

AGENDA

HUMAN SERVICES COMMITTEE

June 6th, 2016

Members: Manktelow, Marini, Baldrige, Verno, Kolczynski

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

8:30 a.m. Department of Aging and Youth, Penny Shockley

TRANSMITTALS:

- Authorization to appoint Youth Advisory Board [AY06 RES 02 YB Appointment.doc](#)
- Authorization for volunteers to drive Department van/cars [AY06 RES 03 Authorization for volunteer drivers.docx](#)
- Authorization to designate Health Commerce System Director [AY06 RES 04 HCS Designee.docx](#)

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

DISCUSSION:

- Monthly Report
- Outreach Flyer [Vet Outreach Flyer.doc](#)
- Transportation
- Substitute Veterans Service Officer
- Burials

9:05 a.m. Workforce Development, Charles Bridger

Monthly Office Update [WFD 2016 Attendance Totals \(2\).doc](#)
[WIOA Planned activities thru July 29.doc](#)

TRANSMITTALS:

- Approve request of FL Workforce Investment Board to sign agreement [Fy 2016 Administrative Agreement.doc](#)
- Authorization to sign Workforce Innovation Opportunity Act audit and Dislocated Worker and Career Center Services contract [WIOA Contract for FY 2016.doc](#)
- Authorization to sign Youth Services Contract [WIOA Youth Contract for FY 2016.doc](#)

9:20 a.m. Commissioner of Social Services, Josh McCrossen

MONTHLY REPORTS

[CASELOAD REPORT - APRIL.doc](#)

[FIN RPT APR 2016.docx](#)

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

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

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

TRANSMITTALS:

- Authorization to sign agreement with Cayuga Home for Children [DSS06RES01 CAYUGA CENTERS.doc](#)
- Authorization to sign agreement with Villa of Hope [DSS06RES02 VILLA OF HOPE-ST JOE'S VILLA.doc](#)
- Authorization to sign agreement with Hillside Children's Center [DSS06RES03 HILLSIDE CHILDREN'S CENTER .doc](#)
- Authorization to sign agreement with Snell Farm Children's Center [DSS06RES04 SNELL FARM CHILDREN'S CENTER.doc](#)
- Authorization to create position of Deputy Social Services Commissioner [DSS06RES05 DEPUTY SOCIAL SERVICES COMMISSIONER.doc](#)

RESOLUTION TRANSMITTAL

Committee No. 7 Date: June 6, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Appoint Youth Advisory Board Member

Brief Explanation:

WHEREAS, , Greg Caster, Supervisor of the Juvenile Unit representing the Wayne County Probation Department; 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 Wayne Co. Probation Officer Greg Caster to the Wayne County Youth Advisory Board for a term of one year.

Greg Caster
WC Probation Dept.
7376 Route 31
Lyons, NY

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: June 6, 2016

Committee Chair:

Brian Manktelow

Department Head:

Penny Shockley

Transmittal Title: Authorization for Trained and Approved Volunteers to Drive the Department of Aging and Youth Agency Van/Cars

Brief Explanation:

WHEREAS, the Department of Aging and Youth has a 14 person handicapped accessible van and four vehicles available to provide transportation for seniors to the nutrition programs and to medical appointments; and

WHEREAS, the Department has only one driver and is interested in expanding medical transportation services to meet the growing demand for seniors that are not able to drive; and

WHEREAS, there are volunteers available to provide medical transportation; and

WHEREAS, in order for Wayne County and the volunteers to be properly covered by insurance, the volunteers will need to be trained in operating the van/ cars procedures, and approved by name in a resolution from the Board of Supervisors; now, therefore, be it

RESOLVED, that the Wayne County Department of Aging and Youth may authorize volunteers to drive senior citizens to their medical appointments under the following conditions:

1. The volunteers currently have and will maintain a clean driving record.
2. The volunteers are properly trained in operating the van and the wheelchair lift system and procedures.
3. The Department is to maintain documentation that the training occurred.
4. Upon satisfying the above criteria, the Board of Supervisors approves by name in a resolution those volunteers who have been properly trained to operate the van/cars and its systems.
5. The van will only be used to transport Wayne County residents to and from medical appointments.

Budgeted: yes NA 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 1/2/2008

RESOLUTION TRANSMITTAL

Committee No. 7 Date: June 6, 2016

Committee Chair: Brian Manktelow
Department Head: Penny Shockley

Transmittal Title: Authorization to Designate the Coordinator of Aging Services as the HCS Director

Brief Explanation:

WHEREAS, the NY State Department of Health and NY State Office for Aging is requiring local Area Agencies on Aging to designate a Health Commerce System (HCS) Director who is responsible for the oversight of data entry of units of service into and approval of access to the Statewide Client Database,

WHEREAS, part of the Coordinator of Aging Services job responsibilities is the training, oversight and monitoring of data collection and data entry procedures per NYSOFA guidelines and would be the best candidate to designate as the HCS Director; and

WHEREAS, the Chairman of the Board is required to authorize the designee the HSC Director per resolution, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors authorizes the Coordinator of Aging Services to be designated as the Health Commerce System Director

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

2016 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	Resume 101	Resume Review	Interviewing	Job Search Over 50	Social Networking	Metrix	Personal Skills for Success	JobZone	Walk-Ins
Jan	0	1	41	132	69	41	57	6	3	3	3	4	0	6	11		903
Feb	5	2	29	83	76	42	57	3	0	1	2	0	1	7	1	1	773
Mar	19	2	44	95	92	47	81	2	3	1	2	1	0	4	0	0	862
Apr	7	1	33	62	82	28	49	1	1	1	1	1	0	5	0	0	701
May																	
Jun																	
July																	
Aug																	
Sep																	
Oct																	
Nov																	
Dec																	

WORKFORCE PLANNED ACTIVITY THROUGH 7/29/2016

- Staffing Update
- WIOA Contracts finalized BY June 30TH 2016
- Startup Summer TANF Program in June
- Finalize Senior Community Services Employment Program Contract
- Close-out contracts ending June 30, 2016
- Start 2017 County Budget process

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 5/27/2016

Committee Chair: Brian Manktelow
Department Head: Charles Bridger

Transmittal Title: **Approval request of WIOA Finger Lakes Chief Local Elected Official Agreement (Administrative Agreement) and the Finger Lakes Workforce Investment Board**

Brief Explanation:

WHEREAS. The Workforce Investment Opportunity Act (WIOA) requires an Administrative Agreement between the Chief Elected Officials and the Finger Lakes Workforce Investment Board for the allocation of WIOA funds and for the designation of the Career Center and the definition of responsibilities for fiscal and program operations; and

WHEREAS. This agreement defines the responsibilities and working relationships between the Counties of Ontario, Seneca, Wayne and Yates and the Finger Lakes Workforce Investment Board Ins; and

WHEREAS. This agreement serves to define the operational as well as program and fiscal responsibilities of each party for the period of July 1, 2016 through June 30, 2017; now, therefore be it

RESOLVED, that this Board of Supervisors authorizes the Board Chairman, and the Finger Lakes Workforce Investment Board Executive Director, to enter in this agreement with the respective parties; and

RESOLVED, tht certified copies of this resolution be sent by the Clerk of this Board to Seneca, Ontario, and Yates Counties, the Finger Lakes Workforce Investment Board and to the Commissioner’s Regional Representative of the New York State Department of Labor

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: _____

CASELOAD STATISTICS – APRIL 2016



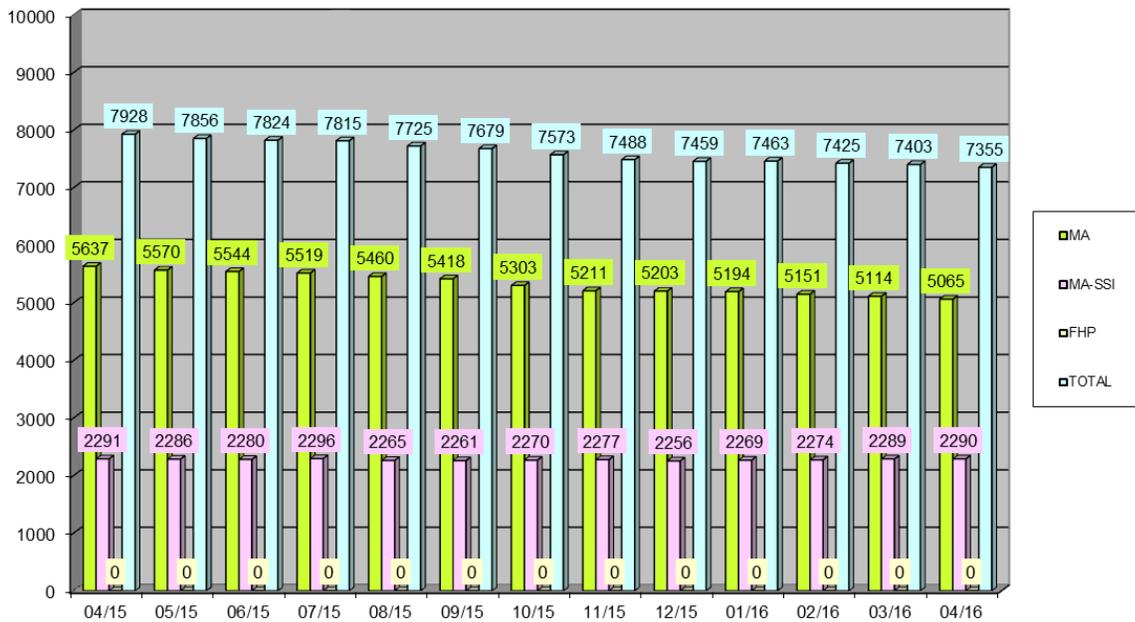
	Wayne	▲ Last Month		Ontario	▲ Last Month
Temporary Assistance	291	(3)	Family Assistance	360	5
	306	4	Safety Net	402	2
	597	1	Total Cases	762	7
	995	13	Total Individuals	1,285	23
Medical Assistance	5,065	(49)	MA	5,954	(74)
	2,290	1	MA-SSI	2,021	7
	-	-	FHP	-	-
	7,355	(48)	Total Cases	7,975	(67)
	10,894	(88)	Total Individuals	11,372	(179)
Food Stamps/SNAP	4,787	(85)	NPA-FS/SNAP	4,494	(134)
	150	(3)	FS/SNAP-MIX	156	9
	355	8	PA-FS/SNAP	440	4
	5,292	(80)	Total Cases	5,090	(121)
	9,525	(145)	Total Individuals	8,915	(204)
Totals for all three Programs	13,244	(127)	Total Cases	13,827	(181)
	21,414	(246)	Total Individuals	21,572	(360)

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

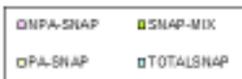
FINANCIAL REPORT – April 2016

Account	2015				2016				YTY Change		
	Revenue	%	Expended	%	Revenue	%	Expended	%	Rev +/- Change	Exp +/- Change	
6010.1	2,213,835	21.8%	2,078,476	28.9%	2,019,669	20.0%	2,082,127	28.9%	-1.9%	0.0%	
0.2			1,822	2.7%			42,862	27.0%		24.3%	
0.4			496,738	17.0%			528,577	17.0%		0.0%	
0.8			841,614	20.4%			985,162	24.8%		4.5%	
6055.4 Day Care	175,041	16.5%	164,114	14.9%	277,989	26.2%	305,600	27.8%	9.7%	12.9%	
6070.4 POS	139,985	16.5%	258,540	19.3%	292,550	33.0%	383,482	28.3%	16.6%	9.1%	
6100 Medicaid	0	0.0%	4,413,193	31.0%	0	0.0%	4,752,721	34.4%	0.0%	3.4%	
6101 MA	22,031	44.1%	741	1.5%	67,802	135.6%	603	1.2%	91.5%	-0.3%	
6106 Fam T.H.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
6109 FA	1,050,914	27.0%	888,190	22.8%	983,645	28.4%	957,487	27.7%	1.4%	4.9%	
6119 FC	373,686	29.9%	449,695	29.5%	275,342	22.1%	523,604	34.9%	-7.8%	5.4%	
6123 JD	29,239	17.6%	10,645	2.1%	24,384	14.7%	56,561	10.0%	-2.9%	7.8%	
6129 STS	102	20.3%	167,202	9.0%	382	76.4%	342,326	62.2%	56.1%	53.2%	
6140 SN	255,522	30.8%	671,220	34.6%	239,224	28.0%	628,208	30.6%	-2.9%	-3.9%	
6141 HEAP	(3,963)	-39.6%	(3,196)	-32.0%	35,424	354.2%	24,209	242.1%	393.9%	274.1%	
6142 EAA	113	1.5%	2,790	18.6%	2,022	27.0%	4,639	30.9%	25.5%	12.3%	
TOTAL			10,441,782	26.7%			11,618,169	29.6%		2.8%	
R&R	4,256,505	23.2%			4,218,434	23.1%			-0.1%		
County			6,185,277	29.9%			7,399,734	35.2%		5.2%	
2016 - Total Budget = \$38,251,873				2016 - Budgeted County Cost = \$20,404,283				2016 - Budget Revenue \$17,847,590			

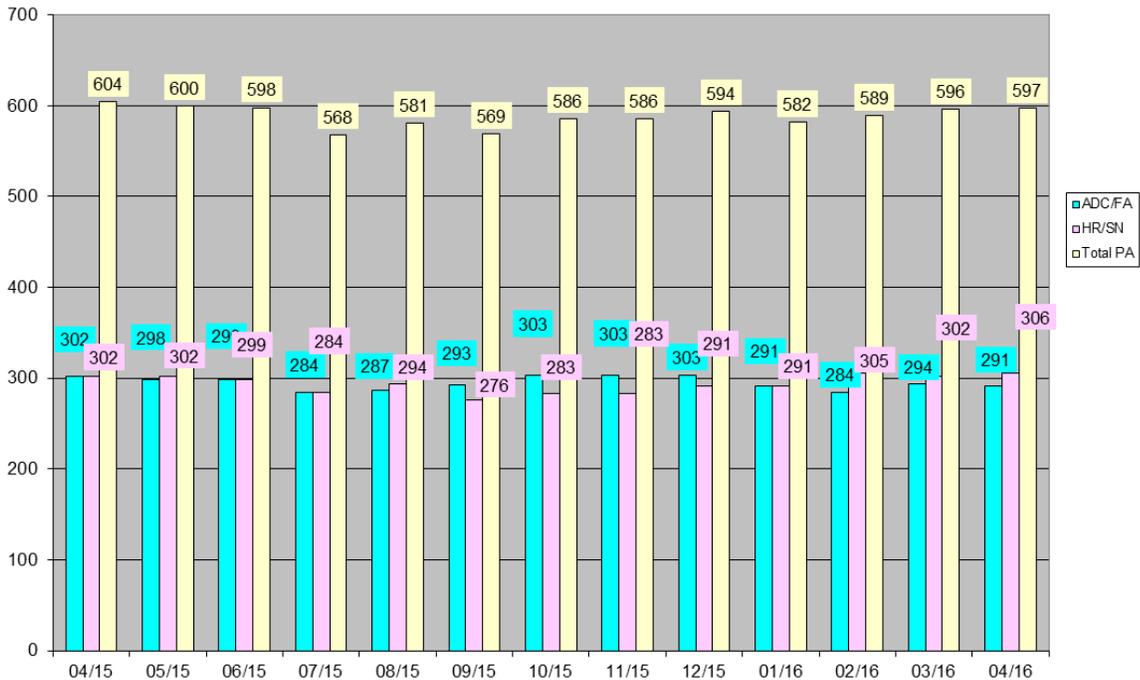
**MEDICAID ASSISTANCE CASELOAD COMPARISON
2015-2016**



**SNAP CASELOAD
COMPARISON 2015 - 2016**



**Temporary Assistance Caseload
Comparison 2015-2016**



RESOLUTION TRANSMITTAL

Committee No. 7 Date: 6/6/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZATION TO SIGN AGREEMENT WITH CHILD CARING INSTITUTION CAYUGA HOME FOR CHILDREN D/B/A CAYUGA CENTERS**

WHEREAS, the Wayne County Department of Social Services (DSS) needs to place children in child caring institutions, at times, to promote their health and safety; and

WHEREAS, payment for these services is not determined by the county but is dictated by New York State; and

WHEREAS, it has been the practice of DSS to have in place contracts with various child caring institutions to facilitate a child's placement on a timely basis; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an agreement with Cayuga Home for Children d/b/a Cayuga Centers, for the time frame 7/1/16-6/30/17 for the purchase of foster care for children, subject to the County Attorney's approval as to form and content for an amount not to exceed \$625,000.

Budgeted: yes no Proposed Cost: \$625,000 Reimbursed Amount: \$468,750 County cost: \$156,250

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

DSS06RES01 AUTHORIZE TO SIGN AGREEMENT WITH CAYUGA HOME FOR CHILDREN D/B/A CAYUGA CENTERS

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 6/6/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

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

WHEREAS, the Wayne County Department of Social Services (DSS) needs to place children in child caring institutions, at times, to promote their health and safety; and

WHEREAS, payment for these services is not determined by the county but is dictated by New York State; and

WHEREAS, it has been the practice of DSS to have in place contracts with various child caring institutions to facilitate a child's placement on a timely basis; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an agreement with Villa of Hope (St. Joseph's Villa) for the time frame 7/1/16-6/30/17 for the purchase of foster care for children, subject to the County Attorney's approval as to form and content for an amount not to exceed \$750,000.

Budgeted: yes 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

DSS06RES02 AUTHORIZATION TO SIGN AGREEMENT WITH CHILD CARING INSTITUTION VILLA OF HOPE (ST. JOSEPH'S VILLA)

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 6/6/16

Committee Chair: Brian Manktelow
Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZATION TO SIGN AGREEMENT WITH CHILD CARING INSTITUTION HILLSIDE CHILDREN'S CENTER FOR CHILDREN'S SERVICES INC.**

WHEREAS, the Wayne County Department of Social Services (DSS) needs to place children in child caring institutions, at times, to promote their health and safety; and

WHEREAS, payment for these services is not determined by the county but is dictated by New York State; and

WHEREAS, it has been the practice of DSS to have in place contracts with various child caring institutions to facilitate a child's placement on a timely basis; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an agreement with Hillside Children's Center for Children's Services, Inc., for the time frame 7/1/16-6/30/17 for the purchase of foster care for children, subject to the County Attorney's approval as to form and content for an amount not to exceed \$500,000.00.

Budgeted: yes no Proposed Cost: \$500,000 Reimbursed Amount: \$310,000 County cost: \$190,000

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

DSS06RES03 AUTHORIZE AGREEMENT WITH CHILD CARING INSTITUTION HILLSIDE CHILDREN'S CENTER

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 6/6/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZATION TO SIGN AGREEMENT WITH CHILD CARING INSTITUTION SNELL FARM CHILDREN'S CENTER**

WHEREAS, the Wayne County Department of Social Services (DSS) needs to place children in child caring institutions, at times, to promote their health and safety; and

WHEREAS, payment for these services is not determined by the county but is dictated by New York State; and

WHEREAS, it has been the practice of DSS to have in place contracts with various child caring institutions to facilitate a child's placement on a timely basis; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an agreement with Snell Farm Children's Center for the time frame 7/1/16-6/30/17 for the purchase of foster care for children, subject to the County Attorney's approval as to form and content for an amount not to exceed \$500,000.

Budgeted: yes X no ___ Proposed Cost: \$ 500,000 Reimbursed Amount: \$ 310,000 County cost: \$ 190,000

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

DSS06RES04 AUTHORIZE TO SIGN AGREEMENT WITH SNELL FARM CHILDREN'S CENTER

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 6/6/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

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

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 at a salary of \$85,000 in Grade Level 10, subject to the review of the County Attorney and Director of Human Resources.

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

DSS06RES05 CREATE POSITION OF DEPUTY SOCIAL SERVICES COMMISSIONER