**Indiana Family Preservation Services**

**April 30, 2021 Provider Call**

**Agenda and Questions**

1. *Dates of upcoming INFPS Office Hours—a* ***really*** *great option to ask questions!*

*(info here:* [*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)

May 12th 2pm Eastern: Brian Goodwin

May 26th 2pm Eastern: Aubrey Kearney

June 9th 2pm Eastern: Elisabeth Wilson

1. *Birth Parent Advisory Board (BPAB). Please see attachments on 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*](mailto:David.Reed@dcs.in.gov)*)?*
2. *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)
3. *Please make sure all of your surveys from January and February are completed, and make sure that you’re planning for your March surveys. To ensure you receive receipts for surveys you’ve completed, make sure that you put in your email address correctly. Also, if you want more than one person to receive the receipts, please enter more than one email address (separated by semicolons). Please also ensure that all data in your survey submissions match your invoices. If not, we will contact you to reconcile any differences.*
   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.*
   5. Evaluation Team will be sending a review document to providers individually
      1. Specific feedback regarding information provided
      2. Which referrals are missing
      3. Which surveys need more information per referral
      4. Will be sent early next week
      5. If you see feedback that does not belong in your document – please notify the Evaluation Team
      6. If you want your report sent to someone else, please let David know
4. *Protective Factors Training! Free! Training from the California Training Institute. An 8-week training (1 hour per week) 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. 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/)
5. Current referral information:



1. *Recent child fatality.* Let’s discuss.
   1. Child not secured properly in car accident
      1. Encourage FPS workers to have conversations about safe carseats with our families
      2. Many FPS cases involve young children
      3. Providers indicating they have staff trained in carseat safety
   2. Not a fatality – but in another instance there was a DV instance and the baby presented with various bruising
      1. Notes indicated good work, but little DV intervention
      2. Original involvement was for DV
      3. Make sure we don’t lose sight of the original reason for involvement
2. Family Reunification Services RFI posted yesterday: <https://fs.gmis.in.gov/psc/guest/SUPPLIER/ERP/c/SCP_PUBLIC_MENU_FL.SCP_PUB_BID_CMP_FL.GBL?&>
   1. Per Diem Model
   2. Includes all services the family would need
   3. To include all traditional services, as well as visitation
   4. Include in your submission
      1. What should the target population be
      2. Rate? Tiers? Thoughts on what that should look like
         1. Consider multiple children in different placements
      3. Think about goals
   5. Pre-Response conference May 11 at 2:30
   6. Workgroup may be gathered later – but not until after RFI
3. Questions submitted:
4. Can you distinguish what “safety concerns” should be called into FCM and followed up the chain if FCM is not reachable? I have had a FCMS respond to one of our recent calls to DCS on the safety concerns that were identified on the weekly safety checklist. She didn’t feel they were severe enough to warrant a call. Could there be more explanation as to what the expectation would be for calling any concerns in that are identified on the checklist or during other visits with family?
   1. If you encounter any safety concerns at all, the Service Standard outlines that you call until you talk to someone
      1. Please keep doing this!
      2. Even if the FCM doesn’t agree – keep calling
         1. Use your judgement as a clinician to determine what is a safety concern
      3. If you think a child is a victim of CA/N, call the hotline
      4. There is no harm in making the phone call – our team will support you
5. Upon receiving a referral, agencies have 48 hours to accept or reject it. Is our 72-hour startup from the day we accept the referral? Or the day it is received?
   1. When you ACCEPT the referral
   2. Accept the referral as soon as you are able to – then do not necessarily wait the entire 72 hours to go.
      1. See families as soon as possible!
6. How do we answer the survey monkey question regarding whether or not we saw the client within 72 hours if the startup was delayed by the fcm (for example: The FCM requested in writing that we make our first visit to the home with her on a specific date), so the delay is not on our end. Saying we did not makes our agency look bad, however we really only did what was requested of us.

Do we just send a monthly report that says “No services performed.  Case cancelled 3/2”?

* 1. Families need to be seen within 3 days whenever possible
  2. FCMs may also know the family well – if they have a reason to delay this, or want you to go with them, that’s ok
     1. You should try to help the FCM understand the 3 day need and why (families respond better) and maybe they can go with you within the required time
  3. A ‘no’ on the evaluation is not an assumption that you did something ‘bad’
     1. This is a review of how the service is working in the field – team is comparing outcomes to work completed
     2. Not punitive in survey results
  4. If you go to the home in 72 hours and only some people were home. Do you answer yes or no in the survey?
     1. Yes – for children you saw within the timeline
     2. No – for children you did not see
     3. Billing would start because you saw referral participants on that date face-to-face

1. Anything else?
2. Any new information about EBP’s related for the law that goes into effect in September?
   1. Models on Title IV-E Clearinghouse can be included on specific state’s prevention plans, and, once those plans are approved by ACF, states can claim IV-E for delivering those models in homes where there is a “foster care candidate”
      1. DCS submitted Indiana’s Prevention Plan on March 31, and included some, but not all of the models on the clearinghouse
         1. Not every model on IV-E is on our prevention plan
         2. INFPS is on the plan, however, so continue to deliver INFPS as you have been, using any model that’s on the CEBC as at least a “promising practice” (see service standard for more on this) INFPS has not yet been approved as our evaluation is ongoing, but we are using your survey responses to pull out specific models that are being delivered so that we can claim for those while the INFPS evaluation is being completed.
            1. If approved – all Family Pres would be IV-E reimbursable
            2. We are also evaluating “concrete supports”, so please be sure you continue to send us your concrete supports spreadsheets for any concrete funds you’ve spent on a family.
      2. Focus on doing good work with families using models you can do well
3. Could you please put the link of the  Protective Factor Training in this chat?
   1. https://www.caltrin.org/training/caltrin-hosted-trainings-evidence-based-service-delivery-models/the-protective-factors-framework/
4. Next meeting 5/14/2021 @ 1:00 EDT

THANK YOU!