



**VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES**

**QUALITY MANAGEMENT REVIEW**

**May 2016**

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This Quality Management Review (QMR) was conducted by the Virginia Department of Social Services, Piedmont Regional Office. The QMR was initiated following an expression of concern by RADSS staff members, Rockbridge County Law Enforcement, VDSS Regional Program Specialists, and an incident in which the Program Specialist from the Department of Aging and Rehabilitative Services (DARS) had to involve the Piedmont Regional Office in order to have program issues resolved. The review of RADSS took place from February 2016 through April 2016.

The QMR included Employee Surveys, interviews with all employees, program reports and statistics, case readings, and interviews with community partners.

The following state staff participated in completion of the Quality Management Review:

Susan L. Reese, Piedmont Regional Director

Meredith A. Burger, Piedmont Regional Administrative Manager

J. Chad Alls, Piedmont Child Protective Services Specialist

Dawn D. Caldwell, Piedmont Foster Care/Adoption Specialist

Chasity A. Fitzpatrick, Piedmont Resource Families Specialist

Angela Mountcastle, Piedmont Adult Services/Adult Protective Specialist (DARS)

Thea K. Quillen, Piedmont Child Care Specialist

Cassandra Elliston, Piedmont Regional Self Sufficiency Specialist

Bonnie Lee, Piedmont Regional Supplemental Nutritional Assistance Program (SNAP) Specialist

James W. Ingold, Piedmont Regional Executive Assistant

Julia Viet, Piedmont Regional Medical Assistance Specialist

## **EMPLOYEE SURVEYS**

Employees of the Rockbridge Area Department of Social Services completed confidential surveys. These surveys consisted of 41 questions in the areas of Culture and Work Environment, Staffing, Work Performance, Leadership, and Training and Development. Employees were also given the opportunity to list what they felt were strengths of the agency and challenges they felt the agency was facing.

The survey results are significant in that those in Administration/Management scored items much higher than other employees. This may indicate a lack of understanding of the severity of issues within the agency. Employee comments during interviews and accompanying the surveys (under separate cover) indicate very low morale among agency staff and that most staff feels

they are working in a “hostile work” environment. The comments from within the entire agency appear to center around one supervisory staff person and the fact that management has not acted on this person’s perceived intimidating behavior.

The results of the survey are listed below. The first figure is that of the evaluations by staff, while the second figure in parenthesis is that of Administration:

### CULTURE AND WORK ENVIRONMENT

1. Our working culture is friendly and professional = 2.0 (3.0)
2. There is healthy, two-way communication here = 1.8 (3.0)
3. I receive enough information to make decisions and perform my job = 2.8 (3.5)
4. Management supports the changes for overall performance improvement = 1.7 (3.5)
5. Employees support the changes for overall performance improvement = 1.6 (3.0)
6. I am trusted to perform the work that is assigned to me = 3.6 (4.0)
7. My coworkers are very cooperative and willing to help with work = 3.1 (3.0)
8. Our facility is safe, organized/professional, and pleasant = 1.9 (3.0)
9. I have the tools I need and enough space to perform my job = 3.1 (3.5)
10. Morale in the office is generally high = 1.5 (3.0)

### STAFFING

11. There is a sufficient number of employees to perform the work = 2.2 (3.0)
12. Employees in each program area are qualified for the positions they occupy = 2.8 (3.0)
13. Managers/supervisors are qualified for the positions they occupy = 2.2 (3.0)
14. There is a back-up plan for positions/procedures in case of emergencies/vacancies = 1.5 (3.0)

### WORK PERFORMANCE

15. I understand my job/position = 3.1 (4.0)
16. I have a copy of my position description = 2.0 (2.5)
17. I am formally evaluated on a regular basis = 2.1 (4.0)
18. I am provided an opportunity to improve my performance problems/challenges = 2.2 (4.0)
19. I am provided an opportunity to work through relationship issues with coworkers = 2.2 (3.0)
20. I am rewarded and recognized when I exceed performance expectations = 1.6 (3.5)

- 21. I am given the responsibility/authority to successfully complete the job = 3.2 (4.0)
- 22. I have enough time to complete my workload in accordance with policy = 2.5 (2.5)
- 23. I have enough take to take on additional responsibilities = 1.4 (2.5)
- 24. My performance is evaluated against criteria that makes sense for my responsibilities = 1.8 (3.5)

### LEADERSHIP

- 25. I know what our mission or purpose is for this agency = 3.0 (4.0)
- 26. Management established clear goals and objectives for our agency = 1.9 (3.0)
- 27. Management makes an effort to create a positive, motivational working environment = 1.8 (3.0)
- 28. Management works with employees to streamline policies/procedures for more efficient operation = 1.9 (3.5)
- 29. I have a good working relationship with my supervisor = 2.6 (4.0)
- 30. I feel comfortable talking with my supervisor about any work-related issues = 2.7 (4.0)
- 31. My supervisor provides the guidance, resources, and tools that I need for the job = 2.3 (3.0)
- 32. My supervisor considers my input on decisions being made for my work area = 2.3 (3.0)
- 33. State DSS employees are helpful and professional when I call them for help = 2.7 (3.0)

### TRAINING AND DEVELOPMENT

- 34. I receive the training I need to do my job and to keep-up with changes = 2.4 (3.0) I receive the training I need to do my job and to keep-up with changes = 2.4 (3.0)
- 35. The training I have participated in was organized, practical, and worthwhile = 2.7 (3.5)
- 36. I am pleased with the career opportunities here = 1.7 (4.0)
- 37. The management team is provided with leadership training = 1.0 (2.0)
- 38. I developed a learning plan with my supervisor to enhance my development = 1.2 (2.0)
- 39. I am cross-trained in other areas of the agency = 2.1 (3.5)
- 40. My supervisor and I keep a file on my training history = 1.3 (3.5)
- 41. Employees have an equal opportunity for training and development = 1.9 (3.0)

## **FINANCE AND ADMINISTRATION**

This agency serves three separate localities, the County of Rockbridge, City of Lexington, and the City of Buena Vista. The coordination of financial processes between the three entities sometimes presents a challenge. Rockbridge Area DSS (RADSS) utilizes the *Thomas Brothers* system to create purchase orders, encumbrances, to pay bills, and report administrative costs.

Specialized assessments were used to specifically address the performance of Administration, Finance, and Human Resources functions within the agency. The categories included on these assessments included Payroll, Cash Receipts, Disbursements, Budget, Travel Vouchers, Automobile Use, Bonds and Insurance, Inventory, Random Moment Sampling, Security, Special Welfare, Credit Cards, Contracts, and Human Resources policy.

A Local Review, which reviewed Staff and Operations Expenditures for the month of June 2013, was performed by the Virginia Department of Social Services Finance Local Review Team. The Local Review process was finalized in January 2015. The Local Review Team was contacted for input related to this QMR, and that information is included in the topics noted in this review.

In addition to assessment of records, four employees from the Finance and Administration staff were interviewed during the Quality Management Review. Staff members in this are included the Administrative Coordinator III, Administrative Program Assistant, Fiscal Assistant, and an Office Assistant II, and were very cooperative and helpful during this process.

### **Payroll and Leave Administration**

The Payroll system appears to be well-maintained, with time and attendance records being prepared and retained as required. The Administrative Program Assistant keeps these records and reconciles on a monthly basis with the Administrative Coordinator/Office Manager. All checks are run through the agency, as opposed to being run by one or more of the localities. Salaries are within approved State Human Resource Salary guidelines. The agency uses a Quick Books system for payroll administration. No issues were identified with this process. Warrant Registers are approved by the Treasurer for Rockbridge County and the Director, with the Office Manager completing the process. Payroll data and financial records are electronically uploaded from the Thomas Brothers system into the Virginia Department of Social Services LASER (Locality Automated System for Expenditure Reimbursement) system, which is reconciled as required to supporting documentation, and is done in a timely manner.

Leave Administration appears to be a concern. The Leave Policy is not posted anywhere for staff reference or for the sake of consistency. When reference to a policy is required, the agency uses the **Virginia Department of Social Services' Human Resources Manual for Local Departments of Social Services**. This is appropriate for a non-deviating agency. The agency needs to ensure that it is in full compliance with these policies. There also needs to be

additional policy covering any items not mentioned in this Manual, such as dress code, call-in procedures, etc.

### **Cash Receipts**

The RADSS could receive cash payments for several purposes. These might be in the form of payments for overpayment in the Supplemental Nutritional Assistance Program (SNAP), Energy Assistance Program (EAP), Medicaid, Temporary Assistance to Needy Families, and Child Care programs. Payments for Fraud and SNAP are received through the City of Lexington. A receipting system is in place, with one primary staff member assigned to complete official receipts for these payments. When a client presents a payment at the agency front desk, the assigned staff member - the Administrative Coordinator/Office Manager - is contacted to come to the front desk to take the payment and issue an official receipt as required by the Virginia Department of Social Services' Administrative Handbook for Local Departments of Social Services, SECTION VI – REPORTS And OTHER ADMINISTRATIVE RESPONSIBILITIES. Each receipt is completely filled out and issued in numerical sequence. If a backup staff member is needed, the Director takes the payment and gives it to the Admin Coordinator for processing as usual. The official receipt books are kept in one locked file cabinet, and access to this cabinet is maintained by the Office Manager and the Director. The Report of Collections is done and deposits are made on a monthly basis. Overpayment cash collections are deposited by the same staff member that signs the original receipt, and are entered into LASER in the same month as received.

### **Disbursements**

Samples of disbursements for all three of the agency's localities within the months of December, 2015 and January, 2016 were reviewed during the Quality Management Review. It appears that back-up documentation is required for all disbursements and this information is approved by the employee's supervisor and reviewed by the Administrative Coordinator. Invoices are stamped as "Received" and "Paid" in accordance with best practice. Samples of Purchase of Service expenditures were reviewed for Adult Home-based Companion Services and VIEW. No capital expenditures have taken place since the last audit. The Warrant Registers are reviewed and approved by the Rockbridge County Treasurer's office. The Administrative Coordinator receives a Stale Check report from each locality approximately twice per year for any check that is still outstanding after 180 days. These instances are handled by attempting to contact the recipient. If there is no resolution, checks are cancelled and reported as such to the agency. The Accounts Payable process at RADSS seems to be properly handled, with good controls and attention to detail. The Administrative Coordinator is charged with responsibilities of making sure that financial data is either uploaded to the VDSS LASER system or manually entering information as needed. LASER deadlines are met and

Monthly LASER Reports are printed and reconciled to documentation from the Treasurer's office and the Thomas Brothers system.

### **Budget**

The Administrative Coordinator reviews each budget line and funding /projected expenditures twice per month. When necessary, additional funding is requested by way of a Budget Request System entry. BRS Requests have been made this fiscal year for five budget lines, but this is not unusual and does not speak to a lack of oversight on the part of the agency. The Director reviews the Budget Balance reports with specific attention to ADMIN before each Board meeting.

The Fiscal Assistant keeps an updated notebook with spreadsheets for (829-Family Preservation; 833- Adult Services; 844-SNAP Employment and Training; 861-Chafee Education; 862 –Independent Living; 866- Promoting Safe and Stable Families; 872-VIEW; 895-Adult Protective Services) showing expenditures and balances for each of these programs and which staff and/or supervisors can use as a reference when requesting purchase of services.

### **Cost Allocation**

Only one of the three localities submits a Central Services Cost Allocation Plan, and the Director approves it prior to submission. There have been no findings from Sub-Recipient Monitoring on this Plan.

### **Travel Vouchers**

Travel is approved by Management and appropriate documentation is submitted for expenditures.

### **Automobile Use**

Vehicle usage and maintenance logs are maintained by the Administrative Program Assistant and the Director. Expenses related to the vehicles are charged to the specific programs utilizing them. There are no vehicles permanently assigned to any one individual and the vehicles are used strictly for agency business.

### **Bonds and Insurance**

The RADSS currently has a Surety Bond, Liability Insurance, and Property Insurance in place. All employees are also covered by a Workers' Compensation Policy.



### **Inventory**

There appears to be no comprehensive inventory listing of all assets of this agency. The Security Officer has a listing of assets related to technology and also maintains the agency vehicle listing within the maintenance records. Physical inventory is not performed at least once every two years as required by the Federal Office of Management and Budget Circular 87-B, Attachment A, Section 11-h. For continuity of operations planning and insurance purposes, a comprehensive inventory should be maintained of all assets, including furniture and equipment.

### **Random Moment Sampling (RMS)**

The last RMS Annual Review for Rockbridge Area DSS was performed in 2015 due to their place on a rotating schedule. Overall, it was a good review, with the samples being keyed well within the seven-day time limits allowed for inclusion in quarterly statistics for cost allocation. One minor finding was noted, which was addressed with the agency at the time. The agency appears to be operating well with the new RmsPLUS system.

### **Information Security**

Computer Security and Access documentation was requested and readily received. Ten Security Access Management System (SAMS) requests, five VACMS access request forms, five ADAPT access request forms, OASIS access request forms dating back to 2005, and two LASER access request forms (Only two agency staff have this access) were reviewed for accuracy and completion. No issues or problems were noted.

### **Special Welfare Accounts**

The agency currently has twelve Special Welfare accounts for children as of March 16, 2016. The Rockbridge County Treasurer maintains these funds, which are kept in one large account with subsidiary ledgers, in accordance with policy. After discussions with staff and review of the accounts, it appears that many of the payouts from these (most of which are Child Support) are used to reimburse CSA expenditures, which is allowable and reasonable. This means that most of the subsidiary account ledgers carry a zero balance most of the time. Due to this, the one main Special Welfare account is not an interest-bearing account, as is encouraged in policy. The costs of an account that would provide interest, the amounts of which would be negligible in this case, would outweigh the interest accrued. There is one account which carries a balance, because the child earned the money and it is held for him.

Receipt sources are identified on the ledger at the time of deposit. A Report of Collections is forwarded to the Treasurer. Action is taken when balances exceed the \$2,000 limit, which is rare for this locality, to reduce or spend down the account as to not jeopardize ineligibility for IV-E funding. Records of fund activity are kept for at least two years. There are General Aid accounts, with donated funds to be used as needed, at both the City of Lexington and with

Rockbridge County. Examples of expenditures from these accounts were reviewed and included lodging for a homeless persons, a car seat, and a power bill.

This agency appears to keep good records for the Special Welfare accounts.

### **Credit Cards**

The agency uses credit cards for purchases related to travel, some Purchase of Services, meals for children in foster care as allowed, and for some small purchases (i.e. supplies) for the agency. There are two credit cards for the agency. These cards are assigned to the Director and the Family Services Supervisor and are kept in secure locations. Credit card statements are reconciled and approved by management prior to the bill being paid in full each month.

### **Contracts**

Agency contracts are properly approved by the Director or the designee and only amounts stipulated in the contracts are submitted for reimbursement. Expenditures are reviewed by the Administrative Coordinator to ensure that expenditures do not exceed the total amount of the contract. The *Thomas Brothers* system prevents any payment in excess of approved contract amounts which adds another layer of control.

### **Human Resources Policies and Procedures**

RADSS is a non-deviating agency, which means that it is to fully comply with the Virginia Department of Social Services Human Resources Policy. Review has revealed that many of the HR policies and procedures outlined in the **Virginia Department of Social Services' Human Resource Manual for Local Departments of Social Services** are not being followed, such as Performance Planning and Evaluation and Background checks for employees, applicants, and volunteers.

For every Policy in the VDSS HR Manual, the agency should have a procedure spelled out on how the agency will operate with regard to that policy.

It should be noted that, as previously mentioned, a Review was completed for this agency by the Local Review Team for the month of June, 2013. The report was finalized in January of 2015 and presented to the agency for corrective action. One of the main findings in that report was noncompliance with HR policy with regard to Employee Performance Plan and Evaluation (EPPE) forms and procedures, which came into question as this relates to Salaries and Reimbursements.

A report was requested and generated on March 25, 2016, showing data related to Performance Evaluations for staff. Out of thirty staff members, only fifteen positions are up-to-date on performance evaluations, but not with regard to Employee Performance Plan and Evaluation forms (EPPEs). Performance Evaluations for the Clerical and Administrative Unit are

current. The Benefit Programs Unit is current with the exception of two positions. The Family Services Unit is not current with Performance Evaluations with six out of seven staff members and the seventh employee in that unit is coming up on the yearly employment anniversary.

Background checks on employees at this agency have not been done in the last eleven years. According to the Virginia Department of Social Services Administrative Handbook for Local Departments of Social Services, each time an employee is hired there are three types of background checks required:

***EMPLOYEE BACKGROUND CHECKS***

*Three types of background records checks should be conducted before hiring an employee (or using a volunteer). Often a LDSS will hire an employee while awaiting the results of these checks. In this instance, the offer of employment should clearly state that the offer is contingent upon satisfactory results of the criminal, driving, and Central Registry background checks. It is preferable to have these record checks done before employment commences because a record check may reveal that the employee is a potential danger to the safety or welfare of others with whom they are brought into contact while at work.*

Records show that the last time any sort of background check was done on staff was 2005, and it was done for the Central Registry check only. It should be noted that the agency is starting to do background checks again for new employees as of April, 2016. The non-performance of these required background checks puts the agency in jeopardy of having staff member or volunteer who could potentially have a criminal history, CPS findings, or multiple driving infractions.

**FINDING (F&A-1)**

**The agency does not have a Leave Policy and no guidance is posted for staff reference.**

**RECOMMENDATION #1**

*The Director should ensure that Leave Policy for this agency is created and approved by the Rockbridge Area DSS Administrative Board.*

**RECOMMENDATION #2**

*The Director should ensure that the Leave Policy created is posted where it is accessible to all employees.*

**RECOMMENDATION #3**

*The Director should ensure the development of policy on the following items not covered in the Virginia Department of Social Services' Human Resources Manual for Local Departments of Social Services, such as Dress Code, Call-in Procedures, Cell Phone usage in agency vehicles, Personal use of agency phones/fax/copier, Leave policy, Inclement Weather policy, and Social Media policy.*

**RECOMMENDATION #4**

*The Director should ensure that all newly developed policies are communicated to all staff and made accessible to staff in written form.*

**FINDING (F&A-2)**

**The Office Manager both accepts the cash payments and deposits them to the Treasurer at Rockbridge County.**

**Recommendation #1**

*Another staff member, such as the Administrative Program Assistant, could perform the duty of depositing these payments with the Treasurer, creating a separation of duties and insuring that there are checks and balances to this process.*

**FINDING (F&A -3)**

**The agency has no comprehensive inventory of all assets.**

**Recommendation #1**

*The Director should ensure that a comprehensive inventory of all assets is performed at least every two years. This should include Furniture, IT Assets, and equipment.*

**Recommendation #2**

*The comprehensive inventory of all assets should be maintained in a secure location, with an extra copy being stored offsite.*

**FINDING (F&A -4)**

**The Agency has no local procedural manual for Human Resources Policy.**

**Recommendation #1**

*The Director of Rockbridge Area Department of Social Services should utilize the VDSS HR Manual for Local Agencies to compile an employee handbook, including procedures for each HR Policy.*

**Recommendation #2**

*The Director should meet with all agency supervisory staff (involving representatives from Human Resources) to educate them on Human Resources policy and ensure that this policy is applied on a consistent basis.*

**FINDING (F&A -5)**

**The agency is not utilizing the Performance Evaluation Cycle for planning and Performance Evaluations. Performance Evaluations are not being completed.**

**Recommendation #1**

*The Director and Supervisors of RADSS should immediately begin utilizing the Performance Evaluation Cycle for all staff positions, beginning with reviewing the EPPE forms to document and communicate an employee's annual performance plan, development plan, and evaluation assessment.*

**Recommendation #2**

*Due to the time period that the Performance Cycle has not been followed, Interim Evaluations are strongly encouraged during the year.*

**FINDING (F&A -6)**

**The Agency is not performing any Background Checks for Applicants, Volunteers, or Staff.**

**Recommendation #1**

*Background Checks including a State and National Criminal History Check, a VDSS Central Records Exchange check, and a Department of Motor Vehicles check should be performed immediately on all RADSS employees or volunteers.*

**Recommendation #2**

*Background Checks including a State and National Criminal History Check, a VDSS Central Records Exchange check, and a Department of Motor Vehicles check should be performed on all new employees hired by RADSS.*

# **BENEFIT PROGRAMS**

## **MEDICAL ASSISTANCE**

The Medical Assistance programs include Medicaid which provides medical insurance to children and adults who meet eligibility criteria. Medicaid was created to assist people who have lower incomes, but coverage is dependent upon other criteria as well. Eligibility is primarily for individuals falling into particular categories, such as low-income children, pregnant women, the elderly, individuals with disabilities, and parents meeting specific income thresholds. In Virginia, income and resource requirements vary by category. In addition Virginia has the Family Access To Medical Insurance Security (FAMIS) Plan which is a health insurance program for children. It makes health care affordable for children of eligible families. FAMIS has income limits up to 200% of the poverty level, higher than that of the regular Medicaid program with a limit of 143% of the poverty level for most child categories.

The Rockbridge Area Department of Social Services had 5,330 active Medicaid and FAMIS recipients as of the end of February 2016 in the combined areas of Rockbridge, Buena Vista, and Lexington.

RADSS has fourteen Benefit Program Specialists who are responsible for processing of applications and case management. This number includes one Benefit Program Supervisor and two Screeners who assist the Benefit Program Specialists. The experience of these employees ranges from under one year to more tenured staff with fifteen or more years. The agency has experienced some turnover in the area of Benefit Programs and several workers have been covering vacant caseloads in addition to their own. The more experienced workers assist in the training of new staff and assisting to cover those caseloads. A major challenge for workers in the Medicaid program has been the implementation of a new eligibility system (VaCMS) in the past two 2 ½ years.

RADSS has only one Benefit Program Supervisor who is responsible for the training and management of all Benefit Program staff. The Supervisor is new to the current system, as her last experience in Benefit Programs was over ten years ago. In addition to the responsibilities of supervision, she is assisting in coverage of the vacant/new hire caseloads. Due to these circumstances, she has less time to devote to other management duties. The Supervisor is professional and supportive of staff and is working to learn the new systems and relearn the policy and programs.

The Benefit Programs staff seems to be supportive of each other and have a team approach to completing the work. Several employees expressed difficulty in covering other caseloads as

well as their own. The agency has a fairly complex and somewhat outdated process in place for the intake screening of new applicants.

There are clearly some performance issues within the Medicaid program. The agency has not met the Performance target for application processing in any of the last six months for Medicaid applications. The goal established by performance standards implemented by Virginia is that 97% of all Medicaid applications be processed within 45 days of receipt of the application. RADSS has processed at an average of 78.9% over the last six month period. The agency also has 273 Medicaid cases overdue for renewal as of March 2016. The number of overdue renewals has remained consistently high over the last six months, but the number has reduced from 700 overdue in March 2015. These performance measures have an impact on the citizens being served and on the state performance measures for timeliness in the Medicaid program. RADSS has worked with the Regional Medical Assistance Specialist to prepare an improvement plan for these overdue Medicaid applications and renewals.

A sample review of twenty individual Medicaid cases was conducted for this Quality Management Review. Of the twenty cases, six cases were correct with no element (technical) or benefit (eligibility) errors. Of the other fourteen cases reviewed, three contained benefit (eligibility) errors and all contained element (technical) errors. Benefit (eligibility) errors mean that someone who is not eligible might receive benefits or someone who is eligible may not receive benefits for which they qualify. The element (technical) errors were due to information present in the file not being evaluated, missing documentation, and income information not entered into the case management system (VaCMS) and one instance of misapplication of policy. The case records were fairly well organized and some contained good documentation and easy to follow narratives.

#### **FINDING (MED-1)**

**RADSS does not process Medicaid applications in a timely manner. The timeliness rate for this agency is currently 78.9%.**

#### **Recommendation #1**

*The Benefit Program Supervisor should pull the Medicaid application pending list each week for the entire agency and review with the staff cases that are nearing the deadline date.*

#### **FINDING (MED-2)**

**RADSS currently has 273 Medicaid cases that are overdue for processing.**

Recommendation #1

*The Benefit Programs Supervisor should develop and institute a plan of action for staff to complete overdue cases.*

**FINDING (MED-3)**

**During this QMR, only six out of twenty cases pulled for review were correct. The others were incorrect with eligibility and technical errors.**

Recommendation #1

*The Benefit Program Supervisor and Benefit Program staff should complete the available online and classroom training for processing Medicaid in the VaCMS.*

## **Supplemental Nutrition Assistance Program (SNAP)**

The goal of the Supplemental Nutrition Assistance Program (SNAP) is to reduce hunger and increase food security. This program permits low-income households to have a more nutritious diet through normal channels of trade by increasing the food purchasing power for eligible households. This program also provides food in times of disaster.

The RADSS SNAP program is managed by a Benefit Programs Supervisor and eight Benefit Programs employees. There appears to be an adequate number of staff to handle the program caseloads. There are several more seasoned employees in the program and there is good program knowledge among the staff. However, there are several new members of the staff, which take a great deal of the Supervisor's time with training and monitoring activities. The Benefit Programs Supervisor is new to the agency and has not been active in Benefit Programs for approximately ten years, so she is experiencing a learning curve with program policy, guidance, and automated systems.

The agency provides excellent customer service to the constituency of Rockbridge County. Staff is dedicated in the effort of providing timely and appropriate service to all customers. The Benefit Programs units are supportive of each other and demonstrate good teamwork.

The Rockbridge County Department of Social Services (RADSS) had 1,771 active SNAP cases as of February 2016. The agency consistently meets the performance indicator of 97% established by the Virginia Department of Social Services as the rate for timely processing of SNAP applications and renewals.



A case reading was conducted in March 2016 and 20 cases were reviewed. No payment errors were found in any of the reviewed cases. Case reading results demonstrated prompt action on expedited case processing, timely mailing of the Notices of Expiration and over all good understanding of policy

**Finding (SNAP-1)**

**There is no in-house training for RADSS SNAP staff.**

**Recommendation #1**

*The Benefit Programs Supervisor should meet monthly with staff to address training issues, policy updates, and agency business.*

**Recommendation #2**

*The Benefit Programs Supervisor should work with Piedmont Regional SNAP Specialist, Bonnie Lee, to offer an in-house refresher training on SNAP policy on-site at RADSS.*

## **SELF SUFFICIENCY PROGRAMS**

The Self Sufficiency Programs include the programs of Temporary Assistance for Needy Families (TANF) and the Virginia Initiative for Employment not Welfare (VIEW).

The purposes of TANF are to:

- provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- prevent and reduce the incidence of out-of-wedlock pregnancies;
- encourage the formation and maintenance of two-parent families.

The VIEW program focuses on employment opportunities to assist individuals in attaining the goal of self- sufficiency and:

- achieve economic independence by removing barriers and disincentives to work by providing positive incentives to work;
- provide work skills necessary for self-sufficiency;
- allow families living in poverty to contribute materially to their own self sufficiency;
- set out the responsibilities of and expectations for recipients of public assistance;
- obtain work experience.

There are a total of four Benefit Programs workers who are responsible for the TANF program. There is only one supervisor who is responsible for all the Benefit Programs. The agency recently had a worker resign from the Benefit Programs Unit and her caseload was left in disarray. This has led to a backlog of work which has affected the morale of the entire unit. The Benefit Programs Supervisor is not knowledgeable regarding the VIEW and TANF programs and staff members expressed that they cannot always go to her for appropriate guidance.

There is one Self Sufficiency Specialist to handle the VIEW Program and she has over 30 years of experience. She works diligently trying to increase the agency's work participation rate. She is extremely knowledgeable of the program and very professional. The Self Sufficiency Specialist reports to the Services Supervisor; but has little contact with her, as she usually handles the program on her own. The Services Supervisor is not knowledgeable about the VaCMS system and cannot be of help with that system.

During the review period for the Quality Management Review, the Rockbridge County Department of Social Services maintained 30 TANF cases and 15 VIEW cases.

The performance indicators for the TANF and VIEW programs were reviewed for a six month period. The timeliness in which TANF applications are processed within thirty days is measured against a goal of 97%. The agency failed to meet the timeliness goal of 97% four of the six months reviewed.

The VIEW goal of number of customers earning at least minimum wage was met and the VIEW goal measuring job retention was met for each month during the six month period. The federal work participation rate (FPR) for work participation in the VIEW program has a goal of 50%. This reflects the number of customers that are participating in the VIEW program the required weekly number of 30-35 hours. The agency did not meet the FPR of 50% during the review period.

A total of twenty TANF and VIEW cases were reviewed. Out of the twenty cases, approximately 50% (11) cases had errors ranging from incorrect ADAPT coding, missing or outdated forms and missing verifications.

**FINDING (SS-1)**

**RADSS consistently failed to meet the 97% timeliness goal for the processing of TANF application over the six month review period.**

**FINDING (SS-2)**

**RADSS consistently failed to meet the 50% measure for federal participation rate (FPR) of 50% for VIEW participants.**

**FINDING (SS-2)**

**The review of 20 TANF and VIEW cases indicated errors in over half (11) of the cases.**

**Recommendation #1**

*The Benefit Programs Supervisor should develop a system for review of cases that will ensure cases are maintained on a consistent basis and are free of errors.*

**Recommendation #2**

*The Benefit Programs Supervisor should develop a calendar of individual supervision sessions with Benefit Programs workers to monitor caseloads and ensure required rates of success are met for each program.*

**Recommendation #3**

*The Benefit Programs Supervisor should attend training in the VIEW and TANF programs, as well as in VaCMS.*

**Recommendation #4**

*The Services Supervisor should attend training on the VaCMS system.*

## **CHILD CARE**

The purpose of this program is to increase the affordability, quality, and supply of available child care, to improve child care and development of participating children, and to increase the number and percentage of low-income children in high-quality child care settings.

Child care services are provided for children who are under 13 years of age and who reside with a parent or person standing in loco parentis who is working or attending a job training or educational program. Services may also be provided for families who are receiving or needing to receive child protective services and for children up to 18 years of age who are physically or mentally incapable of caring for their selves or subject to court supervision.

RADSS is currently serving fifteen families in this program. This includes twenty four children. There are currently three families, including three children, currently on the waiting list. The current twenty four children are being served under the following categories: Fee program (10), Head Start (5), and Temporary Assistance To Need Families (9).

Two employees manage the Child Care cases; however both have responsibility for additional programs. One employee, who has 36 years of experience, also manages the VIEW program, does Services Intake, and serves on-call. The other employee, who has 14 years of experience, manages SNAPET, does Services Intake, and serves on-call. The Services Supervisor supervises all of the services programs. The supervisor is most often busy with other programs that are more crisis-oriented and this has resulted in her having only general knowledge of the Child Care program. Supervision appears to center around signing of documents rather than guidance on procedures or issues. Supervision conferences are not scheduled with employees.

Applications are submitted by paper in person or through the mail and electronically through CommonHelp. Applications submitted in person go directly to the Child Care staff. Applications submitted by mail are received by front desk personnel and then routed to the workers. Portal (electronic) applications are registered by front desk personnel and then assigned to Child Care staff. Child Care staff use appropriate tools to ensure timely processing of applications.

Both members of the Child Care staff have access to the budget. The two employees work together and with their fiscal agent and involve the regional consultant as needed. The Child Care budget is being maintained within the guidelines.

Five cases were reviewed. All cases were in order with no findings. Both Child Care Workers have a good knowledge of Child Care guidance and VaCMS. This is quite commendable given that they have duties in other programs. The two Child Care employees are very supportive of each other. They consult with each other, review each other's cases, and involve the Regional Consultant on a regular basis. They attend trainings when given permission

# SERVICES PROGRAMS

## FOSTER CARE/ADOPTIONS

A review of agency records demonstrates that children and families are assessed upon entry into foster care. However, documentation about agency efforts to identify, locate, assess, and involve relatives upon entry into foster care is variable within the OASIS records. There were some formal search documents present in hard copy records.

Foster care service plan documents appear to contain appropriate information. However, plans can be strengthened with increased information about each child's specific visitation plan and concurrent planning documentation.

Case records demonstrate excellent placement stability. Every child reviewed had only one foster care placement. This level of placement stability is an indicator of the quality of underlying casework related to accurate assessment of a child's level of need and thoughtful matching to a foster home. This would also suggest that ongoing casework is supportive of and engaged with foster parents.

All service plans reviewed suggest that the Foster Care/Adoptions staff has a good understanding of each child and family's needs, identifies and matches reasonable services, and follows through on service provision. Given understaffing due to turnover in one of the two foster care/adoption positions, the agency has done well to continue service delivery to all cases. Engagement with foster families and service providers is significant and has been critical to ensuring requirements are met. However, documentation indicates the use of Family Partnership Meetings is not consistent.

### **FINDING (FC/A-1)**

**Documentation about agency efforts to identify, locate, assess, and involve relatives upon a child's entry into foster care is variable within the OASIS records.**

### **Recommendation #1**

*At each child's entry into foster care, tools used and communication efforts to identify, locate, and assess relatives for involvement with the child during foster care and as a potential foster care placement while in foster care should be specifically documented in the child's record.*

**FINDING (FC/A-2)**

**Service Plans for children in foster care contain appropriate information; however, they should contain additional information incorporating specific information about visitation for parents and siblings.**

**Recommendation #1**

*The Family Services Worker should ensure that specific information about visitation for parents and siblings is included in the service plan prior to the service plan being submitted to the supervisor for approval.*

**Recommendation #2**

*The Family Services Supervisor should ensure that specific information about visitation for parents and siblings is included in the service plan prior to the service plan being submitted to the court for approval.*

**FINDING (FC/A-3)**

**Foster Care records that were reviewed demonstrate that Family Partnership Meetings are not utilized on a consistent basis.**

**Recommendation #1:**

*The Family Services Workers should consistently utilize and document Family Partnership meetings at critical decisions points in foster care cases.*

**Recommendation #2**

*The Family Services Supervisor should ensure that Family Partnership Meetings are consistently and effectively utilized at critical decision points in foster care cases.*

**RESOURCE FAMILIES PROGRAM**

The Resource Families Program recruits resource family homes for fostering and adoption of children placed in the custody of the Rockbridge County Department of Social Services. Program staff conducts home studies on potential resource family homes considered for approval. The program staff is also tasked with training and retention activities for resource homes.

One employee at RADSS performs the Resource Families Program work. This is a seasoned employee, who also has responsibility for a Foster Care caseload. This program is supervised by the Services Supervisor, who oversees all services programs.

There are currently eight approved foster and adoptive homes and three new applicants.

During this process, SafeMeasures reports were reviewed including reports on Kinship Care Placement, Number of Placement Settings in All Foster Care Episodes and Care Types. These reports indicated several strengths. At the time of review, the majority were placed in family-based setting. The agency has utilized and approved child-specific placements for youth in foster care within the agency, although the Kinship report indicates there are not any current relative approved foster homes. There are three fictive kin placements with child-specific placements who knew the children from school. The agency is also currently pursuing an approval of a relative at this time for an adoption.

The reports also identified several areas for improvement. 27% (5 out of 18) of the agency's youth were in a congregate care setting. Placements in congregate care for this agency do not meet the expected performance rate of less than 16

Paper files and OASIS files were found to be well-organized, well-documented, and up-to-date. Ten resource family records were reviewed and indicate good data entry. Twelve resource family paper files were reviewed and indicate good documentation. The families are currently approved according to the Local Department Resource, Foster, and Adoptive Family Home Approval Guidance.

This agency has collaborated with Shenandoah Valley DSS for many years in regards to training for Resource Families. This collaboration has worked well for both agencies. The RADSS Resource Family staff member is able to refer new applicants to the pre-service PRIDE training in Staunton through SVDSS. Then, the Resource Family worker at RADSS completes the assessment and approval process for families after they are trained. Shenandoah Valley DSS is an adoption contractor and collaborates with surrounding localities, so this is a good partnership.

The Resource Families worker responds well to new inquiries, meets with new applicants, and responds with positive customer service. She has worked hard to establish supportive partnerships within the community. Due to her work, clubs (including the Girl Scouts) often bring donations to the agency and have re-decorated the family visitation room at the agency.

Due to the additional responsibilities of a large foster care caseload, the Resource Family worker is usually unable to work on recruitment, training and development, and the support/retention that the Resource Families require. She is usually only able to approve a few new homes each year. Three homes were approved by this agency last year.

**FINDING (RF-01)**

**The Resource Family worker has not had the training for the Resource Family Program offered through the Training Division.**

**Recommendation #1**

*The Resource Family staff member should enroll in CWS3101 Introduction to the PRIDE model. These classes will train on the entire PRIDE model, including recruitment, approval, training, and retention.*

**Recommendation #2**

*The Resource Family staff member should enroll in CWS3103 Mutual Family Assessment. This class will help the Resource Family worker conduct an assessment on the family and coordinate assessment with the other agency providing the pre-service training.*

**FINDING (RF-02)**

**The Resource Family Program Supervisor has not had the training for the Resource Family Program offered through the Training Division.**

**Recommendation #1**

*The Resource Family Program Supervisor should enroll in CWS3101 Introduction to the PRIDE model. These classes will train on the entire PRIDE model, including recruitment, approval, training, and retention.*

**Recommendation #2**

*The Resource Family Program Supervisor should enroll in CWS3103 Mutual Family Assessment. This class will help the Resource Family worker conduct an assessment on the family and coordinate assessment with the other agency providing the pre-service training.*

**FINDING (RF-03)**

**Resource Family staff should be assessing the satisfaction and training needs of the RADSS Resource Families on an annual basis.**

**Recommendation #1**

*The Resource Family worker should conduct a satisfaction and needs survey with their Resource Families this summer to plan what training and support would be helpful this year. This should*



*be done so that surveys may be turned in on an anonymous basis. This is necessary so that additional feedback can be considered regarding the training and needs of the agency's Resource Families. The surveys may also indicate if additional training is needed to meet the needs of and reduce the amount of placement moves/disruptions for youth in foster care.*

**FINDING (RF-04)**

CLEAR person-searches are not being utilized by the child welfare program. There are currently two workers designated to Rockbridge DSS by the state due to the size of the agency. These workers conduct relative searches through CLEAR in Foster Care and CPS. The number of reports pulled monthly indicates that there is not adequate usage.

**Recommendation #1**

*Two workers assigned to run the CLEAR searches and their Supervisors should attend CLEAR training. Monthly webinars and conference calls are also available for support. The Supervisors should also be trained to pull and monitor monthly usage reports and should address relative searches during individual supervision with each worker.*

**FINDING (RF-05)**

**The staff at RADSS are not utilizing Family Partnership meetings at appropriate decision points in casework according to CPS and Foster Care Guidance.**

**FINDING (RF-06)**

**Family Services workers at RADSS have not completed Family Engagement Training (CWS4020).**

**Recommendation #1**

*RADSS Family Service workers should enroll in and complete Family Engagement Training (CSW4020).*

**FINDING (RF-07)**

**The RADSS Services Supervisor has not completed Family Engagement Training (CWS4020).**

**Recommendation #1**

*The RADSS Services Supervisor should enroll in and complete Family Engagement Training (CSW4020).*

**FINDING (RF-08)**

**RADSS does not have anyone on staff who has been trained in Family Partnership Meeting Facilitation (CWS4030).**

**Recommendation #1**

*The RADSS Supervisor should identify appropriate staff to attend and complete Family Partnership Meeting Facilitation (CWS4030).*

**Recommendation #2**

*The RADSS Supervisor should ensure that Family Partnership meetings are held at critical decision points in CPS and Foster Care cases.*

## **CHILD PROTECTIVE SERVICES**

The Child Protective Services (CPS) Unit is responsible for receiving complaints of alleged abuse and/or neglect of children and screening these complaints to determine which situations should receive a family assessment or investigation as mandated by the Code of Virginia. In addition to completing assessments and investigations, CPS has the authority to assume, on an emergency basis, the custody of any child who is in imminent danger of abuse and/or neglect to the point severe or irremediable injury is suspected to occur without intervention. In instances where the situation is not imminent, CPS may petition the Juvenile and Domestic Relations Court in order to assume a child's custody.

Since 2002, the Virginia Department of Social Services has operated within the system of differential response, which means a valid CPS referral is either accepted for family assessment or investigation at the time it is received and screened. Family assessments involve those reports of a less serious nature and do not result in a disposition of abuse/neglect being made. The purpose of the assessment is to determine if the family would benefit from the implementation of services to strengthen the family unit and prevent any child from entering the foster care system. Those referrals indicative of a more serious situation are placed in the investigation track where a disposition of abuse/neglect is made in addition to the assessed need for service intervention. Some referrals are mandated to be placed in the investigation

track at the time of receipt. These referrals would be those involving allegations of sexual abuse, severe physical abuse/neglect, child deaths and families who have received two previous family assessments within the last 365 days. All referrals, whether they are family assessments or investigations, have a completion requirement of within forty-five days of the agency having received the initial report. Time extensions may be granted under certain circumstances (i.e. awaiting the results of forensic evidence or when completing an investigation jointly with law enforcement). In the event a family assessment is initiated and it is determined the situation is more serious than originally suspected, the assessment may be upgraded to an investigation. However, an investigation may not be lowered to a family assessment.

Child Protective Services also encompasses an area of ongoing intervention known as CPS ongoing. Family assessments and investigations which, after completion, indicates there is a high or very high risk of future abuse and/or neglect are considered for ongoing services through the initiation of a case. The ongoing program is designed to preserve and strengthen the family structure while preventing any child's removal from the home. CPS ongoing cases involve service planning, re-assessment of risk and are not recommended for closure until the risk has been lowered to a level where there is no longer a reasonable expectation of any child being abused and/or neglected.

The CPS program uses a system known as Structured Decision Making (SDM) in order to streamline the CPS process and allow for a more consistent approach to intervention across the Commonwealth. The SDM system consists of a series of tools used by the CPS worker to aide in driving the decision-making process of validity, safety and risk. SDM also assists in identifying and determining a family's individual strengths and needs. These required tools are used starting at the screening process and moving forward into CPS family assessments, investigations and finally CPS ongoing cases.

A sample was pulled from all referrals received between 03/01/2015 and 03/01/2016. During this time, 271 reports alleging abuse and/or neglect were received. Of this 271 total, 158 reports were screened out. This means the agency did not feel the information provided in the report met the standard necessary for validation. Therefore, no additional action was taken. On the other hand, reports accepted as valid and assigned as either a family assessment or investigation totaled 113. Of this 113 total, 99 were assigned as a family assessment and 14 assigned as an investigation. This means the agency validated an average of 9 referrals per month for the period reviewed. At the time this sample was pulled, 71 family assessments and 8 investigations had been completed and closed. Therefore, still pending closure were 28 family assessments and 14 investigations. Only one of the referrals completed over the course of the last year resulted in a case being opened to CPS ongoing services. This case was opened on 02/20/2016 and as of the writing of this QMR, no documentation has been entered. From

the totals outlined, 30 screened out referrals, 15 family assessments and 8 investigations were reviewed in order to determine overall agency performance in relation to the CPS program. The hard file record of each family assessment and investigation was also reviewed in addition to individual interviews with the CPS staff. Training transcripts of the CPS staff were also obtained from the Piedmont Regional Training Center. Data specific to meeting mandated CPS timeframes relating to screening, assessment, investigation, and referral closure was also obtained and reviewed through the Safe Measures database.

Transcripts of training received indicate mandated and continued training course requirements have not been met by all workers completing CPS functions. In addition, Family Services Workers voice complaints that they were often denied permission to attend training sessions offered by the Virginia Department of Social Services.

Of the 30 screened out CPS referrals reviewed, it was determined 12 of these referrals contained allegations meeting the requirements of validity and should have been assigned as either an investigation or family assessment. Also, none of these 30 screened out referrals had documented notification(s) to the complainant(s) of the agency's decision to screen out the referral as required by Section 3.5.5 of the Child Protective Services Policy Manual. The review of the 15 Family Assessments and 8 Investigations has determined mandated CPS contacts, responsibilities and notifications are not being completed and documented in the OASIS database. Furthermore, OASIS documentation does not support the choices selected when completing the required SDM safety and risk assessments while these tools were consistently completed incorrectly.

CPS staff members are not completing their assigned family assessments and investigations within the mandated forty-five day time frame in approximately 74% of the assigned referrals. Requests for qualified extensions are not being made by the CPS workers. With the average validation of nine referrals each month split between two CPS workers, this should not be a difficult standard to meet.

CPS workers are routinely completing Family Assessments and Investigations in the same manner and failing to utilize the methods of family engagement expected within the differential response system.

The Rockbridge Area DSS has opened only one CPS ongoing case during the time period of review. Statements made by CPS staff indicate they are told by the CPS Supervisor that Rockbridge Area DSS does not offer CPS ongoing services because the agency does not have the "time" to support this required program. Other statements made by staff indicate ongoing

services are sometimes provided without initiating a case. In other words, if the family needs assistance, the agency will work with the family in an unofficial capacity.

Staff interviews indicate the process of CPS intake is impractical and does not ensure every report received is added to the OASIS database. Statements from staff allege the shredding of some CPS referrals by the CPS supervisor before the information is placed into the OASIS database. These statements have been corroborated by copies of intakes taken and maintained by intake workers but not found in the OASIS database. Statements from staff also indicate dates of reports received are sometimes changed by the CPS supervisor in order to meet response priority guidelines. In addition, covering CPS intake is currently rotated among all services workers in the agency, in addition to a clerical support position. This takes away valuable time from the CPS worker's ability to manage their assigned referrals, respond to emergency situations and provide needed CPS ongoing services. This also takes away valuable time for those other services workers employed in differing program areas than CPS.

Staff interviews have determined CPS calls of an emergency nature coming in not only during regular business hours but also during times of on-call and after-hours are not being responded to in an emergency nature. Reasons given indicate the CPS Supervisor indicates it is either "too late in the day", "there is not currently enough staff to cover office functions" or "law enforcement can handle the situation". Other comments indicate the suggestion to have mandated reporters, such as school personnel, photograph alleged injuries for a CPS worker to respond at a later time. This is impractical as a key CPS function, the safety assessment, would need to be created before a child returns to or remains in an unsafe environment. It is not up to other entities to perform the CPS functions of assessing and ensuring safety of an alleged abused and/or neglected child.

According to the interviews with staff who complete CPS functions, agency morale is extremely low in a working environment of what could easily be considered hostile with reports of workers and clients being bullied by the CPS Supervisor. Allegations that these concerns have been taken to the Agency Director and dismissed have also been made.

The CPS files reviewed have shown the agency does not have a practical method of storing or maintaining CPS records. Records are inconsistent with included documents in no understandable arrangement or order. Of the Family Assessments and Investigations reviewed, two files were unable to be located by the agency.

#### **FINDING (CPS-01)**

**Transcripts of training received indicate mandated and continued training course requirements have not been met by all workers completing CPS functions.**

Recommendation #1

*The CPS Supervisor should coordinate with each CPS worker and review their individual training transcript as maintained in the automated training system (Knowledge Center). This would include any individual performing CPS intake and/or on-call responsibilities.*

Recommendation #2

*The Supervisor should create a training plan with each CPS worker to ensure that workers are brought into compliance with training. CPS workers should not be denied the ability to take required training for any reason. This would include the twenty-four hours of continuing education training requirement for each year.*

**FINDING (CPS-02)**

**Of the 30 screened out referrals reviewed, it was determined that almost 50% (12) of these referrals contained allegations meeting the requirements of validity and should have been assigned as either an investigation or family assessment.**

**FINDING (CPS-03)**

**Of the 30 screened out referrals reviewed, NONE had documented notification(s) to the complainant(s) of the agency's decision to screen out the referral as required by Section 3.5.5 of the Child Protective Services Policy Manual.**

Recommendation #1

*Both the agency director and the CPS supervisor should enroll in and successfully complete CWS2000-CPS New Worker with OASIS, CWSE1510 Structured Decision Making (SDM) in Virginia (specifically module one dealing with CPS intake) and CWS2010 Intake, Assessment and Investigation in CPS (specifically day 1 dealing with the process of intake). These courses will teach the purpose and practical application of the CPS intake process and how SDM is utilized at this critical point. CWS2000 will also re-emphasize all areas of CPS guidance that is typically updated twice per year.*

Recommendation #2

*The Rockbridge Area DSS should implement a system of checks and balances to ensure no referral meeting CPS validity requirements is screened out. The most appropriate action would be to have the agency director review all referrals screened out by the CPS supervisor to ensure the correct decision is being made.*

Recommendation #3

*The Rockbridge Area DSS should ensure every complainant, when known, is notified via either telephone call or written letter when the report made by the complainant is screened out. This notification should be documented in the OASIS database before the referral is screened-out.*

**FINDING (CPS-04)**

**The review of the 15 Family Assessments and 8 Investigations has determined mandated CPS contacts, responsibilities and notifications are not being completed and documented in the OASIS database.**

**FINDING (CPS-05)**

**OASIS documentation in reviewed cases does not support the choices selected when completing the required Structured Decision Making (SDM) safety and risk assessments because these tools were consistently completed incorrectly.**

Recommendation #1

*The CPS Supervisor should provide the CPS staff with a checklist of mandated CPS contacts and notifications required for each family assessment/investigation completed. This will assist the CPS workers and supervisor with ensuring all required contacts are successfully attempted and/or completed. All attempted and/or completed contacts and notifications should be documented in the OASIS database.*

Recommendation #2

*The CPS Supervisor should meet in a regularly scheduled monthly supervision session with each individual CPS worker to ensure that CPS cases are being handled correctly pertaining to policy.*

Recommendation #3

*The CPS Supervisor should ensure that all required contacts are successfully completed in each case prior to approval for closure of a case.*

Recommendation #4

*All CPS staff should enroll in and successfully complete CWSE1510 Structured Decision Making (SDM) in Virginia (all five modules). This will train and re-emphasize the importance of utilizing and correctly completing all SDM tools. All CPS staff should also enroll in and successfully complete CWS2000 CPS New Worker with OASIS. Even though both CPS workers have*

*completed this class in the past, this review indicates the course competencies and learning objectives provided by this class have not been retained and utilized by the CPS staff.*

**FINDING (CPS-06)**

**CPS staff are not completing their assigned family assessments and investigations within the mandated forty-five day time frame in approximately 74% of the assigned referrals. Requests for qualified extensions are not being made by the CPS workers**

**Recommendation #1**

*If CPS assessments/investigations meet the guidelines for an extension and an extension is necessary, the CPS workers should request and document supervisory approval and send notices to families involved in the referral.*

**Recommendation #2**

*The CPS Supervisor should institute a plans of corrective action for any CPS worker routinely failing to complete their assessments/investigations within the time period allowed by CPS policy and this plan should be created, closely supervised, and enforced.*

**FINDING (CPS-07)**

**CPS workers are routinely completing Family Assessments and Investigations in the same manner and failing to utilize the methods of family engagement expected within the differential response system.**

**Recommendation #1**

*The agency Director and CPS Supervisor of RADSS should embrace the practice of family engagement when working with both family assessments and investigations and ensure this is consistently used in practice.*

**Recommendation #2**

*The Rockbridge Area DSS CPS unit should consult with the CPS Regional Consultant to discuss and understand the differences between the family assessment and investigation track and refresh on the model of family engagement.*



**FINDING (CPS-08)**

The Rockbridge Area DSS has opened only one CPS ongoing case during the time period of review. Statements made by CPS staff indicate they are told by the CPS Supervisor that Rockbridge Area DSS does not offer CPS ongoing services because the agency does not have the “time” to support this required program.

**FINDING (CPS-09)**

Statements made by staff indicate ongoing services are sometimes provided without initiating a case. In other words, if the family needs assistance, the agency will work with the family in an unofficial capacity. This is sometimes done without the knowledge of the CPS Supervisor who would forbid the offering of any services to the family.

*Recommendation #1*

*Any completed family assessment and/or investigation with a completed high or very high SDM risk assessment should be opened for CPS ongoing services. If a CPS case of high or very high risk is not opened, clear documentation of the reason(s) for not initiating a case should be documented in the OASIS database.*

**FINDING (CPS-10)**

Staff interviews indicate the process of CPS intake is impractical and does not ensure every report received is added to the OASIS database.

**FINDING (CPS-11)**

Statements from staff allege the shredding of some CPS referrals by the CPS supervisor before the information is placed into the OASIS database. These statements have been corroborated by copies of intakes taken and maintained by intake workers but not found in the OASIS database.

**FINDING (CPS-12)**

Statements from staff also indicate dates of reports received are sometimes changed by the CPS supervisor in order to meet response priority guidelines.

### **FINDING (CPS-13)**

**CPS intake is currently rotated among all services workers in the agency, in addition to a clerical support position. This takes away valuable time from the CPS worker's ability to manage their assigned referrals, respond to emergency situations and provide needed CPS ongoing services. This also takes away valuable time for those other services workers employed in differing program areas than CPS.**

#### **Recommendation #1**

*Any worker completing CPS intake should be given access to the OASIS database and trained to input each and every referral taken during the time they are completing CPS intake responsibilities. The process of typing a CPS referral on a Word document and e-mailing this to the CPS Supervisor should be discontinued to prevent the destruction of referrals until after the information is placed into the OASIS database, regardless of whether or not the referral meets CPS validity for a response. All CPS reports received should also be documented in the OASIS database with the date and time corresponding to the date and time the call was initially taken. After this information is placed into the OASIS database, the referral would be placed into the Supervisor's electronic inbox for review and possible validation.*

#### **Recommendation #2**

*In the event every intake worker is not able to input each and every referral received, a system of checks and balances should be established where the individual who took the call is notified when and at what time the information they took was placed into the OASIS database.*

***Recommendation #3:** To further improve the consistency of the intake process and to prevent the continued possibility of referrals being destroyed before input or having dates potentially altered, a new position to perform intake responsibilities should be created. Or, if this is not possible a current clerical position should be reassigned to perform this task on a full-time basis. This would allow CPS workers, as well as workers in other program areas, the ability to concentrate on their individual program responsibilities. This will also allow the CPS workers the necessary time to respond to emergency situations and offer CPS ongoing services to those cases resulting in a high and very high risk assessment. Lunch, break, vacation and sick time taken by a full-time intake worker could continue to be divided among the other service workers on a rotating basis. A monthly schedule of intake coverage for lunch and other planned and unplanned leave could be created and distributed so every service worker would be able to plan their schedules in advance to ensure this coverage.*

***Recommendation #4:** All CPS reports provided to the regional office that have not been entered into OASIS should be done so ASAP and then screened by the agency director for the appropriate response.*

#### **FINDING (CPS- 14)**

Staff interviews have determined that CPS calls of an emergency nature coming in not only during regular business hours - but also during times of on-call and after-hours - are not being responded to in an emergency nature. Reasons given indicate the CPS Supervisor indicates it is either “too late in the day”, “there is not currently enough staff to cover office functions” or “law enforcement can handle the situation”.

#### **FINDING (CPS-15)**

Staff interviews indicate that they are told by the CPS Supervisor to have mandated reporters, such as school personnel, photograph alleged injuries for a CPS worker to respond at a later time. This is impractical as a key CPS function, the safety assessment, would need to be created before a child returns to or remains in an unsafe environment. It is not up to other entities to perform the CPS functions of assessing and ensuring safety of an alleged abused and/or neglected child.

*Recommendation: CPS workers should be allowed to respond to CPS emergencies on an immediate basis when the situation warrants such a response. If a CPS worker is presently completing intake functions and is the only individual able to provide the immediate response, then another individual should take over intake and allow the CPS worker to respond to the call. The only time a response should be delayed is if both CPS workers are unavailable and there is no other person qualified to respond in their absence. In some situations, this may require the CPS supervisor to respond on an emergency basis.*

#### **Finding (CPS-16)**

Interviews with staff who complete CPS functions indicate that agency morale is extremely low with a working environment of that could easily be considered hostile. There are reports of workers and clients being bullied by the CPS Supervisor. It is alleged that concerns have been taken to the Agency Director and that nothing has been done to stop these abusive activities.

*Recommendation #1: Administration and the CPS supervisor should collaborate and work to build team morale and support. This could be accomplished through specialized training and team building exercises targeted to improve morale and education on the importance of acting as a team in the best interest of the communities served.*

*Recommendation #2: The Rockbridge Area administration should work closely with the Department of Human Resources to educate all staff completing CPS functions on the processes of recognizing, reporting and effectively dealing with harassment and bullying. A specialized training should be provided ensuring all staff comprehend the process and importance of reporting any future instances of harassment or bullying in the workplace.*

### **Finding (CPS-17)**

**The CPS files reviewed have shown the agency does not have a practical method of storing or maintaining CPS records. Records are inconsistent with included documents in no understandable arrangement or order. During the QMR, two requested files were unable to be located by the agency.**

*Recommendation #1: An organizational structure of maintaining agency files should be developed and utilized by the CPS unit. This may involve using colored files to distinguish between family assessments, investigations, family assessments upgraded to investigations and also out-of-family investigations. In addition, a system of specific order and possible sections should be created in which to easily file documents of a particular nature. This would include separating copies of CPS referrals, CPS ongoing cases, medical and psychological records, legal documents in addition to a miscellaneous section not covered anywhere else.*

*Recommendation #2: Copies of all notifications sent to clients in a CPS family assessment and/or investigation should be placed into the agency hard file after it is copied and pasted into the OASIS database. Copies of completed safety plans should also be maintained in the hard file after they are summarized in the comments section on the SDM safety assessment within the OASIS database.*

## **SUMMARY**

The review of this agency has demonstrated some strengths in financial operations. The Supplemental Nutritional Assistance Program (SNAP), and Child Care operations appear to function smoothly. The Foster Care unit appears to have records and documentation in good order. There are some challenges in the Medicaid program that are already in the process of being corrected. Findings in Self Sufficiency programs should show improvement with a targeted corrective action plan.

There are some findings of concern. The agency does not have an inventory of all assets or a procedural manual. In addition, evaluations are not being completed on employees on an annual basis. More seriously, background checks (such as criminal history, CPS, and DMV) have not been completed on applicants, employees, or volunteers since 2001. The agency does not appear to have adopted the Family Engagement model in their Services Programs work and this

causes the work with families to suffer; as Family Partnership Meetings are not being held at critical decision points in case management.

The most serious and significant findings involve the Child Protective Services program. The findings of the Quality Management Review indicate that CPS workers have not completed mandated training necessary for their positions and they have indicated they have been denied permission to attend training. The Services Supervisor screens CPS reports for validity – and almost 50% of the CPS reports that were screened out as invalid (and no action taken) were found to be valid and should have been investigated. No records reviewed indicated that complainants had been notified that their report was ruled invalid. Mandated CPS contacts were not found in the CPS automated record system (OASIS) and documentation found did not support that safety and risk assessments were done correctly utilizing the Structured Decision Making (SDM) model. Investigations and assessments are not being completed within mandated timeframes in 79% of cases. Two cases to be pulled for review could not be located at the agency.

Of utmost concern are reports by staff that the Services Supervisor shreds CPS reports and does not take any action or enter any information into OASIS. This was backed up by copies made of these reports prior to when they were shredded. It was also reported that the Services Supervisor sometimes does not allow them to respond to emergency calls saying “it is too late in the day” or “law enforcement can handle it”. At these times, it is reported that the Services Supervisor attempts to have mandated reporters (such as school personnel) take photographs of injuries – and this is a clear CPS function. Services worker indicate that they use personal cell phones to keep in touch with community partners (i.e. law enforcement) because the Supervisor discourages communication and working relationships. Some workers expressed that the Services Supervisor has told them that they will not offer CPS Ongoing Services because the agency “doesn’t have time” to do that. Workers stated that sometimes they are so concerned about some cases, they offer services in secret. Tragically, there was a recent child fatality in this jurisdiction where there had been a previous CPS report. During the initial report, the infant was assessed as “High Risk”, but no services were offered. After the fatality occurred, law enforcement had to call the Piedmont Regional Office because the Services Supervisor was refusing to assign a CPS investigator to investigate the case. After an investigator was assigned, Law Enforcement personnel had to call the Piedmont Regional Office twice to intervene because the Services Supervisor was refusing to turn over requested records for the investigation.

Prior to the Quality Management Review, the Adult Services/Adult Protective Services Specialist from the Department of Aging and Rehabilitative Services (DARS) performed an Adult Services Program Review. Many deficiencies were identified and a corrective action plan was required by that agency. The Specialist performed a review at the end of six months which revealed the program had more serious deficiencies than in the original report. The Services Supervisor

refused to meet with the DARS Specialist to discuss the report. The VDSS Piedmont Regional Director was asked to intervene and did so with the agency Director, who was also unable to compel the Supervisor to meet with the DARS Specialist. The Piedmont Regional Director had to intervene with the Chairperson of the RADSS Administrative Board before the Supervisor was finally compelled to attend the meeting regarding the Adult Services Program.

It is concerning that a majority of employees both in Services and in Benefit Programs reported during interviews and/or written survey comments that the Services Supervisor fosters an atmosphere of “bullying”, “harassment”, and “intimidation”. Benefit Programs staff reported that they are afraid to go into the kitchen because of the Services Supervisor and have created a make-shift kitchen for themselves in a storage room. Employees indicated that they have made multiple complaints to the agency Director and the situation has not been corrected.

During the course of the Quality Management Review, the agency Director has announced her earlier decision to retire. The RADSS Board will begin the recruitment process for a new Director.

A Corrective Action Plan will be expected from the Rockbridge Area Department of Social Services within 30 days and the Piedmont Regional Office will provide assistance in the development and implementation of their plan to address the issues in this report.