**Family Preservation Services**

**October 2, 2020 Provider Call**

**Agenda and Questions**

1. Phase 5, and its Family Preservation Services impacts.

* Effective 9/26/2020
* Per Diem will not start until the first Face to Face contact with the child and family. The per diem will no longer be allowed to begin with a virtual contact, unless explicitly approved by the Child and Family Team due to existing COVID-19 concerns with the family.
* Virtual services are still allowed in this program through approval of Child and Family teams but the per diem will not start until Face to Face contact.
* Q: Facilitator staff used for first in-person meeting has possible Covid-19 exposure, will this be an exception?

A: Exceptions to the first face to face contact was intended when the families had concerns of Covid-19 exposure. If there is a concern that a family has been exposed this can be discussed in Child and Family teams whether contact should be virtual. If that’s the case this should be thoroughly documented. We would prefer a different agency employee to fill in or else you would need to decline the referral until there is an ability to go into the home.

* This direction is specific to Family Preservation services.

1. Invoicing and evaluation language. Please help make sure you are reimbursed without any issues, and that the evaluation of FPS is successful!

Use these 3 phrases in your reports:

* “Referral received on mm/dd/yyyy…”
* “Initial phone/text contact on mm/dd/yyyy”
* “Initial face-to-face service contact on mm/dd/yyyy…”
* Please note both when you first spoke by phone/text as well as initial face to face contact, and please use the above language.
* Q: Referral, contact and first assessment with one parent in person. Do assessment and document what’s missing. Then the following week we contact other caregiver. How do we handle the assessment in the system? If we delete the first uploaded and put new one it, will it say we were late?  
  A: Leave the first assessment in the system so there is no penalty with invoicing. Make sure to document who was there and attempts to see everyone, be thorough. Get this assessment into the system within 7 days. Then you can put an initial assessment revised, or final assessment being clear why there were 2 assessments included. Or, you can include this in the monthly report which may be the best choice in order to be clear with the auditor/invoice team. Communicate this with the FCM. Even if the assessment was not complete within that 7 days make sure to upload it when it is done. If you invoice and an assessment was not in the system the invoice will be denied.
* Q: The three questions mentioned above in the agenda (II), do you want those stated in each monthly report or just the first one?

A: Please document these in each of your monthly reports.

1. Name that EBP (literally!)

* Need to clearly document in every report you upload what Evidence Based Practices that you are utilizing as a foundation of your work. We need to show that we are using EBPs and concrete supports to help our families.
* Be sure to complete the Concrete Reports Spreadsheet and send to ChildWelfarePlan@dcs.in.gov.
* Q: Been talking about how to measure EBP, we do have a document to check this, do you want this in the case note as well?

A: If it’s in your report in whatever fashion you chose that is fine. Make sure to follow your chosen model(s) to fidelity, and document doing so.

1. Closing cases—let’s work together to do this right!

* We do not want to rush families to case closure, we want them to receive the full benefit of services.
* Please help guide conversations within the Child and Family Teams regarding progress and continued or new concerns. This way we can inform the Judge correctly so that case closure happens when it is most appropriate.
* Please use the practice model and Child and Family Teams.

1. Referral updates:

|  |  |
| --- | --- |
| Region | Current Active Case Count |
| 1 | 103 |
| 2 | 57 |
| 3 | 64 |
| 4 | 55 |
| 5 | 52 |
| 6 | 57 |
| 7 | 79 |
| 8 | 80 |
| 9 | 57 |
| 10 | 161 |
| 11 | 74 |
| 12 | 66 |
| 13 | 48 |
| 14 | 42 |
| 15 | 52 |
| 16 | 77 |
| 17 | 58 |
| 18 | 55 |
| **Grand Total** | **1237** |

1. Updated point-in-time data (this now ONLY includes cases active for 30 or more days):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total | New Assessment Initiated  Number  (Percent of total) | New Assessment Substantiated  Number  (Percent of total) | Removal  Number  (Percent of total) |
| Number of Cases | 1051 | 109  (10.37%) | 29  (2.76%) | 96  (9.13%) |
| Number of Children | 2008 | 213  (10.61%) | 54  (2.69%) | 152  (7.57%) |

1. Questions received:
2. We understand that FP services are to be rooted in an Evidence Based Model.  What we are looking at now is when the case is getting ready to close.  We have a case in which the parents successfully completed an evidence based parenting curriculum.  The case is expected to close within the next few weeks, per the FCM.  The FCM is working to schedule a final team meeting. In the meantime, we plan to complete the transition plan and weekly safety plans, but don't have any further EBM content to cover.  In these last couple weeks, are we going to be in an audit issue if we are no longer delivering the EBM, because it was completed successfully, but the case just isn't closed yet? Or are we required to review the programming materials at each visit the case actually closes.  Please advise.

A: We have to have as a foundation of our work one EBP. Make sure to document in your report that the family completed that model successfully on DATE and are waiting for case closure. We are continuing safety checks. Are there continued services we can continue to provide up until the case closes? Continue to reference the model you used as foundation.

1. The Fam Pres referrals are spitting out in a general template and some FCMs are not adding ANY case details at all.  The last case we accepted, I had to call the FCM directly to get data before we could even accept.  Is it possible to ask FCMs to add case history to the referral?

A: A DCS Roundtable discussion was completed with field staff and had conversation about thorough referrals. These are usually brand new cases and we may not have a whole lot of information. We will remind our FCM’s to make sure providers have what they need to have in order to serve the families well. You can reach out for more information if needed. You are able to elevate that concern to the local offices.

1. Also, I cannot find in the notes where it stipulates WHICH TEAM MEMBER is allowed to make that first meaningful contact?  Are we ok to have the case manager see the client in the first 48 hours as long as they get the initial paperwork signed (HIPAA agreement, initial safety checklist and introduce the EBM, etc.) and begin gathering family data?

A: This is not specified. We are doing EBP’s, what staff member does this model indicate is needed? If you want to send a support staff member it is appropriate but you need to follow the EBP qualification expectations for staff.

1. Should DCS send a Family Preservation referral if the child status is not established and it's still in the assessment phase?

A: The service standard talks about the target population: In-Home CHINS, Informal Adjustments, or cases likely to become In-Home CHINS or Informal Adjustments. We can refer while in the assessment phase.

1. We have been receiving some Family Preservation referrals that are still in the assessment phase and then it is determined in a week or so that the case will be an out-of-home CHINS case and the children are removed; therefore, we are wondering if there is a time period in which removals would not count against outcomes?  It seems it could be helpful to start tracking outcomes after a certain number of home visits (for example, after 8 face to face sessions).

A: In the Service Standard the Goal section: if within the first 3 months of service delivery the child is removed it would not count as an outcome for that provider.

1. *This may have already been answered but should we be paying for bed bug treatment as part of the FP referral or does it depend on the situation and necessity of the family?*

A: Concrete supports should be provided to families if the consequence of not doing so would result in a removal. This should be discussed with the FCM to determine if this is going to lead to removal. This would be case specific. This still needs to be addressed even if removal is not a concern. Look for other resources to assist and communicate that with DCS staff.

1. The number of cases and removal of children: Is this too early to be looking into that and determining what the cause of removal was, whether it was due to the provider or family?

A: We will be looking at this information to determine if our choice was the right response. We will get more data as we go. We want to monitor outcomes better at the provider level.

1. *A follow up to Q#3 when we do the initial paperwork and assessment we don't know at that time which EBP we are going to assign to that case until the assessments are complete, then we are assigning the appropriate trained EBP staff to start that EBP in week two. Is this what you are saying?*

A: That’s fine, put this in your initial assessment that you are gathering information. Make sure to document that you are evaluating which EBP would be the most appropriate intervention. You can list which options you are considering.

1. *We have been providing casework services for a child through juvenile probation. However, that case is now closed. DCS opened an In home CHINS case at the end of June 2020 and would like to continue the child's services with us, with DCS now paying for services. Since the case is an In home CHINS and opened in June, would we still provide services under Family Preservation now instead of casework as we did when the probation case was open?*

A: If it is a new In-Home CHINS the referral that should be in place would be Family Preservation.

1. Anything else?
2. Next meeting 10/16 @ 1:00 EDT

Thank you!