

June 12, 2020 Family Preservation Services Provider Call Questions/agenda

1. Discussion of CQI processes—Tracy Hopkins and Elisabeth Wilson
Heather Hendley – Continuous Quality Improvement; providers should have a process in place to ensure maintaining fidelity of the model you are serving.

- Here's what we should be doing
- What are we actually doing
- What can we do to improve?
- Ensuring fidelity is already part of the contract (Section K, page 6 of contract)
- DCS has internal CQI team and will work with providers to ensure CQI is occurring
- Important for Family First implementation

Elisabeth – Research and Evaluation; working to get more models on clearinghouse site – part of that process is to evaluate programs and pull data

- Data from CQI can be used to support documentation to clearinghouse
- Concrete support and Family preservation specifically are examples
- This will help get more funding in the future
- Important to monitor outcomes to work toward goal of making more things IV-E eligible

Email heather.hendley@dcs.in.gov with questions or for support

If you have any research questions please feel reach out Elisabeth.wilson@dcs.IN.gov

FFPSA implementation: We have targeted a late 2020 implementation date. This may be updated soon. States are able to delay implementation through 10/21/2021 as needed.

Healthy Families does CQI – Plan, View, Study, Act – there are multiple avenues that can be used

2. Brief review of face-to-face expectations:
DCS has authorized virtual services since 3/16/2020
As the states return to open moves forward in phases, so too will the plan for services to return to normal
We will continue to allow SOME virtual services to occur
As for Family Preservation, we cannot do all services virtually, as there are naturally safety concerns present in In-Home CHINS and IAs; some face to face will be necessary
 - FIRST contact can be virtual; with the purpose being to ask COVID-19 screening questions and determine risk
 - Go back to the Child and Family Team to weigh COVID-19 risks with child safety risks and determine how to do some face to face visits
 - COMPLETELY virtual services are not allowed for Family Preservation
 - Team should work through dynamics
 - When we return to 'business as usual' – Family Preservation models must be delivered to fidelity and go into home and see every child and caregiver face to face at least weekly
 - Room to do some services virtually in addition to this requirement if it appropriate for the specific case
3. Family Preservation Providers are asked to contact the Regional Services Coordinators with their contact person for each region or county so that we can advise our regions and counties on who

to contact to staff possible referrals for each provider. We would like the Name, Email, and Phone numbers for each contact, please.

4. The newly updated Provider Desk Guide for Attaching Case Documentation released 5/29 includes an abbreviation of Family Preservation (“Fampres Perdiem”), but no direct guidance on how to name the “service component” of the Weekly Safety Assessment that they’ve stated they want uploaded. Can they please clarify if the following would be correct/acceptable, or if they’re going to update the guide again?

For the weekly safety assessment: MonthFirstDay-MonthLastDayYr_Fampres Perdiem_ASSMT_ClientName (the date range would show the week, e.g. June07-132020)

Also, for client name, are we supposed to use whichever parent is listed first on the referral, or just family’s last name (or hyphenated last names, if there are multiple), or some other standard?

A. The updated Provider Desk Guide was sent out with case documentation instruction as for labeling mechanism. Weekly safety assessments are not a billable item. They should be named differently so that there is no billing confusion.

For billing – try to use the name listed in the case title; preferably the name of the parent or primary caregiver; follow the mechanism used in the guide

When accountants review KidTraks to compare reports to billing, we want to make sure they can clearly see the monthly report and do not confuse it with the checklist

It is a good idea to upload the checklist, just be clear in naming

5. In regards to the weekly safety check, it implies that a good faith effort must be made to complete this. If we have a therapist scheduled to go to the home one day and the family either cancels or no-shows for that appointment, and we have a bachelor level worker go back to the home a second day in that week and the family again cancels or no-shows, is that considered a good faith effort where we should then notify the family case manager that we were not able to complete that week’s check?

A: As stated in the Service Standards:

Providers, in order to ensure safety of the child(ren), must visit the child(ren) and identified caregivers in the home at a minimum of one time per week or more frequently if requested by DCS.

1. The entire home must be assessed for safety during these visits.
2. Documentation of this must occur and be reflected in the required monthly reports.
3. Any safety concerns found must be immediately reported to DCS in accordance with subsection I.I above.

Subsection I.I states:

“Any identified safety concerns must be reported to DCS immediately.”

Therefore, a family not completing the required safety assessment, regardless of the reason, needs to be reported to DCS immediately, via phone, so we can be made aware.

6. In the section L. of the service standard-

L. Providers must submit their initial assessment and safety plan within 7 days of their first face-to-face visit to the FCM.

Can the safety plan referenced here be the weekly safety checklist or a narrative in the assessment about safety?

A: No, the initial Safety Plan shouldn't just be your safety checklist, though, it could include components of it. The format you use, as stated in the service standards, is up to providers, but, it needs to be a thorough Safety Plan that addresses the presenting safety concerns with the family.

7. Does the treatment plan need to be uploaded into KidTraks along with the assessment? The service standard does not mention this, however I believe there was a question and answer that stated it needed to be uploaded.

A: Providers must submit their initial assessment and safety plan within 7 days of their first face-to-face visit to the FCM.

Your assessment should include your treatment plan and be uploaded into KidTraks as well.

8. If the model/EBP we are providing under the Family Preservation is not going to be utilized by for example a Therapist that needs to work with the family, would we then just request a 'counseling' referral in addition to the Family Preservation referral?

A: No. Therapy, if needed, is included in the per diem. To be clear, providers must have as a foundation of their work at least one EBP, and these are COMPREHENSIVE services. The vast majority of cases should have only one referral—the family preservation referral—in place. If therapy is addressing a medically-necessary condition, like a diagnosis of depression for example, that can be billed to a 3rd party such as health insurance including Medicaid, but, there should not be more than one DCS referral in place for the vast majority of these cases.

Things that MAY be excluded could include

- Detox
- potentially substance use services (although ideally we would select a provider who can provide these services in Family Preservation) – although insurance or Medicaid should cover
- Psychological Evaluations – although insurance or Medicaid should be able to cover this
- Batterer's Intervention Service – may need to be served through a separate agency than the surviving parent and children
 - When the same provider can see both batterer and survivor, internal systems should block the survivor worker from seeing batterer's workers notes, and vice versa

9. In trying to have a good understanding for case hours moving forward, we have a question about the "maximum units" on the Family Preservation referrals. Is this # for units available or number of days expected for the case? And if we anticipate needing to exceed this amount, would we request more per usual?

A: Initial referrals are for 6 months, or, 185 days, and, since you're billing by the day, there are 185 "units" on initial referrals (185 is to capture months with 31 days). When referrals are extended, they will be for 3 months at a time.

10. We have had a few FPS referrals with DV as an issue with this situation. Dad is not allowed to live in the home with mom and the kids. Dad is on the referral and living in another home. We have tried to set up doing safety checklists in his home and with him, but he is resistant to let us do a safety checklist in his home. Do we need to do a safety checklist in his home if the kids are not going to be there? If the kids do come over for unsupervised visits does he have to comply with us doing the safety checklists?

A: No, you don't have to do safety checklists in home in which the children do not live or will not be in. If the children are going to be visiting a home like this with a non-custodial parent, Child and Family Teams should work together to determine if a visit needs to be made, and by whom, to these homes.

11. PFS-2 Questions/discussion:

- a. Can you clarify the parameters of confidentiality with the protective factors survey? For instance the instruction in pre/posttest state that responses are confidential. Does that include being confidential from the specialist providing the survey in the field with the family as well, or just from external sources? Since it's intended to be a survey that the caregivers take, do we need their signature at all at the end of the pre/post-test portion to help ensure the caregiver was the one responding and taking it (and not staff)? Or does it matter?

A: The PFS-2 wasn't developed by DCS, but we have authorization to use it by the FRIENDS National Center for Community-Based Child Abuse Prevention. The results of the survey shouldn't be shared with anyone not formally involved in the case and who isn't authorized have access to records related to that specific case. DCS is authorized to have access to the survey and its results, as we are with any of your records related to your work with referred families. The individual doesn't necessarily have to sign it, but, providers do have to somehow make sure it's clear who completed the survey (there's even a fillable PDF version that completely electronic, so it can't be signed).

- b. Do we need to let the families know DCS is asking for this to be uploaded into Kidtraks? It states that it will be confidential and I would like clarification on if this is general confidentiality like anyone that doesn't have an ROI/our staff or if the answers are only to be seen by the parents?

A: No, you don't have to say that's it's going to be uploaded into KidTraks, but, you can let them know that it will be shared with DCS. Providers should also let families know that their responses aren't going to be used against them or anything. Remember, we're using this tool to stimulate conversation around Protective Factors as we want to help make sure families build them as we know research tells us that families with lots of protective factors usually have children who are safer.

- c. Do we have all identified caregivers in the home take this, or just one? They may differ in their responses and assessment of protective factors, so I feel like we should allow more than 1 to take it if they would like to.

A: We recommend having all caregivers in the home complete it, because we want to know their impressions of the protective factors present with the family so we can target improvements.

d. Can you clarify some questions about scoring?

i. Is there an updated scoring sheet and can you provide more guidance on the sub scale for child development/knowledge of parenting?

A: Be sure you're using the PFS-2 (the child development/knowledge of parenting subscale is in the first edition, not the second. Use the second)

ii. Are we just collecting raw scores to compare pre and posttest?

A: You should talk about the results with your clients, and you need to administer the survey every 3 months. Discuss the results each time.

iii. What are the scores used for? What do we do with the scores once we've calculated them?

A: For discussion with the family, and to help inform your treatment plans.

iv. Does DCS require the PFS II to be scored?

A: Yes, it needs to be scored.

12. Is there a ballpark timeframe when we would start the formal CQI in the new format?

A. Prior to FFPSA implementation

13. I have noticed once referrals came in, that there is not a section to enter in notes/service entries like there is for the comprehensive contract. Will there be a section for notes added to Family preservation referrals?

A. These are same format as other community based services. We are speaking with the field to make sure new referrals have pertinent information.

14. Are these questions/answers posted on the website?

A. This has not been done yet, good suggestion. We now have a Family Preservation web page. We will be sending the last call and this call's minutes very soon.

15. What are your estimates for number of statewide referrals?

A. The number of current in-home/IA is publicly available on DCS website. As discussed not all cases will be shifted to FP. Keep in mind that there has been a decreased number of hotline calls and new cases due to the pandemic and it being summer.

16. So there must be a treatment plan And a safety plan?

A. Yes, you will need both the treatment and a safety plan. They are not synonymous.

17. Where can we find the updated Provider Desk Guide for Attaching Case Documentation?

A. It is in Zendesk, provider portal of KidTraks. Link: <https://stateofindiana.zendesk.com/hc/en-us/categories/203189488-KidTraks-Vendor-Information>

18. Concrete funds: We are going to be sharing a [spreadsheet](#) to track this spending. We would like to make sure this data is usable so we can adjust as needed in the future. We will send out with instructions.

Send to Child Welfare Plan

Submit monthly or quarterly

Will allow for submission in an orderly way so that we can use and track the data