

SOCIAL SERVICES COMMITTEE AGENDA

January 28, 2011

1. Committee meeting called to order by Chairman.
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. **Request:** Permission to fill a Social Services Investigator position due to a retirement that is effective 2/25/11.

Rationale: Our fraud investigations continue to increase due to the rising caseloads for Temporary Assistance, Medicaid and Food Stamps. The position is 67% reimbursed and is budgeted. This is a savings in the budget of \$7,330.00 overall.

2. **Request:** Permission to fill a Caseworker position due to a resignation that is effective 1/25/11.

Rationale: This was a Caseworker in the Foster Care unit, I am moving it to the Child Protective Unit. This will change my organizational chart, making 11 Caseworkers in Child Protective Services and 5 Caseworkers in the Foster Care Services. The position is 98% reimbursed and is budgeted. This is a savings in the budget of \$5,415.00 overall.

3. **Request:** Permission to fill a Keyboard Specialist position due to a resignation that is effective 2/17/11.

Rationale: This is a Keyboard Specialist position in the Child Protective Unit. The position is 98% reimbursed and is budgeted.

4. **Request:** Permission to send 4 staff to the Sexual abuse Dynamics and Intervention Training in Albany on 3/23 – 3/25/11.

Rationale: It is an essential training for staff and there is money budgeted.

5. **Request:** Permission to send the Commissioner to the NYSAC 2011 Legislative Conference in Albany on 2/7 – 2/9/11.

Rationale: There are good workshops that would be beneficial to the Department and the money is budgeted.

6. **Request:** Permission to send 2 staff to Child Protective Services Response Training in Albany from 2/28 – 3/4/11 and 3/14 – 3/18/11.

Rationale: It is a requirement for their job and the money is budgeted.

7. **Request:** Permission to send the Commissioner to Advanced Analytics for Child Welfare Administration in Rensselaer the week of March 21st for 2 days.

Rationale: This is a national training which should be advantageous to the Department.

8. **Request:** Permission to send 1 staff person to Institute for Temporary Assistance in Albany from 2/14 – 2/18/11 and 2/28 – 3/4/11.

Rationale: It is a requirement for their job and the money is budgeted.

9. **Request:** Permission to send 1 staff person to Child Welfare/Child Protective Common Core Training in Albany from 3/1 – 3/4/11, 3/15 – 3/18/11, 3/29 – 4/1/11 and 4/11 – 4/15/11.

Rationale: It is a requirement for their job and the money is budgeted.

10. **Request:** Permission to send 1 staff person to Child Protective Services Supervisory Mod II from 3/07 – 3/10/11 and 3/21 – 3/24/11.

Rationale: It is a requirement for their job and the money is budgeted.

Old business/Pending Items

- 1) Mr. Dusek, Ms. Weaver and Committee to examine properties for sale that might be suitable for housing the homeless. (10.22.10)

Topics for Discussion

1. Overtime Report.
2. Budget status report.
3. Update on Caseloads in different program areas:
 - a. CPS: We had **1652** reports during the year **2010**. During **2009** had **1448**.
 - b. Disability Reviews: We had **312** in **2010** and **143** in **2009**.
4. Meeting with Community Maternity, Public Health and DSS outcome.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department 40.14

Title of Position SOCIAL SERVICES INVESTIGATOR #2

Base salary \$33,026

Budget code and title A.6010 110

This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 10164

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal 50% State 17% Other Local 33%

Impact to Budget:

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 1/28/2011

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 1/28/2011

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature William Cook

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
 The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department 40.01

Title of Position CASEWORKER #19

Base salary \$35,385

Budget code and title A.6010 110

This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 11109

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal 98% State 0% Other LOCAL 2%

Impact to Budget:

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 1/28/2011

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 1/28/2011

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature William Port

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
 The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department 40.01

Title of Position KEYBOARD SPECIALIST #1

Base salary \$24,215

Budget code and title A.6010 110

This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 11763

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal 98% State % Other LOCAL 2%

Impact to Budget: None

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 1/28/2011

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 1/28/2011

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature William Lorb

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
 The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Rachel Johnson, Kerry Watkins, Christina Mastrianni, Elizabeth Fregeau
(Supervisory Committee) (Employee Name)

to attend Sexual Abuse Dynamics and Intervention Training
(Name of meeting or organization)

at Best Western Airport- Albany, 200 Wolf Road, Albany, NY
(Address)

on 3/23-3/25/11 . Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 44.50/night GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ 15.00/day * www.gsa.gov

Date: 1/3/11

Shirley M. Weaver
Department Head Signature

Date: _____

William Cook
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Sheila Weaver
(Supervisory Committee) (Employee Name)

to attend NYSAC 2011 Legislative Conference (Name of meeting or organization)

at The Desmond, 660 Albany-Shaker Rd., Albany, NY
(Address)

on 2/7-2/9/11 Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ 15.00/day *www.gsa.gov

Date: 12/28/10

Sheila M. Weaver
Department Head Signature
William Port
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

- *****
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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Janet Baker, Cara Watkins
(Supervisory Committee) (Employee Name)

to attend Child Protective Services Response Training
(Name of meeting or organization)

at CDHS, 3 Marcus Blvd. Albany, NY (Hotel is Holiday Inn Turf)
(Address)

on 2/28-3/4/11 and 3/14-3/18/11 Mode of transportation to be used
N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 50.00/night GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ 15.00/day *www.gsa.gov

Date: Shirley M. Wilson 1/4/10
Department Head Signature
Date: _____ William R. ...
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Sheila Weaver
(Supervisory Committee) (Employee Name)

to attend Advanced Analytics for Child Welfare Administration
(Name of meeting or organization)

at OCFS Rensselaer, NY
(Address)

on Week of 3/21/11 (2 days). Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ 15.00/day *www.gsa.gov

Date: 1/25/11

Sheila M. Weaver
Department Head Signature

Date: _____

William Post
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Ann Hayden
(Supervisory Committee) (Employee Name)

to attend Institute for Temporary Assistance (Name of meeting
or organization)

at PDP Albany Training Center, Western Ave., Albany NY (Hotel is Best Western Sovereign)
(Address)

on 2/14-2/18/11 and 2/28-3/4/11 . Mode of transportation to be used
N/A (County Vehicle or Mass Transportation)
(Dates)

If the mode of transportation is not a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 39.99/night GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ 15.00/day * www.gsa.gov

Date: 1/14/11

N/A - provided by PDP
Shirley M. Weaver
Department Head Signature

Date: _____

William Root
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes New CPS Caseworker
(Supervisory Committee) (Employee Name)

to attend CW/CPS Common Core (Name of meeting or organization)

at CDHS, 3 Marcus Blvd., Albany, NY
(Address)

on 3/1-3/4/11, 3/15-3/18/11, 3/29-4/1/11 and 4/11-4/15/11 Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$ \$50.00/night GSA * Rate \$ _____

Meal costs - GSA *per diem rate \$ 15.00/day * www.gsa.gov

Date: 1/27/11

Shirley M. Weaver
Department Head Signature

Date: _____

William R. ...
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Maureen Taylor
(Supervisory Committee) (Employee Name)

to attend CPS Supervisory Core Mod II (Name of meeting
or organization)

at CDHS, 200 Elmwood Dr., Syracuse, NY
(Address)

on 3/7-3/10/11 and 3/21-3/24/11 Mode of transportation to be used
N/A (Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please
explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$ \$45.00/night GSA * Rate \$ _____

Meal costs - GSA *per diem rate \$ 13.00/day *www.gsa.gov

Date: 1/27/11

Shirley M. McLean
Department Head Signature

Date: _____

William R. ...
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations
for general policy guidelines.

Please check to request a fleet vehicle.

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Overtime Report

Pay period ending 11/22/10

Foster Care	22.4
TA	2
CPS after hours	42.15
CPS Backlog	<u>45.05</u>
	111.6

Pay period ending 11/23/09

88.0

Pay period ending 12/6/10

APS	1
Foster Care	1
HEAP	31
CPS after hours	21.5
CPS Backlog	<u>27</u>
	81.5

Pay period ending 12/7/09

38.4

Pay period ending 1/2/11

APS	1
Foster Care	13.2
CPS after hours	19.7
CPS Backlog	<u>7.7</u>
	41.6

Pay period ending 1/3/10

17.7

Pay period ending 1/16/11

Foster Care	4
MA	4
CPS after hours	30.7
CPS Backlog	<u>45.1</u>
	83.8

Pay period ending 1/17/10

50.1

Total

318.5 Total Hours

79.62 hours per pay period

194.2 Total Hours

48.55 hours per pay period

Warren County Department of Social Services

Sheila M. Weaver
Commissioner

Suzanne F. Wheeler
Deputy Commissioner

1340 State Route 9
Lake George, New York 12845-3434
Telephone 518-761-6300
Fax 518-761-6314

MEMORANDUM

To: William Loeb, Chairman of Social Services Committee

From: Sheila M. Weaver, Commissioner of Social Services

CC: Suzanne Wheeler, Susan Hughes, Pat Auer, Social Services Committee members

Date: 1/24/11

Re: Meeting between Community Maternity Services, Public Health and Social Services held on 12/8/10

Dear Mr. Loeb:

Please be advised that Susan Hughes, Pat Auer, Suzanne Wheeler and I met on Wednesday, December 8, 2010 to discuss the services offered by all three agencies and to determine whether or not it would be economically feasible and prudent to contract with Community Maternity Services given the services that are already provided by Public Health and Social Services. We all agreed that the services are important for the population and the goal is to keep children safe and healthy.

Public Health will continue to refer to Community Maternity Services as will Social Services. If Community Maternity Services has a waiting list they will refer cases to Social Services for Preventive Services. If services are specifically court ordered for Community Maternity Services, that will be facilitated. Social Services does not currently have money in the budget to contract with Community Maternity Services. From my understanding I believe that the services offered by Community Maternity Services are duplicative of what is currently offered between Public Health and Social Services.

I am attaching a list of roles for the different Agencies so you can see what each Agency provides.

CMS Roles	Public Health MOMS/MCH Roles	Social Services
<p>Supports social needs Parenting education/support Obtaining supplies for baby Transportation assistance Education (GED) assistance Housing Insurance recerts</p>	<p>Support medical needs</p> <p>Collaborate/Coordinate Prenatal Care with physician</p> <p>Health Supportive Services</p> <p>Monitor s/s preterm labor</p> <p>Skilled nursing assessments</p> <p>Nursing Care Plan</p> <p>Nutrition screening/education</p> <p>Depression screening</p> <p>Domestic violence screening</p> <p>Teaching s/s to report</p> <p>HIV counseling</p> <p>Health Education /Anticipatory Guidance</p> <p>Community referrals prn</p> <p>Presumptive Eligibility</p> <p>Education on Family Planning</p> <p>Newborn Assessment</p> <p>Newborn Weight Checks</p> <p>Newborn Teaching/Safety/Care</p> <ul style="list-style-type: none"> ◦ Nutrition/Hydration/Elimination ◦ Breastfeeding ◦ G and D milestones ◦ Back to Sleep ◦ S/s illness/ Thermometer tech ◦ Avoidance of second hand smoke ◦ Medication/skilled nursing for ill children ◦ CPR instruction if applicable ◦ Apnea monitor reinforcement <p>Skilled nursing/support for ill newborns, Premature newborns or newborns with congenital diseases/Assisting parents through case management to identify/meet needs and set realistic goals.</p>	<p>Engage families to help them recognize problematic or inappropriate behaviors and promote changes in these behaviors to help prevent their children from out of home placement. The staff use interpersonal help skills and take a strength based/solution oriented approach to accomplish this.</p> <p>Services provided include:</p> <p>Casework Counseling</p> <p>Parent Education/support</p> <p>Developmental information</p> <p>Transportation assistance</p> <p>Referral information and advocacy for Services</p> <p>Service coordination</p> <p>Assistance in obtaining medical insurance, housing, etc.</p> <p>School advocacy</p> <p>Respite care</p> <p>Preventive Day Care assistance</p> <p>Monitoring of court orders</p> <p>Home management skills and budgeting</p> <p>Assist with laundry</p> <p>Check for lice, etc.</p>