

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
08/13/13	

To: **Board of Supervisors**

Date: July 19, 2013

Misc.

From: James Foley, Director

(Department Head - please type)

Phone Ext. 625

Department Head Signature

Agenda Title: Request to hire for (1) position in Social Services

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

Request to fill (1) position:

Eligibility Worker I due to employee accepting another position in Social Services.

This is a Merit Systems position and must be hired through the Merit Systems process.

Recommendation/Requested Action:

Authorize the requested action

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Position is budgeted

Is a 4/5ths vote required?

Yes

No

Committee Review?

N/A

Name Administrative Committee 8/5/13

Committee Recommendation:

Contract Attached:

Yes

No

N/A

Resolution Attached:

Yes

No

N/A

Ordinance Attached

Yes

No

N/A

Comments:

Request Reviewed by:

Chairman

Counsel

Auditor

GSA Director

CAO

Risk Management

Chairman: EGH Counsel: CC
 Auditor: [Signature] GSA Director: KOP
 CAO: [Signature] Risk Management: [Signature]

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Copy of approved ATF to Chris @ Social Services, HR and Auditor

FOR CLERK USE ONLY

Meeting Date

August 13, 2013

Time

9 a.m.

Item #

7A

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes:

Resolution

Ordinance

Other:

Noes

Resolution

Ordinance

Absent:

Comments:

Distributed on

A new ATF is required from

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

Completed by

Department
For meeting
of

ATTEST:

Clerk or Deputy Board Clerk

Save

DEPARTMENT OF SOCIAL SERVICES

10877 Conductor Blvd. Suite 200 Sutter Creek, CA 95685 PHONE (209) 223-6550



To: Amador County Board Clerk

From: Jim Foley, HHS Director

Date: July 19, 2013

Re: Request (1) item be placed on Administrative Committee Agenda for August 5, 2013



Request to hire for the following position in Social Services:

One FTE Eligibility Worker I (to backfill the position)

CO OF SUPERVISORS
2013 JUL 23 11:17 AM
COUNTY OF AMADOR

cc: Chuck Iley, CAO
Diane Blanc, HR Director

ELIGIBILITY WORKER I

DEFINITION

Under supervision, to assist with and perform limited eligibility determinations for public assistance; to learn the procedures and regulations necessary for caseload administration; to learn techniques and methods of interactive interviewing and fact gathering; to learn to identify clients need for health, social and/or employment services; to refer clients to other staff or community resources; and to do related work as required.

DISTINGUISHING CHARACTERISTICS

This is the entry/trainee level in the Eligibility Worker class series. Incumbents in this class normally work under close supervision in a trainee capacity. They perform the more routine responsibilities according to well established procedures and methodologies. Incumbents in this class are expected to develop skills and gain knowledge of the Department's organization, public assistance programs, and case management techniques. When requisite skills and knowledge have been developed, they are expected to advance to the journey level Eligibility Worker II level.

REPORTS TO

Eligibility Supervisor.

CLASSIFICATIONS DIRECTLY SUPERVISED

None

EXAMPLES OF DUTIES

Learns a variety of public assistance and case processing and management techniques; schedules and makes regular contacts with clients; interviews applicants and recipients in person (on- or off-site) and by telephone to gather information needed for participation in one or more public assistance grants; explains regulations, rules, court orders, and policies regarding public assistance programs; assists people with clarification and completion of prescribed application and declaration forms used to make eligibility determinations; learns and explains client rights and responsibilities associated with public assistance programs; learns to investigate, clarify and correct discrepancies; verifies and insures accuracy of data; learns to develop required information concerning income, resources, and financial obligations; learns to review applications and declarations for completeness and accuracy; learns to review eligibility factors and authorize releases; learns to hold and re-issue payments, immediate need warrants, food stamps and emergency medical services cards; provides assistance and direction in obtaining further information to resolve discrepancies and problems with initial applications and declarations; learns to apply established guidelines and procedures in making eligibility determinations; interviews people and reviews case records to gather preliminary information and identify need for referral

ELIGIBILITY WORKER I - 2

to employment and social services; records information for case records; interprets and applies program regulations and other pertinent material to specific cases; may prepare and maintain a variety of records and documents associated with the eligibility process; learns to compute authorized grant levels; provides basic case services; prepares correspondence and reports.

TYPICAL PHYSICAL REQUIREMENTS

Sit for extended periods; frequently stand and walk; normal manual dexterity and eye-hand coordination; corrected hearing and vision to normal range; verbal communication; use of office equipment including computers, telephones, calculators, copiers, and FAX.

TYPICAL WORKING CONDITIONS

Work is performed in an office; occasionally works outside; continuous contact with staff and the public.

DESIRABLE QUALIFICATIONS

Knowledge of:

- General goals and objectives of a public social service programs.
- Modern office practices, methods, and procedures.
- Basic record keeping practices and procedures.
- Business mathematics.

Ability to:

- Learn the policies, procedures, and programs of the Amador County Social Services Department.
- Learn the laws, rules, and regulations necessary for receiving public assistance and case management techniques for all programs.
- Learn the principles of income maintenance and public social services.
- Learn the Department, public, and community resources available to clients.
- Learn the sources of information available to verify and obtain financial and social information.
- Learn in-depth and analytical interviewing and fact finding techniques.
- Read, understand, interpret and apply complicated and detailed correspondence and reports, regulations, and policy directives.
- Identify problems requiring referral to other Department staff.
- Make a variety of mathematical computations accurately and rapidly.
- Prepare, clear, concise and accurate records and reports.
- Work with timelines and interruptions.
- Understand and accept the differences in human behavior resulting from diverse socio-economics and cultural backgrounds and/or various forms of deprivation.
- Maintain confidentiality of the case records.
- Tactfully and effectively represent the Department in public contacts.
- Establish and maintain cooperative working relationships.

ELIGIBILITY WORKER I - 3

Training and Experience: Any combination of training and experience which would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the required knowledge and abilities would be:

Two (2) years of experience performing clerical duties in a social services agency

OR

One (1) year of experience with responsibility for one or more of the following: determining eligibility for loans, financial assistance, unemployment, veterans benefits, or publicly or privately financed health counseling and/or social service programs.

OR

Equivalent to the completion of 60 semester units or 90 quarter units from an accredited college or university.

Special Requirements: Possession of a valid and current California Driver's License issued by the Department of Motor Vehicles.

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
08/13/2013	

To: Board of Supervisors
 Date: 08/06/2013

From: James Foley, Director of HHS Phone Ext. 412
 (Department Head - please type)

Department Head Signature *James G. Foley*

Agenda Title: Crisis Service Coordinator Recruitment

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

The Director of Health and Human Services, Behavioral Health Department requests the Board of Supervisors approve the recruitment of a Crisis Service Coordinator.

Behavioral Health Department currently has a position vacancy for a Personal Service Coordinator, however we are requesting to fill this position with a Crisis Services Coordinator. Having a designated registered or licensed staff for client crisis and intakes would free up 20% of time for current clinical staff to provide direct services to their clients.

It is estimated that this position would increase Medi-Cal revenue by 10%

Recommendation/Requested Action:

Approval of recruitment

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts None

Increased Medi-Cal revenue

Is a 4/5ths vote required?

Yes

No

Contract Attached:

Yes

No

N/A

Resolution Attached:

Yes

No

N/A

Ordinance Attached

Yes

No

N/A

Comments:

Committee Review?

N/A

Name Administrative Committee

Committee Recommendation:

Place on BOS consent agenda

Request Reviewed by:

Chairman _____

Counsel Co

Auditor egd

GSA Director Ho?

CAO _____

Risk Management gr

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Copy of approved ATF to Angie Grau in Behavioral Health, HR and Auditor.

FOR CLERK USE ONLY

Meeting Date _____ Time _____ Item # 7B

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____

A new ATF is required from _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

Completed by _____

Department _____

ATTEST: _____

For meeting _____

Clerk or Deputy Board Clerk

of _____

Save ...

BEHAVIORAL HEALTH DEPARTMENT

10877 Conductor Boulevard, Suite 300 • Sutter Creek, CA 95685 •
Phone (209) 223-6412 • Fax (209) 223-0920 • Toll Free Number (888) 310-6555



MEMORANDUM

DATE: 4/23/2013

SUBJECT: Request for approval to fill a vacant position

TO: Board of Supervisors, Administrative Committee

CC: Diane Blanc, HR Director

FROM: James Foley, LCSW

Attached is a request for to fill the position of a Crisis Services Coordinator. Our Department currently has a position vacancy for a Personal Services Coordinator, however we are requesting to fill this position with a Crisis Services Coordinator for the following reasons:

- To maximize Medi-Cal billing opportunities. The Personal Services Coordinator services are provided by non-licensed/non-registered staff and are limited in claiming as indicated on billing reports. The average difference is about 20% less than clinical billing.
- Based on current productivity reports, the two current Personal Services Coordinator positions could divide the responsibilities while maintaining their current work load.
- Having a registered or licensed clinician to provide daily crisis coverage will allow therapy staff additional time to provide services to their clients.
- Currently the daily crisis responsibility is rotated among the therapy staff. Having a designated registered or licensed staff for crisis and intakes would free up 20% of time for clinical staff to provide direct services to their clients. Currently the rotation schedule has proved to be disruptive to clients who are scheduled with their therapist as urgent conditions become the priority. The alternative is to not schedule clients during crisis time which could result in unproductive, unbillable stand-by time.
- The Crisis Services Coordinator could be available for walk-in intakes during stand-by time as well as provide integral monitoring and tracking of quality indicators such as access and timeliness to services.
- Recent stakeholder focus groups indicated a broad-based understanding that Behavioral Health is understaffed in licensed categories.
- Cost savings. The salary increase from a Personal Service Coordinator to Crisis Coordinator is a difference of about \$6.32 per hour. However, with the additional direct service billing opportunities, it is estimated that there will be an approximate 10% increase in Medi-Cal revenue, which will more than offset the salary increase.

CRISIS SERVICES COORDINATOR

DEFINITION

Under direction of the Behavioral Health Care Clinical Program Manager, provides crisis intervention services; initiates involuntary holds under the provisions of W&I Code 5150; provides discharge planning and follow-up with hospital/jail/family/treatment team/Utilization Review

DISTINGUISHING CHARACTERISTICS

This classification differs from a Behavioral Health Care Clinician in that incumbent performs crisis focused evaluations and interventions; and may complete intake evaluations under the supervision of a licensed mental health professional. This classification does not carry a case load.

REPORTS TO

Behavioral Health Care Program Manager, Clinical Services

CLASSIFICATIONS DIRECTLY SUPERVISED

None

EXAMPLES OF DUTIES

- Performs crisis/triage assessments and evaluation of problems; develops and implements crisis intervention plans with goals and objectives for clients with mental health and/or substance abuse issues; and prepares case histories; participates in the assessment of client needs and consults with others in developing recovery goals and objectives; integrates crisis resolution goals and objectives with other behavioral health services, treatment, and appropriate referral professionals or agencies
- Provides crisis intervention, initiates involuntary holds and arranges appropriate treatment placement
- Maintains confidential patient records
- Participates in behavioral health education programs, conferences and community programs
- Acts as liaison to the jail, hospital, and placement facilities; coordinates services with crisis dispatcher
- Participates in utilization review; tracks and prepares report on crisis and intake utilization and performs other administrative duties, as required
- Work will be performed during normal business hours as well as during after-hours on a

rotating stand-by schedule.

CRISIS SERVICES COORDINATOR - 2

TYPICAL PHYSICAL REQUIREMENTS

Sit for extended periods; frequently stand and walk; normal manual dexterity and eye-hand coordination; lift and move object weighing up to 25 pounds; corrected hearing and vision to normal range; verbal communication; use of office equipment including computers, telephones, calculators, copiers, and FAX.

TYPICAL WORKING CONDITIONS

Work is usually performed in an office environment; hospital; jail; continuous contact with staff and the public.

DESIRABLE QUALIFICATIONS

KNOWLEDGE OF:

- Crisis intervention principles and techniques, risk management , client care management, ethical and legal rights for detainment and notification.
- Crisis principles, procedures, techniques, and trends for the counseling, therapy, recovery, and guidance of individuals, and families in behavioral health programs.
- Therapeutic treatment methods and procedures in the behavioral health field.
- State, Federal, and local laws, regulations, and requirements for the provision of behavioral health services and programs including involuntary psychiatric detainment.
- Current practices and techniques in behavioral health treatment, chemical dependency, and recovery.
- The scope and activities of public and private agencies in the behavioral health field.
- Quality Assurance and Utilization Review practices and standards.
- Psycho-social aspects of mental illnesses and chemical dependency.

ABILITY TO:

- Provide skilled direct crisis evaluation and intervention, evaluates client's progress and status, document clinical notes and administrative records.
- Advise physicians on treatment plans and client's report of medication compliance, counsel clients and family.
- Perform a variety of behavioral health therapeutic services, client evaluations, and

client counseling.

- Analyze case information and reach sound diagnostic and treatment decisions.
- Perform skilled counseling.

CRISIS SERVICES COORDINATOR - 3

- Maintain composure and awareness during crisis interventions.
- Develop and maintain confidence and cooperation of emotionally disturbed and chemically dependent patients and their families.
- Prepare clear, relevant and accurate reports.
- Interpret and apply complex behavioral health program rules, regulations and policies.
- Effectively represent the Behavioral Health Care Department in contacts with clients and the public.
- Establish and maintain effective working relationships with staff, other agencies, and the public.

MINIMUM QUALIFICATIONS

EDUCATION & TRAINING:

Possession of a Master's Degree in Social Work, Psychology, Marriage and Family Therapy, nursing, or related field, received from an accredited institution.

EXPERIENCE:

Employment experience in providing crisis intervention services in a human services agency preferred

LICENSE:

Registration by the California Board of Behavioral Science Examiners (BBSE) as either a Marriage Family Intern (MFTI), or an Associate Clinical Social Worker (ACSW)

Possession of an appropriate California Driver's License issued by the California Department of Motor Vehicles.

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: August 7, 2013

From: Aaron Brusatori, P.E.
(Department Head - please type)

Phone Ext. 429

Department Head Signature J. McHargan for AB

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>08/13/13</u>	

Agenda Title: Jackson Rancheria - Waiver of Encroachment Permit Fee

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 The Jackson Rancheria is doing off site drainage improvements along New York Ranch Road. An encroachment permit is required and the Rancheria has requested a waiver of the \$625 fee. This work will improve the drainage along the county road.

Recommendation/Requested Action:
The BOS approve the waiver of fees for the Jackson Rancheria Encroachment permit

Fiscal Impacts (attach budget transfer form if appropriate)	Staffing Impacts
<u>\$625</u>	

Is a 4/5ths vote required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Contract Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Committee Review? N/A <input type="checkbox"/>	Resolution Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Name <u>Administration Committee</u>	Ordinance Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Committee Recommendation: <u>approval of waiver</u>	Comments: _____

Request Reviewed by:

Chairman _____	Counsel _____
Auditor _____	GSA Director _____
CAO _____	Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)
T&PW; Auditor

FOR CLERK USE ONLY

Meeting Date <u>August 13, 2013</u>	Time <u>9 a.m.</u>	Item # <u>7C</u>
Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___		
Ayes: _____	Resolution _____	Ordinance _____
Noes _____	Resolution _____	Ordinance _____
Absent: _____	Comments: _____	

Distributed on _____ Completed by _____	A new ATF is required from _____ Department _____ For meeting _____ of _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors. ATTEST: _____ Clerk or Deputy Board Clerk
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Save