

AGENDA

HUMAN SERVICES COMMITTEE

May 2nd, 2016

Members: Manktelow, Marini, Baldrige, Verno, Kolczynski

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

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

REPORTS:

[WFD 2016 Attendance Totals.doc](#)

[WIOA Planning for PY 16.doc](#)

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

No Business

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

Monthly Reports:

[CASELOAD REPORT - MARCH.doc](#)

[FIN RPT MAR 2016.docx](#)

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

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

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

TRANSMITTALS:

- Authorize Memorandum of Understanding with Wayne County Department of Probation and Correctional Alternatives for Cooperative Diversion Procedures [DSS05RES01 MOUPROBATION .doc](#)
- Authorize Agreement between Wayne County Social Services Department and Wayne County Workforce Development for the Provision of a Summer Youth Employment Program [DSS05RES02 WFD - SUMMER YOUTH EMPLOYMENT .doc](#)
- Authorize Contract with Wayne County Chapter, New York State Association of Retarded Citizens (Wayne ARC) for Child Only Services [DSS05RES03 ARC - CHILD ONLY SERVICES.doc](#)
- Authorize Contract with Wayne County Chapter, New York State Association of Retarded Citizens (Wayne ARC) for the Position of Intensive Case Management for the Working Impaired [DSS05RES04 ARC - INTENSIVE CASE MANAGEMENT.doc](#)
- Authorization to Sign Amended Agreement with Child Caring Institution Hillside Children's Center [DSS05RES05 HILLSIDE CHILDREN'S CENTER.doc](#)
- Authorization to Sign Amended Agreement with Child Caring Institution of Snell Farm Children's Center [DSS05RES06 SNELL FARM CHILDREN'S CENTER.doc](#)
- Authorize Contract with Legal Assistance of Western New York, Inc. for Legal Advocacy Services [DSS05RES07 LEGAL ASSISTANCE OF WESTERN NEW YORK \(LAWNY\).doc](#)
- Create Position of Deputy Social Services Commissioner [DSS05RES08DEPUTY SOCIAL SERVICES COMMISSIONER.doc](#)

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

TRANSMITTALS:

- Authorization for the Department of Aging and Youth to Create Full Time Transitional Care Coordinator Position and Amend the 2016 Budget [AY05 RES 01 Transitional Care Coordinator update REV1.docx](#)
- Authorization to Increase Service Assistant's Work Hours and Amend 2016 Aging and Youth Budgets for Sodus Point Swim Program [AY05 RES 02 \(REV 1\) SP Assistant.docx](#)
- Authorization to Renew Contract with Monroe County Legal Assistance/Legal Assistance of Western, NY Contract for 2016 [AY05 RES 03 2016 LAFL contract.doc](#)

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	Job Zone	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																	
May																	
Jun																	
July																	
Aug																	
Sep																	
Oct																	
Nov																	
Dec																	

WIOA Planning for PY 16 (7/1/2016-6/30/2017)

- Funding is down 8.7% which equals \$143,351 for area
- Workforce Board requested budgets equal to last fiscal year. (carry over to make up difference is hoped)
- Preliminary Budget submitted April 25, 2016
- Workforce Board reviews budgets in May
- WIB/CEO Meeting planned for May
- Adjustments if necessary made in early June
Contracts issued and finalized in June

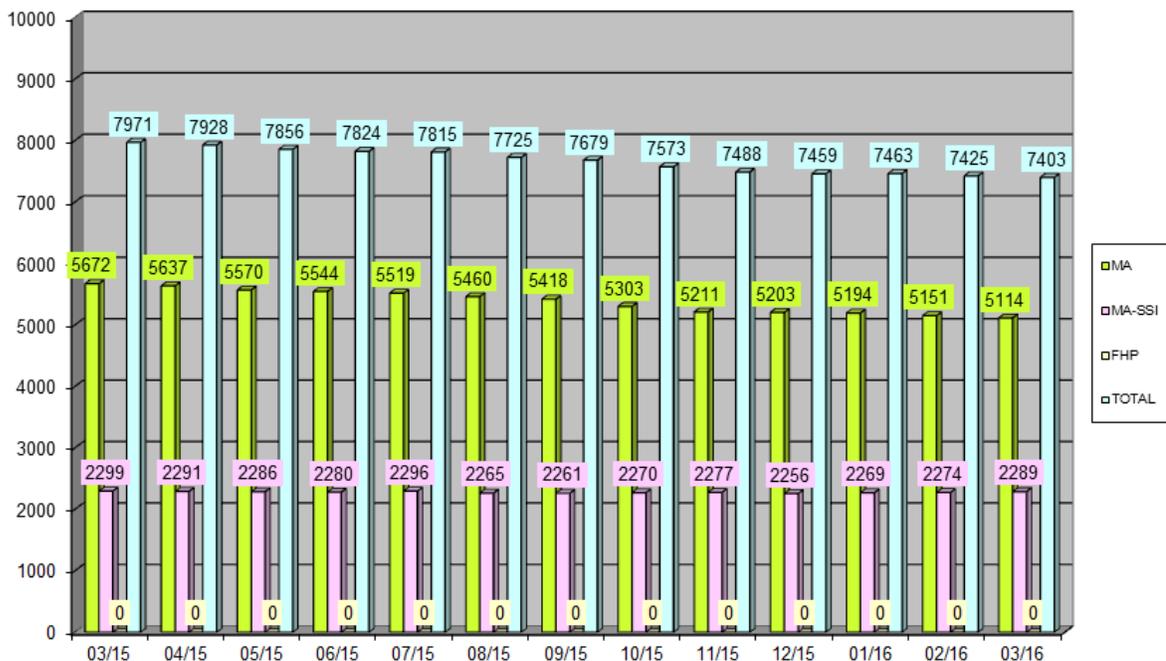
CASELOAD STATISTICS – MARCH 2016

	Wayne	▲Last Month		Ontario	▲Last Month
Temporary Assistance	294	10	Family Assistance	355	(2)
	302	(3)	Safety Net	400	4
	596	7	Total Cases	755	2
	1,008	13	Total Individuals	1,262	(23)
Medical Assistance	5,114	(37)	MA	6,028	(25)
	2,289	15	MA-SSI	2,014	1
	-	-	FHP	-	-
	7,403	(22)	Total Cases	8,042	(24)
	10,982	(59)	Total Individuals	11,551	(85)
Food Stamps/SNAP	4,872	(31)	NPA-FS/SNAP	4,628	(27)
	153	3	FS/SNAP-MIX	147	-
	347	10	PA-FS/SNAP	436	(9)
	5,372	(18)	Total Cases	5,211	(36)
	9,670	(108)	Total Individuals	9,119	(81)
Totals for all three Programs	13,371	(33)	Total Cases	14,008	(58)
	21,660	(154)	Total Individuals	21,932	(189)

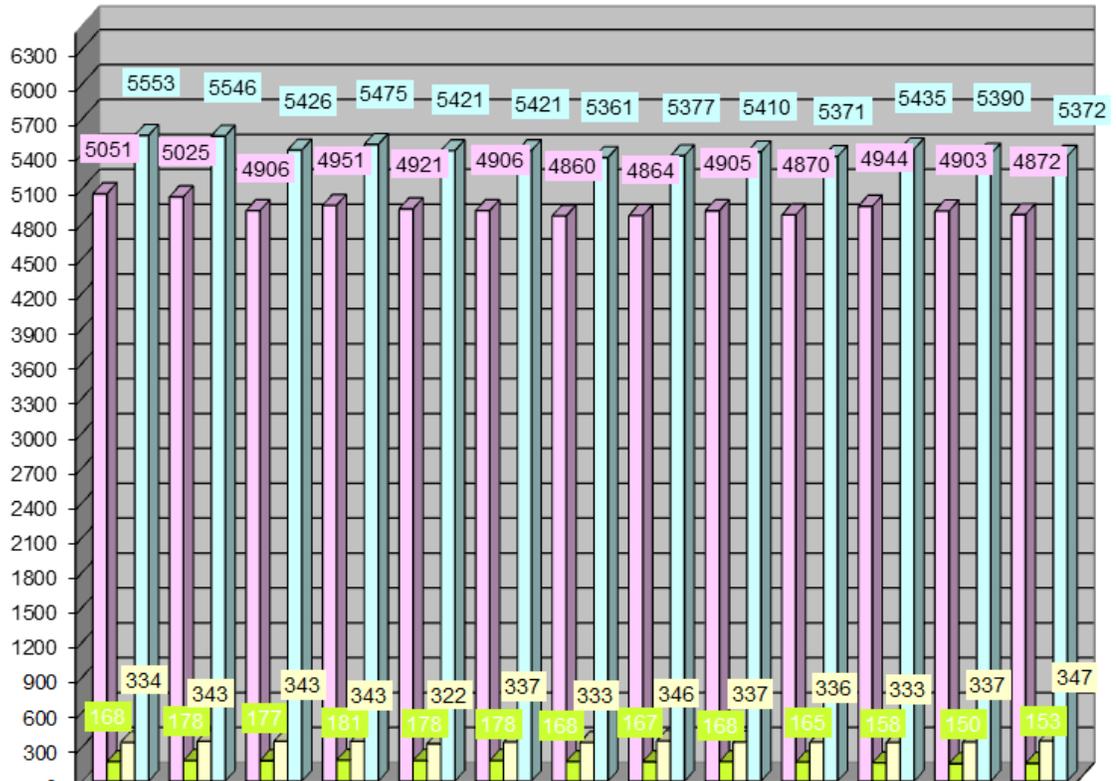
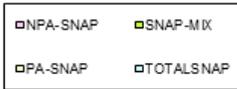
*NOTE: One individual may be a participant in more than one program

Account	2015				2016				YTY Change	
	Revenue	%	Expended	%	Revenue	%	Expended	%	Rev +/- Change	Exp +/- Change
6010.1	1,612,967	15.9%	1,306,545	18.2%	981,336	9.7%	1,565,499	21.7%	-6.2%	3.5%
0.2			1,822	2.7%			42,862	27.0%		24.3%
0.4			332,604	11.3%			402,125	12.9%		1.6%
0.8			611,504	14.8%			769,909	19.4%		4.6%
6055.4 DayCare	118,609	11.2%	121,070	11.0%	186,121	17.5%	224,291	20.4%	6.4%	9.4%
6070.4 POS	108,507	12.8%	93,420	7.0%	0	0.0%	220,184	16.3%	-12.8%	9.3%
6100 Medicaid	0	0.0%	3,362,645	23.6%	0	0.0%	3,414,281	24.7%	0.0%	1.1%
6101 MA	24,245	48.5%	234	0.5%	29,148	58.3%	107	0.2%	9.8%	-0.3%
6106 Fam T.H.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%
6109 FA	821,087	21.1%	654,928	16.8%	410,390	11.9%	733,224	21.2%	-9.2%	4.4%
6119 FC	268,926	21.5%	344,063	22.6%	132,512	10.6%	391,558	26.1%	-10.9%	3.5%
6123 JD	17,788	10.7%	9,526	1.9%	12,659	7.6%	45,437	8.0%	-3.1%	6.1%
6129 STS	77	15.3%	167,202	9.0%	168	33.6%	0	0.0%	18.3%	-9.0%
6140 SN	186,307	22.5%	495,571	25.5%	161,871	18.9%	480,722	23.4%	-3.6%	-2.1%
6141 HEAP	(754)	-7.5%	(3,022)	-30.2%	32,200	322.0%	27,972	279.7%	329.5%	309.9%
6142 EAA	113	1.5%	226	1.5%	1,310	17.5%	4,044	27.0%	16.0%	25.5%
TOTAL			7,498,337	19.2%			8,322,214	21.2%		2.0%
R&R	3,157,871	17.2%			1,947,714	10.7%			-6.5%	
County			4,340,466	21.0%			6,374,500	30.3%		9.3%
2016 - Total Budget = \$38,251,873			2016 - Budgeted County Cost = \$20,404,283			2016 - Budget Revenue \$17,847,590				

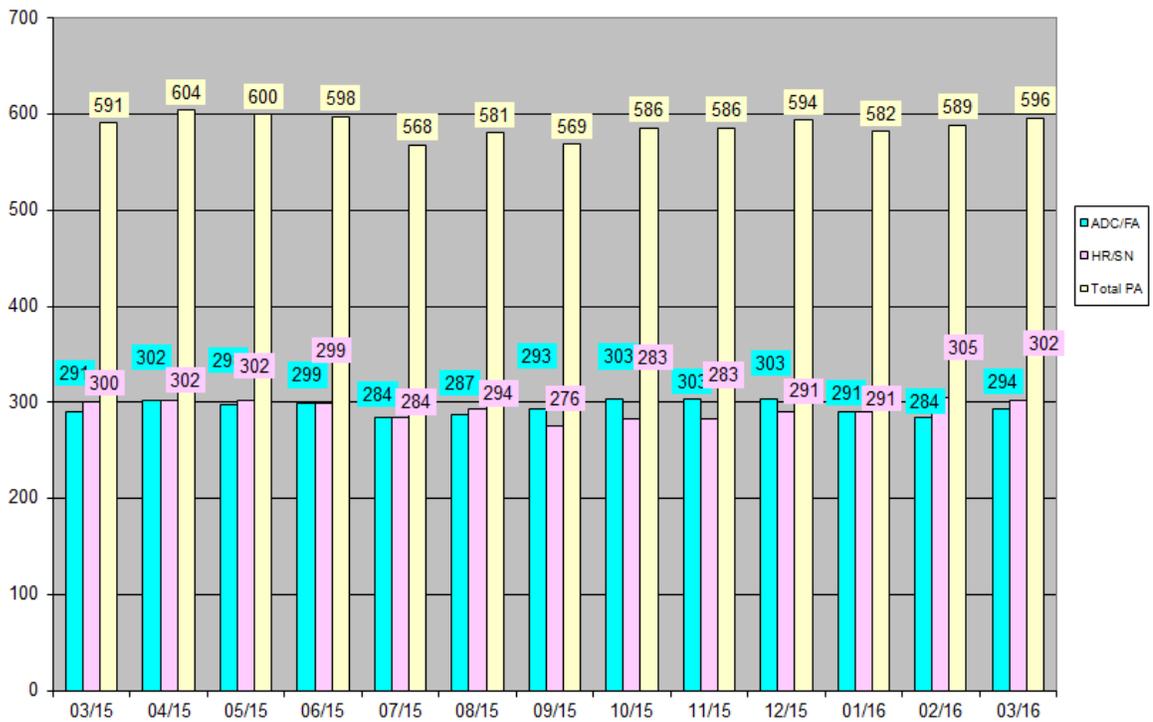
MEDICAID ASSISTANCE CASELOAD COMPARISON 2015-2016



**SNAP CASELOAD
COMPARISON 2015 - 2016**



**Temporary Assistance Caseload
Comparison 2015-2016**



RESOLUTION TRANSMITTAL

Committee No. 7 Date: 5/2/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE MEMORANDUM OF UNDERSTANDING WITH WAYNE COUNTY DEPARTMENT OF PROBATION AND CORRECTIONAL ALTERNATIVES FOR COOPERATIVE DIVERSION PROCEDURES**

WHEREAS, New York State requires the designation of a lead agency for the Person in Need of Supervision (PINS) process; and

WHEREAS, the Wayne County Probation Department has acted in this capacity for the past few years; and

WHEREAS, there needs to be in place specified procedures for the PINS population; therefore be it

RESOLVED, that the Commissioner of the Wayne County Department of Social Services is hereby authorized to sign a Memorandum of Understanding for Cooperative Diversion Procedures between the Wayne County Department of Probation and Correctional Alternatives and the Wayne County Department of Social Services for the time period 7/1/16–6/30/17.

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

DSS05RES01 Authorize MOU with Probation – Cooperative Diversion Procedures

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 5/2/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE AGREEMENT BETWEEN WAYNE COUNTY SOCIAL SERVICES DEPARTMENT AND WAYNE COUNTY WORKFORCE DEVELOPMENT DEPARTMENT FOR THE PROVISION OF A SUMMER YOUTH EMPLOYMENT PROGRAM**

Brief Explanation:

WHEREAS, monies have been made available to Wayne County Department of Social Services (DSS) to support a summer youth employment program in Wayne County; and

WHEREAS, Workforce Development has a successful track record of providing summer youth employment programming including this past summer; and

WHEREAS, Workforce Development has both the capability and the interest in providing summer youth employment programming during the summer 2016 timeframe; 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 County Workforce Development for the provision of a summer youth employment program at an amount not to exceed \$90,000 for the timeframe 5/1/16 - 9/30/16, subject to the review and approval of the County Attorney; and be it further

RESOLVED, that Workforce Development is authorized to enter into the aforesaid agreement with the Department of Social Services.

Budgeted: yes no Proposed Cost: \$ 90,000 Reimbursed Amount: \$ 90,000 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

DSS05RES02 Contract with WFD - Summer Youth Employment Program

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 5/2/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal title: **AUTHORIZE CONTRACT WITH WAYNE COUNTY CHAPTER, NEW YORK STATE ASSOCIATION OF RETARDED CITIZENS (WAYNE ARC)FOR CHILD ONLY SERVICES**

WHEREAS, it is a high priority to break the cycle of poverty and dependence on government cash subsidies, and

WHEREAS, this program has been successful at moving children/youth into employment and military service; and

WHEREAS, this service has been recognized Statewide for its accomplishments; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to enter into a contract with Wayne ARC, subject to the County Attorney's review, for Child-Only case services in an amount not to exceed \$75,000 for the time frame 7/1/16-6/30/17.

This contract is funded 100% with federal monies through the TANF flexible fund.

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

DSS05RES03 AUTHORIZE CONTRACT WITH ARC – CHILD ONLY SERVICES

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 5/2/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH WAYNE COUNTY CHAPTER, NEW YORK STATE ASSOCIATION OF RETARDED CITIZENS (WAYNE ARC) FOR THE PROVISION OF INTENSIVE CASE MANAGEMENT FOR THE WORKING IMPAIRED**

WHEREAS, the Wayne County Department of Social Services (DSS) needs to meet Federal Participation Rates or be subject to potential fiscal penalties, and

WHEREAS, an increasing number of Public Assistance (PA) clients have one or more working impairments, and

WHEREAS, Wayne ARC has been effective in the past at working with this population, therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to enter into a contract with Wayne ARC, subject to review by the County Attorney as to form and content, to provide Intensive Case Management for the Working Impaired for the timeframe 7/1/16-6/30/17 at a cost not to exceed \$61,250.

Budgeted: yes X no _____ Proposed Cost: \$ 61,250 Reimbursed Amount: \$ 61,250 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

DSS05RES04 AUTHORIZE CONTRACT WITH ARC – INTENSIVE CASE MANAGEMENT FOR WORKING IMPAIRED

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 5/2/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

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

WHEREAS, Resolution #449-15 authorized an Agreement with the Child Caring Institution, Hillside Children's Center); 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 #449-15; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute an amended agreement with Hillside Children's Center 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 \$500,000.

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

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 5/2/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

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

WHEREAS, Resolution #522-15 authorized an Agreement with the Child Caring Institution, Snell Farm Children's Center; 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 #522-15; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute an amended agreement with Snell Farm Children's Center 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 \$500,000.

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

DSS05RES06 AUTHORIZATION TO SIGN AMENDED AGREEMENT WITH SNELL FARM CHILDREN'S CENTER

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 5/2/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE CONTRACT WITH LEGAL ASSISTANCE OF WESTERN NEW YORK, INC. FOR LEGAL ADVOCACY SERVICES**

WHEREAS, there is a need for legal services for employment-related issues and education issues, and

WHEREAS, these services are expected to increase employment and secure needed educational services to allow youth to stay in the community, and

WHEREAS, Legal Assistance of Western New York, Inc. has experience and expertise in these areas; therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute a contract on behalf of the Wayne County Department of Social Services, subject to the County Attorney's review as to form and content, with Legal Assistance of Western New York, Inc. for the provision of Legal Advocacy Services during the 1/1/16 – 12/31/16 timeframe at a cost not to exceed \$40,000.

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

DSS05RES07 AUTHORIZE CONTRACT WITH LEGAL ASSISTANCE OF WESTERN NY

RESOLUTION TRANSMITTAL

Committee No. 7 Date: 5/2/16

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 9, 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

DSS05RES08 CREATE POSITION OF DEPUTY SOCIAL SERVICES COMMISSIONER

RESOLUTION TRANSMITTAL

Committee No. 7

Date: May 2, 2016

Committee Chair: Brian Manktelow

Department Head: Penny Shockley

Transmittal Title: Authorization for the Department of Aging and Youth to Create Full Time Transitional Care Coordinator Position and Amend the 2016 Budget

Brief Explanation:

WHEREAS, NY State Office for Aging (NYSOFA) has allocated Balancing Incentive Program Funding (BIPP) to create care transition services to assist Medicare, Medicaid, uninsured, under-insured and insured individuals access community based services, and

WHEREAS, the Department is requesting authorization to create a Transitional Care Coordinator position to work with health care systems, including but not limited to hospitals, health homes, medical homes, and other health care providers, though public education activities, collaboration and referrals to community based long term care services, and

WHEREAS, the goal of this position is to reduce repeat hospital admissions, emergency department visits and nursing home admissions; and

WHEREAS, the Human Resource Director has reviewed the proposed position, and determined the appropriate title of Transitional Care Coordinator and pay grade of 29; now, therefore be it

RESOLVED, that the one full-time Transitional Care Coordinator position be created in the Aging and Youth department, funded with available NYSOFA funding; further be it

RESOLVED, that the position referenced herein will be abolished in the event funding for the position is not renewed through NYSOFA funding.

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

A6772 Area Agency on Aging

(Revenue)

\$38,557 to 43772 State Aid-Program for Aging Balancing Incentive Funding

(Appropriations)

\$25,725	to 51702 Transitional Care Coordinator
\$2,701	to 58100 NYS Retirement
\$1,968	to 58200 Social Security
\$8,039	to 58400 Hospitalization
\$103	to 58600 Disability
\$21	to 58901 EAP

Budgeted: yes no x Proposed Cost: \$38,557 Reimbursed Amount \$38,557 County cost \$0

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

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

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

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

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

Referred to:

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

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

RESOLUTION TRANSMITTAL

Committee No. 7

Date: May 2, 2016

Committee Chair:
Department Head:

Brian Manktelow
Penny Shockley

Transmittal Title: Authorization to Increase Service Assistant's Work Hours and Amend 2016 Aging and Youth Budgets for Sodus Point Swim Program

Brief Explanation:

WHEREAS, the Department of Aging and Youth administers the Sodus Point swim program from June through Labor Day, and

WHEREAS, the Department has budgeted for a seasonal part-time position (clerk typist) to assist with the daily functions of the Sodus Point program such as, payroll, skills test, orientation and training; and

WHEREAS, it is extremely difficult to recruit an individual for a seasonal position for limited hours per day with the expertise that is needed; and

WHEREAS, as the Aging Department currently has a part-time (3.5 hours per day) employee in the title of Services Assistant who is a certified lifeguard waterfront instructor and would be an ideal candidate for this position to offer direct assistance with orientation training, skills testing and lifeguard trainings, as well as some of the clerical duties; and

WHEREAS, this Aging Services Assistant is willing to work increased hours to fulfill the Sodus Point assistant duties during the summer season and has the ability to assist with more direct lifeguarding functions; and

WHEREAS, the Aging Service Assistant would work an additional 12.5 hours per week and the cost will not exceed the amount already budgeted for the vacant PT clerk typist position; therefore, be it

RESOLVED, that an increase of 12.5 hours per week be added to the PT Services Assistant and the cost is not to exceed \$4870 budgeted for the vacant PT clerk typist position: and further be it

RESOLVED, that the cost for the increased Services Assistant's hours be rectified by a journal entry from the Recreation budget to Aging budget at the end of the season.

Budgeted: yes__ no X Proposed Cost: NA Reimbursed Amount \$ NA. County cost: \$0

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: May 2, 2016

Committee Chair:

Brian Manktelow

Department Head:

Penny Shockley

Transmittal Title: Authorization to Renew Contract with Monroe County Legal Assistance/Legal Assistance of Western, NY Contract for 2016

Brief Explanation:

WHEREAS, The Department of Aging and Youth contracts with Monroe County Legal Assistance/Legal Assistance of Western, NY to provide civil legal services for senior citizen as mandated as a priority service by the Older American Act; and

WHEREAS, the terms and conditions remain the same with the hourly rate to remain at \$60 per hour, not to exceed an annual cost of \$15,000; 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 Monroe County Legal Assistance//Legal Assistance of Western, NY, to provide eligible seniors, sixty years and older, legal services for the period of January 1, 2016 through December 31, 2016 in the amount of \$15,000; and further be it

Budgeted: yes no Proposed Cost: \$15,000 Reimbursed Amount \$13,500 County cost \$1,500

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 1/2/2008