**Indiana Family Preservation Services**

**Agenda and Questions**

**December 3, 2021**

1. *Brian Goodwin to provide evaluation update.*
   1. *Just sent out another round of documents tied to the surveys. If you see anything inaccurate or the EBP was not used reach out to Brian to correct this.*
   2. *About 80% of all evaluation cases have been closed.*
   3. *If did not receive those documents, or if you have questions, please email Brian.*
   4. *Email:* [*brian.goodwin@dcs.in.gov*](mailto:brian.goodwin@dcs.in.gov)
2. *Crystal Whitis to provide updates on Services Hub.* 
   1. *Reminder: Fill out your census regularly. FCM’s can see a timestamp when this is updated. Even if you don’t have changes update with no changes.*
   2. *Email service hub (*[*serviceshub@dcs.in.gov*](mailto:serviceshub@dcs.in.gov)) *with any questions regarding entering information or if administrator needs to be updated.*
   3. *We were told that reminders would be sent (regarding the service hub). How often would those be sent?*
      1. *Have talked about whether we would be able to do this but have not started this yet.*
      2. *If we move forward with this we may need to test this with a few providers.*
   4. *Is there anyway in the future that we would be able to enter all info for all regions and counties on one screen?*
      1. *The reporting mechanism for the hub is probably the most tedious from our perspective for us to tweak. We will keep working on it and see if we can make that work.*
3. 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-Tracking-Agencies.xlsx>

1. Current referral information: *(as of 12/2/21)*

|  |  |
| --- | --- |
| **Regions** | **Family Pres Case Count** |
| 1 | 182 |
| 2 | 62 |
| 3 | 100 |
| 4 | 107 |
| 5 | 60 |
| 6 | 62 |
| 7 | 99 |
| 8 | 71 |
| 9 | 73 |
| 10 | 233 |
| 11 | 125 |
| 12 | 70 |
| 13 | 69 |
| 14 | 55 |
| 15 | 78 |
| 16 | 112 |
| 17 | 65 |
| 18 | 120 |
| **Grand Total** | **1743** |

1. *“Family Pres Fridays” for DCS staff update*

* *Next FCM meeting is 12/17/2021*

1. Analysis of impact of INFPS on Hoosier families of color.

Removal rates by race for children served > 90 days:

Black: 4.90%

Multi: 5.98%

Hispanic: 5.27%

White: 7.42%

Overall INFPS population by race:

Black: 1,714 children (15.1%)

Multi: 987 children (8.7%)

Hispanic: 1043 children (9.2%)

White: 7,637 children (67.1%)

INFPS population served > 90 days by race:

Black: 1,155 (15.3%)

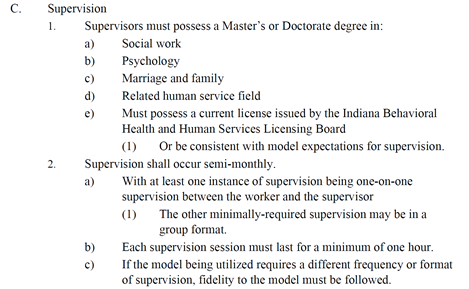
Multi: 637 children (8.5%)

Hispanic: 705 (9.4%)

White: 5,033 (66.8%)

1. Questions received:
2. If we have a Therapist and a HBCW, Supervision for the therapist \*utilizing an evidence-based model, would be completed by a master's Therapist for the therapist and possibly a bachelor level for the HBCW.  Would this meet the standard below if the HBCW standard of supervision is being followed or any model standard such as seeking safety if being utilized?
   1. See below

2.  Similar but if no therapist (rarity), only HBCW, if the foundational model supervision standard is being followed, would they have to have a master's level?



* 1. If the model you are using prescribes certain qualification standards for the supervisor, frequency of supervision, format for supervision, etc., you can follow the model’s expectation for supervision to fidelity. If the model you are following does not prescribe supervisor qualifications follow DCS guidelines in the service standards.
  2. The EBP model guidelines take precedence over DCS service standards. Providers must deliver their chosen models to fidelity, and this includes any model-prescribed supervision.

3. Have the FCMs been notified about the option to utilize virtual services? We have discussed doing some services virtually (not all, and not the safety check), but every FCM responds that virtual is only allowed if the client has COVID. They are staffing it up the chain of command and getting the same answer.

* 1. We are still in a public health emergency. Virtual services are allowed and are even in statute. There is no prohibition against doing virtual services. However, this is a Team decision. The Child and Family Team needs to balance the risk between Covid and child safety and make decisions on how to serve families based on these risks. For Family Pres, you have to complete your safety check in the home and see every child and caregiver who is formally involved in the case at least weekly (or, more often if requested by DCS—see the service standard), but, how you serve the family outside of those checks is up to you and the EBP you’ve chosen.

1. Anything else?
   * 1. This is a question regarding outcomes...If we cannot get in touch with the family (post one year b/c address or phone has changed), and FCM's won't give us the information (if they have it due to confidentiality) how would we proceed conducting the (1) year follow up survey questions?
        + 1. We will be tracking this data for repeat maltreatment and removals through DCS and do not expect providers to follow up.
2. We at VOA have a question about monthly reports. We have a residential substance use program and family preservation program. Would it be acceptable for us to combine these monthly reports and list of services provided while the family preservation client is in residential treatment?
   1. You can do the same report provided you have all the required elements but upload it twice with correct naming structure for each.
3. How does a removal reflect on an agency when DCS decides to close a FPS case when the agency disagrees with the decision that the case is ready for closure?
   1. DCS makes the decision when to request that the court closes the case, but, ultimately, courts decide this. Providers can make recommendations and can and should document these in your reports to DCS and the court, and should also state their recommendations in court if able to testify.
4. What if we recommend that case should not be closed due to safety issues, but DCS/Court closes case regardless - why should that impact our scores if children are removed after case closure?
   1. Every provider delivering INFPS has to deal with these variables, so, comparisons between providers aren’t changed. Providers should work to resolve root-cause safety issues as effectively as they can and be able to clearly document recommendations for families and provide clear testimony as well. Providers’ abilities to do these things will impact their specific agency’s outcomes, so, we ask that providers work on delivering quality services, with quality documentation, and quality testimony when asked.

Next meeting 12/17/2021 @ 1:00 EST

THANK YOU!