

**HANOVER COUNTY
SOCIAL SERVICES ADVISORY BOARD
MINUTES
May 26, 2015**

I. CALL TO ORDER

Mr. Barnette, Vice Chair, called the meeting to order at 3:34 p.m.

The following Board members were present: Sheila Crossen-Powell, Sue Dibble, Larry Huber, Robert Richardson (3:37 p.m.), and G. E. "Ed" Via. Also in attendance: Jim Taylor, Deputy County Administrator; Dennis Walter, Deputy County Attorney; Jacque Althizer, Budget Management Analyst, Senior; Judy Davis, Family Services Supervisor; Kara Brooks, CSA Coordinator; Christine Tillman, Family Services Supervisor-CPS/APS; Amanda Payne, Benefit Programs Supervisor; Ginny Ferguson, Quality Assurance Coordinator; Jannita Hill-Tuttle, Benefit Programs Specialist III; Ferrina Starks, CPS Worker; Sonya Smith, Senior Family Services Specialist and Robin Riley, Administrative Assistant.

II. CITIZENS' COMMENT PERIOD

There were no comments.

III. INTRODUCTION OF NEW STAFF

Ms. Payne introduced Ms. Hill-Tuttle, Benefit Programs Specialist III for long-term care and ABD (Aged, Blind, Disabled) Medicaid. Ms. Hill-Tuttle was previously with Henrico DSS.

Dr. Crossen-Powell (re) introduced Ms. Smith who was promoted to Senior Family Services Specialist. There is still one vacancy in the Protection Unit. Ms. Smith introduced Ms. Starks, CPS Worker, who previously worked with the Department of Children and Families in Orlando, Florida.

IV. APPROVAL OF MARCH 24, 2015 BOARD MEETING MINUTES

Mr. Huber asked for a copy of the Minutes. Mr. Via moved to approve the March 24, 2015 Board Meeting Minutes. Dr. Richardson seconded the motion and it was carried unanimously.

V. PRESENTATION: COMPREHENSIVE SERVICES ACT (CSA)

(electronic copy of handout sent to Board members 5-27-15)

Dr. Crossen-Powell introduced Ms. Brooks, CSA Coordinator. The CSA function moved to DSS approximately 2½ years ago. CSA maintains a separate budget from DSS.

Ms. Brooks said the name will change July 1st to “**Children’s Services Act**”. She presented the following information:

- **What is CSA?**

CSA is a law enacted in 1993 that established a single state pool of funds to purchase services for at-risk youth and their families. These funds are combined with local community funds and are managed by local interagency teams who plan and oversee services.

- **The CSA Mission**

The Mission is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth.

- **Eligible Youth for Funding through Hanover CSA**

Mandated

- Foster care youth in DSS custody or placed through entrustment
- Foster care prevention
- Special education
- Wrap-around services for students with disabilities
- Child in Need of Services (CHINS) – Court or FAPT determined

Non-mandated (limited funding)

- CHINSupervision and delinquent offenses

- **FAPT** (Family Assessment Planning Team)

- Meets on Wednesdays; must have a quorum of four members in attendance. Ms. Brooks is a non-voting member.
- Representatives are from DSS, CSB, CSU, Community Partners (one retired school principal and also private providers) and Special Education. Families who have been through this process are welcome to be representatives, although they are difficult to find since they have already had the experience of FAPT.
- CPMT (Community Policy and Management Team) meets the Thursday after FAPT and includes representation by the Directors of the same agencies as FAPT and provides guidance regarding CSA policy. Mr. Taylor is the Chair of CPMT. CPMT reviews the summaries and approves funding requests recommended by FAPT. Dr. Crossen-Powell said that the Finance Department provides assistance with the local budget and that the local match is based on the types of services provided. The local match for congregate care is higher than the match for community services. During the last 9 months, local match has been running about 42%.

- **Virginia Children’s Services Practice Model**

The practice model believes:

- that all children and communities deserve to be safe.
- in family, child and youth-driven practice.
- that children do best when raised in families.
- that all children and youth need and deserve a permanent family.
- in partnering with others to support child and family success in a system that is family-focused, child-centered and community-based.
- that what work is done is as important as how it is done

- **Demographics**

- This year, there have been 69% male and 31% female youth served (total 108). Some have successfully left and some are still with the program.

- **Average Cases (graph)**

- Non-mandated: 13 (youth on probation, normally short services)
- Wraparound: 1
- Special education: 39 (majority of budget)
- Community-based services: 65
- Family foster care: 10
- Therapeutic foster care-CSA parental agreements: 2
- Treatment foster care: 10
- Special education services-congregate care: 14
- Residential congregate care: 22
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Congregate care has a 55% local match rate. Dr. Crossen-Powell said that CSA funding should be the payer of last resort.

Mr. Barnette asked if there are any specific skills or qualities needed for community partners. Ms. Brooks said they would need background checks. Ms. Dibble asked if more services were available to be offered during the summer since children are not in school. Ms. Brooks said there are summer camps and after-school programs available for some of the youth to transition into those settings. Dr. Crossen-Powell discussed “natural supports” and helping families identify their supports (family members, churches, someone at school) so they will feel comfortable accessing those services.

Mr. Taylor discussed special education and costs and gave an example of the Faison School for Autism. Ms. Brooks said the cost is about \$25-30,000 per year for some of the private day schools plus occupational/speech/art therapy costs.

Dr. Richardson asked if there would be a reorganization or restructuring of funding to localities from the State, or will it remain intact as it has been? Ms. Brooks responded that CSA hopes it will stay the same although there will probably be some changes as CSA will fall under the APA instead of the State Executive Council. One of the biggest changes is that the Office of Comprehensive Services [(OCS) *note: Name change to Office of Children’s Services will also be effective July 1, 2015*] which is the State organization, looked at all the services offered having about 5-6,000 different names. There will now be about 30 common definitions for each of the services, so that by the end of the year, CSA will be able to compare those 30 names and identify how the money is being spent. Dr. Crossen-Powell said that OCS has worked with an IT company to come up with measurements in outcomes for the children. The effort now is to have common definitions for each of the services. That information can then be put into a system to determine what services are or are not working. Dr. Crossen-Powell asked if OCS is definitely moving under the Children’s Cabinet and Ms. Brooks said it was a rumor at this time. Dr. Crossen-Powell said there are concerns about some new regulations, and CPMT is looking at sending a letter to indicate what is liked or not about these new regulations. There are a lot of unknowns at this time. Ms. Brooks said part of

that becomes “How can CSA be advertised”, and work groups are ongoing to address this. She cited an example of a family who circumvents CSA, puts their children in a residential program, and when the children are ready to return home, CSA is contacted. In this type of case, CSA has not been involved and the family has not done the needed work. Dr. Crossen-Powell said one of the major changes is that parents will be able to bring their own cases to FAPT themselves instead of an agency case manager. For children placed in residential care by their parents, the rules may change once that parent brings the child to the FAPT table. If the FAPT team says the child should not be in a residential placement, then CSA still has to pay for the residential placement until services recommended by the FAPT team are in place.

Dr. Richardson asked if any further discussion has been heard about doing away with the system that was established in 1993 and returning to pre-'93 systems, dividing the money and pushing it back “upstream” to youth services, special education, schools, etc. Dr. Crossen-Powell said there are many local directors of DSS departments who would like to see this happen and they are vocal about it. The reality is, though, that it does not look like it is going to happen.

Mr. Barnette requested an update after July 1.

VI. BUDGET UPDATE

Dr. Crossen-Powell said Ms. Ferguson would present the budget information since Ms. Althizer was out of the office.

The budget data is through the end of March. The fiscal year closes at the end of May. The forecasted return is \$487,539. Dr. Crossen-Powell said there were a lot of expenses related to infrastructure. Money has had to be moved from one line to another to help cover the costs of the change to shared support and to procure swipe cards for the entrances. Mr. Taylor asked if that much money was not usually returned at the end of the year. Dr. Crossen-Powell said that in past years, budget forecasts were high so there was “wiggle room” if needed. That has been adjusted downward so there is less money to give back.

Dr. Richardson asked about the scaling back in terms of figures that are being budgeted. Is the cutback in the budget request based on something like year over year averages, average expenditures for each line item over a three-year period so that the request is based on real expenditures? Dr. Crossen-Powell said that Ms. Althizer does a month-by-month tally for a five year comparison. This is to determine what is being spent on average in each one of the budget lines, particularly the larger budget lines, i.e., foster care, IV-E, adoption assistance. Ms. Althizer continually meets with the supervisor or manager who manages that budget line to make sure that: 1) there is sufficient funding and 2) that DSS is looking forward, i.e., have any new children come into care; have any expensive new children come into care; how many children have been adopted and what are the post-adoption service needs? Current and past years' expenditures are measured. Ms. Ferguson add that levels of services and trends over ten, five and three years are examined.

Dr. Richardson commented on how well the money is being managed on the CSA side. He cited an example from 2007 in the Hanover school system. Dr. Crossen-Powell said everyone is reminded that CSA is the payer of last resort, and other budget lines are looked at for access to a lower local match that can be used for certain services. Dr. Richardson said the question is with the amount of money being returned, was there a possibility of someone going without services? Dr. Crossen-Powell said the County is very responsive to DSS's requests to transfer money from one line to another.

VII. HANOVER DSS DASHBOARD

Ms. Ferguson discussed the May 2015 Dashboard (March and April) data:

Benefit Programs

Intake count was 318 and the ongoing count stayed consistent. These numbers may increase a little as the summer trend is usually higher. The new benefit customer number is still low as clients are being assigned a case ID number on the "front end", not by Hanover DSS. This number cannot be tracked and may be omitted from the Dashboard in the near future. The Medicaid reviews number is the only area that needs work. There has been an increase in Medicaid applications, and DSS has inherited a lot of FAMIS cases in the last few months. It was predicted that Hanover DSS would receive about 5,000 new cases and that is starting to be seen. Dr. Crossen-Powell said the cases do not always belong to Hanover as the State has been giving renewals to local agencies that do not belong to them. It then has to be determined where the case actually belongs. It is frustrating to the workers who are trying hard to keep up with everything. Standards are still being met, however. Ms. Ferguson said the TANF work participation rate was slightly below standard but some of the State numbers were incorrect. The State showed several inaccuracies: caseloads falling to a worker no longer here, a vacant caseload, cases that would be exempt due a child under one year in the home and a caseload measure of five when HDSS only has two workers. Dr. Crossen-Powell said the State average is still being exceeded.

Services

These are the critical outcome report scores from the Safe Measures system. Services are broken down into two categories: Permanency and Safety. The score for discharges to Permanency was 50%.

Ms. Davis introduced herself. She is the Family Services Supervisor for the Permanency Unit which is foster care, adoption, foster care prevention, court ordered services and the resource parent training program.

Ms. Davis discussed the 50% score for discharges to Permanency:

Ten children left care and of those ten, five returned home in less than a year. The other five children turned 18. Mr. Taylor said at age 18, they can make their own choice. All left care voluntarily. All of the children chose to return to family members. Two went to live with grandparents, two with their fathers and one with their brother. Mr. Taylor asked if DSS did not return originally return

them to family members due to inappropriate environments or concerns. Dr. Crossen-Powell cited an example of one young man who went to live with his father, and the father was known to have problems with substances. Another young man went to live with his grandmother when he turned 18, had lived with her previously but had been abusive toward her. DSS was concerned that he would return to that behavior, but they both agreed that he should be there. Mr. Taylor said the reality is that sometimes there are older children and they are harder to place than the younger ones. Ms. Davis said that most of the older children came into court-ordered placement at age 16 or 17. Ms. Dibble commented that although the numbers are part of the statistics, they do not really reflect the reality of each situation, and that sometimes returning to family members is not the best option. Dr. Crossen-Powell added that there are definite misgivings at times. She also said there is another child placed with relatives in another state, and DSS is hoping that the relatives will adopt. However, it has continued for a long time because the relatives had issues they needed to resolve first. These issues are now resolved and DSS hopes they will move forward with the adoption. Ms. Dibble said the goal is what is best for the children, and the numbers do not always reflect the goodness being done.

Ms. Davis said that at the end of March, there were 22 children in care. There are now 28 in care with six coming in since March. Three were a sibling group and three were older children. The three older children placed involved detention stays and acute hospitalizations.

For example, one young man had the following placements:

- 1) group home
- 2) mental health emergency requiring acute hospitalization
- 3) discharge to locked residential facility (much higher level of care and treatment setting)
- 4) acute hospitalization
- 5) discharge to long-term acute placement

These five placements occurred between October 6 and December 31, 2014, but were all necessary. This same child had previously received a multitude of services from Henrico County. All the children are receiving the treatment they need. Ms. Ferguson said the measurement standard is based on two or fewer placements which is a bit unrealistic for some of the children in HDSS' care.

Dr. Richardson said that particular example creates or substantiates the concern with evaluating the use of CSA dollars in looking at the various terminologies for services and which ones are effective and have effective outcomes. That kind of case is the case that will make a shambles out of any effective use of statistics as an effective gauge of outcomes. I hope however they proceed with that, they find a way to factor in those kinds of variables. You are talking about one child who obviously has intermittently, if not on an ongoing basis, acute needs, that can't be met and may not be effectively met in a hospitalization setting other than the fact that they are contained. It doesn't assure that the child is getting better. It's just that the funding will allow a

certain number of days for that child in that unit before they have be discharged somewhere.

Dr. Crossen-Powell said that what DSS is working towards is safety for the child and safety for the community. Another thing that is looked at is the provider. There are different levels of effectiveness in providers and some are not as good as others. DSS typically does not have a way to track that.

Ms. Davis said there are ten children with the goal of adoption at this time. DSS hopes that six will be finalized by the end of summer.

Safety

Dr. Crossen-Powell said the unit supervisor had a serious conversation with the staff re: 0.00% CPS ongoing contacts made (February 2015 statistic). If a case is opened for ongoing CPS and required visits are not made, the child is being put at risk. Workers have been trying to meet the needs of the new cases and let the older cases slip. The March number of 37.5% represents only three cases. It looks like a lot of cases were not visited, but what happens is that every adult listed in the OASIS system is listed as being in the home, and unless they are removed from the case, a face-to-face meeting with every person is required. Therefore, that figure represents three families with multiple persons in the home, some of whom are no longer there. Because the documentation was not entered into the OASIS system, the statistics look worse than they are. Nonetheless, the workers have been advised this is not acceptable and they will be getting counseling records in the future if they do not improve their performance levels. Ms. Ferguson said the ongoing worker was hired but could not do the ongoing work because she was still doing CPS investigations and assessments. Dr. Crossen-Powell said this is still not acceptable.

Ms. Ferguson said there was only one child and the rest were adults that comprised the 37.5% number, but the anecdotal information is not available.

Dr. Richardson asked: Just to give a month over month comparison, in the month of November, where the number was 87.5%, and in March, 37.5%, what is the difference in the number comparatively between those two months in terms of active cases and staffing including employees that may be out on FMLA or anything like that? Is there anything you can talk about that gives us a little better appreciation?

Dr. Crossen-Powell said the information will be made available. It seems that DSS has not been fully staffed for quite a while, that it is sometimes difficult to remember when it actually started happening, but that information will be obtained.

Ms. Ferguson said DSS was down a worker, then a senior worker. A senior worker was hired, and DSS had her for a short time, but she went back to working where she was previously employed, so DSS was out a senior worker again. When the agency is out the senior worker, everything the senior worker did, the supervisor has to do. It is a domino effect in that unit. There are other

people in the agency who can assist with Intake, but they cannot do other things. There is specialized training and certification required by the State for CPS and APS workers and not just anyone can do it.

Dr. Richardson said he appreciates what is absolutely the appropriate response and that is, whatever the reasons are, it is still unacceptable. However, at least for discussion here, it is helpful to get that information to give us a little bit of comparative understanding of the challenges.

Mr. Taylor asked if the agency is fully staffed now since a new senior worker was introduced today. Dr. Crossen-Powell said there is still one vacancy and Dr. Richardson asked how that was coming. Applications have been screened and interviews are being scheduled. There are five people who are good candidates. Ms. Ferguson added that many agencies have vacancies for CPS workers as they are in great demand.

Mr. Via said he had one question. He said that new workers are continually introduced at the Board meetings. Where are the workers they are replacing, or is DSS hiring loads of new workers? Dr. Crossen-Powell said that DSS has not been hiring loads of workers because the agency would be fully staffed if that were the case. Ms. Smith, who is now the senior worker and who came in today and introduced Ms. Starks, who is the new worker, was the APS worker. She also knew how to do CPS and she competed for the senior worker position. The person who filled the senior worker position had worked for us before, came to us from Henrico and the agency was excited to get her back. Unfortunately, she could not get along with any of the other staff and finally resigned.

Mr. Via said he understood from what was said earlier but it seems like every time there is a Board meeting, new people are introduced. Are they being added to the force or taking the place of someone who has gone somewhere else?

Dr. Crossen-Powell responded that Ms. Starks replaced someone else, a worker who had been here a number of years, who had a second child and decided to stay home. DSS now has two CPS investigators, but no longer has an APS worker. That is the position being screened right now. Most of the people that come in to be introduced are Eligibility staff and there will be more of those.

Mr. Via asked what that meant. Mr. Taylor said that is for benefit programs and Ms. Ferguson clarified that benefit programs include food stamps, TANF and Medicaid. Dr. Crossen-Powell said the benefit workers determine eligibility for those programs and do not do Services work. Some are not even able to do Services work because they don't meet the criteria. Services is very different work. Mr. Via asked if the people being hired for SNAP and other benefit programs who do not qualify for other positions are replacing people. Dr. Crossen-Powell said they are and there will be several more new hires as well. Two benefit programs workers resigned and another left because of a complicated situation. The trend seems to be cyclical.

VIII. DIRECTOR'S UPDATE

- CSB, Community Resources and DSS staff members and the Deputy County Administrator met to discuss remodeling the Human Services building to create a single point of entry.
- Second round interviews were held for the Human Services Director of Business Operations position. However, one candidate withdrew and another was removed from consideration. Another first round of interviews has been conducted with additional interviews scheduled this week. One possible second round candidate was identified.
- Staff members attended the Ashland Food Resources network meeting in an effort to ensure availability of food banks in the area. This project is headed by Lisa Adkins, Administrator-Community Resources.
- The CPS and Permanency supervisors attended the inter-jurisdictional meeting at the Central Regional office.
- Evaluations will be conducted using the NeoGov system which is a competency based model. The Director and Assistant Director of Human Resources gave a presentation on NeoGov at the agency retreat.
- The QA Coordinator participated in a railroad tabletop exercise with Hanover County, Ashland, CSX and Amtrak personnel for a simulated hazmat spill on the railroad tracks in Ashland.
- The Director of Economic Development, Mr. Edwin Gaskins, and DSS Director met with Ms. Saphira Baker of Communitas Consulting to discuss the implementation of the last three years of Homeward's "Ten-Year Plan to End Homelessness".
- Implementation of the shared support plan has been moved to July due to other projects assigned to County IT staff. DSS employees will have new email addresses, and IT services will be majorly supported by County IT instead of the State.
- A nine month old baby was taken into foster care due to the mother's living in a tent with no plans on how to meet the needs of her child. The father was incarcerated. Several older teenagers came into care through the court system.
- Foster Care to 21 was a bill before the General Assembly. DSS provides services to foster care children up to age 21 unless they choose to leave. Even then, they are eligible for Independent Living (IL) services. Since the proposed bill did not pass, there have been important changes in how youth over 18 are handled by DSS:
 - No child over 18 will be placed in congregate care, and if already in congregate care, they must be moved out immediately.
 - DSS cannot pay for placements for children over 18 unless they are living in a permanent foster care home or are IV-E eligible and will graduate from high school before their 19th birthday.
 - The State feels that if a child is over age 18 and needs a placement, it is up to the child to contract with someone, possibly the former foster parents, to allow the youth to live in their home and be paid using the IL stipend. The problem with that is the IL money that goes toward the rent also becomes income to the foster parents. Previously, it was not

considered income and was not taxable. They would now have to pay taxes on this income.

- IL youth are not eligible for the supplemental clothing stipend.
- Minor children of youth over 18 are no longer eligible for maintenance and care payments.

Miss Dibble asked how many children are anticipated to be affected. Dr. Crossen-Powell said that one child was impacted in Hanover. The potential across the state, however, is fairly high. Some of the children are simply not equipped or ready to begin making contracts with former foster parents. If they were in a group home, the IL stipend will not even pay for more than one to one and half days.

- Mr. Taylor, the CSA Coordinator and DSS staff met with Dr. Franck, Director, Chickahominy Health District, who agreed to be the signatory for levels of care for children under 18 who require placements in group homes or residential facilities.
- The Director, Assistant Director and CSA Coordinator attended the CSA conference in Roanoke.
- A 17-year old CHINS child was placed in foster care. She has since had her baby and is now in a therapeutic foster home.
- Employees from Spotsylvania DSS visited HDSS to view the electronic check-in system.
- HDSS received a Certificate of Appreciation from the IRS for ten years of participating in the EITC MetroCash program. Staff members who participated in the program were invited to and attended a reception.
- The contract with Regional Memorial Hospital was finalized for the Medicaid worker stationed there.
- The agency retreat was held, and HR presented information on the NeoGov system and also possible changes in the way attendance is tracked. Ms. Saunders gave a presentation on MCEF resources, and Ms. Althizer gave a presentation on the HDSS safety plan. Dr. Temoney conducted team-building exercises.
- Ms. Kelly-Wiecek and the Director met with a couple about possibly representing their district on this Board; however, no further information has been received. They both have a background in child welfare and school issues.
- Last week, the Ashland Police delivered a woman and her 11-year old child to HDSS. The woman and her father allegedly had a dispute while on the way to Fredericksburg, and she was left in Hanover. Late in the afternoon, she asked to be transported to Newport News and said she had employment there. Undesignated special welfare funds were used for train fare to Newport News.
- Swipe card devices have been installed and will be operational once all staff members receive the appropriate ID cards. This will hopefully be completed in June. Money was transferred from one budget line to another for this system.

Mr. Via asked what the difference is in homelessness in Hanover County as opposed to Henrico, Chesterfield and Richmond. Dr. Crossen-Powell said that Hanover does not have the encampments that Richmond, Chesterfield and Henrico have. In those localities, there are mini-campgrounds which have tents, lean-tos and communal areas for cooking. That usually does not occur in Hanover. There are occasionally one or two people living in a car or under a bridge – not a large encampment as in the other localities. The Point in Time (PIT) count is done in January and during the summer and there are typically about three people (not the same ones). Homelessness as defined by Homeward uses the HUD definition which means a person could be living in a car, under a bridge, in a tent or a shelter. In Hanover, the Department of Education's (DOE) definition is used which means a person could be living in in a motel, someone's apartment or home that is not theirs or has moved in with a parent, and there is not actually room for them. It is a very different definition and the definitions are not standardized. Stories are circulated that school buses are being filled up with children living in motels or doubled up in families'/friends' homes. The reality is there are less than 40, maybe less than 30, children in Hanover who meet the DOE's definition. Mr. Via asked if this was mostly prevalent in the town of Ashland. Dr. Crossen-Powell said Ashland is definitely one of the places and includes a large percentage of the count. There is also an older motel on Route 301, near the corner of Ashcake Road and 301. At the last PIT count, there were five people including children, and they were living at the Tabernacle Campgrounds. Mr. Via asked if the church offered that space for free and Dr. Crossen-Powell said that question is not asked during the PIT count.

XII. ADJOURNMENT

The meeting was adjourned at 5:05 p.m. by Mr. Barnette.

Victoria Hutto, Chair

Next meeting: Tuesday, July 28, 2015; 3:30 p.m.