

AGENDA

HUMAN SERVICES COMMITTEE

April 4th, 2016

Members: Manktelow, Marini, Baldrige, Verno, Kolczynski

8:30 a.m. Approved minutes from previous meeting

8:30 a.m. Workforce Development, Charles Bridger

TRANSMITTAL:

- Authorization to fill temporary Account Clerk position [WFD04RES01.doc](#)

8:45 a.m. Veterans Services, Patrick Skelly

DISCUSSION:

- Monthly Report
- Transportation
- Substitute VSO
- Changes in VA regulations
- EAGA

9:00 a.m. Social Services, Josh McCrossen

ANNUAL REPORT: [DSS 2015 ANNUAL REPORT - FINAL.docx](#)

Monthly Reports

[CASELOAD REPORT - FEBRUARY.doc](#)

[FIN RPT FEB 2016.docx](#)

[MA Caseload Comparison Graph Feb 15 - Feb 16.docx](#)

[SNAP Caseload Comparison Graph Feb 15 - Feb 16.docx](#)

[TA Caseload Comparison Graph Feb 15 - Feb 16.docx](#)

TRANSMITTALS:

- Authorization to sign agreement with CDR [DSS04RES01 AUTHORIZE AGREEMENT WITH CDR.doc](#)
- Authorization to sign reimbursement agreement with Catholic Charities [DSS04RES02 AUTHORIZE REIMBURSEMENT AGREEMENT WITH CCWC.doc](#)

9:30 a.m. Office of Aging and Youth, Penny Shockley

TRANSMITTALS:

- Authorization to submit Office of Children and Family Services Resource Allocation Plan [AY04 RES 06 OCFS 2016 RAP Approval.docx](#)
- Authorization to amend contract with Peer Place Network [AY04 RES 04 \(REV 1\) Peerplace Contract renewal.docx](#)
- Authorization to extend FACT Wraparound Funds signatory [AY04 RES 02 CCSI Signature Card.docx](#)
- Authorization to set salary rate of Sodus Point Staff and amend budget [AY04 RES 07 SP Pay Scale REV1.docx](#)
- Authorization for Office Director to sign Office of Family and Children Services budget amendments [AY04 RES 05 OCFS 2016 Budget Mods.docx](#)

CASELOAD STATISTICS – FEBRUARY 2016

	Wayne	▲ Last Month		Ontario	▲ Last Month
Temporary Assistance	284	(7)	Family Assistance	357	(11)
	305	14	Safety Net	396	7
	589	7	Total Cases	753	(4)
	995	8	Total Individuals	1285	(24)
Medical Assistance	5151	(43)	MA	6053	(20)
	2274	5	MA-SSI	2013	(4)
	-	-	FHP	-	-
	7425	(38)	Total Cases	8066	(24)
	11,041	(81)	Total Individuals	11,636	(28)
Food Stamps/SNAP	4903	(41)	NPA-FS/SNAP	4655	(28)
	150	(8)	FS/SNAP-MIX	147	-
	337	4	PA-FS/SNAP	445	(4)
	5390	(45)	Total Cases	5247	(32)
	9778	(151)	Total Individuals	9200	(181)
Totals for all three Programs	13,404	(76)	Total Cases	14,066	(60)
	21,814	(224)	Total Individuals	22,121	(233)

*NOTE: One individual may be a participant in more than one program

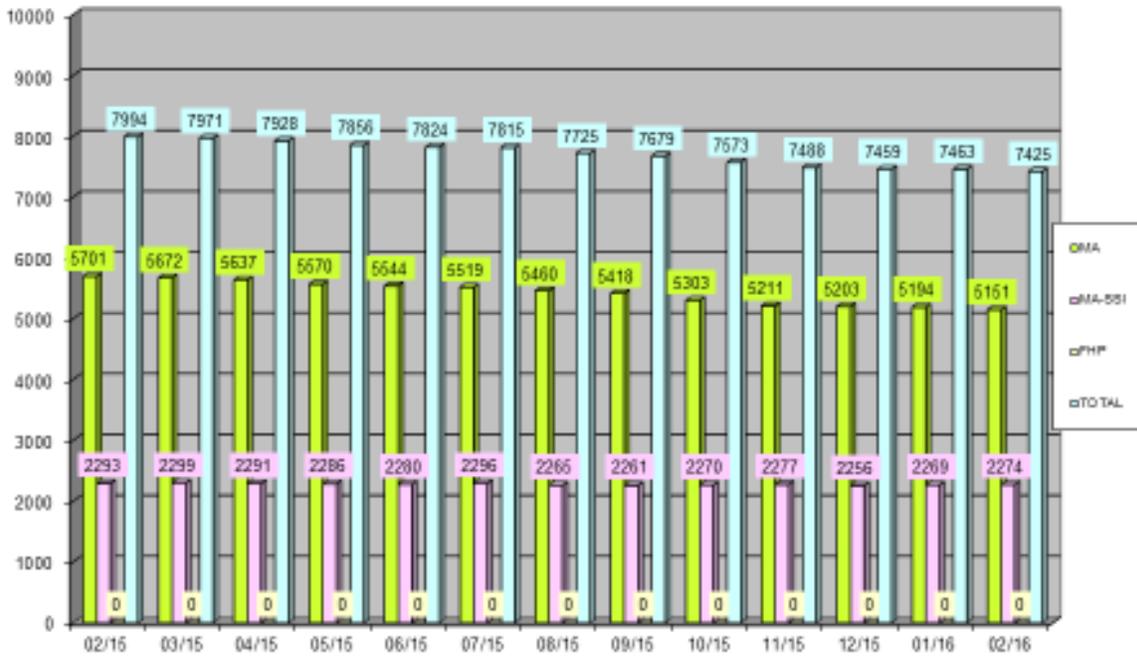
Account	2015				2016				YTY Change	
	Revenue	%	Expended	%	Revenue	%	Expended	%	Rev +/- Change	Exp +/- Change
6010.1	757,886	7.5%	794,151	11.4%	506,961	5.0%	787,848	10.9%	-2.5%	-0.4%
0.2			7,011	9.4%			42,862	27.0%		17.6%
0.4			268,598	9.0%			269,541	8.3%		-0.7%
0.8			334,171	8.1%			543,141	13.7%		5.6%
6055.4 Day Care	60,190	5.7%	83,880	7.6%	99,725	9.4%	152,461	13.9%	3.7%	6.2%
6070.4 POS	22,577	2.7%	60,545	4.5%	0	0.0%	137,866	10.2%	-2.7%	5.7%
6100 Medicaid	0	0.0%	2,066,672	14.5%	0	0.0%	2,363,733	17.1%	0.0%	2.6%
6101 MA	10,974	21.9%	234	0.5%	79,328	158.7%	107	0.2%	136.7%	-0.3%
6106 Fam T.H.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%
6109 FA	282,075	7.2%	424,205	10.9%	206,725	6.0%	451,205	13.0%	-1.3%	2.1%
6119 FC	194,491	15.6%	231,930	15.2%	67,029	5.4%	213,317	14.2%	-10.2%	-1.0%
6123 JD	19,278	11.6%	32,018	6.1%	0	0.0%	32,726	5.8%	-11.6%	-0.4%
6129 STS	51	10.2%	0	0.0%	50	10.0%	0	0.0%	-0.2%	0.0%
6140 SN	98,189	11.9%	333,237	17.2%	82,214	9.6%	303,919	14.8%	-2.2%	-2.3%
6141 HEAP	113,279	1132.8%	0	0.0%	33,584	335.8%	27,937	279.4%	-796.9%	279.4%
6142 EAA	113	1.5%	226	1.5%	692	9.2%	2,619	17.5%	7.7%	16.0%
TOTAL			4,636,878	11.9%			5,329,281	13.6%		1.7%
R&R	1,559,103	8.5%			1,076,308	5.9%			-2.6%	
County			3,077,775	14.9%			4,252,973	20.2%		5.3%

2016 - Total Budget = \$38,251,873

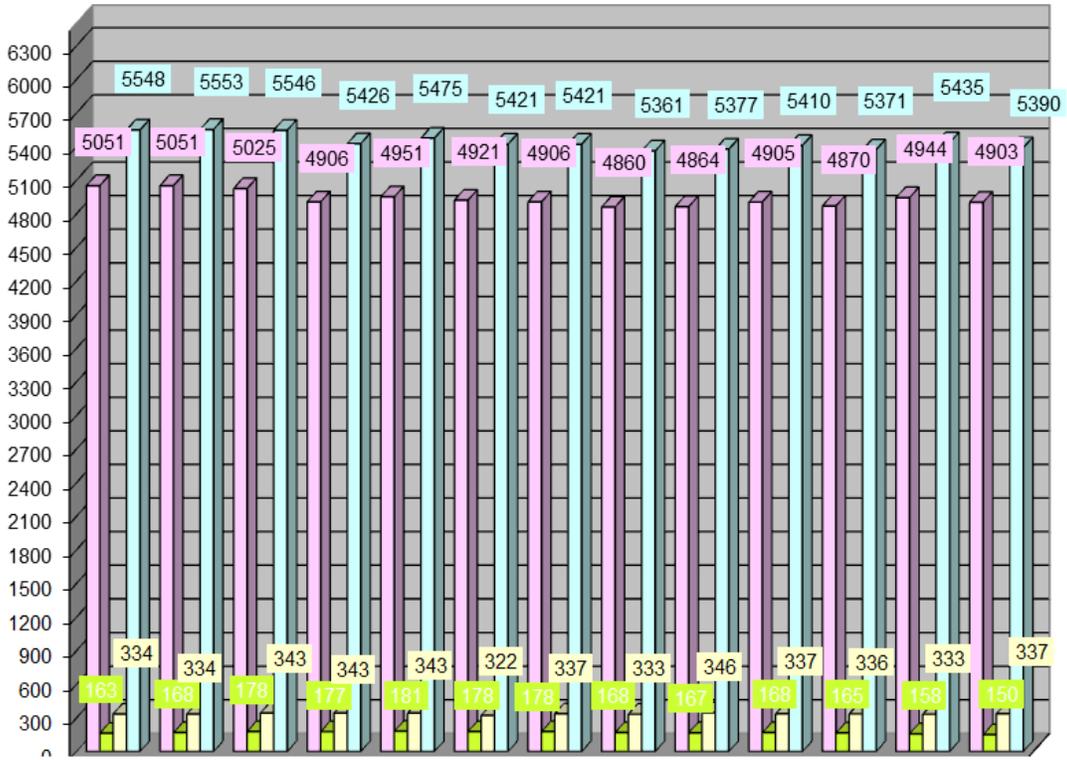
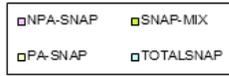
2016 - Budgeted County Cost = \$20,404,283

2016 - Budget Revenue \$17,847,590

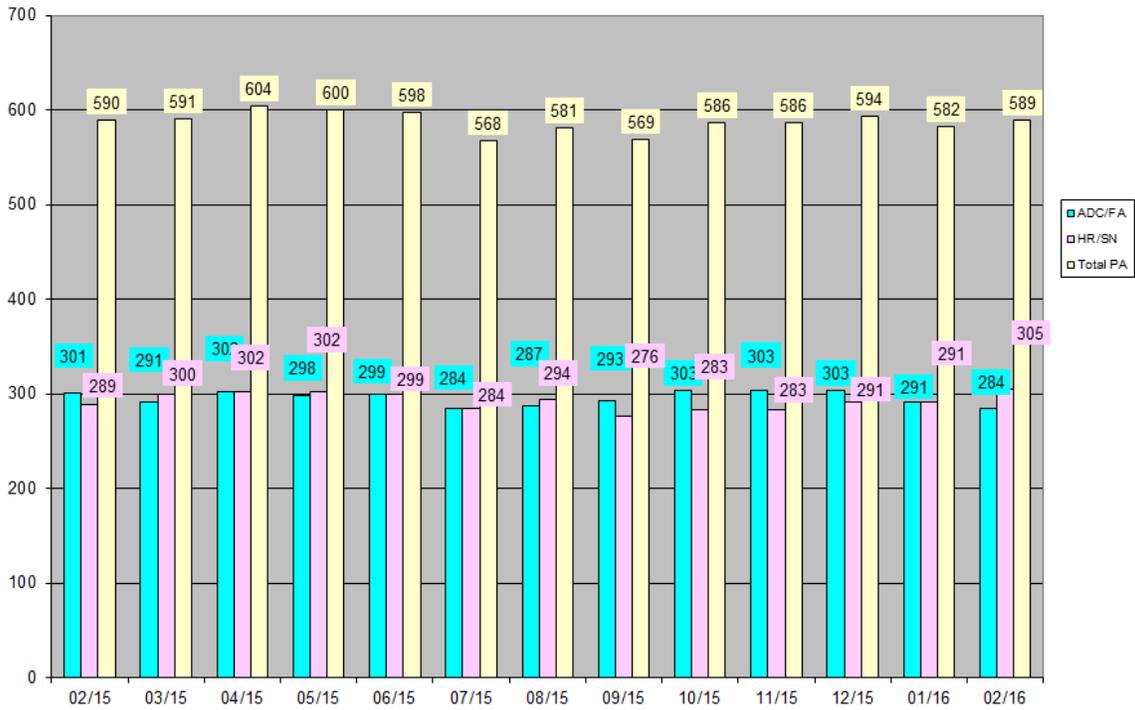
MEDICAID ASSISTANCE CASELOAD COMPARISON 2015-2016



**SNAP CASELOAD
COMPARISON 2015 - 2016**



**Temporary Assistance Caseload
Comparison 2015-2016**



RESOLUTION TRANSMITTAL

Committee No. 7 Date: 4/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE AGREEMENT WITH CENTER FOR DISABILITY RIGHTS**

WHEREAS, disabled individuals have the right to direct their own care, if so desired, and

WHEREAS, the Center for Disability Rights provides oversight of this service in the Wayne County area; therefore be it

RESOLVED, that the Commissioner of the Wayne County Department of Social Services is hereby authorized to sign an Agreement with the Center for Disability Rights, Inc. subject to the approval of the County Attorney, for provision of the Consumer Directed Personal Assistance Program (CDPAP) for the timeframe 1/1/16-12/31/16.

Budgeted: yes ___ no ___ Proposed Cost: NA Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

DSS04RES01 AUTHORIZE AGREEMENT WITH CDR

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 4/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE REIMBURSEMENT AGREEMENT WITH CATHOLIC CHARITIES OF WAYNE COUNTY (CCWC)**

WHEREAS, Catholic Charities of Wayne County (CCWC) has entered into an Independent Contractor Agreement with Michelle Friedman whereby she provides consulting, facilitating and implementation of human service coordination in Wayne County, New York; and

WHEREAS, Catholic Charities has acted satisfactorily in this capacity for the entirety of the 2015 calendar year; and

WHEREAS, the Department of Social Services has agreed to monitor and inform the services of Friedman in accordance with the Independent Contractor Agreement and to reimburse CCWC for compensation and expense paid to Friedman along with attendant expenses under such agreement; and

WHEREAS, monies are available from the Bullis Fund and the Flex Fund for Family Services (FFFS) for this purpose; now therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to enter into a Reimbursement Agreement with CCWC, subject to review of the County Attorney, for the timeframe 1/1/16–12/31/16 for an amount not to exceed \$35,000.

Budgeted: yes no Proposed Cost: \$35,000 Reimbursed Amount \$35,000 County cost \$ 0

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 7

Date: April 4, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Submit 2016 OCFS Resource Allocation Plan

Brief Explanation:

WHEREAS, the Department of Aging and Youth receives funding from NY State Office of Children and Family Services to support various youth service programs in Wayne County

WHEREAS, NY State Office of Children and Family Services requires the Chairman of the Board of Supervisors to sign the OCFS Resource Allocation Plan in order to receive the funding, therefore be it

RESOLVED, that the Board of Supervisors authorize the Chairman of the Board to sign the OCFS Resource Allocation Plan for the year 2016.

Budgeted: yes no Proposed Cost: _____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: April 4, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Renew Contract with Peer Place Network, LLC for Data Collection and Reporting Software

Brief Explanation:

WHEREAS, the Wayne County Department of Aging and Youth is required to collect and report client demographics and services data to the New York State Office for the Aging (NYSOFA); and

WHEREAS, Peer Place Networks, LLC offers an Internet-based data collection and reporting system that is fully compatible with NYSOFA requirements and requires no local software installation and support; and

WHEREAS, the Peer Place contract annual cost is not to exceed \$10,500 and is 100% reimbursable through State/Federal grants; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to execute an amended contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with Peer Place Networks, LLC for the annual fee of \$\$10,500 for period of January 1, 2016 through December 31, 2016.

Budgeted: yes X no ___ Proposed Cost: \$10,500 Reimbursed Amount \$10,500 County cost \$0

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 7

Date: April 4, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Extend FACT Wraparound Funds Signatory Responsibilities to the Deputy Director of Youth

Brief Explanation:

WHEREAS, Resolution no. 592-98 authorized the Director of Aging and Youth to sign CCSI Children's Service Initiative wrap around checks for Families and Communities Together (FACT) families from the Lyons National Bank account designated for that purpose; and

WHEREAS, these wrap-round funds are utilized to obtain needed resources for FACT families, sometimes in emergency situations, and the Director is not always available to access the funds; and

WHEREAS, the Director is requesting authorization for the Deputy Director of Youth be added to the signatory responsibilities and to be added to the signatory card with the Lyons National Bank; now, therefore be it

RESOLVED, that the Deputy Director of Youth is hereby authorized and directed to execute a new signature card for the CCSI petty cash fund account at the Lyons National bank.

Budgeted: yes no ___ Proposed Cost: \$NA Reimbursed Amount \$NA County cost \$0

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 7

Date: April 4, 2016

Committee Chair:

Brian Manktelow

Department Head:

Penny Shockley

Authorization to Create an Assistant Director of Recreation position, Set Salary Rate for the Sodus Point Park Staff for the 2016 Season and Amend the 2016 County Budget

WHEREAS, the Wayne County Department of Aging and Youth is requesting authorization to hire staff for the operation of the Recreation department at Sodus Point Park for the 2016 season including: skills test, staff orientation, beach set up, operations and supervised swimming 7 days/week, 8 hours/day (11:00 a.m.-7:00 p.m.) June 15-September 5, 2015; and

WHEREAS, that the Recreation department has a staff of eighteen people, consisting of a Director, an Assistant Director, and sixteen Lifeguards; and

WHEREAS, that the Assistant Director has not been budgeted as a separate position in past budgets, but the cost of the position has been included in the budgets with the cost of the sixteen Lifeguards; and

WHEREAS, that a Lifeguard in charge pay is a differential paid to a Lifeguard for assuming additional responsibilities during the absence of the Director and Assistant Director, though it has been budgeted as it were a separate position; and

WHEREAS, that the Director of Aging and Youth is desirous in creating an Assistant Director of Recreation position and eliminate the recognition of Lifeguard in charge as separate position, to appropriately reflect the staffing pattern of the department; and

WHEREAS, the 2016 county budget was approved with the recommended wage increase to be competitive with surrounding waterfront lifeguarding programs; now, therefore, be it

RESOLVED, that the position of Assistant Director of Recreation is hereby created in the Youth Recreation Department; and, further be it

RESOLVED, that the recognition of Lifeguard in Charge position is hereby eliminated in the Youth Recreation Department; and, further be it

RESOLVED, that the Chairman of the Board does hereby authorize the hiring of 18 staff for the operation of Sodus Point Park for the 2016 season at the following wage rate;

Director	\$13.35/hour
Assistant Director	\$12.20/hour
4th Year+ Lifeguard	\$11.05/hour
3 rd Year Lifeguard	\$10.70/hour
2 nd Year Lifeguard	\$10.35/hour
1 st Year Lifeguard	\$10.00

And, further be it,

RESOLVED, the Wayne County Treasurer is authorized to make the following 2016 Budget Amendment:

Account No. A7311- Recreation

(Appropriations)

\$3,373 from 54161 Lifeguards
\$3,373 to ----- Assistant Director

\$500 from 51467 Lifeguard in Charge
\$500 to 51906 Shift Differential

Budgeted: yes ___ no Proposed Cost: \$ Reimbursed Amount County cost

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: April 4, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization for the Director of the Department of Aging and Youth to Sign 2016 Office of Family and Children Services Budget Amendments

Brief Explanation:

WHEREAS, the NY State Office of Family and Children Services Resource Allocation Plan stipulates that the Chief Executive may authorize the Youth Bureau Director to sign OCFS Youth Bureau budget amendments, and

WHEREAS, this authorization must be given in writing and filed annually with the State OCFS Regional Office, and

WHEREAS, the Board of Supervisors will still approve all County Budget modifications by the current procedure, therefore be it

RESOLVED, the Chairman of the Board of Supervisors authorizes the Director of the Department of Aging and Youth, Penny Shockley, to sign the OCFS budget amendments for the 2016 program year.

Budgeted: yes ___ no ___ Proposed Cost: _____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008