AGENDA
HUMAN SERVICES COMMITTEE
MONDAY, February 1st

Members: Manktelow, Marini, Baldridge, Verno, Kolczynski

8:30 a.m. Approve Minutes from Previous Meetings

8:30 a.m. Workforce Development, Kathleen Templar

ANNUAL REPORT WFD Narrative Year End Review.doc
WFD2015 SYEP, In Demand Occupation List, Functional Alignment report.pdf
WIOA office, training numbers, etc.pdf

DISCUSSION:
- Healthcare Alliance of the Finger Lakes
- Finger Lakes Works Ag Program
- Workforce Innovation and Opportunity Act Reform

9:00 a.m. Veterans Services, Patrick Skelly

Monthly Report DOC012016-01202016112906-0001.pdf
Transportation Recall
VAMC Meeting in Batavia

9:15 a.m. Department of Aging and Youth, Penny Shockley

TRANSMITTALS:
- Authorization to sign contract with Geraldine Morse AY 02 RES 08 2016 Dietitian Resolution REV1.docx
- Authorization to sign contract with WC ARC AY02 RES 01 2016 Key Contract Renewal.doc
- Authorization to sign contract with Genesee Region Home Care AY02 RES 02 2016 LTC contract renewal.doc
- Authorization to sign contract with M. Sauer Company AY 02 RES 03 Help Link.docx
- Authorization to sign contract with Seniors at Home LLC AY 02RES 04 Senior's At Home contract.docx
- Authorization to sign agreement with Independent Living Systems Community Network AY 02 RES 05 I Circle Vendor Agreement REV1.docx
- Authorization to sign agreement with VNA Homecare Options AY02 RES 06 VNA Vendor Agreement REV1.docx
- Authorization to sign memorandum of understanding with Newark Housing Authority AY 02 RES 07 NHA MOU.docx

9:30 a.m. Commissioner of Social Services, Josh McCrossen

MONTHLY REPORTS
CASELOAD REPORT - DECEMBER.doc
FIN RPT DEC 2015.docx
Medicaid Caseload Comparison Graph Dec 14 - Dec 15.docx
SNAP Caseload Comparison Graph Dec 14 - Dec 15.docx
TA Caseload Comparison Graph Dec 14 - Dec 15.docx

TRANSMITTALS:
- Authorization to sign agreement with Villa Of Hope DSS02RES01 VILLA OF HOPE-ST JOE'S VILLA.doc

- Authorization to sign contract with credit reporting agencies DSS02RES02 CREDIT REPORTING AGENCIES FOR FOSTER CARE YOUTH.doc
- Authorization to sign agreement with Wayne ARC DSS02RES03 AUTHORIZE AGREEMENT WITH WAYNE ARC.doc
- Authorization to sign contract with Clifton Springs Hospital and Clinic DSS02RES04 CLIFTON SPRINGS HOSPITAL & CLINIC FOR DRUG ALCOHOL ASSESSMENTS.doc
- Authorization to create position of Deputy Social Services Commissioner DSS02RES05 CREATE POSITION OF DEPUTY SOCIAL SERVICES COMMISSIONER.doc
- Authorization to create and fill the position of Deputy Social Services Attorney DSS02RES06 CREATE AND FILL THE POSITION OF DEPUTY SOCIAL SERVICES ATTORNEY.doc

WAYNE COUNTY VETERANS SERVICE AGENCY

7376 STATE ROUTE 31, SUITE 1300 • LYONS, NEW YORK 14489-9173 • (315) 946-5993

MONTHLY REPORT

DECEMBER 1, 2015 - DECEMBER 31, 2015

VETERAN STATUS		**TYPE**		**MODE**	
WWI		VETERAN	236	PERSONAL	80
WWII	43	DEPENDENT/WIDOW	52	PHONE/MAIL	263
KOREA	33	OTHER	55		
VIETNAM	135				
PERSIAN GULF	75				
PEACTIME/OTHER	57				
TOTAL	343	**TOTAL**	343	**TOTAL**	343

COUNSELING SERVICES (Pension, Compensation, Educ/Voc Rehab. Burial, Insurance, Legal, Loans, Tax Exemption, Medical, Employment, etc.)

343

VETERANS TRANSPORTED TO:
WATS CANANDAIGUA VAMC **115**

SYRACUSE VAMC 6
MILES TRAVELED TO SYRACUSE VAMC 475

INDIGENT BURIALS

BURIALS **1**

COUNTY COST **$2,075.00**
STATE REIMBURSEMENT
VA FEDERAL REIMBURSEMENT

Submitted By Patrick F. Skelly Date: February 1, 2016
Patrick F. Skelly
Director

RESOLUTION TRANSMITTAL

Committee No. 7 Date: February 1, 2016 Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization for 2016 Contract Renewal for Dietitian Services

Brief Explanation:

WHEREAS, NY State Office for the Aging requires all congregate and home delivered meals meet 1/3 of the RDA compliance standards, and

WHEREAS, The Department of Aging and Youth contracts with Geraldine Morse, RD to provide 12 hours of dietitian services per week to meet those compliance standards and to provide nutrition counseling to the elderly that have been assessed nutritionally at risk, and

WHEREAS, the terms and conditions of this contract will remain the same as in 2015 and the hourly rate will be $39.92 per hour; now, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to execute a contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with Geraldine Morse, RD., for the period of January 1, 2016 through December 31, 2016, to provide the required dietary services at the hourly rate of $39.92; and be it further

RESOLVED, that the total of all payments shall not exceed $23,598, plus mileage at a current rate; and be it further

RESOLVED, that approval and funding is contingent on NYSOFA 2015 final funding allocations

Budgeted: yes X no ___ Proposed Cost: $23,598 Reimbursed Amount $21,238 County cost $2,360

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 1/2/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: February 1, 2016 Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization for 2016 Contract Renewal with Wayne County Chapter, NYSARC

Brief Explanation:

WHEREAS, The Department of Aging and Youth contracts with NYSARC (Key Industries) to provide bulk meal preparation for our six congregate Senior Centers, and

WHEREAS, that the terms and conditions of this contract remain the same as in 2015, now therefore be it

RESOLVED, the Chairman of the Board of Supervisors is hereby authorized and directed to execute a contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with ARC (Key Industries), for the period of January 1, 2016 through December 31, 2016 for bulk meal catering, and further be it

RESOLVED, the meal rate will be $4.10 per meals and the maximum contract amount will not exceed $72,000.

Budgeted: yes X no ___ Proposed Cost: $72,000 Reimbursed Amount $64,800 County cost $7,200

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 1/2/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: February 1, 2016 Committee Chair: Brian Mantelow
Department Head: Penny Shockley

Transmittal Title: Authorization for 2016 Contract Renewal with Genesee Region Home Care of Ontario County, Inc.

Brief Explanation:

WHEREAS, The Department of Aging and Youth contracts with Genesee Region Home Care of Ontario County, Inc. for the provision of non-medical, in-home services and non-institutional respite services for clients assessed eligible by the department, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to execute a contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with Genesee Region Home Care of Ontario County, Inc., for the period of January 1, 2016 through December 31, 2016, for non-medical, in-home Services and non-institutional respite services, and further be it

RESOLVED, that the terms and conditions of this contract remain the same as in 2015, accept will reflect the 2015 rates for services of Personal Care Aide (PCA) I be $24.55 and PCA II be $24.52.

Budgeted: yes X no ___ Proposed Cost: $300,000 Reimbursed Amount $225,000. County cost $75,000

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 1/2/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: February 1, 2016 Committee Chair: Brian Manktelow

Department Head: Penny Shockley

Transmittal Title: Authorization for 2016 Contract Renewal with M. Sauer Company

Brief Explanation:

WHEREAS, the Department of Aging and Youth contracts with the M. Sauer company for the provision of 160 personal emergency response (PERS) units for frail elderly individuals in Wayne County; and

WHEREAS, the monthly cost will vary with the amount of clients served per month and the cost per unit based on the technology required to provide the service (cell or land-line). The vendor will submit a monthly invoice to Aging and Youth for payment; and

WHEREAS, the cost per service is funded by contributions from consumers and Medicaid/ managed care reimbursement; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized and directed to execute a contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with M. Sauer Company for provision of PERS services for the Wayne County Department of Aging and Youth in the amount not to exceed $31,872 starting January 1, 2016 through December 31, 2016.

Budgeted: yes no _X__ Proposed Cost: $31,872 Reimbursed Amount $31,872 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: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: February 1, 2016 Committee Chair: Brian Mantelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Contract with Seniors At Home, LLC.

Brief Explanation:

WHEREAS, The Department of Aging and Youth contracts with a home health care agency for the provision of non-medical, in-home services and non-institutional respite services for clients assessed eligible by the department, and

WHEREAS, recently there has been limited certified personal care assistant (PCA) workforce available to meet all our referrals. The department is expanding our network of providers to meet our client needs, and

WHEREAS, Seniors At Home, LLC is certified to provide PCA I services in Wayne County and is willing to provide services for the Department's eligible client referrals at $21.50 per hour, at an annual amount not to exceed $15,000; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to execute a contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with Seniors At Home, LLC., for the period of January 1, 2016 through December 31, 2016, for non-medical, in-home Services and non-institutional respite services, and further be it

RESOLVED, that the terms and conditions of this contract will be $21.50 per PCA I service hour, not to exceed $15,000 annually.

Budgeted: yes X no ___ Proposed Cost: $15,000 Reimbursed Amount $11,250. County cost $3,750

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 1/2/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: February 1, 2016 Committee Chair: Brian Mantelow
Department Head: Penny Shockley

Transmittal Title: Authorization to enter into a Vendor Agreement with Independent Living Systems Community Network for the provision of Managed Care Services.

Brief Explanation:

WHEREAS, The Department of Aging and Youth is interested in providing services for Medicaid managed care clients, and

WHEREAS, Independent Living Systems Community Network , (DBA I-Circle) has agreed to reimburse the Department of Aging and Youth $30.00 per month for Personal Emergency Response Units (PERS) and $9.00 per congregate meal for referred clients; and

WHEAREAS, this is a revenue generating resource and is no cost to the county; now therefore be it

RESOLVED, that the Department of Aging and Youth enter into a vendor agreement with Independent Living Systems Community Network for the provision of PERS at $30.00 and Congregate meals at $9.00 per meal for all Independent Living Systems Community Network referred clients; and, further be it

RESOLVED, that the Director of the Department of Aging and Youth is hereby authorized to sign a vendor agreement on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with Independent Living Systems Community Network, for the period of March 1, 2016 through December 31, 2016,

Budgeted: yes X no ___ Proposed Cost: $0 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 1/2/200

RESOLUTION TRANSMITTAL

Committee No. 7 Date: February 1, 2016 Committee Chair: Brian Mantelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Enter into a Vendor Agreement with VNA Homecare Options, LLC for the provision of Managed Care Services.

Brief Explanation:

WHEREAS, The Department of Aging and Youth is interested in providing services for Medicaid managed care clients, and

WHEREAS, VNA Homecare Options, LLC (VNA) has agreed to reimburse the Department of Aging and Youth $30.00 per month for Personal Emergency Response Units (PERS) and $9.00 per congregate meal for VNA referred clients; and

WHEAREAS, this is a revenue generating resource and is no cost to the county; therefore be it

RESOLVED, that the Department of Aging and Youth enter into a vendor agreement with VNA for the provision of PERS at $30.00 and Congregate meals at $9.00 per meal for all referred VNA clients; and, further be it

RESOLVED, the Director of the Department of Aging and Youth is hereby authorized to sign a vendor agreement on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with VNA Homecare Options, LLC., for the period of March 1, 2016 through December 31, 2016,

Budgeted: yes X no ___ Proposed Cost: $0 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 1/2/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: February 1, 2016 Committee Chair: Brian Manktelow

Department Head: Penny Shockley

Transmittal Title: Newark Housing Authority Memorandum of Understanding (MOU)

Brief Explanation:

WHEREAS, The Newark Housing Authority has requested Wayne County Department of Aging and Youth provide case-management services to the senior residents of the Newark High-rise Apartments, and

WHEREAS, The Newark Housing Authority will provide funding in the amount of $30,000 to the Department of Aging and Youth for 17.5 hours (per week) of case management services for the period covering April 1, 2016 through March 31, 2017, and

WHEREAS, the funding has already been included in the 2016 County budget, and

WHEREAS, a signed MOU between the Newark Housing Authority and the Department of Aging and Youth is required in order to provide these services, now therefore be it

RESOLVED, the Board of Supervisors hereby authorizes the Director of the Department of Aging and Youth sign a Memorandum of Understanding with the Newark Housing Authority to procure PT case management services in the amount of $30,000, from April 1, 2016 through March 31, 2017.

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

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

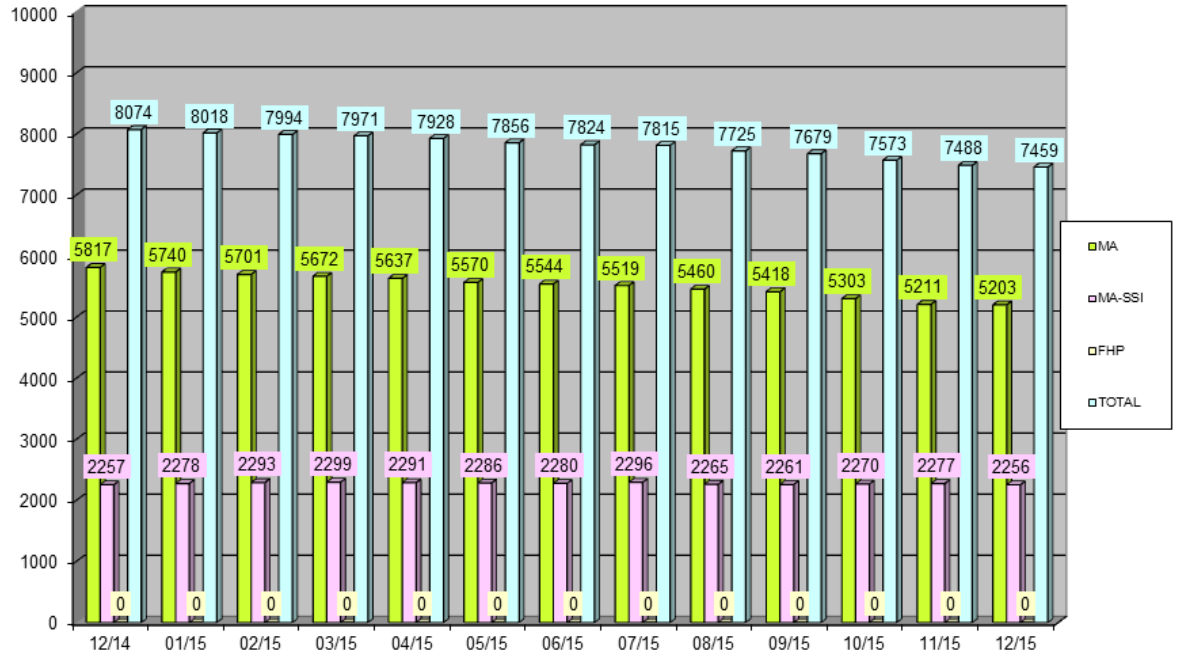
CASELOAD STATISTICS – DECEMBER 2015

	Wayne	▲Last Month		Ontario	▲Last Month
Temporary Assistance	303	-	Family Assistance	366	3
	291	8	Safety Net	386	19
	594	8	Total Cases	752	22
	1,021	17	Total Individuals	1,287	16
Medical Assistance	5,203	(8)	MA	6,095	(30)
	2,256	(21)	MA-SSI	2,025	(10)
	0	-	FHP	0	-
	7,459	(29)	Total Cases	8,120	(40)
	11,113	(79)	Total Individuals	11,766	(67)
Food Stamps/SNAP	4,870	(35)	NPA-FS/SNAP	4,641	(22)
	165	(3)	FS/SNAP-MIX	151	(1)
	336	(1)	PA-FS/SNAP	437	9
	5,371	(39)	Total Cases	5,229	(14)
	9,762	(103)	Total Individuals	9,244	(91)
Totals for all three Programs	13,424	(60)	Total Cases	14,101	(36)
	21,896	(165)	Total Individuals	22,297	(142)

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

	2014				2015				YTY Change	
Account	Revenue	%	Expended	%	Revenue	%	Expended	%	Rev +/- Change	Exp +/- Change
6010.1	8,974,927	88.8%	6,609,917	93.2%	9,579,246	94.2%	6,555,586	90.9%	5.4%	-2.3%
0.2			89,276	59.3%			1,822	1.9%		-57.4%
0.4			1,910,968	64.5%			1,931,316	67.1%		2.6%
0.8			3,600,947	86.5%			3,372,875	81.6%		-4.9%
6055.4 Day Care	759,713	71.6%	559,455	50.9%	824,188	77.7%	716,106	65.1%	6.1%	14.2%
6070.4 POS	887,867	101.0%	1,095,615	79.0%	664,484	78.1%	986,794	73.5%	-22.9%	-5.5%
6100 Medicaid	0	0.0%	14,488,222	100.0%	0	0.0%	13,605,488	95.6%	0.0%	-4.4%
6101 MA	2,460	4.9%	12,536	25.1%	33,179	66.4%	5,478	11.0%	61.4%	-14.1%
6106 Fam T.H.	500	100.0%	500	100.0%	870	54.4%	870	54.4%	-45.6%	-45.6%
6109 FA	3,752,903	92.1%	2,715,761	72.9%	3,542,986	90.9%	2,812,957	70.8%	-1.2%	-2.1%
6119 FC	1,249,663	102.1%	1,574,743	106.8%	1,055,313	84.5%	1,279,726	83.9%	-17.6%	-22.8%
6123 JD	160,762	84.1%	293,021	58.3%	54,090	32.6%	85,380	17.1%	-51.5%	-41.2%
6129 STS	401	80.2%	0	0.0%	302	60.3%	167,202	9.0%	-19.8%	9.0%
6140 SN	782,453	91.1%	1,984,002	105.5%	844,951	102.0%	1,912,236	98.5%	10.9%	-7.0%
6141 HEAP	12,558	100.0%	36,652	366.5%	43,011	430.1%	882	8.8%	330.1%	-357.7%
6142 EAA	3,709	49.5%	8,095	54.0%	7,010	93.5%	16,588	110.6%	44.0%	56.6%
TOTAL			34,979,711	89.6%			33,451,305	85.2%		-4.4%
R&R	16,587,915	90.3%			16,649,629	91.3%			1.1%	
County			18,391,797	89.0%			16,801,675	79.8%		-9.2%
2015 - Total Budget = $39,278,378					2015 - Budgeted County Cost = $21,047,744				2015 - Budget Revenue $18,230,634	

MEDICAID ASSISTANCE CASELOAD COMPARISON 2014-2015



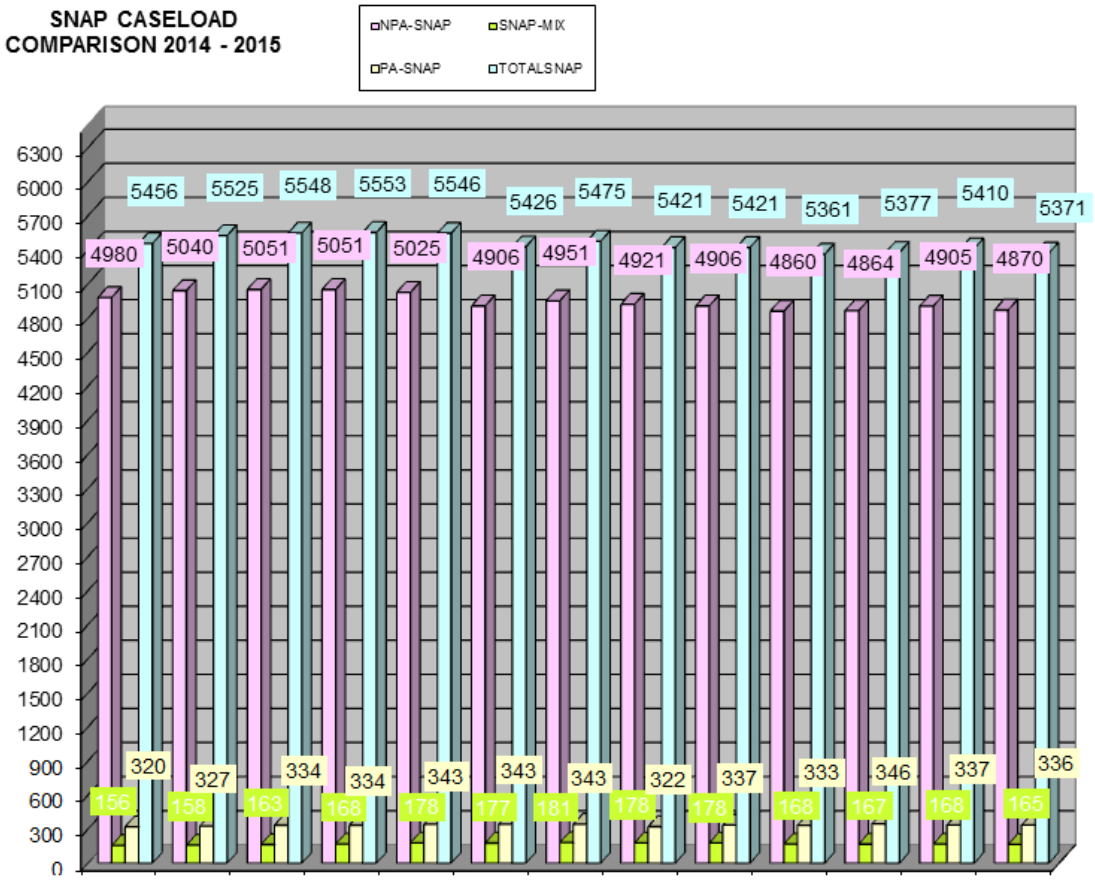
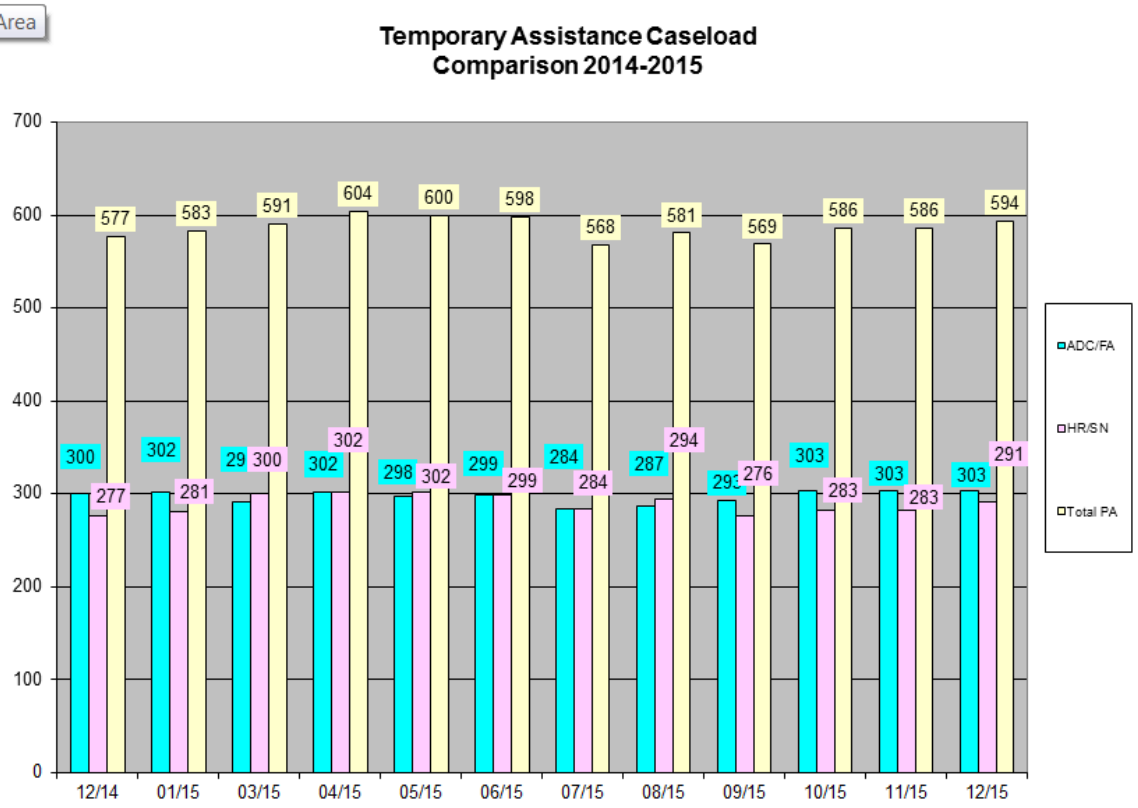

SNAP CASELOAD
COMPARISON 2014 - 2015
NPA-SNAP
SNAP-MIX
PA-SNAP
TOTALSNAP
6300
6000
5700
5400
5100
4800
4500
4200
3900
3600
3300
3000
2700
2400
2100
1800
1500
1200
900
600
300
0
5456 5525 5548 5553 5546 5426 5475 5421 5421 5361 5377 5410 5371
4980 5040 5051 5051 5025 4906 4951 4921 4906 4860 4864 4905 4870
320 327 334 334 343 343 343 322 337 333 346 337 336
156 158 163 168 178 177 181 178 178 168 167 168 165

Chart Area


Temporary Assistance Caseload
Comparison 2014-2015
700
600
500
400
300
200
100
0
577 583 591 604 600 598 568 581 569 586 586 594
300 302 29 302 298 299 284 287 293 303 303 303
277 281 300 302 302 299 284 294 276 283 283 291
12/14
01/15
03/15
04/15
05/15
06/15
07/15
08/15
09/15
10/15
11/15
12/15
ADC/FA
HR/SN
Total PA

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/1/16 Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZATION TO SIGN AMENDED AGREEMENT WITH CHILD CARING INSTITUTION VILLA OF HOPE (ST. JOSEPH'S VILLA)**

Brief Explanation:

MOTION:

WHEREAS, Resolution #640-15 authorized an Agreement with the Child Caring Institution, Villa of Hope (formerly St. Joseph's Villa); and

WHEREAS, the wording of Agreements between local Departments of Social Services and Child Caring Institutions is dictated by the NY State Office of Children and Family Services (NYS OCFS); and

WHEREAS, the NYS OCFS recently notified the Wayne County Department of Social Services that the Agreements had been amended and the amended version must be used retroactive to 7/1/15; and

WHEREAS, the timeframe of the contract is 7/1/15-6/30/16 which means the amended contract form must be used; and

WHEREAS, this amendment does not change the total dollar amount of contract authorized by Resolution #640-15; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute an amended agreement with the Villa of Hope for the timeframe 7/1/15-6/30/16, subject to the County Attorney's approval, for an amount not to exceed the previously approved amount of $750,000.

Budgeted: yes X no __ Proposed Cost: $750,000 Reimbursed Amount: $562,500 County cost: $187,500

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

DSS02RES01 AUTHORIZATION TO SIGN AMENDED AGREEMENT WITH CHILD CARING INSTITUTION VILLA OF HOPE (ST. JOSEPH'S VILLA)

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/1/16 Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZATION TO SIGN CONTRACTS WITH CREDIT REPORTING AGENCIES FOR FOSTER CARE YOUTH**

Brief Explanation:

MOTION:

WHEREAS, the New York State Office of Children and Family Services (OCFS) has the legal authority to promulgate policies and regulations; and

WHEREAS, the New York State OCFS has directed local districts of Social Services to monitor credit reports for all youth in foster care placements age 12 and above on an annual basis; and

WHEREAS, this monitoring requires that contracts be signed with the three major Credit Reporting agencies: Experian, Equifax, Trans Union; and

WHEREAS, the Commissioner of Social Services is the required signator for each of these contracts; therefore be it

RESOLVED, that the Commissioner of Social Services is hereby authorized to execute contracts with Experian, Equifax and Trans Union, subject to the County Attorney's review, for the purposes of complying with the NYS OCFS directive to monitor foster care youth's credit reports.

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

DSS02RES02 AUTHORIZATION TO SIGN CONTRACTS WITH CREDIT REPORTING AGENCIES FOR FOSTER CARE YOUTH

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/1/16 Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE AGREEMENT WITH WAYNE ARC**

Brief Explanation:

MOTION:

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

WHEREAS, Wayne ARC provides oversight services 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 Wayne ARC 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

DSS02RES03 AUTHORIZE AGREEMENT WITH WAYNE ARC

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/1/16 Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH CLIFTON SPRINGS HOSPITAL & CLINIC FOR DRUG/ALCOHOL ASSESSMENTS**

Brief Explanation:

MOTION:

WHEREAS, the Wayne County Department of Social Services (DSS) is required to contract for drug/alcohol assessment services for those applying for cash assistance, and

WHEREAS, Wayne DSS is required to provide a choice of assessment options, and

WHEREAS, Wayne DSS is reimbursed at a rate of $40.00 per assessment by the New York State Office of Temporary and Disability Assistance, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute an agreement with Clifton Springs Hospital & Clinic, subject to the County Attorney's approval as to form and content, for the provision of drug/alcohol assessment services during the period 1/1/16-12/31/16 at a fee of $40.00 per assessment.

Budgeted: yes X 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

DSS02RES04 Authorize Contract with Clifton Springs Hospital & Clinic for Drug/Alcohol Assessments

RESOLUTION TRANSMITTAL

Committee No. __7__ Date: __2/1/16__ Committee Chair: __Brian Manktelow_____

Department Head: __M. Josh McCrossen__

Transmittal Title: **CREATE POSITION OF DEPUTY SOCIAL SERVICES COMMISSIONER**

Brief Explanation:

MOTION:

WHEREAS, there needs to be a position in the Department of Social Services that can readily act in the stead of the Commissioner of Social Services in the event that he/she is temporarily unable to perform the duties of the position; and

WHEREAS, there needs to be a position in the Department of Social Services which would allow for a smooth succession in the event that the present Commissioner leaves the position due to resignation or retirement; and

WHEREAS, such a position needs to have agency-wide involvement in the planning and implementation of the mission of the Department of Social Services; and

WHEREAS, such position does not presently exist and needs to be created; and

WHEREAS, budgeted funds are presently available for such a position; therefore be it

RESOLVED, that the position of Deputy Commissioner of Social Services is hereby created, subject to the review of the County Attorney and Director of Human Resources as to the appropriate grade level and salary.

Budgeted: yes_X_ 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

DSS02RES05 CREATE POSITION OF DEPUTY SOCIAL SERVICES COMMISSIONER

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 2/1/16 Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **CREATE AND FILL THE POSITION OF DEPUTY SOCIAL SERVICES ATTORNEY**

Brief Explanation:

MOTION:

WHEREAS, the first Assistant Department of Social Services Attorney retired effective 1/8/16; and

WHEREAS, another Attorney position is needed to allow the legal needs of the Department of Social Services to be met; and

WHEREAS, the Department of Social Services has experienced a high rate of turnover in the Assistant Attorney positions; and

WHEREAS, due to this high rate of turnover there is no ready replacement for the current Social Services Attorney upon his impending retirement; and

WHEREAS, there needs to be a position that would attract and keep an attorney who could succeed the present Social Services Attorney when he leaves; and

WHEREAS, the 2016 budget has sufficient funds to support such a position; therefore be it

RESOLVED, that the position of Deputy Social Services Attorney be created at a sufficient grade level and salary to attract and keep a qualified candidate, subject to the review of the County Attorney and the Director of Human Resources.

Budgeted: yes X 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

DSS02RES06 CREATE AND FILL THE POSITION OF DEPUTY SOCIAL SERVICES ATTORNEY