

AGENDA

HUMAN SERVICES COMMITTEE

MONDAY, January 4th

Members: Manktelow, Marini, Baldrige, Verno, Kolczynski

10:00 a.m. **Approve Minutes from Previous Meetings**

10:00 a.m. **Workforce Development, Kathleen Templar**

Activities Update [WFD.pdf](#)

TRANSMITTAL:

- Authorization to amend budget [WFD01RES1 Authorize to amend the 2016 County Budget REV1.doc](#)

10:10 a.m. **Veterans Services, Patrick Skelly**

Monthly Report [VET.pdf](#)
Transportation Service Update
VA Rural Medical bus

10:30 a.m. **Department of Aging and Youth, Penny Shockley**

TRANSMITTALS:

- Authorization to appoint member to Youth Board [AY01 RES 04 YB Appointment.doc](#)
- Authorization to sign contract with Wayne CAP [AY01 RES 03 2016 WCAP Contract.doc](#)
- Authorization to sign contract with Family Counseling [AY01 RES 01 2016 FCFL Contract Renewal.doc](#)
- Authorization to sign contract with Pre-Trial Diversion [AY01 RES 02 2016 Pre-Trial Diversion contract renewal.doc](#)

10:40 a.m. **Commissioner of Social Services, Josh McCrossen**

TRANSMITTALS:

- Authorization to sign contract with GRHC [DSS01RES01 AUTHORIZE CONTRACT WITH GRHC - PERSONAL CARE SERVICES PROGRAM.doc](#)
- Authorization to sign contract with CFC [DSS01RES02 AUTHORIZE CONTRACT WITH CFC FOR DRUG ALCOHOL ASSESSMENTS.doc](#)
- Authorization to sign contract with Wayne CAP [DSS01RES03 AUTHORIZE CONTRACT WITH WCAP FOR TRANSPORTATION SERVICES.doc](#)
- Authorization to sign agreement with Probation Department [DSS01RES04 AUTHORIZE AGREEMENT WITH PROBATION DEPARTMENT.doc](#)
- Authorization to sign agreement with RTS [DSS01RES05 AUTHORIZE AGREEMENT WITH WATS FOR ON DEMAND TRANSPORTATION FOR 2016.doc](#)
- Authorization to sign contract with VRC [DSS01RES06 AUTHORIZE CONTRACT WITH VRC FOR NON-RESIDENTIAL DV SERVICES.doc](#)
- Create and Fill a Temporary Audit Clerk Position in the Department of Social Services [DSS01RES08 CREATE AND FILL A TEMPORARY AUDIT CLERK POSITION IN THE DEPARTMENT OF SOCIAL SERVICES.doc](#)
- Create and Fill a Temporary Sr. Account Clerk Position in the Department of Social Services [DSS01RES09 CREATE AND FILL A TEMPORARY SR. ACCOUNT CLERK POSITION IN THE DEPARTMENT OF SOCIAL SERVICES.doc](#)
- Authorize Agreement with Wayne Behavioral Health Network for Intensive Sexual Abuse Services [DSS01RES07 AUTHORIZE AGREEMENT WITH WBHN FOR INTENSIVE SEXUAL ABUSE SERVICES.doc](#)

- Authorize Agreement Between Wayne DSS and Workforce Development for Employment Related Services [DSS01RES10 AUTHORIZE AGREEMENT WITH WFD FOR EMPLOYMENT RELATED SERVICES.doc](#)
- Authorizing Agreement with FLCC for DSS Employee Training [DSS01RES11 AUTHORIZE AGREEMENT WITH FLCC FOR DSS EMPLOYEE TRAINING.doc](#)
- Authorize Contract with Victim Resource Center of the Finger Lakes, Inc. for the Provision of Domestic Violence Residential Services [DSS01RES12 AUTHORIZE CONTRACT WITH VRC FOR RESIDENTIAL DOMESTIC VIOLENCE SERVICES.doc](#)
- Authorize Contract with Bonadio Group [DSS01RES13 AUTHORIZE CONTRACT WITH BONADIO GROUP FOR 2016.doc](#)
- Authorize Contract with Wayne County Association for the Retarded Citizens (ARC) for Services to Non-Compliant Recipients [DSS01RES14 AUTHORIZE CONTRACT WITH WAYNE COUNTY ARC - FOR SERVICES FOR NON-COMPLIANT RECIPIENTS.doc](#)
- Authorize Contract with Wayne County Action Program, Inc. for Respite Services [DSS01RES15 AUTHORIZE CONTRACT WITH WCAP FOR RESPITE SERVICES.doc](#)
- Authorize Contract with Family Counseling Service of the Finger Lakes for the Provision of Sexual Abuse Assessment and Treatment Services [DSS01RES16 AUTHORIZE CONTRACT WITH FCSFL - SEX ABUSE ASSESSMENT & TREATMENT SERVICES.doc](#)

MONTHLY REPORTS

[CASELOAD REPORT - NOVEMBER.doc](#)

[FIN RPT NOV 2015.docx](#)

[Medicaid Caseload Comparison Graph Nov 14 - Nov 15.docx](#)

[SNAP Caseload Comparison Graph Nov 14 - Nov 15.docx](#)

[TA Caseload Comparison Graph Nov 14 - Nov 15.docx](#)

New York State, Labor Market Regions, Metropolitan Areas,
Counties, and Municipalities of at Least 25,000 Population
Data Source: Local Area Unemployment Statistics Program

Wayne County, NY

(Data are not seasonally adjusted. Data are preliminary and subject to revision.)

UNEMPLOYMENT RATE



Year	January	February	March	April	May	June	July	August	September	October	November	December	Annual Average
2015	6.90%	6.80%	6.20%	5.50%	5.20%	5.10%	5.10%	4.60%	4.80%	4.40%			
2014	7.80%	7.80%	7.20%	6.10%	5.90%	5.80%	5.90%	5.50%	5.40%	5.10%	5.40%	5.90%	6.20%
2013	9.70%	9.50%	8.80%	7.80%	7.30%	7.50%	7.20%	6.70%	6.70%	6.50%	6.50%	6.70%	7.60%
2012	9.80%	10%	9.50%	8.50%	8.50%	8.60%	8.50%	8.10%	7.90%	7.70%	7.60%	8.40%	8.60%
2011	9.90%	9.80%	9.30%	8.40%	8.10%	8.20%	8.10%	7.80%	7.90%	7.60%	7.70%	8.40%	8.40%
2010	10.40%	10.30%	9.90%	8.70%	8.20%	8.60%	8.60%	8.30%	8.40%	7.80%	8.40%	8.80%	8.90%
2009	9%	9.40%	9.60%	8.40%	8.10%	8%	7.80%	7.40%	7.70%	7.60%	7.90%	8.80%	8.30%
2008	6.30%	6.70%	6.50%	5.50%	5.10%	5.30%	5.30%	5.10%	5.40%	5.50%	6.20%	7.30%	5.90%
2007	5.70%	5.80%	5%	4.60%	4.20%	4.30%	4.40%	4%	4.20%	4.10%	4.60%	5.80%	4.70%
2006	5.70%	6.10%	5.70%	4.80%	4.50%	4.30%	4.50%	4%	4%	3.50%	4.10%	4.40%	4.60%
2005	6.30%	6.30%	5.50%	4.90%	4.50%	4.60%	4.70%	4.10%	4.50%	4%	4.60%	4.80%	4.90%
2004	7.20%	7.20%	6.90%	5.40%	4.90%	4.80%	4.90%	4.50%	4.80%	4.80%	5.20%	5.60%	5.50%
2003	7.20%	7.20%	6.60%	6.10%	5.30%	5.60%	5.30%	4.90%	5.30%	5.30%	5.90%	6.10%	5.90%
2002	7.20%	7.40%	7.20%	6.70%	6.10%	6.20%	5.90%	5.20%	5.40%	5.30%	6%	6.20%	6.20%
2001	4.80%	4.80%	4.70%	3.90%	3.60%	3.90%	4.20%	4.40%	4.60%	4.70%	5.50%	6.10%	4.60%
2000	5.10%	5%	4.60%	3.90%	3.50%	3.50%	3.40%	3.30%	3.10%	3.10%	3.60%	3.70%	3.80%
1999	6.30%	7.40%	6.40%	5.40%	4.90%	4.70%	4.30%	3.60%	3.90%	3.60%	4.10%	4.60%	5%
1998	6.20%	6.20%	6.10%	4.30%	4.80%	4.70%	3.80%	3.70%	4%	3.60%	4.30%	5.20%	4.70%
1997	6.60%	6.20%	5.80%	5%	4.60%	4.50%	4.30%	3.80%	3.90%	3.50%	4.10%	5.10%	4.80%
1996	6.30%	6.50%	6.60%	5.50%	5.60%	5%	4.80%	3.90%	3.90%	3.60%	4.10%	4.50%	5%
1995	7.40%	7.20%	6.80%	6.30%	5.70%	5.40%	4.80%	4.90%	4.50%	4.30%	4.70%	5.10%	5.60%
1994	7.80%	7.80%	7.50%	7%	6.50%	6.10%	5.60%	5.20%	4.90%	4.50%	4.60%	5.30%	6.10%

2015 ATTENDANCE TOTALS

Finger Lakes Works Career Center One Stop Activity in Lyons

	Employer Recruit/ Orientation/ Job Fair	Work Keys	DSS Job Seeker 2day W.S	DSS Job Clubs	DSS Orientation	DSS Assessments	Jump Start Your Job Search Strategy	Career Explor. & Training Options	Basic Job Search	Resume 101 & Review	Interviewing	Cover Letter Workshop (video)	Job Search Over 50	Social Networking	Metrix	Special Workshops	Walk-Ins
Jan	21	4	41	112	112	46		22	0	5 3	6	3	2	4	13	4	1024
Feb	52	4	43	104	86	37		18	0	4 0	5	0	4	0	7	0	877
Mar	6	1	73	134	95	51	92	8	0	1 3	4	3	5	2	10	0	1034
Apr	17	8	41	90	105	16	56	6	0	2 3	5	4	4	4	8	0	890
May	5	3	36	116	74	41	55	10	0	0 3	3	4	5	2	11	0	848
Jun	5	1	44	90	89	48	110	12	0	2 2	5	1	6	0	9	0	922
July	15	1	44	93	136	32	58	7	0	3 2	1	0	2	3	8	10	877
Aug	20	2	54	98	97	61	48	9	0	0 1	7	0	1	0	5	0	818
Sep	0	0	42	113	80	39	47	6	0	1 2	0	0	3	1	0	5	714
Oct	18	0	34	110	105	38	42	14	0	1 3	2	0	4	1	7	22	772
Nov	184	1	40	82	79	39	61	2	0	2 4	2	0	1	1	7	11	676
Dec																	
	343	25	492	1142	1058	448	569	114	0	49	45	15	37	18	85	52	9452

7/3 1837 1228

2014 / 2338

RESOLUTION TRANSMITTAL

Committee No. 7 Date: January 4, 2016

Committee Chair: Mr. Manktelow

Department Head: Mrs. Templar

Transmittal Title: Authorization to amend the 2016 Wayne County Work Force Development budget to include Appropriations for Workforce Innovation and Opportunity Act On the Job Training and Required Certification Training

WHEREAS, that Workforce Innovation and Opportunity Act (WIOA) legislation was implemented replacing the Workforce Investment Act (WIA) on July 1, 2015 and continues to evolve with program and budgetary changes; and

WHEREAS, that the Workforce Investment Board (WIB) contracts with the Wayne County Workforce Development department (WFD) to administer the WIA / WIOA Youth Program; and

WHEREAS, with the past WIA program, WFD paid supplemental payments to Work Experience Participants for working at local businesses; and

WHEREAS, that with the new WIOA program, in addition to paying Work Experience Participants for working at local businesses, WFD will also contract with independent local training employer(s) to provide WIOA required On the Job Training and certain required certificate trainings, and

WHEREAS, that WFD is desirous in amending the 2016 WFD budget to provide appropriations to pay the independent local training employer(s) for WIOA program On the Job Trainings and required certificate trainings; now, therefore be it

RESOLVED, that the County Treasurer is hereby authorized to amend the 2016 County Budget as follows:

A6295 WIA (WIOA) Youth

\$2,770 from 51357 Work Experience Participant

\$ 230 from 58200 Social Security

\$3,000 to 54199 Miscellaneous

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: _____

Human Resources 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: _____



WAYNE COUNTY VETERANS SERVICE AGENCY

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



MONTHLY REPORT

NOVEMBER 1, 2015 - NOVEMBER 30, 2015

VETERAN STATUS	TYPE	MODE
WWI	VETERAN	PERSONAL 71
WWII 36	DEPENDENT/WIDOW	PHONE/MAIL 211
KOREA 44	OTHER	
VIETNAM 96		
PERSIAN GULF 64		
PEACTIME/OTHER 42		
TOTAL 282	TOTAL 282	TOTAL 282

COUNSELING SERVICES (Pension, Compensation, Educ/Voc Rehab.
 Burial, Insurance, Legal, Loans, Tax
 Exemption, Medical, Employment, etc.)
282

VETERANS TRANSPORTED TO:
 WATS CANANDAIGUA VAMC 108

SYRACUSE VAMC
 MILES TRAVELED TO SYRACUSE VAMC

INDIGENT BURIALS

BURIALS 1
 COUNTY COST \$1,025.00
 STATE REIMBURSEMENT
 VA FEDERAL REIMBURSEMENT 1 - 1,170.00

Submitted By Patrick F. Skelly Date: January 04, 2016
 Patrick F. Skelly
 Director

RESOLUTION TRANSMITTAL

Committee No. 7 Date:

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: **Authorization to Appoint Youth Advisory Board member**

Brief Explanation:

WHEREAS, **Kyra Yon**, Director of Advantage After School Enrichment Program representing Wayne County Action Program; has agreed to serve on the Youth Advisory Board for a one year term, therefore be it

RESOLVED, request authorization from the Chairman of the Board of Supervisors to appoint **Kyra Yon** to the Wayne County Youth Advisory Board for a term of one year.

Kyra Yon
Wayne Co. Action Program
159 Montezuma Street
Lyons, NY 14489

Budgeted: yes ___ no ___ Proposed Cost: N/A Reimbursed Amount N/A County cost N/A

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: January 4, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization for 2016 Contract Renewal with Wayne County Action Program-WCAP

Brief Explanation:

WHEREAS, Wayne County Department of Aging and Youth contracts with Wayne CAP for parent education services for the Family and Communities Together (FACT) Program and Respite Services for FACT and Runaway youth.

WHEREAS, the program budget for these services is not to exceed \$40,000 from January 1, 2016 through December 31, 2016. Funding for these services are 100% reimbursable from the Bullis Foundation, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors to 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 the Wayne County Action Program in the amount of \$40,000. The contract period is January 1, 2016 through December 31, 2016.

Budgeted: yes no Proposed Cost: \$40,000 Reimbursed Amount \$40,000 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: _____
Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 7

Date: January 4, 2016

Committee Chair: Brian Manktelow

Department Head: Penny Shockley

Transmittal Title: Authorization for 2016 Family Counseling of the Finger Lakes Contract Renewal

Brief Explanation:

WHEREAS, The Wayne County Department of Aging and Youth contracts with Family Counseling Service of the Finger Lakes, Inc., for the provision of family and youth counseling services; and

WHEREAS, emphasis is placed on youth who are experiencing risk factors such as school failure, truancy, poor social/family relations, and/or acting out behavior; and

WHEREAS, the counseling services are funded through the Office of Children and Family Services, Bullis Foundation and county funding. The program budget is not to exceed \$33,250, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to execute a contract for the period January 1, 2016 through December 31, 2016, on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with the Family Counseling of the Finger Lakes, Inc. in the amount of \$33,250.

Budgeted: yes no Proposed Cost: \$33,250 Reimbursed Amount \$17,750 County cost \$15,500

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

RESOLUTION TRANSMITTAL

Committee No. 7

Date: January 4, 2016

Committee Chair: Brian Manktelow

Department Head: Penny Shockley

Transmittal Title: 2016 Pre-Trial Diversion and Homeless Program Contract Renewal

Brief Explanation:

WHEREAS, Wayne County Department of Aging and Youth contracts with Wayne Pre-Trial Diversion to provide homeless and court ordered diversion services to Wayne County youth, 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 Wayne Pre-Trial Services, Inc., for the operation of a Pre-Trial Diversion Program and a Homeless Youth Program for Wayne County Youth. The contract period is January 1, 2016 through December 31, 2016, in an amount not to exceed \$103,741 to be derived from the following sources:

County Tax Revenues	\$71,715
State Aid Reimbursement (to County)	13,173 (YDDP)
State Aid Reimbursement (to County)	<u>18,853</u> (RHY-II)
TOTAL	\$103,741

and be it further,

RESOLVED, that the County shall pay the contractor the sum of \$17,290 in January 2016 and the sum of \$8,645 in each of the months March-November 2016.

Budgeted: yes X no ___ Proposed Cost: \$103,741 Reimbursed Amount \$32,026. County cost \$71,715.

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: 1/4/16 Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH CATHOLIC FAMILY CENTER 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 Catholic Charities of the Diocese of Rochester, d/b/a Catholic Family Center, 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 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

DSS01RES02 Authorize Contract with Catholic Family Center for Drug/Alcohol Assessments

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH WAYNE COUNTY ACTION PROGRAM FOR TRANSPORTATION SERVICES**

Brief Explanation:

MOTION:

WHEREAS, Wayne County desires to provide transportation services for individuals to seek and maintain employment, and

WHEREAS, Wayne County Department of Social Services desires to do this in the most cost-effective manner possible; and

WHEREAS, Wayne County Action Program has secured a grant to provide after hours and weekend transportation to TANF eligible individuals which requires a 20% match, and

WHEREAS, this service is significantly more cost-effective than the present system; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to enter into a contract, subject to review by the County Attorney, with the Wayne County Action Program, Inc. for the provision of transportation services for the timeframe 1/1/16-12/31/16 at a cost not to exceed \$5,150 as the County's matching share.

Budgeted: yes X no ___ Proposed Cost: \$ 5,150 Reimbursed Amount \$ 0 County cost: \$ 5,150

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

DSS01RES03 AUTHORIZE CONTRACT WITH WCAP FOR TRANSPORTATION SERVICES

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE AGREEMENT WITH PROBATION DEPARTMENT**

Brief Explanation:

MOTION:

WHEREAS, the placement costs for youth are increasing and community-based services are needed, and

WHEREAS, The PINS legislation has changed the relative roles and responsibilities of the Wayne County Probation Department as the lead agency for PINS, and

WHEREAS, The Wayne County Probation Department has developed an intensive school-based oversight and decision process, and

WHEREAS, this process is preventive in nature, designed to prevent placement of youth (individuals on probation/siblings and friends of those youth/school-identified at-risk youth) outside of their homes at significant county expense; therefore be it

RESOLVED, that the Commissioner of Social Services is hereby authorized to enter into an agreement, subject to the review of the County Attorney, for the provision of Probation Services for the timeframe 1/1/16-12/31/16 at a cost not to exceed \$336,368.

Budgeted: yes no Proposed Cost: \$336,368 Reimbursed Amount: \$208,548 County cost: \$127,820

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

DSS01RES04 AUTHORIZE AGREEMENT WITH PROBATION DEPARTMENT

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE AGREEMENT WITH REGIONAL TRANSIT SERVICE/WAYNE AREA TRANSPORTATION SERVICES (RTS-WAYNE) FOR ON-DEMAND TRANSPORTATION**

Brief Explanation:

MOTION:

WHEREAS, Wayne County is required to meet participation rates or face possible fiscal penalties as a consequence specified by the Federal Deficit Reduction Act of 2005 and New York State statute; and

WHEREAS, one of the major barriers to work/work readiness participation is the lack of transportation; and

WHEREAS, New York State has provided, through the Office of Temporary and Disability Assistance, Community Solutions to Transportation (CST) monies to counties in the past but now is not providing monies to Wayne County Department of Social Services (DSS); and

WHEREAS, RTS has been allocated CST monies by New York State in the past but is no longer receiving them; and

WHEREAS, Wayne DSS is able to use TANF funds to offset local costs for this service; and

WHEREAS, WATS may be able to use Job Access Reverse Commute (JARC) funds to offset local costs; and

WHEREAS, WATS has provided timely and effective service in the past; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to enter into an agreement with the RTS/WATS, subject to review by the County Attorney, for the provision of on-demand services to Wayne DSS clients for an amount not to exceed \$196,000 for the time period 1/1/16 – 12/31/16.

Budgeted: yes no Proposed Cost: \$ 196,000 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

DSS01RES05 Contract with WATS for On-Demand Transportation

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH VICTIM RESOURCE CENTER, INC. FOR NON-RESIDENTIAL DOMESTIC VIOLENCE SERVICES**

Brief Explanation:

MOTION:

WHEREAS, Wayne County Department of Social Services is required to provide services to victims of Domestic Violence, and

WHEREAS, Victim Resource Center, Inc. is a certified Domestic Violence agency that has provided both residential and non-residential services to Domestic Violence victims for a number of years in Wayne County, and

WHEREAS, Wayne DSS receives reimbursement from NY State for such services, therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an agreement with Victim Resource Center, Inc., subject to the County Attorney's approval as to form and content, for the provision of Non-Residential Domestic Violence Services during the period 1/1/16 - 12/31/16 subject to a maximum contract amount of \$22,716.

Budgeted: yes no Proposed Cost: \$22,716 Reimbursed Amount: \$0 County cost: \$22,716

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

DSS01RES06 Authorize Contract with VRC for Non-Residential DV Services

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **CREATE AND FILL A TEMPORARY AUDIT CLERK POSITION IN THE DEPARTMENT OF SOCIAL SERVICES**

Brief Explanation:

MOTION:

WHEREAS, the position of Audit Clerk will be vacant on a temporary basis due to reassignment to fill a vacant Sr. Account Clerk position; and

WHEREAS, the normal workload of the Audit Clerk will not be able to get done without additional staff being needed; and

WHEREAS, the most effective and efficient way to get this needed work accomplished is to hire a temporary clerk to perform it; therefore be it

RESOLVED, that the position of temporary Audit Clerk be created for a three-month period beginning 1/20/16 and continuing until the present Audit Clerk is able to return to her duties; and be it further

RESOLVED, that the Commissioner of Social Services is hereby authorized to fill this position.

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: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **CREATE AND FILL A TEMPORARY SR. ACCOUNT CLERK POSITION IN THE DEPARTMENT OF SOCIAL SERVICES**

Brief Explanation:

MOTION:

WHEREAS, the Sr. Account Clerk has not been able to work due to medical reasons since 12/3/15; and

WHEREAS, the Sr. Account Clerk is not expected to be able to return to her duties for a period of at least three (3) months and likely more; and

WHEREAS, the Sr. Account Clerk duties are integral and necessary to the functioning of the Accounting Department and must be performed; and

WHEREAS, the creation of a temporary Account Clerk position is the most efficient method of making sure the necessary duties are performed adequately; therefore be it

RESOLVED, that the position of temporary Sr. Account Clerk be created for a period of three months or upon the return of the Sr. Account Clerk to full time service, to begin on 1/20/16; and be it

RESOLVED, further that the Commissioner of Social Services is hereby authorized to fill said position.

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: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE AGREEMENT WITH WAYNE BEHAVIORAL HEALTH NETWORK FOR INTENSIVE SEXUAL ABUSE SERVICES**

Brief Explanation:

MOTION:

WHEREAS, It is the intention of Wayne County to meet the needs of its youth in their home communities if feasible, and

WHEREAS, Quality Intensive Sexual abuse services are available through Wayne Behavioral Health Network, and

WHEREAS, the provision of these services may be an integral component of obviating the need for long-term institutionalization, therefore, be it

RESOLVED, that the Commissioner of the Wayne County Department of Social Services is hereby authorized to enter into an agreement with Wayne Behavioral Health Network for the provision of Intensive Sexual Abuse Services at a cost not to exceed \$50,000 for the timeframe 1/1/16 – 12/31/16 subject to the county attorney’s review.

Budgeted: yes no Proposed Cost: \$50,000 Reimbursed Amount: \$31,000 County cost: \$19,000

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 1/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE AGREEMENT BETWEEN WAYNE DSS AND WORKFORCE DEVELOPMENT FOR EMPLOYMENT RELATED SERVICES**

Brief Explanation:

MOTION:

WHEREAS, the Workforce Development office has provided services to the Wayne County Department of Social Services (DSS) to help individuals secure training, employment and job-seeking services; and

WHEREAS, Wayne DSS is desirous of maintaining the scope of the services provided by Workforce Development including provision of employment orientation, assessment, worksite developing and Monitoring, other employment related duties; and

WHEREAS, this effort is designed to effect higher participation and employment rates in the target population; and

WHEREAS, Workforce Development will continue to need resources and financial support to accomplish this full gamut of tasks; therefore be it

RESOLVED, that the Commissioner of Social Services and the Director of Workforce Development are hereby authorized to enter into an agreement, subject to the County Attorney's review as to form and content, for the provision of employment-related services at a cost not to exceed \$750,000 during the timeframe 7/1/15-12/31/16.

Budgeted: yes no Proposed Cost: \$750,000 Reimbursed Amount: \$750,000 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: _____

Revised 1/2008

DSS01RES10 AUTHORIZE AGREEMENT WITH WORKFORCE DEVELOPMENT FOR EMPLOYMENT RELATED SERVICES

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZING AGREEMENT WITH FLCC FOR DSS EMPLOYEE TRAINING**

Brief Explanation:

MOTION:

WHEREAS, training is an integral and necessary component of DSS work responsibilities, and

WHEREAS, NY State underwrites costs for training provided through contract with local Community Colleges, and

WHEREAS, Finger Lakes Community College has suitably and effectively provided training in the past; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an agreement on behalf of the Wayne County Department of Social Services, subject to the County Attorney's approval as to form and content, with the Finger Lakes Community College to provide training for employees of the Department of Social Services for the period January 1, 2016 to December 31, 2016 at a total project cost not to exceed \$39,413.

Budgeted: yes no Proposed Cost: \$39,413 Reimbursed Amount: \$39,413 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

DSS01RES11 Authorize Agreement with FLCC for DSS Employee Training

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH VICTIM RESOURCE CENTER OF THE FINGER LAKES, INC. FOR THE PROVISION OF DOMESTIC VIOLENCE RESIDENTIAL SERVICES**

Brief Explanation:

MOTION:

WHEREAS, Wayne County Department of Social Services (DSS) is responsible for ensuring a safe place is available for victims of Domestic Violence, and

WHEREAS, Victim Resource Center of the Finger lakes, Inc, (VRC) is certified to provide residential services in Wayne County, and

WHEREAS, VRC has provided such residential services in a competent manner in the past, therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute a contract with the Victim Resource Center of the Finger Lakes, Inc., subject to the County Attorney's approval as to form and content, for the provision of Residential Domestic Violence Services in accordance with 18 NYCRR 408. The term of the contract will be 1/1/16 through 12/31/16 at a cost not to exceed \$70,000.

Budgeted: yes no Proposed Cost: \$ 70,000 Reimbursed Amount: \$ 0 County cost: \$ 70,000

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 1/2008

DSS01RES12 CONTRACT WITH VRC FOR RESIDENTIAL DOMESTIC VIOLENCE SERVICES

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: AUTHORIZE CONTRACT WITH BONADIO GROUP

Brief Explanation:

MOTION:

WHEREAS, Wayne County desires to keep Medicaid (MA) costs as low as possible, and

WHEREAS, Consumer fraud is a primary source of unnecessary MA expense, and

WHEREAS, Eligibility workers in the MA unit are not Certified Public Accountants (CPA's) nor is it fiscally sound to provide an equal level of training to these workers, and

WHEREAS, Medicaid applicants, especially those who are self employed, often have complicated financial information/situations that require CPA level skills/training to comprehensively evaluate for MA eligibility and potential fraud, and

WHEREAS, for the purpose of ascertaining Medicaid eligibility, the Bonadio Group has CPA services available and has provided such services to Western NY Counties since 2007, and

WHEREAS, the cost for these services is fully reimbursed by the NY State Medicaid Program, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to enter into an agreement with the Bonadio Group for Medicaid Eligibility CPA services at a rate not to exceed \$150/hour for a total not to exceed \$60,000, subject to the review of the County Attorney, for the timeframe of 1/1/16 –12/31/16.

Budgeted: yes no Proposed Cost: \$60,000 Reimbursed Amount: \$60,000 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: _____

Revised 1/2008

DSS01RES13 AUTHORIZE CONTRACT WITH BONADIO GROUP

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **Authorize Contract with Wayne County Association for Retarded Citizens (ARC) for Services to Non-Compliant Recipients**

Brief Explanation:

MOTION:

WHEREAS, Wayne ARC has worked effectively with non-compliant adults in the past to get them back involved with meeting work requirements, and

WHEREAS, due to the past success of this program, Wayne DSS desires to contract with Wayne ARC from 1/1/16-12/31/16, using \$75,000 of TANF funding; and

WHEREAS, this program helps Wayne DSS meet federal participation rate requirements; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to enter into a contract, subject to the review of the County Attorney, the total of which is not to exceed \$75,000 for the timeframe 1/1/16-12/31/16; and be it further

RESOLVED, that there are no county monies included in the cost of this contract.

Budgeted: yes X no ___ Proposed Cost: \$75,000 Reimbursed Amount: \$75,000 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: _____

Revised 1/2008

DSS01RES14 CONTRACT WITH WAYNE COUNTY ARC FOR SERVICES TO NON-COMPLIANT RECIPIENTS

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH WAYNE COUNTY ACTION PROGRAM, INC. FOR RESPITE SERVICES**

Brief Explanation:

MOTION:

WHEREAS, New York State PINS legislation mandates each county to provide respite services as an alternative to non-secure detention, and

WHEREAS, the cost of non-secure detention is significantly higher than the cost of respite services, and

WHEREAS, the Wayne County Action Program, Inc. has provided respite services to the PINS/Preventive program in Wayne County, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to enter into a contract, subject to review by the County Attorney, with the Wayne County Action Program, Inc. for the provision of respite services for the timeframe 1/1/16-12/31/16 at a per diem rate of up to \$75.00.

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

DSS01RES15 AUTHORIZE CONTRACT WITH WCAP FOR RESPITE SERVICES

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 1/4/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH FAMILY COUNSELING SERVICE OF THE FINGER LAKES FOR THE PROVISION OF SEXUAL ABUSE ASSESSMENT AND TREATMENT SERVICES**

Brief Explanation:

WHEREAS, many children in Wayne County become victims of sexual abuse each year; and

WHEREAS, these children need skilled professional assessment to accurately determine if abuse has occurred, and skilled professional treatment to successfully recover from this abuse and carry on productive lives in those cases where abuse has occurred; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to enter into a contract with Family Counseling Services of the Finger Lakes, subject to the approval of the County Attorney, for the provision of sexual abuse assessment and treatment services for an amount not to exceed \$115,293 for the period 1/1/16 – 12/31/16.

Budgeted: yes no Proposed Cost: \$ 115,293 Reimbursed Amount: \$ 71,481 County cost: \$ 43,812

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

DSS01RES16 Authorize Contract with Family Counseling Service of the FL – Sex Abuse Assessment & Treatment

CASELOAD STATISTICS – NOVEMBER 2015

	Wayne	▲Last Month		Ontario	▲Last Month
Temporary Assistance	303	-	Family Assistance	369	(4)
	283	-	Safety Net	365	(4)
	586	-	Total Cases	734	(8)
	1,004	(4)	Total Individuals	1,271	6
Medical Assistance	5,211	(92)	MA	6,125	(129)
	2,277	7	MA-SSI	2,035	-
	0	-	FHP	0	-
	7,488	(85)	Total Cases	8,160	(129)
	11,192	(151)	Total Individuals	11,833	(232)
Food Stamps/SNAP	4,905	41	NPA-FS/SNAP	4,663	51
	168	1	FS/SNAP-MIX	152	5
	337	(9)	PA-FS/SNAP	428	2
	5,410	33	Total Cases	5,243	58
	9,865	72	Total Individuals	9,335	171
Totals for all three Programs	13,484	(52)	Total Cases	14,137	(79)
	22,061	(83)	Total Individuals	22,439	(55)

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

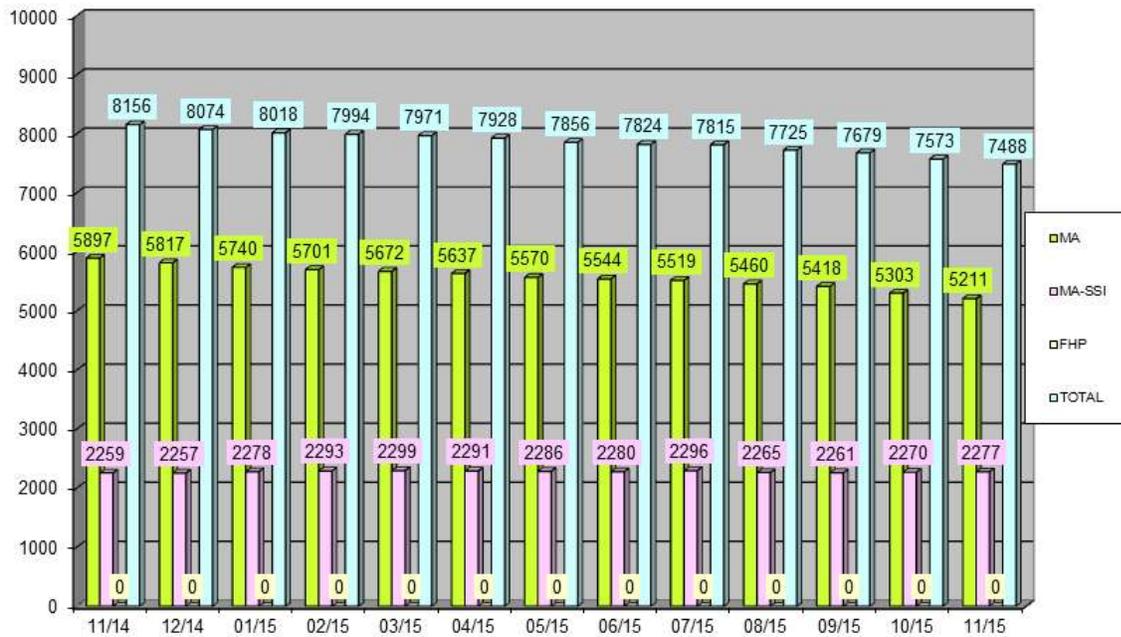
Account	2014				2015				YTY Change	
	Revenue	%	Expended	%	Revenue	%	Expended	%	Rev +/- Change	Exp +/- Change
6010.1	7,357,259	72.8%	6,049,781	85.3%	7,694,962	75.6%	5,993,055	83.1%	2.9%	-2.2%
0.2			89,276	59.3%			1,822	2.7%		-56.6%
0.4			1,684,076	56.8%			1,722,985	58.5%		1.7%
0.8			2,322,971	55.8%			2,106,275	51.0%		-4.8%
6055.4 Day Care	703,098	66.3%	521,584	47.4%	731,324	69.0%	643,327	58.5%	2.7%	11.1%
6070.4 POS	615,534	70.0%	1,039,997	75.0%	624,572	73.4%	889,460	66.3%	3.4%	-8.7%
6100 Medicaid	0	0.0%	13,395,982	94.3%	0	0.0%	12,554,940	88.2%	0.0%	-6.1%
6101 MA	46,082	92.2%	11,982	24.0%	47,526	95.1%	5,350	10.7%	2.9%	-13.3%
6106 Fam T.H.	500	100.0%	500	100.0%	0	0.0%	870	54.4%	-100.0%	-45.6%
6109 FA	2,963,237	72.7%	2,457,716	61.2%	3,361,029	86.2%	2,588,195	65.2%	13.5%	3.9%
6119 FC	1,076,664	87.9%	1,427,589	96.8%	992,203	79.4%	1,184,318	77.7%	-8.5%	-19.1%
6123 JD	147,865	77.4%	264,299	52.6%	54,090	32.6%	61,605	12.4%	-44.8%	-40.2%
6129 STS	376	75.2%	0	0.0%	277	55.3%	167,202	9.0%	-19.8%	9.0%
6140 SN	740,926	86.3%	1,844,816	98.1%	776,909	93.8%	1,762,683	90.8%	7.5%	-7.3%
6141 HEAP	3,963	100.0%	11,389	113.9%	(8,158)	-81.6%	882	8.8%	-181.6%	-105.1%
6142 EAA	3,399	45.3%	7,677	51.2%	7,342	97.9%	15,757	105.0%	52.6%	53.9%
TOTAL			31,129,634	79.7%			29,698,726	75.6%		-4.1%
R&R	13,658,900	74.3%			14,282,075	78.3%			4.0%	
County			17,470,734	84.5%			15,416,651	73.2%		-11.3%

2015 - Total Budget = \$39,278,378

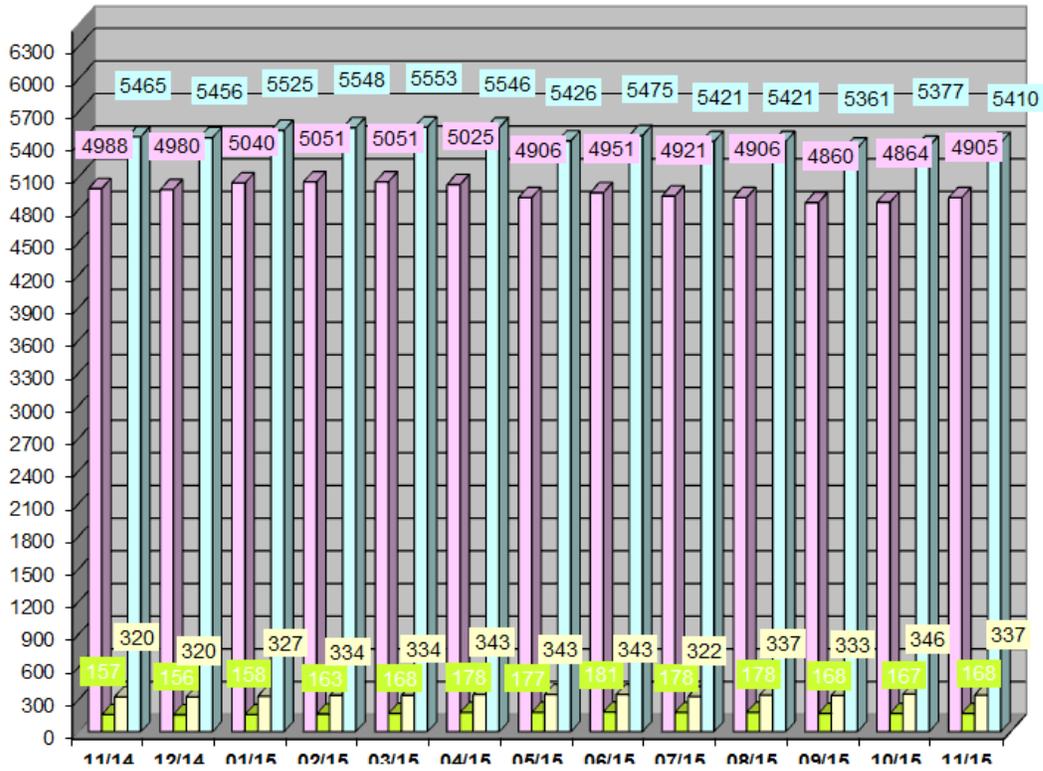
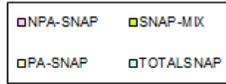
2015 - Budgeted County Cost = \$21,047,744

2015 - Budget Revenue \$18,230,634

MEDICAID ASSISTANCE CASELOAD COMPARISON 2014-2015



**SNAP CASELOAD
COMPARISON 2014 - 2015**



**Temporary Assistance Caseload
Comparison 2014-2015**

