

Family First Prevention Services Act

SOCIAL SERVICES BOARD – AUGUST 2020

ADAPTED PRESENTATION CREATED BY THE DEPARTMENT OF
CHILDREN AND FAMILIES

THANKS TO DEPARTMENT OF CHILDREN AND FAMILIES FOR
PART OF THIS PRESENTATION

Presentation Objectives

Understand the purpose of Family First

How it will work in Wisconsin

Local impacts on:

- Children and families
- Staff
- Partners

Funding implications

What we need to change to be ready



Data Driven Decisions: A Case for Change

CPS Front Door



In the last five years CPS calls, screen-ins, and substantiations have all **remained relatively steady** over time.

Neglect is the primary type of maltreatment, followed by physical abuse, sexual abuse, and emotional abuse.

66%

(2017)

Out-of-Home Care



32% ▲ in the number of children 0-11 years old in OHC (2008-2017).

In 2018, >90% of children 0-11 were initially placed in a foster home settings while **nearly half** of children 12 years and older were either initially placed in congregate care (28%) or an institution (19%).

In the last five+ years, more children entered OHC than exited, leading to a higher number of children in OHC over time.

27%

(overall increase since 2012)

Post Discharge



5,069 children were discharged from OHC in 2017...of the 766 children who re-entered, most (412) did so within 6 months.

Kids who re-entered within 6 months:
Age 15+ (36%)
White (55%)
Male (53%)

54%

(of children who re-entered did so in 6 months, 2017)

Wisconsin's Future Framework for Child Welfare

Vision

- **All Wisconsin Children are safe and loved members of thriving families and communities**

The Wisconsin Child Welfare system will:

- **Strengthen all Wisconsin families to support their children**

Because:

- **Children belong with their families**
- 



How many more children could be served in a home, if we had the right services and supports?

Pathways to increase children served in their homes and communities



Build local prevention services

Keep children safely in their homes through approved evidence-based programs



Increase children served in family settings

Support relatives, like-kin and foster families to care for children, including children with complex needs



Reduce congregate care to clinical stays

Create new congregate care setting (QRTP) to provide time-limited, high quality clinical care



Major Transformations



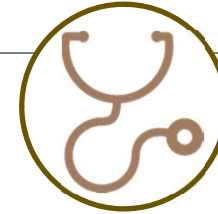
Build local prevention services

Increase state investment in family-based services that capture federal match



Increase children served in family settings

Expand use of relative and foster parent settings for children placed out-of-home



Reduce congregate care to clinical stays

Support transition of providers to QRTPs and promote smooth transition to new congregate care continuum

Support our workforce.

Invest in needed training and technology to maximize time with families.

What does this really mean for funding?

The Federal Government is financially incentivizing the outcomes it wants to see:

HOW?

- Same amount of federal IV-E funding earned differently
- Less federal funding for out of home care
- Increased funding for case management for in home services to families
- New opportunity for reimbursement for some designated prevention services for some families

Family First Funding changes

Child Welfare Agencies will be eligible for case management reimbursement for children and families that meet qualifications:

- “Candidates for foster care” must be defined by each state; the Federal government will not be supplying a legal definition for this term
- Pregnant or parenting foster youth are also eligible
- Children under the guardianship of a kin caregiver are also eligible

Family First Funding Changes

Child Welfare Agencies may receive reimbursement for select prevention services provided to some families:


- Allows Title IV-E funding to be spent on services to prevent children and youth who are “candidates for foster care” from coming into care, and allow them to remain with their families.
- Services can be provided for up to 12 months.
- States must develop a written, trauma-informed plan to provide evidence-based services.
- The Federal government will reimburse states for 50% of eligible prevention services.

Family First Funding Changes

Eligible Prevention Services (examples)

- In-home parent skill-based programs
- Mental health services
- Substance abuse prevention and treatment services

Services Must:

- Be included in the state's written plan
 - Have a manual
 - Show a clear benefit
 - Fall on the continuum of evidence-based services
- 

Family First: A Driver Towards Change

Evidence-Based Services

- Promising Practice = Created from an independently reviewed study that uses a control group and shows statistically significant results
- Supported Practice = A random control trial or rigorous quasi-experimental design that shows sustained results for at least 6 months post-treatment
- Well-Supported Practice = At least two random control trials or rigorous quasi-experimental design studies that show success beyond a year after treatment.

Family First: Funding for Congregate Care

- Significantly reduces the use of federal IV-E funding for congregate care (any placement above foster home level)

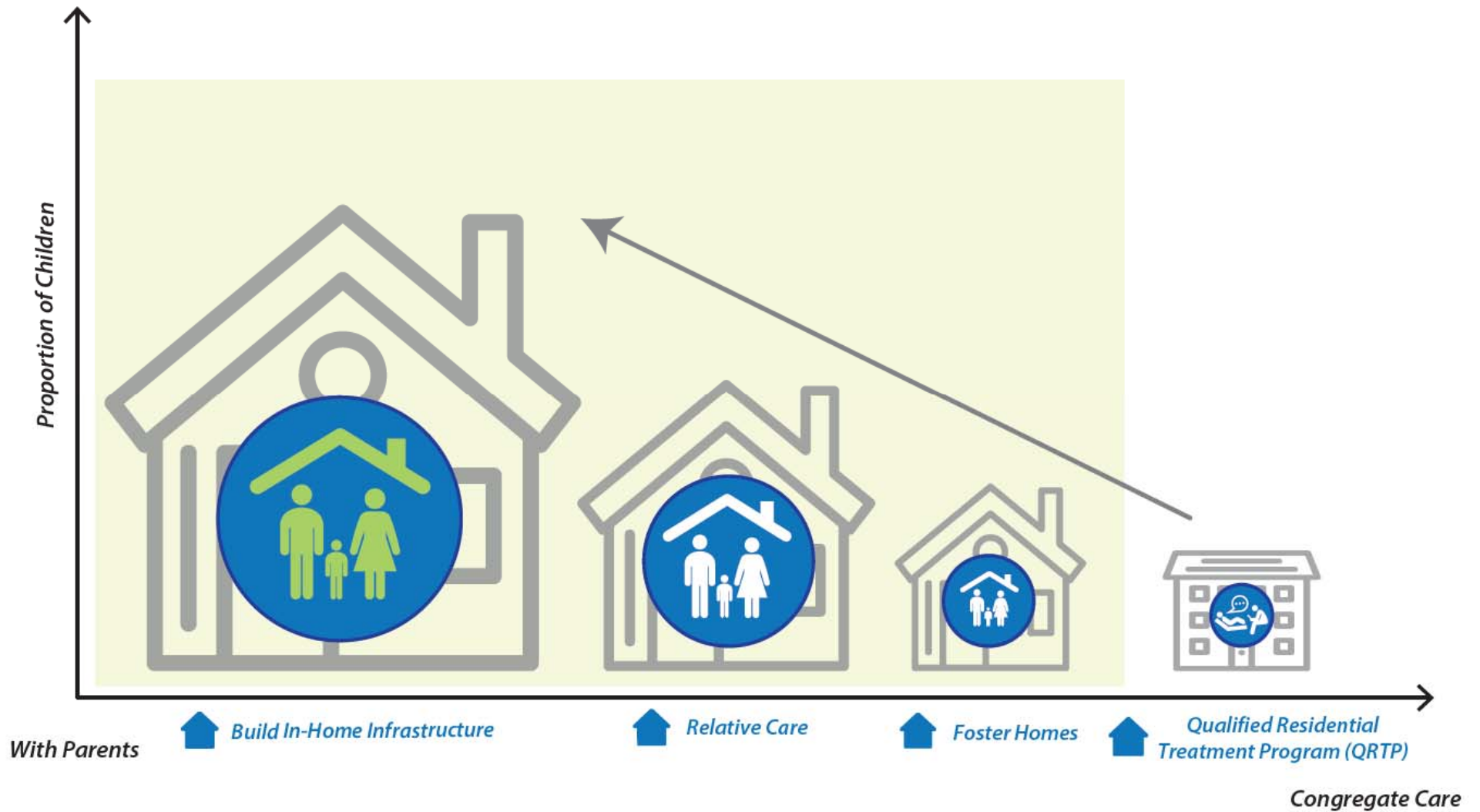
After the initial two weeks in out-of-home care, the FFPSA provides federal IV-E reimbursement only to congregate care placements that meet certain criteria:

- *Type of Facility:* A congregate care facility must meet the FFPSA criteria for a Qualified Residential Treatment Program (QRTP) which includes: the facility is nationally accredited, has a nurse employed or under contract who is available 24/7, and uses a trauma-informed treatment model
- *Aftercare:* The QRTP must provide aftercare support for at least 6 months post-discharge
- *Assessment:* To be placed in a QRTP, a child must be assessed within 30 days of the initial placement day using a tool approved by the federal Health and Human Services (HHS) Department. The assessment must be completed by a “qualified individual” who is not an employee of the Title IV-E child welfare agency and not affiliated with any out-of-home care providers; states may apply for a waiver of the qualified individual requirements

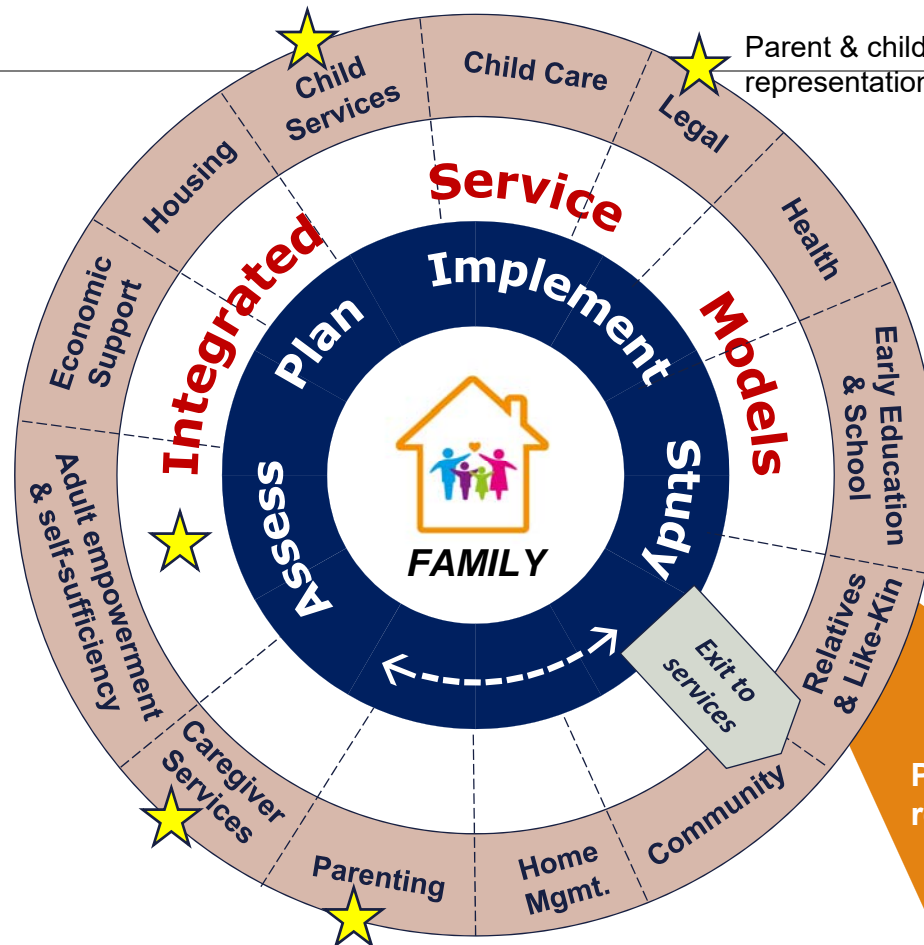
Additional Criterion for QRTP placements

- *Court Review/Approval:* Within 60 days of placement in a QRTP, a court or administrative body appointed or approved by the court, must review the assessment and approve or disapprove the QRTP placement
 - *Length of Time in QRTP:* The head of the state child welfare agency must provide and retain signed approval for a child aged 13 and older to remain in a QRTP for more than 12 consecutive months or 18 nonconsecutive months and for a child less than 13 years old to remain in a QRTP for more than 6 months
- The prevention services and congregate care provisions are effective October 1, 2019 unless the state exercises the bill's option to request a two-year delay to Sept. 29, 2021. Wisconsin requested the delay.

Strategic Shifts in Wisconsin's Child Welfare System



In-Home Service Model



Placed with relatives or like-kin

★ = potential Evidence Based Practices (EBP)

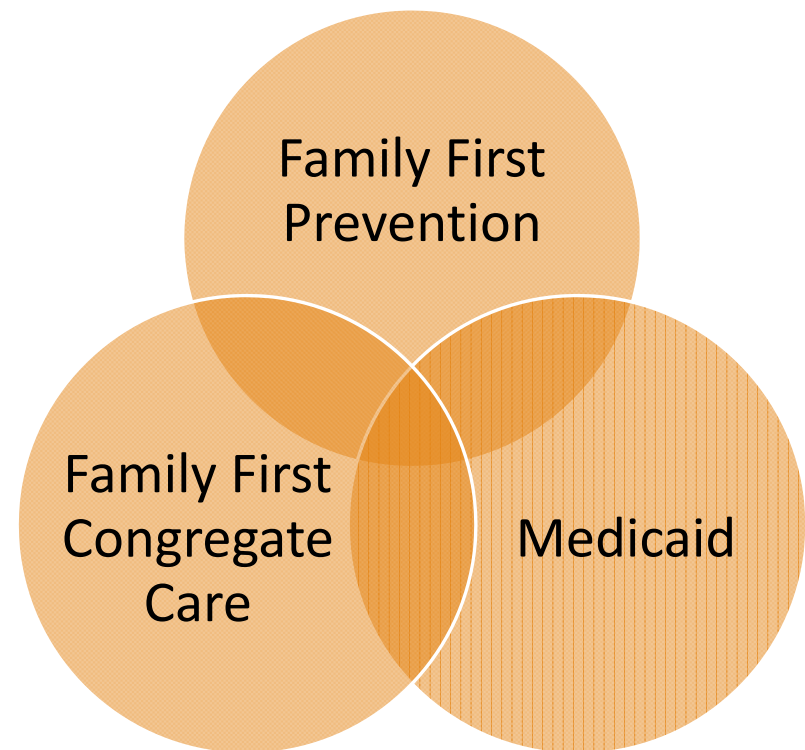


Local Impacts

- ❖ More families will stay together, and kids will be served with their families
- ❖ Continue to provide for safety through additional in home services which need to be created and strengthened
- ❖ Additional resources need to be developed to support foster parents and kin-like family as an alternative to congregate care
- ❖ Change in social work practice is needed- adequate staffing is essential
- ❖ Need to engage our partners (courts, law enforcement, providers, schools) so they understand and support the mission of FFPSA

Coordination with Other Systems

Collaboration between child welfare and behavioral health agencies at the state and local levels, including services funded by Medicaid



Local Readiness



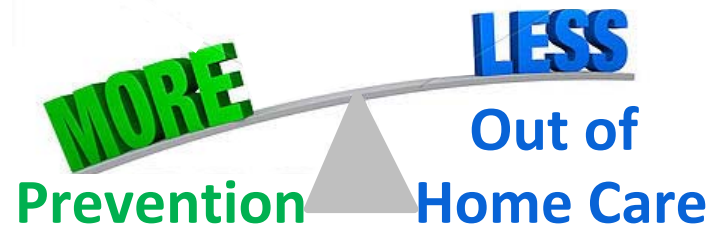
Inform



**Align
philosophies**



**Change our
practice**




What have we done so far?

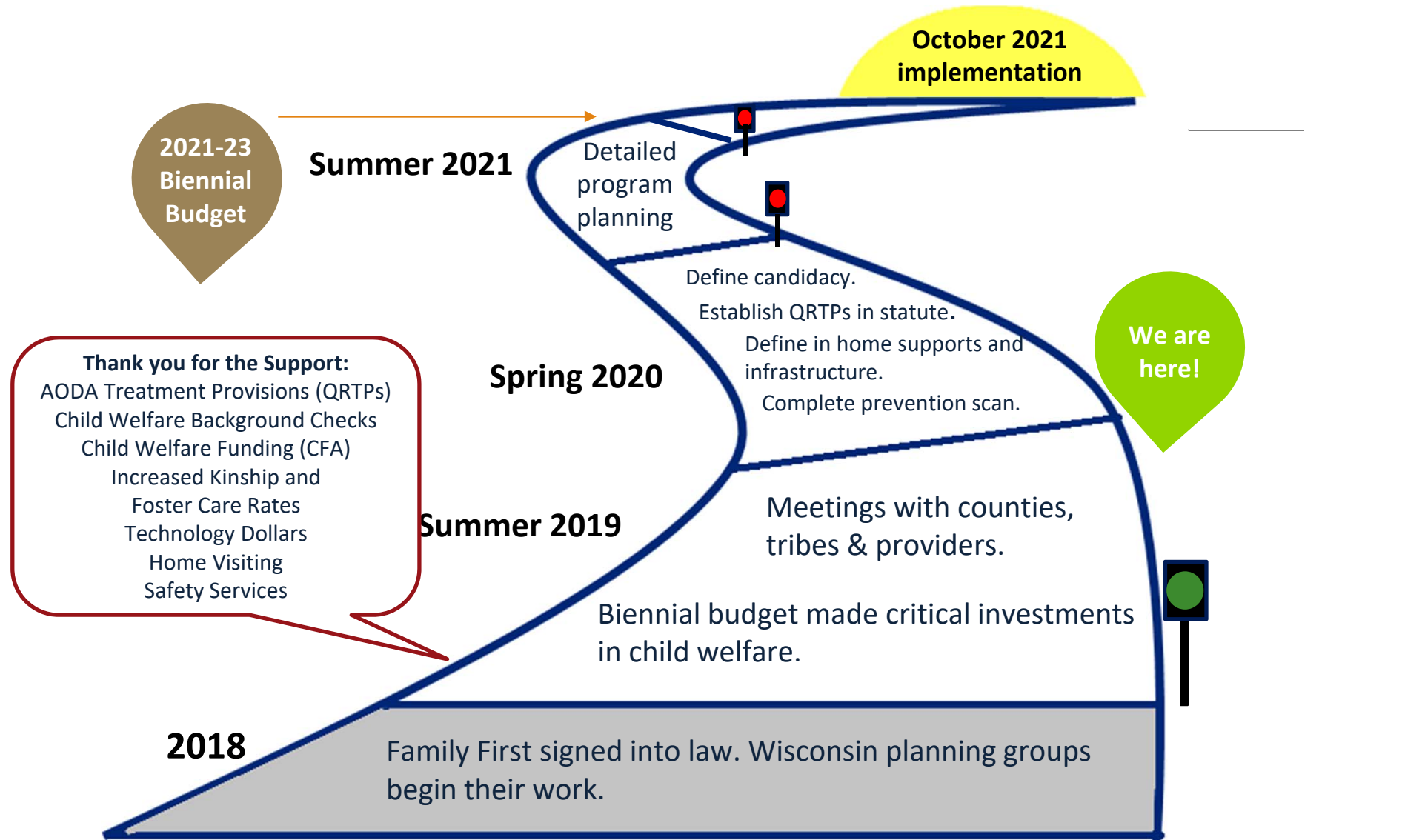
- ❖ Active in collaboration with the Department of Children and Families
- ❖ Evaluated needed service changes at Social Services, corresponding budget implications
- ❖ Requested two new FTE positions
- ❖ Education
 - ❖ Social Work retreat, internal evaluation of changes we need to make
 - ❖ County Administration
 - ❖ Women's Community
 - ❖ Social Services Board

Federal Trailer Bill

Federal Family First Transition Act proposal:

- Phase-in of certain prevention-related requirements
 - One-time flexible transition funding for states for use in FFY20-21; WI share could be \$8.7 million
 - Department of Children and Families is currently evaluating greatest need for one time funding for preparation purposes
- 

Wisconsin is well on its way



Questions???



**MARATHON COUNTY DEPARTMENT OF SOCIAL SERVICES
2021 BUDGETED PAYROLL EXPENSE ANALYSIS**

Levy %	63%	50%	50%	100%	50%	50%	0%	50%	0%	34%	
	Administrative	Social Work Admin	CPS-Initial Access	Community Response	CPS-Ongoing	Youth Justice	CLTS/CCS	Economic Support	IM Consortium	Child Support	Total
2021 Budgeted Payroll Expense	1,091,780	686,416	864,833	96,309	1,155,812	778,618	1,642,875	2,166,210	380,616	1,445,221	10,308,690
Levy Portion of Payroll Expense	687,821	343,208	432,417	96,309	577,906	389,309	-	1,083,105	-	491,375	4,101,450
Vacant Positions	188,358	-	-	-	102,371	-	283,912	-	71,891	80,103	726,635
Levy for vacant positions	118,666	-	-	-	51,186	-	-	-	-	27,235	197,086

Vacancies	Accounting Technician				CPS-Ongoing Social Worker		CLTS/CCS Social Worker (2)		Benefit Recovery Specialist	Child Support Specialist
	Administrative Assistant (2)						Community Support Specialist			

**These positions will be requested to fill in 2020*

Levy %	63%	50%	50%	100%	50%	50%	0%	50%	0%	34%		
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2021 Budgeted Payroll Expense	1,091,780	686,416	864,833	96,309	1,155,812	778,618	1,642,875	2,166,210	380,616	1,445,221	10,308,690	
2020 Budgeted Payroll Expense	1,039,112	535,151	828,783	93,231	1,150,951	770,801	1,431,400	2,190,205	227,760	1,302,588	9,569,982	
Budget increase (decrease)	52,668	151,265	36,050	3,078	4,861	7,817	211,475	(23,995)	152,856	142,633	738,708	7.7% increase over 2020
Levy portion of increase (decrease)	33,181	75,633	18,025	3,078	2,431	3,909	-	(11,998)	-	48,495	172,753	1.8% increase over 2020
2020 Budgeted Payroll Expense	1,039,112	535,151	828,783	93,231	1,150,951	770,801	1,431,400	2,190,205	227,760	1,302,588	9,569,982	
2020 Projected Payroll Expenses	998,363	535,676	848,498	94,704	999,816	672,387	1,326,169	2,062,021	310,279	1,197,219	9,045,132	
2020 Budget vs Projections-under (over)	40,749	(525)	(19,715)	(1,473)	151,135	98,414	105,231	128,184	(82,519)	105,369	524,850	
Projected 2020 Levy Savings	25,672	(263)	(9,858)	(1,473)	75,568	49,207	-	64,092	-	35,825	238,771	

SUBCARE COMPARISONS

Updated 8/18/20

Reflects Placement Data Thru 6/30/20

	COMBINED - ALL		CORRECTIONAL CARE		RESIDENTIAL CARE (RCC)		GROUP CARE		TRTMNT FOSTER CARE		SPEC FOSTER CARE		REG FOSTER CARE		COURT ORDERED KINSHIP	
	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost
2011 Year End	101	4,241,431	1	141,451	18	1,929,110	15	901,397	11	540,050	19	297,824	36	427,860	1	3,739
2012 Year End	104	3,669,280	2	262,206	13	1,527,999	14	925,906	9	360,467	21	293,025	38	278,696	7	20,981
2013 Year End	120	3,748,564	1	151,187	15	1,855,895	9	649,712	7	287,855	19	294,126	53	456,382	16	53,407
2014 Year End	119	3,543,424	5	498,316	10	1,243,495	7	505,384	7	287,855	21	400,181	51	555,780	18	52,413
2015 Year End	136	3,598,053	2	247,735	11	1,489,707	3	248,004	11	487,675	20	396,972	58	640,209	30	87,751
2016 Year End	184	4,002,783	1	138,076	13	1,821,633	4	295,187	12	576,300	15	338,977	67	717,724	72	114,886
2017 Year End	200	4,814,536	1	25,988	13	2,097,130	6	777,120	14	625,087	16	300,251	71	760,554	79	228,406
2018 Year End	185	4,139,582	0	0	8	1,226,964	8	765,241	21	955,786	9	197,148	78	816,820	61	177,623
2019 Year End	175	4,025,278	1	241,828	10	1,460,128	6	722,690	17	353,645	13	243,218	90	890,591	38	113,178
2020 Current Usage (6 mos)	180	2,449,938	1	136,192	10	767,561	8	503,140	16	428,902	12	101,536	97	461,467	36	51,140
2020 Annual Budget	205	5,436,717	2	396,048	11	1,915,783	10	834,480	18	863,375	14	279,705	96	982,734	54	164,592
10 Year Average			2		14		9		12		16		68		29	
2020 Avg Monthly Rate				\$ 15,131		\$ 13,110		\$ 10,235		\$ 3,571		\$ 3,217		\$ 825		\$ 239

2020 YTD CLTS Revenues Offsetting Placement Costs:

\$ 32,598

SUBCARE COMPARISONS

Updated 8/18/20
 Reflects Placement Data Thru 6/30/20

	COMBINED - ALL		CORRECTIONAL CARE		RESIDENTIAL CARE (RCC)		GROUP CARE		TRTMNT FOSTER CARE		SPEC FOSTER CARE		REG FOSTER CARE		COURT ORDERED KINSHIP	
	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost	Cumm. Kids/Mo.	Cost
2020 Annual Budget	205	5,436,717	2	396,048	11	1,915,783	10	834,480	18	863,375	14	279,705	96	982,734	54	164,592
2020 Current Usage (6 mos)	180	2,449,938	1	136,192	10	767,561	8	503,140	16	428,902	12	101,536	97	461,467	36	51,140
2021 Budget Projection	191	5,283,067	1.5	336,713	13	1,943,871	9	817,453	17	918,416	14	259,297	86	854,917	50	152,400

NOTES:

The 2021 Budget Projection for Residential Care includes amounts for 2 high-cost institutional placements
 The 2020 Current Usage for Residential Care includes 1 high-cost institutional placement - the expense through 6/30/20 for this placement is \$100,680

2020 YTD CLTS Revenues Offsetting Placement Costs: \$ 32,598

APPENDIX B
NEW OR EXPANDED POSITION REQUEST

I. GENERAL INFORMATION

Department: Department of Social Services

Date: 07/17/2020

Position Requested: Social Services Specialist
(If unsure of classification, indicate "To be determined")

FT PT FTE _____%

Number of Positions: 2.0

Division Position Will Be Assigned To: Child Protective Service Ongoing Unit
(Indicate NA if not applicable)

Projected Start Date of Position: As soon as Possible

Priority Number of This Position: _____

If you are requesting more than one position, prioritize all your requests and indicate the priority number of position.

II. FULL EXPLANATION OF NEED FOR POSITION

A. Is this position request compatible with the County's mission statement?

Yes, the positions will support the health and safety of children and families by providing parents education and supportive services to improve their parenting capacities to stabilize family risk, ensure safety and decrease the rate out of home care placements.

B. What is your department's mission statement and how does position support this mission and/or department strategic plan?

These positions are essential to meet Objective 3.3 of the Strategic Plan to decrease the number of out of home care days.

Mission Statement: We strengthen individuals and families by coordinating and providing resources that promote safety and maximize independence to build a strong and healthy community.

The positions support the mission statement, as the individuals will work with children and families on building the skills needed to improve health, promote wellness, ensure safety, and enhance overall quality of life for both the parent and child. These positions will help promote family growth and development and the needed skills that will be life lasting and more likely to divert from the child welfare system.

C. Indicate reasons for asking for position including purpose of position, applicable workload data and trends, etc. **plus attach relevant supporting data.** If more than one position of the same classification is being requested, also justify the number requested.

The request is to create one (2) full-time positions with a job classification of Social Services Specialist. The purpose of these positions is to engage parents and families by working in tandem with social workers in family intervention to provide an array of supportive and educational services. The families will include children who are abused or neglected or adolescents who are out of control, truant, or delinquent.

These positions are being created to support Marathon County's preparation for the Federal Family First Prevention Services Act (FFPSA) that will be effective in October 2020. The purpose of the FFPSA is to "provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs..." To accomplish this, federal IV-E funding which is currently the primary source of funding for out of home care, will be shifted to prevention and services to help keep children safe and supported at home. Child Welfare agencies will need to adapt the way services are provided to decrease the number of out of home care days, commensurate with available funding.

The positions will be key in providing additional support to parents to divert placement, and/or support the return of the child to the parental home, or to a lesser restrictive placement. This will be accomplished by providing a variety of services including, but not limited to, parent education, skill building, resource enhancement, modeling, and problem solving techniques.

- D. What benefit will the position provide to the County? How does the position improve/enhance customer service and/or address community needs?

These positions will better align the practice of child welfare to decrease out of home care days as required by the federal legislation. Without a strategically thought out plan to change the way services are provided, the likelihood of out of home care placement being reduced is low. This would result in an additional shift to county levy to fund the out of home care placements as IV-E funds are shifted to prevention.

These positions will allow for an increased ability to serve families in an intensive manner, in their home environments. The target population serviced are children who are at high risk of out of home placement because of abuse or neglect, uncontrollability, or are a danger to the community. These positions will also work with families whose children are in out of home placement and will give the parents the skills to have the child reunified in a shorter amount of time. In addition to providing parents with those needed services such as parent education, skill building, resource enhancement, modeling and problem solving techniques, these positions will also be an advocate and support for the parents to meet the needs of the child including, but not limited to, social and emotional development, language and literacy, cognition, and perceptual, motor, and physical development.

Face to face visits and family visitation for out of home care cases could occur within a parent's home once determined safe. This would allow the visit to occur in a realistic family setting, typically more comfortable for families, and also providing the parent educator to have a more in tune focus to the needs of the family in their natural environment. Additionally, families will be receiving support through one established evidenced based curriculum in their own home, and will be more likely to feel confident learning and applying new skills in their natural setting. This department will be reviewing two separate evidenced based parenting curriculums, Common Sense Parenting out of Boys Town, in Omaha Nebraska, and Safe care, a model recommended by the Department of Children and Families reference to the upcoming Family First Prevention Services Act initiative.

- E. Indicate any alternatives to creating this position that were considered and why you still chose to request the position?

The department could contract out for the service. However, an existing contract the department has with a community agency offering in-home parent education program doesn't have current capacity. Wait list and a lack of utilizing consistent parent modeling opportunities are not conducive to the goal we need to achieve. In addition, other community based service providers often are unprepared or unwilling to work with complex cases and high level of need many of our cases entail. Allowing these positions to be operated and supervised "in house" allows for increased oversight of the positions and facilitates stronger partnerships with the social workers and other programs operated by DSS. Having the right services for the right family at the right time is paramount to FFPSA. Being able to assign a MCDSS Social Service Specialist to provide the right level of service to the highest need children and parents will support families to prevent out of home placement.

- F. What will be the effect if the proposed position is not created?

In the event this position is not approved, MCDSS will have to continue, and attempt to increase services with contracted providers for supervised visitation services and additional contracts to provide increased parent education services to families. Children and families may not receive the support needed to maintain them in the home of a parent, or children may not be able to transition to a parental setting from a higher-cost/restrictive placement, resulting in continued or increased out of home placement costs that will eventually be shifted to county levy.

- G. What criteria will you use to monitor the effectiveness and performance of the position. (Increasing revenues, improved customer service, decreasing costs, enhancing services, etc?)

In CPS, there is an abundance of data used to measure safety of children, including: abuse/neglect reports, substantiations on open cases, re-entry into out of home care, and reunification. Additionally, these positions will identify specific goals they will work on with the family to improve parenting and address all safety concerns. Written case notes and review of goal achievements/barriers will be provided regularly to the social worker and supervisor. In addition, these positions will maintain a data tracking system to demonstrate program effectiveness through successful completion of the parenting program, pre and post test scores, re-entry into out of home, recidivism rate, and future substantiation rate six months post program completion. Furthermore, quality assurance calls with parents, community service providers, and social workers to garner satisfaction with the position and program will be implemented.

Ultimately, the positions' effectiveness will be measured in part by the out of home care rate for the families that they serve.

III. Specific Duties of New Position

- A. List the specific duties position will perform plus the approximate percentage of time to be spent on each duty.
- a. Direct provision of services to families:
Engages families, assesses safety, provide skill training and education, demonstrates resource enhancement and develops a supportive relationship with families. Teaches and provides support through demonstration, modeling, including parent child interaction, written materials, videos and parent groups. Establishes connections for families with necessary resources. These positions will require availability on weekdays to include evening hours, as well as weekends (Saturday and Sunday). 50%
 - b. Provides supervised visitation services in the community, clients' homes, and at the department. 10%
 - c. Provides transportation at supervisor direction. 5%
 - d. Provides services in an office setting, in a community setting, or a biological, guardian, or foster family's home. 10%
 - e. Accurately documents all client contacts timely in Electronic Wisconsin State Automated Child Welfare Information System (eWiSACWIS) and provides updates to social workers and supervisor. 10%
 - f. Creating and tracking program participants' goals and outcomes to closely monitor case progress, services provided, length of involvement and successful/completion of program. 10%
 - g. Other duties as assigned such as attending team meetings and trainings. 5%
- B. Could another County department use the expertise of this position? OR could you use the expertise of another department to meet your needs? Why or why not?

These positions will work with families who might also be served by other county or private agencies. Services would be coordinated, not duplicated. The two programs that are most closely related are Birth to Three and Start Right. The Birth to Three program offers education to families, however this education is specific to the child's specific needs or disability. Start Right provides parent education to parents of a limited age range (young) children, who are not generally at the higher risk level that the Department is legally responsible to serve; in addition the positions' scope of duty is broader than delivered by Start Right. Neither of those programs are designed to offer the range of services required for these positions at the intensity level required.

- C. If the work is currently being done by the County, how is it being accomplished (contract basis, temporary help, current employee, etc.)? Why is this arrangement no longer acceptable?

MCDSS has one current parent educator position, who is serving 22 families on average. That position has been focused on providing service to families that ranges from transportation, parent education, or supervising a family visit. The position has been successful and widely sought out for assistance by social workers. These new positions, while similar, are created to serve 10-12 families, more intensely and be involved quickly and at the right time to avoid placement. This includes individualized parent coaching and modeling, skill building, resource enhancement, problem solving techniques, and daily structure and routine that meet the needs of the family. Additionally, this allows for MCDSS to ensure an evidence based parenting model is utilized and can ensure services are provided that are in conjunction with the Family First Act that is scheduled to roll out in Fall 2020.

IV. POSITION COSTS AND FUNDING SOURCES

- A. What is the anticipated total cost of this position? (Include salary; benefits; office space, remodeling, furniture, and equipment; travel; and other applicable costs.)

The position is classified as a Social Services Specialist. For calendar year 2020, the total maximum estimated position cost for a Social Services Specialist position at mid-point is \$154, 898 (including salary and fringe). Additionally, this estimate assumes family benefit coverage. Included in the costs are anticipated mileage and training.

Funding for this program will be allocated from the increased Department of Children and Families (DCF) Basic County Allocation (BCA) set aside in the DSS budget to comply with Federal Family First Prevention Services Act.

- B. Explain specifically how position will be funded.

Amount of County tax levy: \$0 % of total costs: \$0

Amount of any outside funding: \$144, 640 % of total costs: 100%

Source of outside funding: Family First Allocation through DCF, Basic Community Allocation

Length of outside funding: Ongoing

Likelihood of funding renewal: High

Would this outside funding be used to offset the levy if not used for this position? Possibly for one year (2021) depending on the out of home care rate. As the federal funding (IV-E) shifts to prevention, not investing DCF Basic County Allocation in services to prevent out of home care placement will result in increased unfunded out of home care costs in subsequent years.

- C. Will the proposed position allow your department to increase revenues or decrease expenditures beyond the cost of the position? If yes, how?

Yes, a long term anticipated outcome is reduction of out of home care costs, both through preventing out of home placements and allowing children to return back to the home sooner. It is essential to decrease out of home care costs as federal funding to support these expenses will no longer be available at the level it currently is.

Furthermore, positions may help reduce costs in other contracted service areas for supervised visitation program, transportation and home safety services checks.

- D. Does the proposed position provide preventive services that will lead to cost avoidance or more extensive services in the future? OR Can the proposed position be justified as an investment with future benefits to the County greater than the cost of the position? If yes, how?

Yes, significant savings in early intervention programs are not only dollars saved in foster care, but also the improved quality of life for children and families in our community.

- E. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain.

No.

V. COMMITTEE OF JURISDICTION

What is the recommendation of the committee of jurisdiction?

The Social Services Board will review the request at their August meeting.

NOTE: An updated or new Position Description Questionnaire (PDQ) may be necessary to complete the job evaluation process.

Signature of Supervisor/Manager Completing Request

Date

Department Head Signature

Date

Social Service Specialist - B22
 DEPARTMENT OF SOCIAL SERVICES
 FTE = 2.0

2021 NEW POSITION COSTING

Item	2020 Rates	Minimum	Control Point	Maximum
DBM B22		\$36,725	\$43,152	\$51,066
Health - Family	\$1,800.51	\$21,606	\$21,606	\$21,606
Dental - Family	\$60.32	\$724	\$724	\$724
FICA Retirement Rate	6.20%	\$2,277	\$2,675	\$3,166
FICA Medicare Rate	1.45%	\$533	\$626	\$740
Unemployment Insurance	0.10%	\$37	\$43	\$51
Retirement - Employer	6.75%	\$2,479	\$2,913	\$3,447
Worker's Comp - Clerical	0.08%	\$29	\$35	\$41
PEHP	\$21	\$546	\$546	\$546
Total Estimated Cost *		\$64,955	\$72,320	\$81,387