**Indiana Family Preservation Services**

**Agenda and Questions**

**January 7, 2022**

1. *Brian Goodwin to provide evaluation and survey update.*
	1. Officially tracking Family Pres for a year now
	2. Less than 100 of original cases tracked are still open
		1. Evaluation will be moving forward for approval soon
	3. Outstanding need is to get proper EBPs for surveys entered regularly
	4. Please respond to requests to fix surveys as needed – for about 1/3 of providers, once you fix these you will not need to respond to any more surveys
	5. No need to enter surveys for any cases that started after 3/31/2021
		1. Continue surveys for cases opened 1/1/21 – 3/31/21
	6. If we have made corrections, submitted these, and have receipts, what do we need to do if they're still showing on the report?
		1. Let Brian know directly – tracking up to 1200 cases so the team may have missed the update
	7. Email brian.goodwin@dcs.in.gov with questions
2. *Crystal Whitis to provide updates on Services Hub. Automated emails have started for this.*
	1. Auto notification when one week has passed since your agency has updated in any given county
		1. Based on individual county and any given 7 day period
		2. Some of these emails are being bounced back
			1. If your representative leaves the agency, please update access coordinator information in the Services Hub
		3. Emails go to the person you designated as your access coordinators
			1. If you want to add a higher level or different person to the email list for your agency, please email Crystal at crystal.whitis@dcs.in.gov

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-Tracking-Agencies.xlsx>

* 1. At least monthly!
1. Current case information: *(as of 1/6/22)*

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| --- | --- |
| **Regions** | **Family****Pres Case Count** |
| 1 | 161 |
| 2 | 71 |
| 3 | 106 |
| 4 | 105 |
| 5 | 62 |
| 6 | 56 |
| 7 | 100 |
| 8 | 72 |
| 9 | 78 |
| 10 | 253 |
| 11 | 130 |
| 12 | 75 |
| 13 | 71 |
| 14 | 61 |
| 15 | 78 |
| 16 | 114 |
| 17 | 67 |
| 18 | 122 |
| **Grand Total** | **1782** |

1. *“Family Pres Fridays” for DCS staff update*
	1. *Austin covered the 12/17 meeting. Next meeting with FCMs is 1/28. Hopefully this will help us with our teaming of cases.*
	2. Interaction is increasing
	3. Going forward, last Friday of every month (Nov/Dec were an exception)
2. Closing INFPS cases…what does the Service Standard say (found here: <https://www.in.gov/dcs/files/Family-Preservation-UPDATE.pdf> )?

Service Description, page 3, under “M”:

“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.”

Then, under “Inclusive Service Model”, E., page 4 and F., page 5:

E. If the child(ren) has to be formally and indefinitely removed from their caregiver(s), the referral for Family Preservation Services must end effective the date of the removal.

1. Providers must work with the DCS Local Office on canceling the Family

Preservation referral and assist with transitioning the family/child(ren) to

other appropriate services when this occurs.

2. If a child(ren) is removed from the home formally and indefinitely, but at

least one child remains in the home, the child and family team (CFT)

should discuss the appropriateness of continuing with Family Preservation

Services. In the absence of a CFT, the Provider and DCS should discuss

whether Family Preservation Services should continue.

F. Short-term removals may not meet the criteria to end the Family Preservation Services referral, depending on circumstances.

1. An example of a short-term removal that may not necessitate the

cancelation of Family Preservation Services is a removal that must occur

for a parent to enter short-term detoxification services or time-limited

residential or acute treatment.

And then lastly, under VI. Billable Units (page 8), it states:

Billable Units

A. Per Diem Rate

1. The per diem will start the day of the first face-to-face with the targeted

caregiver(s).

2. The per diem will end the day of the closure of the case or the day the

child(ren) is removed from the home.

Are there questions on any of this? We’re seeing a number of cases where the report even documents that the child was removed, yet the service continues, sometimes for months after. Let’s discuss…

1. We are having repeated issues with cases that have closed bit don't officially close in kidtracks...we are providing and billing for services for weeks and months of unnecessary services...despite communication with the local office
	1. Please send these specific instances to the Referral Inbox for review
2. Does it have to be cancelled in KidTraks to end services or no?
3. FCM may tell us the case is closing, but it doesn’t close. So we continue providing services until the KT case closes. How do we manage this?
	1. I have told staff that if we KNOW the child is removed by the court, STOP services immediately
	2. Sometimes an IA may end without a court order/hearing and the case doesn’t get closed in KidTraks. In this case, work with the
4. Notes in monthly report where the child was removed
	1. This is the problem we are seeing – when the provider knows the child is removed and it reflects in the monthly report, referral should not be served any longer
5. Other considerations
	1. If a child goes into foster care, or there is a court ordered removal, Family Preservation services should stop
	2. Family Preservation providers should attend court hearings to provide an update to the court and understand progress of the case, when possible
	3. CFT should convene a closing CFTM when the case closes; or a CFTM for a critical case juncture if the child is removed
	4. If a child goes to ESC or another short term placement – this may not end Family Preservation
	5. IF Family Pres services need to stop for removal, when the family transitions to traditional services your agency may still be able to provide services if you are contracted to do so under Community Based Services
6. If a child is removed on a given day and you go to the home later that day, can you invoice?
	1. Yes – the referral ends the day the child is removed, so you can bill for that date (but not the next day)
7. How are we transitioning cases and planning for what is best for that child?
	1. Working toward reunification?
	2. Moving forward?
	3. Adjusting services?
	4. All of this is important when the removal occurs – this is not only about invoicing, but ensuring quality services
8. Referral Cancelation
	1. FCM may not cancel the referral until they have court order in hand
	2. When the case closes in Casebook, we are seeing an occasional glitch where KidTraks doesn’t close
		1. These are the reasons why communication with the CFT is critically important
	3. If you have a formal message (email or CFTM notes) from the FCM or local office that the case is closed or a removal has occured, you can stop services even if the referral is still approved
		1. Include Regional Services Coordinator, DCS Referral Inbox, or Child Welfare Services Team if you need support in getting this message
	4. If there is a PLAN to close the case and the FCM says to ‘go ahead and end services’ – this is not acceptable
		1. Continue services until the case ends, court occurs, or IA closes
			1. Closing CFTM for an IA is sufficient to stop services (if that is the plan)
			2. There will most likely not be a court hearing to close an IA
9. Efforts by providers and DCS
	1. Provider schedules monthly review meetings with FCMs
	2. Review reports internally before uploading
	3. Additional education on all levels and increased oversight on the part of DCS and providers may be helpful
	4. RSCs and providers can both promote provider attendance at court to hear the voice of the Family Pres provider

IN SUMMARY: When you KNOW a case has closed or child has been indefinitely removed, STOP services immediately. Reports should not include ‘child was removed from the home and is in foster care’ with Family Preservation services continuing.

1. Questions received:
2. Who decides if a case is identified as a successful or unsuccessful closure?
	1. We look for a specific reason for the ending of the referral
		1. Case closure or removal?
		2. Was there repeat maltreatment?
		3. Clear answers are when the case closes and no repeat maltreatment – successful; Child removed and/or repeat maltreatment - unsuccessful
		4. When the answer is not clear – Brian will flag that case and staff internally with service provider, DCS Evaluation Team
			1. Example is if child is removed from one parent to another and both parents were on the referral – this may not be unsuccessful closure
			2. Team discussion to determine outcome is as accurate as possible
3. We are consistently having FCMs say to families that “it is just marijuana”, “I have bigger fish to fry”, “just give me two screens that are clean back-to-back and we are good”, etc. I am seeing it in all regions we serve. This is causing a lot of issues with treatment recommendations, ethics, and legal concerns etc.  Example: we complete a substance use assessment, make recommendations, and then the FCM tells the family they do not see why “that” (lock box) is necessary…
	1. Tabled until next meeting due to time
4. Anything else?

Next meeting 1/21/2022 @ 1:00 EST

THANK YOU!