

SOCIAL SERVICES COMMITTEE

AGENDA

Wednesday, September 25, 2013

10 AM

- 1. Committee Meeting called to order by Chairman.**
- 2. Motion to approve minutes of prior Committee meeting**
- 3. ANNOUNCEMENTS NA**
- 4. INFORMATION AND EDUCATION**
 - A. Katherine Chambers-Council on Prevention School Survey**
 - B. Medicaid staff update-we have lost 6 Medicaid Social Welfare Examiners to NY State since our last meeting.**
- 5. ACTION ITEM**
 - A. Request permission to authorize Senior Caseworker Cindy Mulcahy to attend mandated Supervisory Child Protective Core Training in Albany 10/30-31 and 11/6-7 (Attachment 5a)**
 - B. Request permission to authorize CPS Caseworker Lindsey Montanye to attend mandated Sexual Abuse Dynamics and Intervention Training (Attachment 5b)**
 - C. Request to permission to fill a vacant position, due to retirement, of Key Board Specialist in the Child Support Unit (this would be a decrease to the budget of \$6,639) (Attachment 5c)**
 - D. Request to permission to transfer \$25,000 in funds from A.6010 110 Salaries-Regular to A.6010 130 Salaries Part Time (and Temporary) to cover HEAP salaries beginning Oct 1, 2013 (Attachment 5d)**
 - E. Request to permission to transfer \$10,000 in funds from a.6010 110 Salaries-Regular to A.6010 862 EPO Co Pay to cover co-pays through 12/31/13 (Attachment 5e)**
 - F. Request permission for the Chairman of the Board to Proclaim November as Adoption Month (Attachment 5f)**
- 6. OVERTIME ANALYSIS**
- 7. BUDGET ANALYSIS**

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 Cindy Mulcahy

(Supervisory Committee) (Employee Name)

to attend Supervisory Core Module II A E1

(Name of meeting or organization)

at CDHS Regional Office 3 Marcus Blvd Albany NY 12205

(Address)

on Oct 30-31 and Nov 6-7, 2013. Mode of transportation to be used
County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

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 \$ 52.00 GSA* Rate \$ 104
- Meal costs - GSA* per diem rate \$ _____

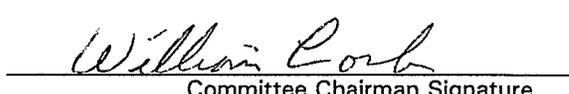
* www.gsa.gov

Date: 9/25/13



Department Head Signature

Date: 9/25/13



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.

Cindy Mulcahy

Print

| | | | |
|--|--|------------------------|--|
| Training Announcement | | | |
| Training Title | | | |
| CPS Supervisory Core Module II A -E-1 | | | |
| Attachments - click to view | | | |
| ▶ https://stars.bsc-cdhs.org/docs/StarsUserDocs/7553/AnnounceAttachments | | | |
| https://stars.bsc-cdhs.org/docs/StarsUserDocs/7553/AnnounceAttachments | | | |
| https://stars.bsc-cdhs.org/docs/StarsUserDocs/7553/AnnounceAttachments | | | |
| Provider | | | |
| SUC Buffalo - CDHS | | | |
| Date & Time | Location | Registration Deadline | Hotel |
| 10/30/2013 - 10/31/2013 09:00 AM to 04:30 PM | CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - #204 , Albany 12205-1129 | 10/15/2013 | Holiday Inn Albany 205 Wolf Road, Albany 12205-1124 Phone: (518) 458-7264 |
| 11/06/2013 - 11/07/2013 09:00 AM to 04:30 PM | CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - #204 , Albany 12205-1129 | | Holiday Inn Albany 205 Wolf Road, Albany 12205-1124 Phone: (518) 458-7264 |
| Course Description | | | |
| <p>This program will provide supervisors with the knowledge and skills necessary to effectively support child-centered, family-focused, strengths-based child protective services practice. This program will focus on utilizing the SET competencies (i.e., setting expectations, monitoring performance, providing feedback, and coaching) to promote best practice standards in child protective work.</p> | | | |
| Training Description | | | |
| Please see Course Description in the paragraph above. | | | |
| Target Population | | Additional Information | |

IIA-E-1

IIA-E-2

*\$6/4 trng Fee
Rm 104 dbl*

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 Lindsey Montanye

(Supervisory Committee) (Employee Name)

to attend Sexual Abuse Dynamics & Intervention Training

(Name of meeting or organization)

at Best Western, 200 Wolf Rd Albany NY 12205

(Address)

on Oct 30 - Nov 1, 2013. Mode of transportation to be used County Vehicle

(Dates) (County Vehicle or Mass Transportation)

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

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 GSA* Rate \$ 90
- Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 9/25/13



Department Head Signature

Date: 9/25/13



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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4. Copy to Purchasing with Purchase Order, if required.

1430112
11/1/13

1916

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Training Announcement

Stars ✓

Training Title

Sexual Abuse Dynamics and Intervention Training 10/30 - 11/1 1916

Lindsey 6234
Montanye

Attachments - click to view

https://stars.bsc-cdhs.org/docs/StarsUserDocs/7563/AnnounceAttachments/247483_Registration_Form.pdf

Provider

Fordham University/Children&Families Ins

Cost anal. ✓

| Date & Time | Location | Registration Deadline | Hotel |
|---|---|-----------------------|---|
| 10/30/2013 - 11/01/2013 08:30 AM to 04:30 PM | Best Western Airport- Albany Wolf Rd 200 Wolf Road, Albany 12205-0000 | 10/16/2013 | Best Western Airport- Albany Wolf Rd 200 Wolf Road, Albany 12205-0000 Phone: (518) 458- 1000 |

Course Description

This 3 day course will provide caseworkers with an intense overview of the issues related to child sexual abuse. Caseworkers will participate in both large and small group exercise that will increase their sensitivity in working with incest families and improve skills related to their work with victims and offenders. The format will include lectures, role plays, films and group discussions and groups presentation.

Trng \$14/day
Rm 89.99 dbl
45^{hr} shared

Training Description

Same as Course Description

Target Population

Additional Information

Child protective and preventive workers with case management responsibilities whose salaries are allocated in full or part to Title IV-E, foster care, adoption caseworkers and supervisors.

Course Prerequisites

This course fulfills the prerequisites required for attending Forensic Interviewing Best Practices offered by Safe Horizons CARC. To see if you are eligible for travel reimbursement, please call JoAnne at (914) 367-3371

Course Content

Casework Practices

Pre-registration Required

Yes

✓ Reimbursement

Mileage & Hotel

✓ Training Fees

Local District, ACS and HRA staff will be charged Training fees

Meets In-Service CPS Requirements

Yes

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, termination or promotion. 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 Social Services Payroll Dept. No. 40.07
Title of Position Keyboard Specialist #6 Annual Salary \$30,854 Grade 03
Budget code and title A.6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 09278

Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50% State 23% Other Local 27%

Impact to Budget: Savings of \$6,639; employee retiring was step 12; entry salary is \$24,215

Personnel Officer has approved this form when initialed. PL

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 9/25/13

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

Administrator Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 9/25/13

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

Ranking Committee Member Signature [Signature]

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

September 23, 2013

To whom it may concern:

I, Geraldine Sharpe, retire from my Keyboard Specialist position with Warren County Department of Social Services effective October 10, 2013.

Sincerely,

Geraldine Sharpe
Geraldine Sharpe

Sharon Wheeler 9/23/13

Witness

Witness 9/23/13

I acknowledge I have been fully represented by CSEA and enter into this letter under my own free will.

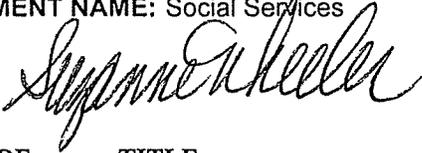
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Social Services

SIGNED:



DATE: 9/24/13

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|--------------------|----------------|----------------------|---------------|
| A.6010 110 | Salaries - Regular | A.6010 130 | Salaries - Part Time | \$25,000.00 |

Please state reason for transfers requested: To cover the wage of our temporary Heap positions which start on 10/1/13.

CONTINGENT FUND TRANSFER REQUESTS

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|---|----------------|--------------|---------------|
| A.1990 469 | Contingent Account- Other Payments/Contributions | | | |

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Social Services

SIGNED: 

DATE: 9/24/13

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|--------------------|----------------|--------------|---------------|
| A.6010 110 | Salaries - Regular | A.6010 862 | EPO Co-Pay | \$10,000.00 |

Please state reason for transfers requested: To cover EPO co-pays through 12/31/13.

CONTINGENT FUND TRANSFER REQUESTS

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|---|----------------|--------------|---------------|
| A.1990 469 | Contingent Account- Other Payments/Contributions | | | |

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

In Care Summary Report as of Sep 30, 2013 District: WARREN

Report Date: 9/24/13
Data as of Date: 9/19/13

| | | In 24 Hrs Care | Absent |
|--|--|----------------|----------|
| Total Number of Children in Foster Care | | 48 | 0 |
| Race | White | 35 | 0 |
| | African-American | 9 | 0 |
| | Asian | 0 | 0 |
| | American Indian or Alaskan Native | 0 | 0 |
| | Native Hawaiian or Other Pacific Islander | 0 | 0 |
| | Other | 4 | 0 |
| | Unknown | 0 | 0 |
| Hispanic Origin | Yes | 0 | 0 |
| | No | 48 | 0 |
| Status | In 24 Hrs Foster Care | 48 | 0 |
| | In Absence Status | 0 | 0 |
| Facility Type | Foster Boarding Home | 37 | 0 |
| | Approved Relative Home | 2 | 0 |
| | Congregate Care | 9 | 0 |
| | Institution | 6 | 0 |
| | Group Residence | 0 | 0 |
| | Group Home | 3 | 0 |
| | Supervised Independent Living | 0 | 0 |
| | Agency Operated Boarding Home | 0 | 0 |
| Other | 0 | 0 | |
| Gender | Male | 25 | 0 |
| | Female | 23 | 0 |
| Age Range | 0-2 | 10 | 0 |
| | 3-5 | 9 | 0 |
| | 6-9 | 10 | 0 |
| | 10-13 | 3 | 0 |
| | 14-17 | 12 | 0 |
| | 18+ | 4 | 0 |
| Goal | Discharge to Parents/Legal Guardian | 36 | 0 |
| | Discharge to Independent Living | 4 | 0 |
| | Discharge to Adoption | 6 | 0 |
| | Discharge to Adult Residential Care | 0 | 0 |
| | Discharge to Other Relative | 0 | 0 |
| | Other Goal | 2 | 0 |
| | No Goal | 0 | 0 |
| Time in Care | Average Number of Months | 15 | 0 |
| ASFA Time In Care | Children In Care at Least 12 of 22 Months | 21 | 0 |
| | Children In Care Less Than 12 of 22 Months | 27 | 0 |

WARNING-CONFIDENTIAL INFORMATION FOR AUTHORIZED PERSONNEL ONLY

Data Source: OCFS Data Warehouse

Commissioners Dashboard
09/24/2013