

Minutes

Human Services Committee

Wednesday, February 15, 2017, 5:15 pm, Room 331

Gerace Office Building, Mayville, NY

Members Present: Tarbrake, Lemon, Whitford, Rankin

Absent: Wilfong

Others: Tampio, Himelein, Dennison, Schuyler, Lis, Crow, Hemmer, Horrigan

Chairman Tarbrake called the meeting to order at 5:15 p.m.

MOVED by Legislator Whitford, SECONDED by Legislator Rankin the minutes were approved. (1/18/17)

Unanimously Carried

Privilege of the Floor

No one chose to speak at this time.

Motion – Proclaiming March Women’s History Month

Chairman Tarbrake: We don’t have to vote on this but this is sponsored by Legislators Rankin, Starks, and Lisa Vanstrom. We appreciate that.

Proposed Resolution – Confirm Appointment – Chautauqua County Health Board

Chairman Tarbrake: We are adding one member, replacing Marcia Merrins and that person’s name is Natasha Souter from Silver Creek. Any discussion?

Unanimously Carried

Proposed Resolution – Reallocating Salary Grade for Nurse Practitioner (Public Health) And Nurse Practitioner (Mental Health)

Mrs. Schuyler: As you know we do employ nurse practitioners in Public Health and we’ve come to a point where we were recruiting for a new nurse practitioner and discovered that our salary range was greatly below the market value and had not been looked at, at the County level in many, many years. A year or two ago, Mental Health did hire a physician assistant. At

that time, they did a market analysis and set the physician assistance salary to Grade 34. Nurse Practitioners are currently a Grade 32. They in fact can function much more independently than a physician assistant. They have a much broader scope of practice. Physician Assistants have to be directly supervised by physicians. Nurse practitioners don't. So, their salaries should at least be the same if not more than a physician assistant and in order to retain the nurse practitioner that we currently have who is also providing services at the County Jail, we really need to get the salary a little more in line with the private sector even though it's still well below the private sector.

Legislator Rankin: How does that compare to other public sector salaries?

Mrs. Schuyler: In other counties?

Legislator Rankin: Other counties, yes.

Mrs. Schuyler: I would have to question other counties to get the answer for you.

Legislator Rankin: Part of the issue is you want to maintain the quality of the applicants and the people who are in the positions.

Mrs. Schuyler: Right. We have one nurse practitioner in particular who started out in Public Health in Canada, worked at our County Jail for a few years and then worked for us in Public Health for another handful of years. Just completed her nurse practitioner and wants to stay on with us as a nurse practitioner but has many offers on the outside but she really had that public health mindset and she is also now providing services at the County Jail in lieu of our contract that used to be in place with a physician assistant. So, I do think that it is critically important that we retain what we have and a skill set that we're just not going to be able to just find anywhere in public health, correctional health, it's a different kind of medicine.

Legislator Whitford: Sixty eight to eighty eight in the private sector is very, very low for a nurse practitioner.

Legislator Lemon: We used to have this problem with nurses up at the County Home, didn't we?

Mrs. Schuyler: With the nurses?

Legislator Lemon: Yes.

Mrs. Schuyler: This is a next step higher. I can tell you I did look around for nurse practitioners and the average annual base salary for nurse practitioner in Jamestown is \$94,000, (*inaudible*) \$96,000, Erie; \$92,000. So the very top of our current Grade 32, doesn't even reach the average for what the local market it. So this makes it a little more competitive but still even at this range it doesn't get it.

Chairman Tarbrake: So a nurse practitioner is one step below a physician's assistant?

Mrs. Schuyler: No. Are you talking scope of practice?

Chairman Tarbrake: Right.

Mrs. Schuyler: Well, it's not really a step. It's a totally different profession. You have a physician which is your medical doctor or doctor of osteopathic medicine and then functioning underneath a physician, you have either a physician assistant or a nurse practitioner. A physician assistant in New York State has to be directly supervised by a physician. So they can never, ever practice on their own and they have to be in line, a physician has to supervise them, look at their charts, look over everything that they do. A nurse practitioner, they work with a collaborative agreement with a physician. But they don't have to be supervised by a physician. They have a much more independent scope of practice and a lot of that is because they have had a many years nursing experience even before they were a nurse practitioner. I believe that it is around 3,600 hours in New York State now, a nurse practitioner doesn't even need a physician at all. So you can actually practice independently of a physician as a nurse practitioner.

Chairman Tarbrake: So to advance to nurse practitioner, is it a matter of taking an exam or more schooling?

Mrs. Schuyler: It's more schooling. You have a Bachelor of Science degree in nursing which is a four year degree and then you go on and get a two year nurse practitioner degree and you can do various specialties. We typically look for family nurse practitioners or women health practitioners for what we do. Then you finish those two years of school, get your Masters, and then you have to sit for your boards and exam and be licensed as a nurse practitioner.

Chairman Tarbrake: So it is a lot more difficult to do that for somebody that just gets their four year degree and in an LPN or RN, I should say.

Mrs. Schuyler: You get our four year degree and then you have to sit for the RN board and then you're normally in practice as a registered nurse for several years. So you have a lot of experience going into being a nurse practitioner. Where a physician assistant, you get out of high school, you can go to a five year program, and you are a physician assistant with no medical experience or any other knowledge that brings with. So nurse practitioners because of their nursing background, it's a more holistic approach to practice than what you normally see with a physician assistant and even a physician a lot of times unless they were a nurse first. There is a lot more preventive health, a lot more disease control and immunization, things that we like to do.

Chairman Tarbrake: So it's tough to get a real qualified person. I guess that's my whole aim here.

Mrs. Schuyler: Public health is a specialty, correctional health is a specialty.

Legislator Lemon: And with them getting paid so much more in the private sector, I mean, we're going to keep losing if we don't try and rectify it a little bit.

Mrs. Schuyler: Jail medical, there is no State reimbursement for jail medical services but as far as public health, we have various grants that support the wages and benefits of our nurse practitioner and whatever a grant doesn't cover, we get 36% State aid. It's not a full local share cost.

Chairman Tarbrake: Any other questions?

Unanimously Carried

Proposed Resolution – Amend Chautauqua County Department of Health & Human Services 2016 Budget for Increased Secure Detention Costs

Mrs. Lis: This resolution has to do with children who are sent to detention facilities in other counties. This is not State detention. We have several children in Erie County and the bills are so far behind, that sometimes we really don't know what the rates are. The last rate we knew was \$731 a day. We just received a bill for the second quarter of 2013, and the rate went up to \$840 a day. We have a 1,099 days owed between 2013 and 2016 so we had to increase our accrual for that which is about \$119,000 altogether increasing the cost. We had some money available in that account already but not quite enough to cover that increase so in order to bring it up to what we actually owe, I'm moving some money out of our contractual account in Social Services Admin which we all know, we've used that a few times already, to put into that account.

Legislator Rankin: Who sets the rates?

Ms. Lis: I believe it's set by the different county -

Mrs. Schuyler: The facilities.

Ms. Lis: Yes, the facilities and I'm sure it's also approved by the State.

Legislator Rankin: Do you know in advance when you said you got these charges (*cross talk*)

Ms. Lis: No, I hadn't seen anything at all.

Legislator Rankin: You don't actually until you get the bill?

Ms. Lis: I could probably call them and ask them but there is never really any issue. There is all different across the State and the only one that we are using is the one in Erie County.

Legislator Rankin: It' makes it difficult to plan then?

Ms. Lis: It does. I could try that. I could check with them later this year and say, could you let me know? Is it still at least that rate but that was the first that I heard of it.

Legislator Rankin: Is that typical that it's that far behind in the billing?

Ms. Lis: Yes. It's been that way for years and years.

Mrs. Schuyler: (*Inaudible*) better than it used to be.

Ms. Lis: Well the State detention is a whole other situation and they've always been behind and have caught up a little more. But this local detention centers, they are far behind as well.

Legislator Rankin: Why do you think that is?

Ms. Lis: I couldn't tell you. I don't know why they don't want their money. It was me and we had one of those, I would be billing a lot more currently. I don't know why.

Chairman Tarbrake: Any other questions?

Mrs. Schuyler: We don't have any choice, we have to pay for it. I would be nice not require secure detention for our kids. What we really need to get to is preventing that.

Ms. Lis: And this is where we did have that one bad case last year and she was there for almost a year as part of that.

Chairman Tarbrake: All in favor?

Unanimously Carried

Proposed Resolution – Amend Chautauqua County Department of Health & Human Services 2016 Budget for Increased Accounting & Related Services Costs

Ms. Lis: This one has been updated to include increase Medicaid costs as well. I think that what is going around, our new copy. We found something extra so it was recommended that we add it on rather than wait until next month. So now this resolution is for –first of all, what it was originally for was, there is a client notice subsystem of WMS, which is the system that we all use, the State system that we use for all client tracking of what is going on with charges, what is happening with every client. I can't tell you what a client notification system is, but, we are billed quarterly for that from the State. It's about \$25,000 a quarter. This is another case where, when I came along, there was \$46,000 set aside of what we owed for that. At that time, at the end of 2014, we had actually owed \$180,000 because we had not been billed since September of 2012. So when the end of 2015 came along, I called the man at the State that I talk to and I said, is this still going on and what do I do and he said, accrue the same amount, not realizing and I didn't realize either, that the same amount was not a good idea. We were not billed at all from December 14' through July of 16'. So, I didn't see anything happening so I really had no idea. Some of these charges go on forever, some of these charges come to an end so I didn't know how long I should accrue for. Well, we were billed for the 4th quarter 2013 and the 1st quarter of 2014 in January of 2017. So, it's come back to life. They waited the whole time and they are also

behind on this. So at this point, I need to put in \$220,000 to get that liability up to where it needs to be (*inaudible*) previous years. I'm taking that from Safety Net because we realized in the last month or so that Safety Net will be coming under budget this year. What would you like to know more about that piece of it?

Legislator Lemon: So it's basically going to end up being a dollar for dollar increase to reduction?

Ms. Lis: Yes. All these are. We're just moving money around. So yes, we just basically – I came in and I didn't know any better and I didn't get good advice the first time and then we started seeing activity and we learned more about what actually should have been there. The second piece of this is, and I'm going to explain this really badly so I brought you something to read. This is what is called the eFMAP. It's the Enhanced Federal Medical Assistance Percentage. It has to do with Medicaid. It has to do with the Affordable Care Act and single childless couples that make under a certain amount of income compared to the poverty level. Then there was a percentage that they set up from back in 2014 onward of, I believe, how much – it's very complicated and I honestly don't understand it. You can see that they have several pages of calculations of all the stuff in here telling us how they calculated our Medicaid cap and how much we saved, etc., etc.. It all boils down to, I talked to Sue Marsh last year, mid-year, saying we really should get this on our books because we really owe this money. What happens is, they will adjust every year and look and see I believe, those types of people, what they pay for those types of people and what our local share really should have been and adjust for that. I think that is what it boils down to. But what they do is, if there more, they will charge Medicaid for it but if we are going to get money back, they will take the money away from Early Intervention, rather than Medicaid. So it mixes between the Health and the DSS side. I called my people I work with in the DSS side and just said, oh, we just record the annual change every year and don't think about what is due. The Health people don't know anything about because they DSS people never give them their credit when money is taken away. So, it's not that big. It's \$41,850 that I need to add because our total liability is, \$60,722. Also the people in the other department of Social Services, they don't think out to the financial statement level and since I was in Finance before, I know that you have accrue all of these things, the GASB 34 and all of that good stuff, so I want to get this on the books. When I had asked them about it, they looked at me like I was crazy. So, I haven't had a lot of help to understand the situation of where it comes from but I know that it is something that we owe and that we need to have it on the books. I'm sorry if I'm explaining this so badly and hopefully this will help. I will try and get better information but it's quite muddled. It's one of those things.

Chairman Tarbrake: It is going to end up \$261,850?

Ms. Lis: We are \$261,000 out of Safety Net and we're taking \$220,000 of that to cover for the CNS system notification system and \$41,000 to cover for this eFMAP liability.

Legislator Lemon: Why is the Safety Net down, it is because of – why are we over budget there?

Ms. Lis: We budget it because it's been going up and up every year and we knew that it should plateau at some point but it hadn't. I think it has finally. We hope. It's hard to say.

Legislator Lemon: I mean, switching this over isn't going to bite us later on in the year, is it?

Ms. Lis: This is 2016.

Legislator Lemon: Same as last month.

Ms. Lis: You know how people when they go off the regular family assistance after five years, they go into Safety Net. So, that whole thing is very hard to track, that tide but somehow I think it slowed down.

Chairman Tarbrake: So you don't see this happening next year?

Ms. Lis: Not to add to these expenses. I got those caught up. What is going to happen to Safety Net? I haven't really – I believe it should probably stay about – you just don't know. Because it depends on, you know, some of these people come off of regular family assistance and they're really expensive families for some reason. It could go back up again depends on a lot of different – what their situations are, these people.

Mrs. Schuyler: Single, childless couple, (*inaudible*)...

Legislator Lemon: A lot of factors.

Ms. Lis: We will be watching it.

Chairman Tarbrake: So we need to amend the original resolution.

Legislator Whitford: I will make that motion.

Legislator Lemon: Second.

Unanimously Carried

Chairman Tarbrake: Now on the resolution as amended.

Unanimously Carried

Proposed Resolution – Amend 2016 Budget for Year-End Reconciliation – Office for the Aging

Mrs. Dennison: I have some comments from Dr. Spanos. I did talk to her briefly about this resolution and she said that one of her programs, one of the individuals was anticipated to be on salary and instead was entertained as a contractual employee. Her contractual costs were more

than anticipated and the salary for personnel services line was less than anticipated. I'm sorry I do not know the exact program involved but that is the situation behind the numbers.

Chairman Tarbrake: All those in favor?

Unanimously Carried

Other

Proposed Resolution - Amend 2016 Budget for Year-End Reconciliations – Department of Health & Human Services

Ms. Lis: This is the one that you have probably seen, well you may have seen if you have the time because of the budget having not included raises but yet we saved money on our health insurance. I adjusted for that and it all zero's out. It's something that happened – it's Countywide and this is just a piece of that.

Chairman Tarbrake: Any questions or comments?

Unanimously Carried

Proposed Resolution – Amend Chautauqua County Health & Human Services 2016 Budget for Increased Handicapped Preschool Education Tuition Costs

Ms. Lis: We brought one of these to you last month and I have to say that I made a mistake when I did the first one. I did not put enough in. Again, we have more children in this program, more expensive children in this program. (*Inaudible*) all year. What happened was, I had someone help me and I think that she looked at one account in the group, what bills she had to pay rather than looking at the group as a whole. And when we sat at the end of the year accruing everything in the whole contractual section, there was more. I think I didn't ask her well and I didn't check it. I ran a report again. There is nothing – I was still correct, nothing has happened since then and just because I think a little more explanation is needed, especially for tomorrow's group. We had budgeted about \$4.3 million for 2013 through 2015 and our actuals are running at like \$3.7 to \$3.9 million dollars. So when 2016 came along we brought our budget down a little to \$4.1 and our actual was \$4.638,000. So that is why we had to add so much to our budget this year. Again, I think because of more children, higher levels of care, higher costs of different places that the children go to and one thing that I can give you (*inaudible*) is that, Medicaid does a charge back every year towards our claims. It's about \$150,000. We didn't capture that in the 2015 so we have two years of that in 2016. So \$150,000 of that was just an accounting error. Nothing unusual, just a timing situation. Our 2017 budget is \$4.3 million, so it's hard to say what will happen. Looking at this 2016, it might be \$200,000 low or so but we don't know if we will have more children come in, if some of these children will age out into the next step. It's just one of those things, it just depends on who comes along and what issues they have and how old they are and whether they are coming up to the end of their time. I think that is all I have to say about that one.

Chairman Tarbrake: Any questions?

Legislator Rankin: We're spending more in total. You could decrease some from Social Services Administration but not enough to cover everything?

Ms. Lis: Well no, we did take it out of Administration but there is a revenue that goes along with the additional costs and that is why there is – its 15 ½% revenue so I'm adding revenues for these extra costs and then picking up the difference in that contractual in Social Services Admin account that was over budgeted.

Mrs. Schuyler: The State will reimburse for 59 1/2%. of the cost. This is occupational therapy, physical therapy, speech therapy, behavioral therapy, preschool special education for the 3 to 5 year olds. The County has no say in the administration of the program. We just have to pay the bill and guarantee that we will find the providers and contract independently with the providers of the services but State Ed is who administers the program.

Chairman Tarbrake: Any other questions?

Unanimously Carried

Proposed Resolution – Amend Chautauqua County Health & Human Services 2016 Budget for Increased Child Care (Foster/Institutional) Costs

Ms. Lis: This is another one, same situation that we put some more money into last month but was not enough. In this case, when I was looking at it, this account includes adoption subsidies, includes cost for children who are in Foster Care, whether it's in a home situation or an institution situation. One thing that I did incorrectly was that we pay the adoption subsidies a month in arrears. So I had picked up the December payment that hadn't happened yet but that was really for November so I had to pick up another, it's like \$150,000 of it. Other than that, the cost really have shot up. This one, again, we're finding children who are staying with us longer so rather than being there part of the year, we have some who have been with us for three years so we have several children that have a whole years' worth of cost in here. They are having higher levels of care and again, each type of care has a different rates and those rates keep going up. I have to do more now, I really do, and I apologize for coming up with bad answers because I am a little bit distance from the actual clients, what is happening with them. I've gathered up some information. Our higher level of care placement hasn't entirely increased over the year but it's stayed kind of the same so we're carrying the same children whereas before, it had ramped up. So, as I'm saying, we're having kids that are staying there longer.

Mrs. Schuyler: There are different types of care.

Ms. Lis: There is different types of care but in general you can see that it is just like they are staying there.

Mrs. Schuyler: We have more children in therapeutic foster homes which costs more. We also have more children – we have some now have DDSL which is disability and our older children who have not been able to be adopted are in facilities that's very high medical.

Ms. Lis: I have different pieces of information that I just haven't been able to tie to dollars. I know which children are and which types of care and where they are, so I need to go find the contract, how much we're paying for them. I don't know how long they have been there. This other thing tell me how long they have been there so I'm not like showing it to you.

Mrs. Schuyler: There are names on there.

Ms. Lis: This I'm showing but this I'm not. So, I need to take all these different pieces of information from different people and try and put it into dollars. I want it so I need to go back and get from them, what was it like at the end of 14' and 15'. You have given me the end of 16' but I need to do some comparison so I can explain why these are going up. I think it's just again, the combination of factors of what kind of children, what kind of problems they have, where they have to go, how long they have to stay there. On here, it says we have a 106 in care at the end of December 16'. Some of them have been – this one child has been 1,214 days since September of 2013. There are several children that have been over 1,000 days of care.

Chairman Tarbrake: So where is this money coming from?

Ms. Lis: This money is coming from, a little bit of revenue because there is a Federal revenue of about 38% and 23% State revenue and then the remainder of that is coming from Safety Net so it does zero out. Just moving money around, once again.

Chairman Tarbrake: That is what I thought.

Ms. Lis: I will work on this more and get back to you if you really want to know, let me know more details of it.

Chairman Tarbrake: Any other questions?

Unanimously Carried

Mrs. Schuyler: I would just like to let you know that we had a ribbon cutting ceremony this morning with the County Executive for the new office space at the South County Office Building, the old DMV. We did an official ribbon cutting for our first day of business in the new area. Staff is thrilled and one girl actually did a happy dance because there was so much room for her to sit and for the clients to be in the waiting room and Buildings & Grounds and our contractors, IT, everybody worked together to pull those off and it looks so much better.

Legislator Rankin: Congratulations.

Chairman Tarbrake: Security won't be an issue.

Mrs. Schuyler: I'm hoping not. It's much safer and more comfortable for staff and for clients as well. It's a world of difference and I would encourage you if you are in Jamestown to pop in. It looks like different.

Legislator Whitford: I'll have to. I was had a tour a couple times before the change so I'll have to go back. I didn't realize it ..(*inaudible*).

Mrs. Schuyler: Oh, I'm sorry. I should have let you know. It was the County Executive said the staff was like in little cages, the space they had to work in and it was a pressure cooker of a little waiting room and now, one of the girls that works in the area was so happy because before she didn't have room to put pictures of her children or any personal belongs in the space that she was in all day, every day and now she can at least put up a couple of picture of her kids and have room to move her chair and get up to go to the copy machine and the things that they have to do. When I was there this morning, there were clients there with strollers and kids and they had enough room and people were spread out and not on top of each other. I'm hopeful that it's going to make a big difference. Thank you for approving us moving forward.

Legislator Rankin: I remember when you said you were first starting to do the design and planning and I'm glad it's finally here.

Mrs. Schuyler: It's taken a long time but it's finally happened.

Legislator Rankin: One of my other things that I wanted to ask you was, you were talking about the stress levels of the CPS caseworker and how we need to really support them and I think it really does take a special skill set and a little bit of angle to do that kind of a job. What can we do to support them? That is a tough job.

Mrs. Schuyler: That's a tough question. I think, from the very beginning, some things were constrained on our civil service process. There are qualifications for caseworkers, a four year degree. It really doesn't matter what that is and then there is a civil service test and you are hired based on how high your score is. Really isn't a process where you find people that are passionate about this work and a really good fit. A lot it comes down to civil service and then you have a year of probation to see whether or not the person can do the job but within that year, especially with CPS, you are almost a year into it, about 10 months before you can take a caseload because you have to go to Albany for training, core training a couple of times, you only have partial caseload for the majority of the year because of the nature of the work. So we don't have a lot of good time to really access the workers once we get them in there. We are fortunate, the Office of Children and Family Services does give us staff training and development money that covers all of that core training but also we can bring in other speakers and other training programs which we try to do a lot with a worker resiliency in taking care of yourself. I don't think enough attention has been paid on what we call, secondary trauma. It's not just our caseworkers. You're looking at our attorneys, our Public Defenders, District Attorney's office. We have some of these cases that are just so bad and you can't forget it. You can't erase the images that you see from your mind and I do think that – one of the things that I know that we're going to be analyzing going forward is pay scales with caseworkers. Whether it's CPS or (*inaudible*). Right now CPS caseworkers are two grades higher but they are only a Grade 16.

And regular caseworkers are a Grade 14 and I can't tell you exactly what that is but compared to the work that they have to do, it really isn't a lot and it's hard to recruit and retain really good people. Everyone thinks that we're going to call CPS and that the caseworkers are all social workers. That is so far from the truth. Caseworkers are not social workers. Very few of them actually have a social work degree and then you are not really a social workers until you get your Masters in social work and as soon any of our employees do that, they leave and go somewhere else to work. I don't know how they do it. It really is a hard, hard job and it just breaks your heart. I think we need some more training, more counseling opportunities for people to vent. You know, when you look at law enforcement and if there is a bad situation, let's say a shooting or if you had to use your fire arm, you are debriefed and you immediately seek counseling and I think that we have to step it up and offer something more robust like that, not just for the workers but for the attorneys and others who are involved who even have to testify in some of these cases. You can't get past it. I told you I send my email of the little one that I saw and I was up all night because you just can't get by it, it just haunts you. You think, how can people be so cruel and if we could put those images on TV like you see of the abused animals, maybe people would realize, child abuse is happening right here in our County every single day. But instead, put your head in the sand and think, oh that (*inaudible*) could not absolutely happen here. Well, they are and I really wish people would become more cognitive of it, report when they see something. When you go by and a dog is chained up somewhere, you'll call for help but people aren't quite that quick to report if there could be something going on with a child. It's just so sad. Thank you for asking.

Legislator Rankin: ... caught my attention and wanted to ask about it. If there is something else that we could do – you want to keep good people and take care of their well-being while they are doing their job.

Mrs. Schuyler: There is mandates. There is no mandates for CPS caseloads. The recommendation from the State is 15. I can tell you that over 40% of our workers have more than 15 and we are short two caseworkers for CPS in the north and south County and plus we have another handful of them that aren't on full caseloads because they are all new. Such tremendous turnover and all the situations in Erie County did not help us, didn't help CPS and child welfare in general when CPS is doing, when bad things happen to children because – I continuously say, we need to look back at the parents and we need to look back at the community and CPS alone cannot protect a child and take care of a child. That made a lot of people go, oh, maybe I don't want to go into that line of work and the responsibility that comes along with it is tremendous.

:Legislator Rankin: Thank you.

Chairman Tarbrake: Anything else to discuss? Motion to adjourn.

MOVED by Legislator Lemon, SECONDED by Legislator Rankin to adjourn. (6:00 p.m.) *Unanimously Carried*

Respectfully submitted and transcribed,
Kathy K. Tampio, Clerk/Lori J. Foster, Deputy Clerk/Secretary to the Legislature