

Family Preservation Services Call Agenda and Questions

June 26, 2020

DISCUSSION TOPICS:

- a. Initial Assessment/Treatment Plans—I know they are “initial”, and they are due within 7 days, but, we need to make sure that they aren’t too “high level”...Let’s discuss...
-Not a lot of specificity or speak to the reason for DCS involvement. Will need to provide some more detail in these initial assessments. Prioritize a thorough job of assessing these families in the first 7 days. We need these assessments to be family specific. Include some initial treatment planning.
- b. Make sure you speak to reason for DCS involvement in your Initial Assessment, Safety Plans, and Treatment Plans...Judges and DCS will need to see this.
- c. DCS is supposed to be involved in the creation of Safety Plans and Treatment Plans. Be sure you’re doing so. Please have discussions with FCMs about these things. Discuss things like frequency and intensity of involvement. This will help with discussions of compliance.
 - o In regards to the initial assessment and safety plan
 - This is not the PFS2 – this is a specific survey to be completed within 30 days
 - o More detail is needed in order to get judge/court buy-in for this program
 - o Documents cannot be cookie-cutter; should be family specific
 - o We understand that the SS is not clear on this, but we need you to be very clear
 - o Narrative summary of assessment due 7 days after FIRST CONTACT with family
 - o Example – one provider sent great tools and each one had scores; no explanation
 - Unless you are a clinician, you wouldn’t understand scores
 - Clinician should be part of the initial assessment process in some way
 - o Background and conceptualization sections of your initial assessment are good tools to use to develop report to DCS
 - o Make SURE you speak to the reason for DCS involvement in your initial assessment and discuss steps/goals/plans to rectify that concern
 - o Discuss safety concerns and plans in initial assessment
 - o Include models, frequency, etc. Judges want to know what the plan is so they can determine if family is compliant
 - o Families with DV – agencies should work on diversifying by becoming qualified to treat a larger variety of needs; you will then be able to serve more families
- d. Family Preservation and substance use treatment. Let’s discuss...

Vast majority of these cases should only have one referral. If we have a sub use disorder concern we should be referring to providers who can address this challenge.

- e. FYI, there is now a Family Preservation Services page on the DCS site:
<https://www.in.gov/dcs/4102.htm>

QUESTIONS:

1. Should agencies expect to still see Family Functional Assessments for IA or in home CHINS cases? If so, wouldn't we only be able to recommend Family Preservation?

A: Hopefully agencies will not see referrals for FFAs (or any other fee-for-service service) for new in-home CHINS and IA cases, as the assessment of the family is a requirement of Family Preservation Services and thus a separate referral for FFA shouldn't occur. If it does, however (most likely due to a Court Order), the provider should recommend the specific services that the family may need through a Family Preservation referral—we need to make sure that we are still giving specific recommendations for specific services for families who are receiving FPS. So, whether there's a FFA referral in place or not (and, hopefully, there is not!), your assessment should be clear as to what you are recommending for the family. E.g., "The parent would benefit from additional education on child development and effective parenting, and to address that, this provider will utilize the Parents and Teacher evidence-based model. Sessions will occur at X frequency, and will likely last for X weeks. In addition, the father presents with potential substance use disorder which will be further evaluated as this provider works with the family. The initial evidence-based model that will be utilized to address this is Motivational Interviewing, components of which will be used during every session with the father, which, at this point, are scheduled to occur in the family's home twice per week on Mondays and Thursdays." We want to have this level of detail, as much as possible, even in your initial assessments that are due within 7 days of your first contact with the family.

2. If our agency offered services through the Service Standard labeled "Domestic Violence-Survivor and Child Intervention", but do not offer services for Batterers Intervention, could we accept a Family Preservation referral with a DV history, and request a specialized referral be sent to another company to service the batterer? Or, do we need to service both in order to take the referral?

A: Providers who accept a referral for FPS need to be able to address the reasons for DCS' involvement. If the service is being referred to address a presenting issue that the provider does not have the expertise or training to treat, the provider should inform the FCM and decline the referral. If, however, a problem that was not known at the time of the FPS referral presents itself weeks or months after FPS services have been initiated, the Child and Family Team must decide what to do about addressing that problem, including referring for an existing fee-for-service service, or even making a referral to a different FPS provider, depending on how the case is progressing. Again, this should be a CFT decision based on case-specific circumstances.

3. When offering the DV survivor and child intervention service, do we need a separate evidence based model that is specific to only DV? Or, can we provide that service and utilize our therapists that are certified in TFCBT?

A: DCS has to rely on the provider expertise and judgement in cases like this. Please serve families for which you have the knowledge, skills, competence, expertise, etc., and, if a particular problem arises that you do not feel comfortable addressing, please let the FCM and the Child and Family Team know so that they can help figure out what to do about that circumstance.

4. Can families that are going to trial home visits be referred to FPS? Or are only new cases coming into the system being allowed to be referred?

A: Traditional TTV cases where the child has been out of the home for an extended period should not be referred for FPS (because whatever services that were in place prior to TTV were obviously working if the family has gotten to TTV and we would not want to disrupt that). That, said, we can look at specific case circumstances, and we are aware of cases that appear in our system to be on TTV but they really are not (the child was only out of the home for a weekend, for example). We are working on "workarounds" to be able to allow referrals to be created by the Child Welfare Services team for these circumstances.

5. We have had requests for fire extinguishers on our FP cases. I wanted to check to see if DCS considers that an item we should pay for to prevent removal.

A: If requests like this come up, providers should work with the local office. The service standard does state that concrete supports are only to be used if not doing so would result in the DCS need to remove the child, and it's not clear that would be the case for a family without a fire extinguisher. As stated in the FPS training, the decision to use concrete funds should be a *team* decision.

6. Where do I find billing codes?

A: On your attachment 1 of your contract. The code is 10052

7. Can the urine "dip stick" be used or does it have to follow the drug screen service standard by using the comprehensive lab?

A: if it is a required service per court or per DCS for drug screens, we will put a drug screen referral in place. If that isn't the case, and you are doing them for treatment purposes, you should discuss that with the team, and they may be in agreement with that.

8. If a client has ongoing medication management needs is it appropriate for the agency/provider to connect client to community mental health agencies that can manage that need, while teaching client how to use their insurance or help them obtain insurance so they can ensure that long term need is addressed? It was brought up on a recent referral that if our agency couldn't handle the ongoing medication management need then the Family Pres referral would need to go to another agency that could manage that.

A: Yes, ensuring that you have ROI's and communicate with the provider that you are assisting them with so you can participate in their treatment teams or at least provided info and get info from them to ensure mutual understanding and information.

9. A lot of discussion came up at the provider fair in Lake County was centered around Domestic Violence. Should agency services become more specialized under FP to address these multiple "diagnosis"/why DCS is involvement? (i.e. Substance Use, domestic violence, etc).

A: It would be good to have diversity of treatments such as DV services. It would be good for providers to pursue training.

10. Is it required that our LCSW who provide oversight and consult with our DV and Substance clients be employed by the agency.

A: No, this is not a requirement. We did not say you cannot subcontract however, we do not want all of our providers' staff being on subcontract.

11. With Family Preservation, if the family has an In Home CHINS but the family has not proceeded to Dispo in court, and DCS has referred the family for Family Preservation services, does the family's participation in services remain voluntarily until services are formally ordered at Dispo in court?

A: Yes the family can choose to voluntarily participate. If the family chooses not to participate we would have to suspend that referral until the time there may be a court order for participation.

12. We have a family pres case where the father is not living with the mother and children. But, the FCM wants FP services for both. Is this a typical situation?

A: This will need to be discussed with case-specific details. You can reach out to our team to help navigate these decisions.

13. We have a similar situation now. Mom is not allowed in the home currently. Focus of services is dad and child and we are also working with mom.

A: Some of the questions we will ask will be: Are you asking the children to go to the other parent's home? Are there two different home/safety checks that need to be completed? We need to figure out the actual expectations.