases. If DCS wants a more thorough and target SUD assessment and/or a drug screen, DCS should refer for that. If you as the INFPS providers want to screen your client for treatment purposes that is between you and your client. If DCS wants a screen DCS needs to do a referral for that drug screen.*
	2. *A psychological evaluation may also be referred separately.*
1. Anything else?
	1. Please note that in our experience, hiring a paraprofessional worker does not really meet the demands and the high standard we require from our staff. We tried but the quality of reports and understanding of the concepts and services were not the greatest. Hence we rarely hire any paraprofessional. Very rare you find someone that the experience make up for the education. This is different of course from a region to another. Region 10 might have that opportunity to find staff with experience but not all regions. Just a humble opinion.
		1. *Can be helpful to connect with colleges and universities to find paraprofessional staff. Could be a great opportunities for interns.*
		2. *Quality of documentation should reflect the quality of service.*

Next meeting 8/20/2021 @ 1:00 EDT

THANK YOU!