**Indiana Family Preservation Services**

**Agenda and Questions**

**August 19, 2022**

1. 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. DCS received formal approval of our 5-year Title IV-E Prevention Plan on June 30. While the specific models that were approved include the following, **providers delivering INFPS should continue to deliver this service as they have been with no change needed…**
   1. Motivational Interviewing
   2. Parents as Teachers
   3. Functional Family Therapy
   4. Healthy Families America/Indiana
   5. TF-CBT
2. Current case information: *(as of 8/18/22)*

|  |  |
| --- | --- |
| **Regions** | **Family Pres Case Count** |
| 1 | 122 |
| 2 | 54 |
| 3 | 80 |
| 4 | 85 |
| 5 | 37 |
| 6 | 44 |
| 7 | 118 |
| 8 | 113 |
| 9 | 53 |
| 10 | 160 |
| 11 | 72 |
| 12 | 64 |
| 13 | 71 |
| 14 | 45 |
| 15 | 73 |
| 16 | 115 |
| 17 | 63 |
| 18 | 98 |
| **Grand Total** | **1467** |

*Down 26 from last meeting.*

1. INFPS and probation-involved youth
   1. Probation is interested in utilizing INFPS to prevent kids from entering residential care.
   2. Conversations occurring to determine what changes would need to be made to the Service Standard

Internal conversations at this point, we will update when we know more!

1. Services Hub reminder.
   1. How often should providers be updating their referral availability?
      1. When FCMs are searching for providers, the #1 filter is most recent referral availability updates
   2. Updates per agency
      1. If you want to add a picture or more information, email the Services Hub at [serviceshub@dcs.in.gov](mailto:serviceshub@dcs.in.gov)
   3. Trial Services Hub
      1. Therapy, Casework, Visits
      2. Pilot in Lake County in Aug/Sept
      3. Adding a few more regions through the end of the year
2. Family Pres Friday for DCS—next meeting for FCMs is next Friday, 8/26. Please encourage FCMs to attend!
3. Data presentation (PowerPoint)
4. Questions received:
5. Ongoing billing issue: Over the course of FPS, we have had about a dozen cases end in a removal within the first 1-2 months. About 75% of these have been related to active substance use/misuse and the inability to create a safe enough environment quick enough. With many of them, there have been questions at the removal in terms of placement, treatment, and short term/long term removal. As a result, we have carried the FPS case through the court hearing, ensuring that the plan is for FPS to close due to the removal. Consistently, we are getting denied billing for this. When we contact DCSResearchPayment, they confirm what the standard says regarding indefinite removal and say we are approved to bill. When we rebill, we, at times, are still getting denied. We understand the standard and the goal of checks and balances, but we are spending lots of time chasing billing for something we should be able to bill for. Does anyone else face barriers like this to billing? Because of the emergency nature of the hearings, we aren’t being subpoenaed to court and don’t always have court documentation. I know the removal is triggered in the system, but is there no way to see the initial court date in the system, too? What have others found helpful in billing situations like this?
   1. We need to continue conversation in our Child and Family Team meetings. We may want to keep INFPS in place if the removal is short term and time limited. Conversation with the team can help to plan for potential removals and the possibility of the child coming home in a short amount of time.

Feel free to reach out to your Regional Service Coordinator or Austin if you need assistance with invoicing.

1. We are attempting to expand the areas we serve for Family Preservation due to a recognized need for services providers with our expertise in rural communities, but we are struggling to find qualified professionals we would typically hire for these positions. We would like to utilize Certified Peer Recovery Coaches that may not have a Bachelor’s degree or 4 years working with children and families specifically. These individuals would receive training to ensure delivery of the service standard and Evidenced Based Practices and be supervised by a master’s Level clinician as well as supported by a team of additional bachelors level and masters level professionals. The clients we serve all have a Substance Use diagnosis and this is typically the primary problem the family is experiencing.

The FamPres service standard does not reference minimum qualifications required as the Home Based Case Work service standard does. Would this individual be appropriate to serve as the lead for a family with Family Preservation services?

* 1. If the employee meets the qualifications of the chosen EBP and is legally providing the service, they are fine. Therapy, for example, also has laws around qualifications, so that must be followed, but, otherwise as is stated in the service standard, workers must be trained and competent to provide the chosen EBP. Specifically the service standard states:

The program shall be staffed by appropriately-credentialed personnel who are:

1. Trained and competent to complete the service as required by federal and

State of Indiana law.

2. Credentialed according to the requirements of the evidence-based

model(s) used.

3. Carrying appropriate caseloads. No member of the treatment team

(excluding support staff) may carry a caseload greater than what is

allowed by the model being delivered, provided that the caseload shall

never be greater than 12.

1. In what cases should providers advocate for INFPS if there has been any removal at all?
   1. Not to be utilized for reunification cases as we don’t want to disrupt services that have been in place that resulted in the case moving to reunification.
   2. If the child was removed for a very short time and services have not been established, INFPS should be utilized. In these cases, traditional services are not already in place and making progress, so INFPS can be considered
   3. When a judge orders INFPS – we are not the field and can advocate for what INFPS is and is not, but the judge’s order takes precedence
2. One of the DCS county offices likes a specific parenting curriculum. FCM’s are putting in a separate referral for this curriculum to a different agency. Tried to talk to the supervisor.
   1. Reach out to Austin, David, or Regional Service Coordinator regarding this specific concern. We do not want to have multiple providers involved. If that other provider also has family preservation on their contract and this case would be a better fit then maybe they should get the INFPS referral.

Anything else?

1. How do we update or add an EBP so it reflects in the Hub?
   1. If you have updated your EBPs that you are utilized under your Family Preservation program, you would want to send that information to your Regional Services Coordinator. There may be supporting documentation (evidence of qualified staff, etc) to submit to them. Once your Regional Service Coordinator confirms that you are qualified and able to provide the EBP, we can add it to the Services Hub!
2. To me it seems you are saying the Regional service coordinator has to approve an agency to use an EBP with FPS. This was not the process at the start of FPS so is this now the expected process to be able to utilize an EBP under FPS? Obviously getting it added to the service hub is important, but I am not sure I understand why this step is necessary as it was not completed previously for current EBP's on the service hub.
   1. for Family Pres, we have always ensured that providers are only utilizing EBPS from the California Evidence Based Clearinghouse. <https://www.cebc4cw.org/>. It might help if I clarified that the Services Hub is not managed by staff who are experts in Community Based Services or Family Preservation Services. So, that's why I said to send it to your Regional Services Coordinator, because someone from the Services Hub wouldn't be able to speak about the contract or service of a provider, so we depend on our Regional Services Coordinators and Residential Licensing Specialists for information.
      1. Yes, but essentially if we want to add one that is on the California clearing house then we are approved to use them and it is up to the provider to follow the fidelity of the model and to my knowledge is not the responsibility of the regional service coordinator to verify that the provider has everything in place to follow the model to fidelity. I am just not understanding the need for verification/permission from them in this process.
         1. yes, that makes sense! The gap is that we have people managing the Hub who are not familiar or connected to any of these things. So they wouldn't know what or how to verify something that is sent from a provider about changes to their programming or contract.

For example, it is common for Providers to reach out and ask the Services Hub to "add" them to certain Counties or Regions in the Hub.

We always reach out to the Regional Services Coordinator before we change information like that. Simply because we aren't the keepers of the Provider's programs and contracts or clinical services.

We are just running the user platform of the Services Hub.

1. Is DCS still using the FPS Provider Dashboard or has that been ditched for the Service Hubb?

<https://publicdataviz.dcs.in.gov/t/cw/views/TitleIV-EServicesAvailabilityinIndiana_16209985634740/TitleIV-EServices?:showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link&:isGuestRedirectFromVizportal=y&:embed=y>

* 1. I think FCMs are primarily using the Services Hub

1. It would be so great if, as providers, we could enter all information on one page. I update the app for 52 counties each week with all of the same information except for the number of available openings. Any chance this might be re-designed in the future?  
   We have been doing a lot of outreach to counties in Regions 16 and 17 and providing presentations on our FP referrals. When we mention the FP App and/or attending the meetings for FCM's, we get a lot of blank stares, comments that they "don't use the app", comments that they have never heard of it. Just fyi.
   1. I do wonder if you called it the "Services Hub" if that would change their response. They wouldn't know it as the FP App. And they may access it on their computers (that's how I access it).
2. Is all of region 1’s providers piloting or just a few?
   1. all Region 1 Providers who are contracted for HBT, HBC, and Supervised Visitations.
3. Will the community-based hub continue to list agencies alphabetically?
   1. Nope! We are still working to get the Hub Pilot ready, so I was just showing you the dev. It will be randomized on Monday!
4. Just to understand FP can accept referrals for community-based services?
   1. they are all housed on the Service Hub, but the newer services that are being piloted are for community-based referrals, so the agency would need to have those services on their contract.
5. How often does availability needs to be updated?
   1. We recommend you update daily so it is accurate. Most update at least every 1-3 days.

Next meeting 9/2/2022 @ 1:00 EST

THANK YOU!