

**HANOVER COUNTY
SOCIAL SERVICES ADVISORY BOARD
MINUTES
January 27, 2015**

I. CALL TO ORDER

Ms. Hutto, Chair, called the meeting to order at 3:30 p.m.

The following Board members were present: Robert Barnette, Sheila Crossen-Powell, Sue Dibble (3:39 p.m.), Larry Huber, Robert Richardson, Lynn H. Saunders (3:37 p.m.) and G. E. "Ed" Via. Also in attendance: Dennis Walter, Deputy County Attorney; Jacque Althizer, Budget Management Analyst, Senior; Daricka Jackson, Program Coordinator II; Rafeeq Akbar, Family Services Specialist-VIEW and Robin Riley, Administrative Assistant.

II. CITIZENS' COMMENT PERIOD

There were no comments.

III. INTRODUCTION OF NEW STAFF

Dr. Temoney introduced Mr. Akbar who was formerly with Richmond City DSS and has worked with the VIEW program over seven years.

Dr. Crossen-Powell introduced Dr. Richardson, new SSAB member. Dr. Richardson said he recently retired after spending 44 years in education. For the past seven years, he was Superintendent of New Kent County schools.

The Board members welcomed Mr. Akbar and Dr. Richardson.

Mr. Akbar left the meeting at 3:34 p.m.

IV. APPROVAL OF NOVEMBER 18, 2014 BOARD MEETING MINUTES

Mr. Huber moved to approve the November 18, 2014 Board Meeting Minutes. Mr. Barnette seconded the motion and it was carried unanimously.

Dr. Crossen-Powell requested that the Agenda be re-ordered to have Item X. Hanover DSS Scorecard presented following Item XI. Director's Update. The change was approved.

V. FEBRUARY IS ELIGIBILITY APPRECIATION MONTH

Dr. Crossen-Powell asked the Board to approve a letter signed by Ms. Hutto in recognition of the Benefit Programs (BPS) staff. Ms. Hutto read the letter which thanks workers for their service. The signed letter will be scanned and sent via email to all BPS workers (*completed January 28, 2015*).

Mr. Barnette moved to approve the letter recognizing BPS workers and February, 2015 as Eligibility Appreciation Month. Mr. Huber seconded the motion and it was approved unanimously.

VI. FY 2016 BUDGET UPDATE SUMMARY AND ACTION: RECOMMENDATION THAT THE BOARD CONCURS/SUPPORTS THE BUDGET PROPOSED BY THE DIRECTOR AS BEING APPROPRIATE/ADEQUATE TO PROVIDE PUBLIC ASSISTANCE AND SOCIAL SERVICES IN HANOVER COUNTY

Dr. Crossen-Powell asked Ms. Althizer to present the budget information. Ms. Althizer distributed copies of the FY 16 budget worksheet.

The budget is \$5.4 million, up 1% from last year for personnel and salary changes. Other increases include telecommunications, IT and postage. The darker shaded areas on the spreadsheet indicate areas that have been adjusted by the Finance Department. I-Phones were purchased for Family Services Specialists (FSS) to use for recording field interviews and pictures if needed. Some of the computers and printers will need to be replaced.

Dr. Crossen-Powell said that County Human Resources has completed a benchmark study for BPS and FSS positions which will result in a slight salary increase. Additionally, "Plan A" has been implemented with the following position changes made in the Benefit Programs unit:

- Customer Service Supervisor position reclassified to Benefit Programs Supervisor; current employee transferred to BPS III position; new employee will fill new BPS Supervisor position 2-1-15.
- Three Customer Service Agent (CSA) positions reclassified to Benefit Programs Specialists and employees moved to BPS positions 1-16-15; one employee opted to remain in the current position of CSA.
- BPS Workers' caseloads are being specialized by program area because in VaCMS, every program will have its own case number. There could feasibly be 3-4 workers assigned to one person or family if their application is for various benefit programs (SNAP, TANF, Medicaid, Crisis).

There is minimal financial change as the money is already in this year's budget.

Mr. Barnette asked if VRS decreased. Ms. Althizer said it did decrease but that the Hybrid Plan has increased. Some of the budget amounts shifted to that line.

Dr. Richardson asked if there would be any new employees. Dr. Crossen-Powell said that three employees (two BPS workers and one BPS supervisor) would begin DSS employment effective February 1, 2015. There will then be only two vacancies remaining – a CPS Worker and Family Services Specialist in the Protection unit.

Mr. Walter said that DSS presents the budget to the Board of Supervisors each year.

Ms. Hutto recommended that the Board support the budget. Mr. Barnette moved that the Board concurs/supports the budget proposed by the Director as being appropriate/adequate to provide public assistance and social services in Hanover County Ms. Saunders seconded the motion and it was carried unanimously.

VII. PRESENTATION: "THE COLLABORATIVE" – Dr. Temoney

Dr. Temoney distributed copies of information on the Virginia Learning Collaborative and Virginia Children's Services Practice Model.

The Virginia Learning collaborative is:

- An effort to enhance service assessment, planning and delivery as it relates to improving the safety, well-being and permanency of children and how DSS works with children and families in the Commonwealth of Virginia
- Driven by VDSS and sponsored by Casey Family Programs
- Comprised of 15 teams in local departments across the state. Hanover team members include the Assistant Director, CPS Supervisor, QA Coordinator and two Permanency Family Services Specialists - FAPT representative and Family Partnership Meeting (FPM) facilitator

Meetings are held over a year's period of time with the first meeting held in November, 2014. That meeting focused on enhancing family engagement. The second meeting will be in April or May, 2015 in the Northern Virginia area and the focus will be revised Child Adolescent Needs and Strengths Assessment (CANS), trauma and psychotropic medications.

A study showed that for children in foster care who are also receiving Medicaid, the top two medications prescribed are for ADHD and mood disorders. For children not in foster care, the top two medications are antihistamines and antibiotics.

Long-term goals include:

- Increase the use of FPMs
- Decrease repeat maltreatment
- Decrease removals
- Decrease the length of time in care
- Reduce the number of placement settings with no more than two placements during a 12-month period
- Increase the number of children discharged to permanency, either returned home, placed with relatives or placed for adoption

It is hoped that the number of children who simply age out of the system will be reduced. The number of children in care for more than 24 months is currently at 30%, and this number needs to be reduced.

Dr. Richardson asked if this program is about actual cases and Dr. Temoney said not specific cases, but what is being looked at is an overarching goal or a philosophy. One of the goals identified over the next year is to have an imbedded philosophy of family engagement – how agency personnel interacts with families, not just the caseworker, but also the front desk, switchboard and other employees in an effort to enhance services to families.

Family engagement requires a shift in the belief that agencies alone know what is best for families, to listen to what they need and identify services that will help that family. It allows families to fully participate in decision-making and requires

using “straight talk” to communicate with others, not just the families but also service providers, to discuss what is/is not working.

A Family Partnership Meeting is a meeting facilitated by someone other than the case manager that helps the family move to a decision-making process. Participants include parents, the child (if age appropriate), relatives, friends or supports identified by the family, caregivers, professionals and relevant community partners. There are currently three in-house facilitators for the FPM meetings: one in the Foster Care unit, one in the CPS unit and the QA Coordinator.

The team has identified that it may be useful to expand FPM to Adult Services because many of the issues are the same.

Dr. Temoney cited the current performance percentages. More than 30% of children have been in care more than 24 months, and that is a number DSS staff is working to try and reduce.

From July 1, 2014 to present, seven children have been removed which incorporates two sibling groups of three and one individual child.

The State standard for repeat maltreatment is 94% and Hanover is at 99%. Ms. Hutto asked about repeat maltreatment, and Dr. Temoney said it means there is a second or subsequent issue of abuse within a two-year period.

The State standard for number of placements of two or fewer within 24 months is 86% and Hanover is at 73.7%.

In building a community committed to change in caring for children and families, the five “Cs” need to be followed:

- Community Awareness
A knowledge of services available in the area
- Communication
Talk with providers, families and case workers to identify services needed
- Collaboration
Recognize that each partner has a role in achieving the final goal; share knowledge and resources
- Creativity
Think beyond the “box”, i.e., if a service is needed and not available, it should be created and determined how to make it work; try something new
- Commitment
A sense of being dedicated to change through actions from Administration to workers to providers to stakeholders

Dr. Temoney will provide updates as the Collaborative moves forward.

Ms. Hutto thanked Dr. Temoney for the information.

VIII. FY 2014 END-OF-YEAR REPORT

(electronic copy of presentation sent to Board members 2-9-15)

Dr. Crossen-Powell discussed the following information:

New Benefit Program Customers

(not previously known to any Social Services systems in the State)

DSS began tracking this data at the request of Mr. Harris. Data has to be counted manually. In FY2011, there were 850 new customers requesting assistance. Prior to the recession, only about 40% of people determined by the State to be eligible for SNAP benefits in Hanover County were receiving those benefits. In FY2013, there were 681 new and in FY2014, the figure rose to the high 700s.

PIMR (Performance Indicators Monthly Report)

Data shown is compared with agencies closest to Hanover. Hanover does very well – thank you to Ms. Jackson and her staff for working hard to maintain the “green” measurements. Dr. Richardson asked if, for internal evaluation purposes, does DSS focus more on performance by comparably sized agencies or the State average. Dr. Crossen-Powell said that DSS primarily uses the State averages as well as State standards. DSS is aware of other counties’ measurements but does not look at that information every month. State averages are reviewed every month, and corrective action plans are put in place for workers who are having issues. This is the supervisor’s responsibility and one of the reasons that for “Plan A”, the Customer Service Supervisor was moved to a Benefit Programs Specialist (BPS) position. Mr. Harris said that with programs as complicated as these, supervisors cannot be expected to be supervising 10-11 people. An additional BPS Supervisor position has been added.

SNAP Recipients

The number of SNAP recipients has slightly decreased.

TANF Recipients

There are more children receiving the assistance than adults. These are typically single-parent households. There are two-parent households receiving TANF benefits, but they are the exception.

Energy Assistance (LIHEAP)

The numbers have decreased for several reasons: 1) there is less money available as this is all federal money and funding was affected by sequestration; 2) customers learned of this and did not apply; and 3) there was less money when payments were received. A few years ago, during the cooling program, \$600 was available for assistance. Last year, only about \$100 was available.

Child Care and Early Childhood Development

Fee-based numbers decreased slightly between FY2013 and 2014. These monies used to be in the DSS budget on 3 or 4 budget lines related to different types of child care. When DSS was managing the money, it was always clear as to exactly how much was available for the program. Customers receiving this assistance were approved for an entire fiscal year. A few years ago, the State decided to take back all the budget lines and they now manage all payments. There is a waiting list at this time and DSS is working diligently on reducing the number on the list.

One of the workers is calling everyone on the list to see if they are still in need of child care assistance. Ms. Hutto asked if customers who are approved for the fiscal year have to reapply each year and Dr. Crossen-Powell said they did not. The only time reapplication is necessary is if the assistance is terminated and case is closed.

Service Programs – State Critical Outcomes Report

These measurements are compared with State averages every month and DSS is working to improve some of the numbers. There are challenges faced with foster care children and VIEW customers. Dr. Richardson asked Dr. Crossen-Powell to elaborate on some of the challenges for foster care children moving to permanency that may be unique to Hanover or are seen repeatedly. Dr. Crossen-Powell said that DSS often gets older children (aged 15+) into care, some with serious mental health issues, or who are sex offenders, or have other problems, and the treatment program alone can last 18-24 months. With younger children (under 8 years old), DSS will either return them home, they will be placed with relatives or adopted in a timely manner. For children over 15, it is difficult to move them through the system and obtain permanency. Dr. Temoney stated that older children often come to DSS from relatives, and they have already been with two or three different relatives. By the time they come to DSS, a lot of the possibilities have already been exhausted. Dr. Richardson asked if DSS has a method of tracking by age groups. Dr. Crossen-Powell said the State is supposed to start gathering those numbers. DSS currently has 24 children in care.

Child Protective Services (CPS)

The number of CPS referrals screened has increased and about half are screened out. The number of valid complaints has decreased. Valid complaints can fall into an investigative or assessment level and will have either a founded or unfounded disposition. DSS conducts numerous trainings in the community and advises that it is not the reporter's responsibility to determine whether abuse or neglect have occurred, but if there is a concern, to call it in. Abuse and neglect must meet State criteria: that the child is under age 18, abuse or neglect must meet the State definition, must happen within the jurisdiction and has to be in a caretaker relationship. The mandated reporter population continues to grow every year.

Adult Protective Services (APS)

The APS numbers are starting to come down. The number of Adult Services (AS) screenings for assisted living facilities, reassessments and home-based services decreased from 2012 but is up slightly from 2013. DSS has no control over how many cases are received.

Foster Care

In FY 2014, 35 children came into foster care. DSS may not have the children the entire time as they may be placed with relatives or returned home within a few days. There are some cases where an entrustment is done in order to have the child overnight in a foster home where they can be safe. Children taken under entrustment are also counted in the foster care totals because services have to be provided and DSS has to pay foster homes to take the child(ren). Dr. Crossen-Powell cited some examples where an entrustment would be needed. Ms. Hutto asked if an incident occurs in Hanover, even if the family is not from Hanover, is

HDSS still responsible? Dr. Crossen-Powell said it becomes Hanover's responsibility if the incident takes place in Hanover.

HDSS normally has approximately 10-15 foster care prevention cases. CSB and Court Services also have foster care prevention cases. Their cases are different as the children either become FINS (Families in Need of Services) or CHINS (Child in Need of Services) cases and can be in a residential treatment program. When DSS is working with a family on foster care prevention, that child cannot be placed out of the home and continue to receive prevention services.

Customer Volume

The number of switchboard calls has slightly decreased as the switchboard identifies the worker and provides the direct telephone number for the caller. The majority of lobby traffic is to pick up or drop off applications, verifications or other documents. Most interviews are conducted by telephone for benefit programs. For foster care and CPS, interviews are required to be face to face. DSS is continually looking for ways to streamline procedures so customers do not have to come in to the agency to pick up or drop off information, i.e., take a picture of the document(s) with their cell phone and email to the worker. There are still issues with customers not turning in documentation until the last minute, but transportation is also a problem for some.

Applications filed on line (CommonHelp)

Except for Medicaid, in FY 2014, DSS' statistics for applications filed on line were much better in SNAP, TANF, Child Care and Energy Assistance programs. The State is advocating the use of CommonHelp and CoverVA instead of paper applications.

HDSS is moving to shared support with County IT, and staff will have County email addresses, possibly by the end of April. Laserfiche is being looked at for file storage with scanned documents instead of paper files. The first offices to be implemented with the Laserfiche system will be CPS and Comprehensive Services Act. The State will be going to an all electronic document system in the next few years. HDSS purchased new scanners, and staff began scanning eligibility documents this week. The electronic files are placed on the local shared drive for workers to access. This will also ensure confidentiality and help with not losing files. County Administration and County IT are supportive of this project. Ms. Dibble commented that this is a good direction for the agency to move, ahead of the State.

Looking Ahead

Eligibility Modernization continues to be one of the major challenges. MAGI and VaCMS have changed the way business is done. VaCMS is causing HDSS to return to specialization rather than generic caseloads for workers. The different programs in VaCMS do not "talk" to each other. VaCMS is unable to handle numerous applications using the same case numbers; therefore, a customer could feasibly have a separate worker for each of their benefit programs.

Food assistance revised eligibility requirements: changes were made last October when there was an increase in the amount of SNAP and the following month, the amount was reduced. Localities requested the State to take these actions at the

same time, but they could not because of federal requirements. In addition, able-bodied adults without dependents (ABAWDS) can only receive SNAP for 90 days.

Medicaid expansion: it is unknown at this time what will happen. There are some changes in State employees being eligible. There are at least ten different types of Medicaid.

Migration: Aged, Blind, Disabled (ABD) Medicaid cases are not in the same system as Child & Family Medicaid. The State has agreed to come up with a template that will have the basic information, but a large percentage of information for these cases will have to be entered manually. DSS staff will need to work overtime to accomplish this.

Child Protective Services Ongoing and Foster Care Prevention: the number of face-to-face visits required each month is based on the risk of the family. Agencies do not have sufficient staff to make the number of visits that will be recommended based on the best practice model of Structured Decision Making (SDM). The CPS unit has been down two workers for about five weeks. Applications for these positions are being processed now.

State Cuts to Localities: no local cuts have been announced at this time; however, that could change at any time.

Sustainability: can DSS continue to the job as well as needed with less and less administrative support? According to the President of VLSSE, there is a need across the State for a minimum of 93 additional workers which does not equal one worker per agency. If the bill for Foster Care-221 passes the General Assembly, it will not impact DSS much. Currently, if a child wants to remain in foster care and continue to receive services until age 21, they can do so if they meet the necessary criteria. There are other changes in services, including an additional length of time in which to re-enter resumed IL (Independent Living). That bill has an administrative cost of about \$7.3 million. A list of the League's positions on a number of bills was sent to Mr. Walter this afternoon.

IX. BUDGET UPDATE

Information was presented under Item VI.

X. DIRECTOR'S UPDATE

- Dr. Crossen-Powell met with staff from Virginia Homes for Boys and Girls (VHBGs) regarding proposed changes to its programs. As a result, VHBGs offered and is now providing a representative on the County's FAPT as a private provider. The CSA Coordinator has also recruited several new parent representatives (parent reps are mandated for FAPT). Much work has been done on the CSA budget. The Office of Comprehensive Services (OCS) categories have been examined and refinements made in how Hanover's CSA captures information.
- The father of the 17-year old pregnant youth who was taken into care came to the five-day hearing and returned with her to New York.

- Notification was received from VDSS that the review of the IV-E determination for one of the new foster care children was correct and the child was not eligible for IV-E. Thank you to Ms. Jackson and staff and to the Foster Care staff. A reviewer from the State is at HDSS today completing reviews for two month's worth of foster care children.
- Dr. Crossen-Powell attended the VLSSE's Child and Family Services Committee meeting and also joined the OCS training committee. She participated in the OCS Therapeutic Foster Care (TFC) Workgroup in preparation for new TFC regulations to be implemented July 1, 2015. These changes will require that TFC programs accept children who do not require therapeutic foster care to remain with their sibling(s) who do. Dr. Crossen-Powell also attended the Hanover Early Childhood Council meetings. Dr. Temoney attended the State and Local Advisory Team (SLAT) meeting.
- The "Cover VA" program has been pushed back to March or later by VDSS and DMAS. HDSS will continue to receive intakes until that is resolved.
- "Plan A" has been implemented and is moving forward well.
- One of the Investigators in the CPS unit moved into the CPS Ongoing position. Because the unit is down two employees, this person is still covering CPS investigations during the hiring process for the two vacancies. Applications are being reviewed.
- I-Phones have been distributed to the CPS, APS and Foster Care service staff. The phones can be used to take pictures in the field and audio and video tape interviews which can be uploaded to the workers' computers. This information can then be readily accessed by the supervisor and also alleviates the need for other camera equipment.
- Capital One sponsored a Holiday skating party for children in foster care and their natural and foster parents. This is a successful event every year.
- HDSS is moving toward shared support with a full implementation date of April 30, 2015. IT has three major projects ahead of DSS.
- HDSS is working with United Way, and they have a new program called THRIVE designed to develop economic self-sufficiency. One meeting has been held. and Ms. Saunders also attended.
- New scanners are operational, and staff in Distribution and at the Front Desk are being trained in their use. Documents and applications are being scanned and electronic folders created which will eliminate having to purchase expensive file "buckets" for benefit cases.
- Staff is participating in three of the four components of the Hanover Strategic Plan: Caring Hanover, Accessible Hanover and Healthy Hanover.

- Dr. Temoney and some of her staff are involved in the Virginia Learning Collaborative which is the Casey Family Foundation sponsored program to improve child welfare outcomes. Staff also participated in a conference call.

XI. HANOVER DSS SCORECARD

Dr. Crossen-Powell discussed key sections of the scorecard.

The number of applicants previously unknown to DSS was at 28 in December which is the lowest it has been in several years. The number of total intakes was 304 which is slightly less than the last six months. The actual number of ongoing benefit program counts was 6,440, down 45 from the previous month.

Benefits – Performance Indicators Monthly Report (PIMR)

Expedited SNAP was at 96.2% (State standard is 97%). Ms. Jackson said that one case was not processed timely. HDSS has no control over the SNAP participation rate. The Quality Negative Action Rate was at 0% and 100% of TANF applications were processed timely. Percentage of Medicaid applications processed timely was at 95%. Ms. Jackson said there were two vacancies in the Benefit Programs unit as well as staff vacations, holidays and reorganization/specialization of the department. Job retention was 83.3%, higher than the State average of 70.2%. Hourly wage of \$8.39/hour is somewhat lower than the State average of \$8.56/hour. The percentage of VIEW participants employed was 55.7% and percentage of TANF Federal work participation rate was 43.1%. The unit was down one worker (there are only two) until Mr. Akbar was hired.

Services – Critical Outcomes Report

Discharge to Permanency is only 40% and needs a lot of work. This is where The Learning Collaborative will be beneficial. Congregate care placement was at 13% this month and 11% last month, below the State average and standard. Several years ago, Hanover had the highest percentage of children in congregate care in the entire state. These measurements apply only to children in foster care. There is another population whose treatment is paid for by CSA. Eight of those children are in residential placements. When looking at the population that is served by County dollars, the percentage of children served that are in residential is considerably higher than 13%. This is unique to foster care. Dr. Richardson asked if there are still provisions for post-adoption subsidies. Dr. Crossen-Powell said if there is documented need, budget line 817 will pay for the cost of subsidies.

The percentage of CPS ongoing contacts made is of some concern; however, it only involves three cases. In one case, the alleged abuser could not be found anywhere. In another case, the family had been known to CPS in another locality, a number of other people had lived in the home at that point in time, and when the case was merged with the new referral received by HDSS, all those people came with the case. The rules require that face-to-face interviews be conducted with every person in the home; however, these people were not even in the home. In addition to the unit being down two employees, the worker was so involved with the investigation that she did not close out the other people who were not in the home. In the third case, the contacts were made but data was not entered into the system. The agency knows that no children were put at risk. Although some of the figures are “red” with this report, for many years, this unit has maintained

100% in most measurements. This is an area discussed with Mr. Harris on a regular basis.

Budget

Ms. Althizer said that because the budget information is only for a few months, it appears that there will be money left over at the end of the year but that will not be the case. This part of the year, HDSS has been receiving higher reimbursements. As more months are added, that number will come down. Dr. Crossen-Powell said vacancies will also be filled. Mr. Barnette asked how many vacancies there are now. Dr. Crossen-Powell said there are two in CPS and three in Benefit Programs. The Benefit Programs workers (one supervisor and two BPS workers) will start on Monday, February 2. Dr. Richardson asked if DSS has its own HR department or is all the HR work done through the County with HR sending appropriate applicants. Dr. Crossen-Powell said DSS uses County HR but with the NeoGov system where applicants apply on line. It is then up to the hiring manager in the department to screen applications and set up interviews. Ms. Tillman, CPS Supervisor, has been screening applications the past few days. Some of the applicants were not qualified and did not have a college degree. Virginia Code requires a college degree for CPS and Family Service Specialist positions. Dr. Temoney said 40 applications were received for one position and 50 for the other. All applications have to be reviewed and screened.

XII. ADJOURNMENT

The Board meeting was adjourned at 5:02 p.m. by Ms. Hutto.

Robert Barnette, Vice Chair

Next meeting: Tuesday, March 24, 2015; 3:30 p.m.