**Indiana Family Preservation Services**

**June 11, 2021 Provider Call**

**Agenda and Questions**

1. *Substance Abuse Treatment presentation recap. Any questions from the presentation?*

*For more information, see:* [*https://www.in.gov/fssa/dmha/addiction-services/for-addiction-providers/*](https://www.in.gov/fssa/dmha/addiction-services/for-addiction-providers/)

* 1. D*rug screens are not a requirement of Family Preservation*
  2. Follow an EBP of your choosing
  3. If that treatment requires drug screens, you can do that

1. *Updates from the Evaluation Team:*
   1. *Elisabeth Wilson to provide updates*
      1. Analyzed data through March
         1. Every report matches every survey/referral
         2. Seeing some points of note:
            1. Consistent data – First contact date was consistent in Jan/Feb – dates are no longer included after that, then data is off
            2. First contact with the family, not necessarily with that child
            3. Missing surveys from March

Tracking line by line so there is a record of missing surveys

You will be contacted to complete if it is not done

1. *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)
2. *DATA! We are now just over a year into INFPS, and we have much outcome data that will be released and posted soon. We have outcome data specific to substantiated repeated maltreatment and removal rates broken down in so many ways—statewide, by region, by county, by case type (IA vs. CHINS), by race, and by provider, and any combination of these.*

*We’ve served 4,153 families and 8,632 children (as of 6/10/21). Overall statewide substantiated repeated maltreatment is currently 3.52%, and 4.36% of kids served for at least 90 days have experienced a removal. We will work on getting specific provider data reports to you soon. We really want to use this data to drive improvements in our work, and it’s exciting to have such great information to help us accomplish this important goal.*

***A special thanks to Evaluation Team of Brian Goodwin, Aubrey Kearney, and Elisabeth Wilson for all of their help with getting us this data!***

* 1. Outcome data—we are tracking:
     1. Repeated maltreatment
     2. Number of families experiencing removals
     3. Can be seen at the county and regional level, and by race, by provider, by case type (IA vs. CHINS), etc., and any combination of these.
  2. Can drive improvement in ways that we could not have done prior to Family Preservation, including at provider level so you can know how your work is impacting families.
  3. DCS will be able to put together provider-level reports detailing provider performance.
  4. Overall repeated maltreatment rate is 3.5% with Family Preservation
  5. 4.63% have experienced removal after Family Preservation
  6. We will work on getting reports to you in the near future

1. Family Reunification Services RFI posted 4/29, and the closing date has been extended to June 15 at 3:00. You can find the RFI here: <https://fs.gmis.in.gov/psc/guest/SUPPLIER/ERP/c/SCP_PUBLIC_MENU_FL.SCP_PUB_BID_CMP_FL.GBL?&>
2. Concrete supports discussion—Austin
   1. Please make sure to send the concrete support spreadsheet to the Child Welfare Plan or Bridget McIntyre
      1. Do not upload to KidTraks
   2. Even if your amount is small, it is important to document
      1. It is important to document funds spent to keep children with caregivers
   3. Some requests of agencies putting in writing that the children will be ‘removed’ if funds are not provided for a particular item/service
      1. This is not something we should be asked to say in front of a family, or documented in the child and family team
   4. If you think providing a concrete need will prevent the removal of children, you should do it! You don’t need permission or documentation from DCS
      1. We’ve see some really creative uses of concrete spend to preserve families
3. Discussion around when to end Family Preservation Services for a family.
   1. There are only two reasons to close this service
      1. Successful Case Closure
      2. Formal and indefinite removal of children
         1. Does not include short term
            1. Example – mom goes to short term detox and the kids will stay with grandparents
            2. Short term and time limited removals do not end the service
   2. No other reason should end referral
      1. If another provider is needed, we will end the referral with you and continue the service with another family
   3. Sometimes a case is closed retroactively – court order comes in late and is backdated.
      1. If this happens, notify Child Welfare Plan or Austin
      2. We will work to address any of these challenges
   4. Child and family teams are communicating very well regarding short term removals when the plan is for the kid to be out of home for very short time. When removal lasts longer than expected, make sure you are re-evaluating whether Family Preservation services should remain in place.
4. Current referral information:



1. Questions submitted:
2. If FP referral was received 3.29.21 but we were not able to make F/F contact until April – do we need to do a survey on this case since services did not begin until April?
   1. When did you accept the referral? If you accepted the referral in March you still need to do the survey for that case until the case closes.
3. Anything else?

*MOU complete for DMHA Grant funds*

* + 1. DCS will offer Seeking Safety training to pay for training
    2. Providers may need to pay for book
    3. Stay tuned for dates – virtual training
  1. If you cap out at 200 will there be a second training offered?
     1. If I can get that work-through quickly and open it, if we cap out we can entertain having more than one day.
  2. Will you limit how many people agencies can send?
     1. I do not believe that I will have the ability to cap individual agencies. I would ask that you are considerate of others.

1. We are looking for more information on outpatient. Their PowerPoint online says it requires a medical doctor on staff. Is that necessary for treating low level (marijuana abuse)?
   1. Please refer to DMHA for an official answer, but we do not believe a medical doctor is required.
2. Besides DMHA, the issue may be Cordant, the new drug testing company. They want the screens sent out via FedEx. This may be difficult for some regions.
   1. We are rolling Cordant out statewide. This is an ongoing process.
   2. If you would like to send Austin specifics regarding difficulties with Cordant he can help address these.
3. Cordant is saying we don't have to observe the urine collections. If that's something that can be cleared as well.
   1. That is accurate. When we opened the RFP for a new statewide drug screening provider we were specific that we want them to start as monitored drug screens rather than fully observed.
4. Should the PFS concrete be uploaded into KidTraks or just the PFS survey?
   1. Send this to Bridget, it should not be reported in the PFS survey.
5. What will be the end date on referrals coming in July?
   1. We will be extending referrals but this will not change the number of units that are available on those referrals.
6. Does home safety checks have to be completed the first 7 days of the month? What if the reporting period ends in the middle of the week and were seen before the next reporting period begin?
   1. Home safety checks must be done one time per week.
   2. When the month changes – if you can add the date of the prior month to your grid, that is helpful to the review team
7. I heard the Caseworker Service Standard is changing?
   1. Yes we are changing the qualification portion of the casework service standard.
8. Should we include paying for services for families who do not have insurance on the concrete spend spreadsheet?
   1. Yes, if you are spending money outside a program you should add that.

Next meeting 6/25/2021 @ 1:00 EDT

THANK YOU!