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To: The members of the Commission on Improving the Status of Children in Indiana

From: The members of the Child Services Oversight Committee

Date: October 23, 2013

Re: Report of recommendations to improve the delivery of child protection services

I. Directive to the Child Services Oversight Committee

The Child Services Oversight Committee (Committee) is required under IC 2-5-36.1-8(a) to submit to the Commission on Improving the Status of Children in Indiana (Commission) an annual report before November 1 making recommendations regarding improving the delivery of child protection services in Indiana.

The Committee met two times in 2013, on July 31 and October 23. The final report and other documents for the Committee can be accessed from the General Assembly Homepage at <http://www.in.gov/legislative/>.

II. Recommendations to Improve the Delivery of Child Protection Services in Indiana

The Indiana statutes establishing the Committee and Commission came into effect on July 1, 2013. Given the limited amount of time that the Committee has had to review information regarding the delivery of child protection services and that the Department of Child Services has had to implement changes recommended during the 2012 interim and 2013 legislative session, the members of the Committee have only two recommendations, as follows:

- (1) Study system response to newborns born with drugs in their systems.
- (2) Continue to monitor and review the changes that have been recommended to the Department of Child Services, which the Department of Child Services has begun to implement. A list of these changes is attached as Attachment A.

The members of the Committee approved these recommendations to the Commission in a vote of 10 to 0 at the October 23, 2013 meeting.



Department of Child Services (DCS) Study Committee Initiative Update

April 1, 2013

1. DCS Provider E-Invoicing

- **What is e-invoicing?**
 - E-invoicing provides a streamlined billing process that allows DCS providers to enter a claim directly into the DCS payment system, rather than completing and mailing a hard copy of the invoice to DCS.
- **Advantages of e-invoicing:**
 - Reduced processing time.
 - During the pilot phase providers utilizing e-invoicing received payment 15 days faster than those mailing hard copies of their invoices to DCS.
 - Immediately identifies many errors before a provider submits their claim, giving the provider the opportunity to immediately correct the error.
- **Statewide rollout:**
 - Pilot- Jan/Feb 2013: 28 providers began using e-invoicing.
 - Phase 1- April 1st: 61 additional providers will begin using e-invoicing.
 - Phase 2- May 1st: 116 additional providers will begin using e-invoicing.
 - Phase 3- June 1st: 117 remaining providers will begin using e-invoicing.
- **Preparation for each phase includes:**
 - Notification of providers participating in each phase.
 - Training sessions provided during two weeks prior to each phase. One in Indianapolis and one in a local location.

2. Updated DCS Hotline Process

- DCS updated the child abuse and neglect report intake process, effective March 5:
 - All reports of child abuse and neglect will still be made to the Indiana Child Abuse and Neglect Hotline.
 - The Hotline will receive and document the report, and send it to the DCS Local Office where a decision will be made on whether or not to assess the report.
- While all reports will still be made to the Hotline, the final decision on whether or not to assess a report is now completely in the hands of the local office.
- This new process does not interrupt any current procedures that have been set up at the county level between law enforcement and a Local DCS office.

3. Mental Health Services for Children Program

- **What is the program?**
 - DCS is in the process of rolling out a program to provide state- funded services to children with severe mental-health needs that do not have access to private insurance or Medicaid.
 - In the past these children have ended up in the child welfare or juvenile delinquency system as a mechanism to access services.

- **Rollout:**
 - First site: Community Mental Health Center (CMHC) in Dearborn County
 - CMHC began serving Dearborn, Decatur, Ripley, Ohio, Switzerland and Franklin counties on November 19, 2012.
 - Second site: Oaklawn
 - Oaklawn began serving St. Joseph and Elkhart counties on January 22, 2013.
 - Third site: Aspire
 - Aspire will begin serving Boone, Hamilton and Madison counties on March 25, 2013.
 - Future: DCS will continue rolling the program out statewide.

- **Funding:**
 - DCS has allocated existing funding and requested additional funds from the legislature, totaling \$25 million dollars annually to support this program.
 - This funding will help DCS ensure that children and families receive the services they need without having to go through court intervention.

- **Results:**
 - To date, DCS has received 51 referrals
 - 19 children are currently accessing services through the program,
 - Children that did not meet the eligibility criteria to participate in the program were referred to other services to meet their needs.
 - Many children were already covered by Medicaid and were referred to similar services funded by Medicaid.
 - Some children were already involved with DCS or juvenile probation and therefore accessed similar services through their existing cases.
 - Children were also referred to the Community Partners for Child Safety Program or other appropriate services in their area.

4. Family Case Manager Turnover

- In October 2012 DCS implemented salary increases for DCS field staff to help address increasing FCM turnover.
 - Increase the minimum starting salary for Family Case Managers to \$35,776.
 - Establish a Family Case Manager Trainee classification with a minimum salary of \$33,748.
 - Increase the salaries of the agency's field staff, Family Case Managers (FCM) 6-10% depending upon years of experience.
 - Increase salaries 7% increase for all FCM Supervisors and Local Office Directors.
- While it is still too soon to see the full effect of the salary increases on DCS turnover, data does show improvement in this area.
 - FCM field staff annualized negative turnover:
 - October 2012- 20.3%
 - February 2013- 19.2%
 - FCM Intake Specialist annualized negative turnover:
 - April 2012- 50.8%
 - February 2013- 30.9%