**Indiana Family Preservation Services**

**March 26, 2021 Provider Call**

**Agenda and Questions**

1. *Dates of upcoming INFPS Office Hours (info here:* [*https://www.in.gov/dcs/files/INFPS\_Office\_Hours\_Guidelines\_2021\_02\_01.pdf*](https://www.in.gov/dcs/files/INFPS_Office_Hours_Guidelines_2021_02_01.pdf)

March 31st 2pm Eastern: Brian Goodwin

April 14th 2pm Eastern: Aubrey Kearney

April 28th 2pm Eastern: Elisabeth Wilson

May 12th 2pm Eastern: Brian Goodwin

May 26th 2pm Eastern: Aubrey Kearney

June 9th 2pm Eastern: Elisabeth Wilson

1. Current referral information:



Is the number of referrals the actual number of cases that are in need of services? Are these cases NEW cases or total?

* *This is the actual number of current Family Preservation referrals in each region*
1. *Birth Parent Advisor Board (BPAB). Please see attachments on this. If you know of any birth families with which you have worked in the past who may be a good candidate for this, can you please let David know (**David.Reed@dcs.in.gov**)?*
	1. Please review the information that was sent with the flyer.
	2. The goal is to improve how we interact and assist families.
	3. What does the commitment look like?
		1. Monthly meetings – virtual now but may be in person at some point
		2. One hour meetings
	4. Will you have a parent board 12 months after Family Preservation case?
		1. At this time, the requirement is that the family has to be 12 months past DCS involvement. Hopefully we can soon involve INFPS families
2. *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)
	1. Watch the timely initiation numbers – currently at 61%
		1. DCS evaluators will include this data in the deep-dive of data and fidelity
		2. This will eventually be by provider within the next few months
	2. Don’t forget to submit your surveys!
		1. Currently we are missing about 238 surveys
	3. Receipts will be sent in bulk – you will not get it right away!
		1. If you enter more than one email, use a semi-colon to separate
	4. We will be reaching out to specific providers regarding difficulties with data entry, model fidelity, and timely initiations.
3. *Please make sure all of your surveys from January and February are completed, and make sure that you’re planning for your March surveys. To ensure you receive receipts for surveys you’ve completed, make sure that you put in your email address correctly. Also, if you want more than one person to receive the receipts, please enter more than one email address (separated by semicolons). Please also ensure that all data in your survey submissions match your invoices. If not, we will contact you to reconcile any differences.*
	1. *Complete a survey every month until case closure for all children referred in January, February, AND March 2021, and, for those kids, complete a survey* ***every*** *month until case closure.*
	2. *Please try to get surveys done by the 12th*
	3. *Responses have been good so far, and they show fidelity to chosen models!*
	4. *Be sure to enter* ***all*** *models used with a child.*
4. Questions submitted:
5. How are other CMHC/service providers navigating situations where significant concerns for safety are present in the home, hotline reports have been made, as well as DCS has been notified through various methods (emails, weekly safety home visit documentation, drug screen results, CFTMs, emergency provider meetings, monthly reports, phone calls, etc..), however, the child is still in the home with the family due to being unable to prove safety concerns?
	1. Family Preservation services allow providers to increase intensity of services as needed; even daily when necessary. This is one of the core components of Family Preservation that the family is able to receive the intensity of services that are needed.
	2. Increase time with the family and increase communication with DCS FCM and Supervisor, outlining concerns
	3. Continue documenting concerns and how you are communicating them
	4. Some providers have had success communicating with DCS and listening to provider recommendations
	5. Monthly meetings with county offices and providers regarding Family Preservation also seems to be helping
	6. Concern regarding liability. Even when having these conversations with DCS if something happens to that child, is the reporting of information enough?
	7. It is DCS’ responsibility to remove a child it is important that you relay your concerns as often as needed. You are ethically operating in good faith by expressing your concerns.
	8. Some agencies do have specific direction/policies in place regarding active substance use in the home. What are others using or doing when we know active substance use is in the home with children present as far as worker safety and child safety?
		1. Some providers will send multiple staff members out to the home at a time in situations where worker safety is a concern.
6. How are other CMHC/service providers managing Recovery Court referrals while the family is also involved in Family Preservation services?
	1. The Recovery Court is viewed as another team to collaborate with.
	2. Family Preservation services can support Recovery Court by helping the family meet goals.
7. We are experiencing an issue with cancellations for cases that occur in the first few days of the month.  How do we handle the documentation to support billing when it is reasonably possible to not have performed any services in that month?  Example:

Safety visit performed on 2/28, cancellation received on 3/2.  No services performed on 3/1 or 3/2.

Do we just send a monthly report that says “No services performed.  Case cancelled 3/2”?

1. Be sure to clearly document that the last contact was made on 2/28 and that the family was seen the one time per week minimum.
2. Anything else?
	1. In regards to Maximus partnership for QRTP, can my agency apply to do 30 day assessments? We are contracted as community based only. We are not contracted or affiliated w any residential facility?
		1. Maximus is the only provider we have under contract for the 30-day Assessment for QRTP. They were awarded that contract through a competitively-bid RFP.
		2. It was an RFP done through IDOA (the same place where we do our RFIs) several months ago.
	2. If we have an FP case and the parents are separated, but the FCM wants supervised visits with Dad. Do we need a separate referral for visitation?
		1. Yes, you would need a visitation referral for dad
	3. Healthy families is a part of our agency. When we did the RFP we didn’t put Healthy Families on there. Can we still utilize their services if needed?
		1. That’s fine, make sure to follow the service standard which says to do any model that you want to do that is at least a promising practice on the California Clearinghouse, as long as you can do it to fidelity.
	4. If I don’t get a response from payment research unit, who should I contact next?
		1. They will get back to you soon. You can reach out to David or Austin but the payment research unit will get back to you.
3. Next meeting 4/16/2021 @ 1:00 EST

THANK YOU!