**Indiana Family Preservation Services**

**Agenda and Questions**

**June 16, 2023**

1. Concrete supports reminder and discussion—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>

**As a reminder, the anticipated costs of concrete supports were built into the per diem.**

The decision to use concrete supports should also be a team one with good planning to ensure families achieve maximum benefit from these supports.

1. Brian Goodwin: *A reminder that we are going to continue to collect surveys for family pres cases until case closure / child removal; we will be reaching out directly to providers that have not submitted any requested surveys.* Please be sure to prioritize completion of surveys when asked. Reach out to Brian Goodwin ([Brian.Goodwin@dcs.in.gov](mailto:Brian.Goodwin@dcs.in.gov)) if you have any questions on this.
   1. Reminder: reports being sent out monthly. Continue to upload surveys until case closure or the child is indefinitely removed from the home.
   2. We will be reaching out to providers who need to fill out surveys directly.
   3. Thank you for the submissions so far – The information is very helpful!
2. *Quality of reports and naming-the-model discussion.*

* Make sure your reports clearly state what EBP you are using.
* Initial assessment (and safety plan) should be completed within 7 days of your first face-to-face contact and uploaded to KidTraks. These should include the assessment, EBPs to be used, goals, etc.
* Documenting treatment plans, how the family is responding, goals, and the plan going forward in the monthly report would be ideal.
* *Field should be sharing as much information as possible with provider agencies*
* *Early and often CFTMs can also help team communication and allow reports to be more beneficial*

1. Current case information: *(as of 6/15/23)*

|  |  |
| --- | --- |
| **Region** | **Family Pres Case Count** |
| 1 | 114 |
| 2 | 59 |
| 3 | 96 |
| 4 | 126 |
| 5 | 48 |
| 6 | 51 |
| 7 | 140 |
| 8 | 122 |
| 9 | 66 |
| 10 | 193 |
| 11 | 87 |
| 12 | 56 |
| 13 | 73 |
| 14 | 41 |
| 15 | 73 |
| 16 | 127 |
| 17 | 62 |
| 18 | 106 |
| **Grand Total** | **1640 (+1)** |

|  |  |
| --- | --- |
| **Region** | **DCS Case** |
| 1 | 100 |
| 2 | 54 |
| 3 | 74 |
| 4 | 121 |
| 5 | 41 |
| 6 | 44 |
| 7 | 133 |
| 8 | 109 |
| 9 | 45 |
| 10 | 179 |
| 11 | 79 |
| 12 | 52 |
| 13 | 63 |
| 14 | 37 |
| 15 | 69 |
| 16 | 108 |
| 17 | 62 |
| 18 | 93 |
| **Grand Total** | **1463 (-8)** |

|  |  |
| --- | --- |
| **Region** | **JD/JS** |
| 1 | 14 |
| 2 | 5 |
| 3 | 22 |
| 4 | 5 |
| 5 | 7 |
| 6 | 7 |
| 7 | 7 |
| 8 | 13 |
| 9 | 21 |
| 10 | 14 |
| 11 | 8 |
| 12 | 4 |
| 13 | 10 |
| 14 | 4 |
| 15 | 4 |
| 16 | 19 |
| 18 | 13 |
| **Grand Total** | **177 (+9)** |

1. *Updated stats:*

* *May was down 37 kids in out-of-home from April. We are at 8,664 as of 5/31/23, and May was our 26th out of the last 27 months with a reduction.*
* *May was a 16th month in a row exceeding the federal safety target of 94.6% (we were 95.17% in May 2023).*

1. Questions received (two questions were received):
2. Per our last meeting all people in the home are supposed to be on a referral?  Who can we email to communicate what families we currently have that this isn't happening and what we are to be doing with it.
   1. During the CFTM, find out who the key adults in the child’s life are, and who should be included in services
   2. Adults in the home who act as a caregiver should be included in the referral
   3. If you are consistently not getting key people on referrals, you can talk to the local office management
   4. ONLY children formally involved with DCS (CHINS/IA) should be referred. Additional children in the home can be listed in referral details, but should not be referred
   5. *Sometimes the children that are not formally involved have a significant impact on the family functioning and need services from the provider to better function within the family system.  Outside of the per diem adjustment is there any issue with engaging this child 1-1 to better address the goals and needs of the family?*
      1. You're encouraged to engage the whole family, even if there's a youth who isn't "formally" involved.
      2. You may be able to bill Medicaid or other payor sources, but these children cannot be added to the DCS referral for per diem
3. We are being asked to "pause" family pres services when the youth is in detention awaiting a court hearing. We would like to continue to provide services to the parents to prepare and safety plan for when the youth is released back to the home.
   1. Short term and time limited removal should not stop the referral. These are family-based services. You should be able to keep working with the family.
   2. As long as it is a short term detention we would want the services to continue for continuity.
   3. You can reach out to your probation consultant for assistance with this.

Anything else?

1. Would it ever be possible for FCM's to share the family risk assessment they complete during their assessment, with the provider.  Since at times we get minimal information on these cases.
   1. We do want the field to share as much information as possible. Not sure if this is something we can share. This has been a recent topic with field staff to make sure you are getting the information needed. An early CFTM would be beneficial to make sure there is good communication.
2. We had a dad court ordered to leave the home.  Do we need a new FP referral with his name removed?
   1. No. If the children in the home changes, then you should get a new referral to reflect the children that remain. You can continue to serve the father even if he is not in the home.
3. What is the expectation or standard to Providers having to step into paying for hotels on the day you get the referral and not even being able to do an assessment?
   1. If you could provide the case information to Carolee or the appropriate Coordinator (depending on where that occurred) so they can look at the situation, it would be appreciated. I am not sure without knowing some more around the specific situations that lead to that.
4. Who can providers contact when they have gone up the chain to LOD, and safety concerns are not being addressed?
   1. You can include the Regional Manager and the coordinator can assist informing who that may be.
5. Sometimes the children that are not formally involved have a significant impact on the family functioning and need services from the provider to better function within the family system.  Outside of the per diem adjustment is there any issue with engaging this child 1-1 to better address the goals and needs of the family?
   1. No, you're encouraged to engage the whole family, even if there's a youth who isn't "formally" involved.
6. If a baby is born after FPS case opens and we are required to transport baby, should the baby be added to the referral?
   1. If the baby is not a ward or focus child they would not be a participant on the referral. If the child is a ward a new referral would need to be made with the child included as a participant. If the mother gives permission to transport, you can talk about this within the CFTM.

**Next meeting: 7/21 @ 1:00 Eastern**

**THANK YOU!**