

**York-Poquoson
Social Service Advisory Board
Minutes
Wednesday, February 17, 2021**

Present:

Board Members: Roy Staton, Chair
James Tucker, Vice-Chair
Michael Chandler
Carolyn Griffith
Lourdes Guidicelli-Gadea
Vivian McGettigan
Mary Ann Meyer

Other Attendees: Margaret Mack-Yaroch, Director
Tedra Collins, Administrative Assistant to the Director
Burnette Hendricks, Assistant Director-Benefit Programs
Patti Alderman, Administrative Services Manager
Tom Little, Administrative Analyst

Call to Order:

The meeting was called to order at 9:00 a.m. by Chairperson Mr. Staton.

Ordering of the Agenda:

There were no changes to the agenda.

Public Comment Period:

This meeting was held a virtually with each member joining remotely. Public notices advised those wishing to observe or participate in the meeting to contact Tedra Collins. No one contacted Ms. Collins. No public comments for this meeting.

Approval of Minutes:

Mr. Tucker made a motion to approve the minutes of the January 20, 2021 board meeting, with the following correction: under adjournment: the meeting adjourned at 10:15 a.m. Ms. Griffith seconded the motion. All approved; motion passed.

Old Business:

Ms. Barbara Jenkins, Family Services Specialist in the Intake Unit, presented the Board with the CARES funding criteria. All applications are screened through our state systems to identify other possible funding sources and verify reported income.

Applicants provide proof of income if their information is not in our system, with current bank statements, and/or copies of current bills and expenses. Ms. Jenkins addressed any budget concerns (excessive money spent on eating out, games, furniture rental, and title loans) and determined income available to the household.

Income must fall below the State monthly median income limit of 60%. One case was approved in the 70% category due to extenuating circumstances of excessive bills and car repairs depleting available income. Sometimes it's a case-by-case basis. Applicants can be referred to other agency programs if they are eligible, such as SNAP benefits to assist with food, TANF benefits for cash allotment.

The family Services Specialist reviews each case with the Supervisor for approval and connections to the pandemic identified. Based on the client statement, and included loss of income, reduced income, loss of pandemic unemployment benefits, and lack of child care, at risk of COVID, quarantined, and homelessness during COVID.

Initially assistance was capped at \$3,000 per applicant to serve as many citizens as possible. If an alternative funding stream was available (Safe and Stable Families, Adult Services, Virginia Initiative for Education and Work), we could provide additional assistance utilizing these funds.

New Business:

Ms. Jennifer Bolden, Family Services Supervisor, gave an overview of Family First Implementation scheduled for July 1, 2021. The PowerPoint presentation was created at the state level. The focus of Family First is on Foster Care and Prevention. Family First assists in incentivizing prevention services to reduce entry into foster care by offering IV-E 50 and General Funds 50 match for EBS. Congregate Care providers must become Qualified Residential Treatment Providers (QRTP) to receive the IV-E 50/50 match. This requirement may disincentivize the use of congregate care. The State is authorizing and funding an additional 1.5 workers to implement this program.

Overall spending in 2019 on Foster care and Prevention services was over four million dollars. We hope to shift practice and spending by investing more funding for prevention services which hopefully reduces our need and spending on foster care. Funding is available; we need to invest differently in our children and families. Prevention services are not new to York-Poquoson because we have always invested in prevention programs.

VDSS launched the In-Home services Redesign in December 2020. Currently, our prevention services are voluntary; we inform our clients that we have those services available to them. In-Home Services is a significant practice alignment, likely one of the biggest changes in practice since transformation 12 years ago.

Virginia's Kinship Navigator program is currently operating on its third year through a federal grant. With this grant, Virginia established six regionally-based kinship navigator programs across the state. The programs are serving 33% of the state.

The Kinship Navigator programs are designed to be an early prevention service for families, providing services, information, referrals, and support to kinship caregivers to prevent child welfare involvement. Since the programs started, Virginia's Kinship Navigator programs have served 790 kinship caregivers and 861 youth residing with kin.

Family First also offered us the opportunity, in conjunction with our Child and Family Services Review (CFSR) results and our Practice Improvement Program (PIP), to align how we serve families in what we call "In-Home" cases. In-Home Services includes families, youth, and children receiving support so children can live safely in their own home or with relatives (kin) in their community by identifying needs, safety and risk concerns, and engagement. This also allows for easily accessible, equitable, and individualized services to reduce child maltreatment reoccurrence and increase protective factors.

In-Home Services will align with our existing CPS Ongoing and Prevention practices with consistent practice and policy. We are setting up our approach to supporting children remaining with their families and in their communities – the basic tenants of Family First! The alignment will also set up our system and our practice to utilize title IV-E funding when available through

Family First.

We value prevention in Virginia, and we are committed to enhancing our prevention efforts in primary, secondary, and tertiary prevention efforts. The In-Home alignment represents our efforts to provide a greater level of focus on our tertiary prevention efforts by preventing children and youth from out-of-home placements.

Through this redesign,

- We believe that the need should drive services rather than a funding stream driving services. We need to be creative and blend existing funding that is available to families while also identifying additional funding needs.
- Through this alignment, we want to promote the availability of evidence-based services throughout the state regardless of funding source. We partner closely with the Office of Children's Services and the Department of Medical Assistance Services (DMAS), and Behavioral Health and Developmental Services (DBHDS) through their children's services redesign.
- Our In-home case management process should be the same for all families, despite funding source.

The Title IV-E Prevention Clearinghouse has approved the following models: Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). Virginia is focused on implementing three evidence-based, trauma-informed service models throughout the state as a Family First implementation component. These models have proven outcomes and will help meet our families' needs in their homes and community.

The state partnered with Virginia Tech to offer training for five Multisystemic Therapy (MST) teams, 5 Functional Family Therapy (FFT) teams, and 16 Parent-Child Interaction Therapy (PCIT) clinicians. These trainings have been completed. Teams/Clinicians that have received and completed their training and can serve children and families now!

To align In-Home practice is to define the case work model further. Still, this alignment also sets us up to meet all the Family First requirements so that we can draw down federal matching funds for the provision of prevention services. In-Home practice will include a structured suite of tools to be utilized with families every 90 days to assess and monitor the Family's strengths and needs regularly. In-Home practice will promote the use of evidence-based services when appropriate and available for the Family.

Family First also makes changes in our foster care program. Family First dis-incentivizes congregate care placements while limiting the federal funding that can be used for these placement types. Family First encourages us to increase relative placements, increase family-based arrangements, decrease congregate care and increase the quality of those congregate care placements when needed. This will require a multi-pronged approach, as we have talked about over the last couple of years. We've been focusing on the quality of congregate care through the designation of QRTP's; we've been decreasing the number of youth in congregate care through case reviews and diligent recruitment efforts. And we've updated our guidance for our local partners for relative placements while providing regional support through our new resource family consultants.

During 2020 SFY, there were a total of 658 children under the age of 18 in congregate care placements. Specifically, 583 were in residential placements, 25 in detention/correctional facilities, 22 in psychiatric hospitals, 12 in ICPC/residential, 11 in medical hospitals, 4 in sponsored residential facilities, and 1 in adult residential. Youth in Fostering Futures 18 or older

can reside in any placement that is not congregate care. The majority of them live in independent living arrangements (82.1%).

If York-Poquoson decides that we need to use congregate care for a child, we will have to do a 30-day assessment and have a case plan that lists why the child's needs cannot be met in a family setting. Our case plan will include a short and long-term goal list of the child's mental and behavioral needs. Additionally, there's going to be a 60-day court review, and that court review will have to approve the placement and document. At the same time, that replacement is required on an ongoing basis.

Additionally, the local DFS will be required to have a family partnership meeting that will consist of the child's biological family, the child as age-appropriate, treatment providers, fictive kin teachers, and anybody that the child identifies as a support for them. The state has already invested a tremendous amount of time and resources in setting up agencies to become a qualified residential treatment program. In 2019, the General Assembly changed part of the Code of Virginia to give the courts the ability to do the 60-day review.

Extensive reviews and studies have been completed on why children are in congregate care, how long they're staying, their needs being met, their discharge plans, how long they are there, and what leads to their discharge.

The LDSS will coordinate with existing protocols, a 30-day assessment of the appropriateness by a "qualified individual" (if not, IV-E reimbursement discontinued), assessing the child's strengths and needs using an age-appropriate, evidence-based, validated, functional assessment tool.

Documentation of why the child's needs cannot be met in a family setting

Develop a list of child-specific short and long-term mental and behavioral health goals

There will be a 60-day court review and approval of placement; documentation for continuation is required at each status hearing. Placements will also be reviewed by VDSS' Commissioner or his designee and sent to the Children's Bureau. Placements more than 12 consecutive months or 18 nonconsecutive months will be reviewed. For a child under the age of 13, the Commissioner will review placements of 6 consecutive or nonconsecutive months.

Additionally, the local agency will assemble a family and permanency team for the child who shall consist of all appropriate biological family members, relatives, and fictive kin of the child, as well as proper professionals who are a resource to the Family of the child such as teachers, medical or mental health providers who have treated the child, or clergy. A child aged 14 or older will assist with selecting members of the permanency team. The team shall collaborate with the qualified assessment.

Currently, we only have a handful of providers who have stepped up to meet the minimum best practices outlined in Family First. Out of 143 children's residential facilities licensed in Virginia by DBHDS and VDSS-Licensing, we have three designated as a QRTP upon implementation, nine pending applications, and 17 who stated that an application is ready to be submitted.

There is a significant fiscal impact on our child welfare system through the implementation of QRTP's. Providers who are not QRTP designated will not receive title IV-E funding for youth in their program. Without IV-E funding, those funds will be shifted to other funding sources, including an increased cost to local CSA's, including a local government match and Medicaid, and a local government match to Medicaid funds. This does not include the change regarding PRTF and Medicaid being the payer of first resort.

The local agencies are expected to see an increased cost due to the shift in funding to CSA and Medicaid requiring local match rates, where IV-E funding did not require a local match. Through our partnership with DMAS through this implementation, we will align all PRTF programs' payments through the existing DMAS policy. Our Medicaid state plan is written in a way that our PRTF payment is bundled to include room and board, so IV-E or any other "third-party" could not be used for those costs.

As of July 1, 2021

- PRTF- Psychiatric Treatment Facilities (formerly Level C)
- Medicaid becomes the sole payer of all non-educational costs
- Title IV-E no longer payer of room and board and daily supervision
- This change will increase local Medicaid matches for these youth in foster care.
- Therapeutic Group Homes (TGH), formerly Level B and DSS licensed group homes (CRF) formerly level A
- Title IV-E funds no longer available to pay room and board and daily supervision costs if not a QRTP
- Applies to children placed in these facilities after the implementation date
- Children already in placement before the date will be "grandfathered" in until they move
- Non-Medicaid costs in TGH and almost all costs in CRF will shift to CSA and include a local match.

Statistical Reports:

After some discussion Statistical Reports stand as submitted.

Director's Updates/Reports:

Margaret Mack-Yaroch announced the month of February is recognized as Benefit Specialist Appreciation Month. We commend all Benefit Programs Specialists for a job well done. Assistant Director, Burnette Hendricks and Self- Sufficiency Supervisor, Vicki Krusie are doing special recognitions during the month of February for their teams.

Margaret Mack-Yaroch informed the Board that we currently have two vacant position that are posted. We are in the process of screening for a Family Services Specialist I/II and Family Services Specialist III. We have filled a Family Services Specialist I and a Human Services Assistant II and they will both join us in March.

Margaret Mack-Yaroch provided an update on vaccinations for the Department of Social Services. She reached out to all staff and our Board members personally. Our County Administrators have done a wonderful job making sure we got the information out. We're seeing a change in the process where the state is taking over the registration. This has not hindered our efforts in offering vaccines to our staff.

Next Board Meeting:

The next meeting will be held on March 17, 2021. This meeting will be virtual.

Adjournment:

Hearing no further business for discussion, Mr. Tucker motioned to adjourn the meeting and Ms. Meyer second. Motion passed. The meeting adjourned at 10:55 a.m.

Respectfully submitted by:

Margaret Mack-Yaroch, Secretary

**York-Poquoson
Social Service Advisory Board
Minutes
Wednesday, January 20, 2021**

Present:

Board Members: Roy Staton, Chair
James Tucker, Vice-Chair
Michael Chandler
Lourdes Guidicelli-Gadea
Mary Ann Meyer

Absent:

Board Members: Carolyn Griffith
Vivian McGettigan

Other Attendees: Margaret Mack-Yaroch, Director
Tedra Collins, Administrative Assistant to the Director
Burnette Hendricks, Assistant Director-Benefit Programs
Patti Alderman, Administrative Services Manager
Tom Little, Administrative Analyst

Call to Order:

The meeting was called to order at 9:06 a.m. by Mr. Staton.

Ordering of the Agenda:

There were no changes to the agenda.

Public Comment Period:

This meeting was held a virtually with each member joining remotely. Public notices advised those wishing to observe or participate in the meeting to contact Tedra Collins. No one contacted Ms. Collins. No public comments for this meeting.

Approval of Minutes:

Mr. Tucker made a motion to approve the minutes of the December 16, 2020, meeting. Ms. Meyer seconded the motion. All approved; motion passed.

Personnel:

Ms. Hendricks, Assistant Director, introduced the following new employees:

Christi Haviland joins us with 10 years of experience, most recently employed with Williamsburg Department of Human Services as an Eligibility Specialist. Her program specialties are Long Term Care, Aged Blind and Disabled Medical Assistance and SNAP.

Michelle Williams comes to us with 9 years of experience from Newport News Department of Human Services. Michelle's benefit programs knowledge is in SNAP, TANF, Medical Assistance both Families & Children and ABD.

Candice Woodhouse joins us as an Administrative Program Assistant under the supervision of Derrick Simmons. She comes to us with years of experience in administrative positions as well as in customer service.

Margaret Mack-Yaroch introduced Quinatona Winston who joined us on January 19, 2021. She is a Licensed Clinical Social Worker with a Master's Degree in social work. Ms. Winston came to us from Colonial Behavioral Health and recently worked with our agency as a Family Services Specialist III, specializing in foster care, prevention, and CSA back-up. We are happy to have Ms. Winston back with our agency as a Child Welfare Supervisor.

New Business:

COVID 19 Vaccine:

The COVID vaccine has been made available to our community through a lot of hard work and commitment from County leaders. Our Department was able to have our front line workers included Group 1a for vaccinations.

CARES Fund Update:

CARES funding has ended and we are proud how the funds were allocated. York County received \$35,000 and spent \$34,431.47. These funds served a total of fifty households. Payments were provided for rent/mortgage and utility payments.

Poquoson received \$15,000 and spent \$10,921.57. These funds served a total of eight households. Payments were provided for shelter and rent/mortgage.

Christmas 2020:

We had several donations from the community during this Holiday season. Seven angel trees one church, two County departments and three citizens. We received donations through gift cards donated from two churches and two community organizations. One church provided gift cards for eleven foster care children/fostering futures youth. Holiday assistance was provided to 28 families, 60 children, 11 foster care children.

Statistical Reports:

After some discussed Statistical Reports stand as submitted.

Matters Presented By the Board:

Mr. Tucker inquired if other Board member received the COVID survey from York-County. A COVID vaccine survey was email to all York County employees. In order to be prepared for the potential distribution of vaccines to employees, we needed to compile a confidential list of those who would like to be vaccinated.

Next Board Meeting:

The next meeting will be held on February 17, 2021. This meeting will be virtual.

Adjournment:

Hearing no further business for discussion, Mr. Tucker motioned to adjourn the meeting and Ms. Meyer second. Motion passed. The meeting adjourned at 10:15 a.m.

Respectfully submitted by:

Margaret Mack-Yaroch, Secretary