



Aging & Youth Annual Report 2019

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The **Wayne County Department of Aging and Youth** exists to

- promote the **independence, dignity, health,** and **quality of life** of Wayne County residents and their families;
- to identify and prioritize community needs;
- and to plan, fund, and administer a coordinated system of services to meet these needs.

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END OF AN ERA

Penny Shockley-Bloomer has been the director of our department for 20 years. She is a passionate advocate for children and for seniors. She has participated in local and statewide boards and committees and is always looking for ways to manage the funds our department has been given to provide the most services to the residents of our rural county.

She has led the Aging Department through several state-initiated program changes and created the Youth Department's FACT program to help at risk youth and their families. We wish her well in retirement and thank her for her years of leadership. Whomever the Board of Supervisors appoints will have very big shoes to fill.

2019 DEPARTMENT HIGHLIGHTS

Aide Service

One of the most challenging areas to arrange service for seniors is in-home aide service. Our office gets more calls about this than any other service or question from our seniors and their families.

There is a nation-wide workforce shortage of workers in the Home Health Aide and Certified Nursing Assistant positions. As we reported in previous annual reports, we had developed quite a waitlist for these services.

To address this concern, the Board of Supervisors granted our Department permission to hire Home Health Aides directly as county employees to serve the seniors in our aide service program. Once our aides were hired and started providing ser-

vice, we all but eliminated our waitlist for aide services.

Juggling Funding

With the shortage of aides comes not only a waitlist of clients needing services, but also a pot of money that was intended to cover services that is not totally used because those services could not be provided.

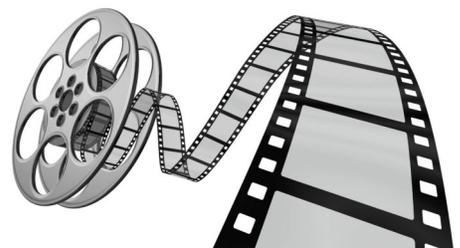
The director was able to move money between contracts and services to take the unexpended aide service money and use it to address another program that had a serious waitlist—our PERS (personal emergency response service) program.

We went from having a year-long waitlist of 40+ people to having no waitlist once the funding was able to be moved around.

Sodus Point Lifeguards

There is an annual challenge in our department to try to recruit qualified lifeguard candidates to supervise swimming at the Sodus Point Beach Park. This is a fairly responsible position typically staffed by high-schoolers and college-age young adults.

With the increase in the minimum wage, we were able to secure Board of Supervisor support to increase the hourly wage paid to the lifeguards to make it a more competitive offering and so were able to fill the lifeguard schedule for 2019.



Aging Services



Wayne County Department of Aging and Youth, like other Area Agencies on Aging (AAAs) across NY State and the USA, was established under the Federal Older Americans’ Act of 1965.

The intent of the Act is to promote the dignity of older adults (60+) by providing the services and supports that enable them to remain independent and engaged citizens within their communities. These services are aimed at those in social and economic need, but there is no means testing. Services are provided regardless of the income level of the senior and most of the services do not charge any fees. Seniors are always welcome to contribute to the cost of the services they receive if they are able and willing to do so.

The Older Americans’ Act authorizes federal funds for these senior services. Those funds, in addition to state, county, and other local funding, including client contributions, enable our department to provide the programs and services described in this report. Many of them are not readily available anywhere else in the community.

COST-EFFECTIVE SERVICES

We have long maintained that our services are a more cost-effective option than institutions or nursing home care. We created a report this year based on actual costs of services provided. We looked at seniors served in 2 or more of our main in-home services: Case Management, Home Delivered Meals (HDM), Aide Service (PCA), and Personal Emergency Response Service (PERS) (the medical alert buttons). The report showed that we served 166 unique clients in 2 or more of those programs. Annual spending for the services provided to these clients totaled just shy of \$700,000 of our budget for the year. This breaks down to an average annual cost per client of just over \$4,000 per client. **When compared to an annual nursing home cost of \$145,000 per person, our services saved almost \$141,000 per client or nearly \$22 MILLION dollars per year.** Most of that would have been Medicaid funding for long term care services. Medicaid funding is partially funded by the county with the additional funding coming from state and federal funds—all tax dollars.

Total Clients Served (1st 3 quarters of 2019)	166.0	Annual Cost of Nursing Home care	\$145,000.00
Annualized spending on client services	\$692,775.87	Annual savings per client	\$140,826.65
Average spent per client PER YEAR	\$4,173.35	Total Savings	\$21,828,130.97

CONTRIBUTIONS FUND SERVICES



One of the financial sources used to support our programs and services is from contributions from the people who use our services or donations from groups and individuals who are concerned about senior services and want to help ensure they are available in our community. The Older American's Act requires our office to provide opportunities for people who benefit from our services to contribute toward the cost of those services, although we are not allowed, for most of our services, to charge for the service provided. Further, we are not allowed, for most of our services, to take income or contributions into account when providing a service. "No senior will be denied a service for inability or unwillingness to contribute." Our aide services are the only exception to this. When individuals choose to contribute toward the cost of services they receive, they are ensuring those services will be available for them and others in the future.

Unfortunately we have seen a steady decline over the years in the contributions for the services we provide. This means that we are limited to providing only as many services as can be covered by the county, state, and federal funding received for our programs. Contributions are only about 3% of our total budget. Anyone can provide a contribution, not just people actively receiving our services. We do occasionally receive donations from churches and other community organizations. We also sometimes receive funds when a family requests that donations be made to our department when a person passes away. These donations can be general donations or can specify a particular program.



NEEDS ASSESSMENT AND 4-YEAR PLAN

Every four years, our office is required to submit a 4-year plan detailing our vision for senior services over the next 4 years. A large part of this process is a needs assessment that uses a variety of sources to look at what the needs are in the community that our office can address with our services.

We began that process over a year ago and were lucky to hear from many of our seniors through surveys and focus groups and a public hearing. Much of what we learned confirmed things we already knew or at least suspected to be true. The process validated that the services we provide are essential to seniors in our community who are facing increasing levels of poverty, decreasing availability of in-home services in the community, difficulty with transportation, and increasing reliance on family and friends. The assessment underscored the importance of connection for seniors—to family, to friends, to communities, and to services.

Our plan, then, is to continue to provide the in-home services that we have always provided while increasing our support for caregivers. We will use the available social and electronic media to bring information to the community about senior services and issues. We will seek opportunities to collaborate with community providers to share information and to enhance or expand services.

HEALTH INSURANCE AND LONG-TERM CARE INFORMATION UNIT

Supervisor: *Kendra Payne, Services Specialist*

HIICAP—Health Insurance Information Counseling and Assistance Program

HIICAP is a program that is open to anyone of any age who has questions about Medicare Insurance. Many of our clients are new to Medicare and/or retiring and looking for information to help them make decisions about plans and coverage moving forward. Most of the people we see are over age 65, but we do see a high number of under age 65 disabled individuals.

HIICAP offers monthly Medicare 101 classes where people get to hear what Medicare is all about and learn some of the terminology that they will need to understand about their insurance. The program also provided “one-on-one” benefits counseling to Medicare beneficiaries and their families who have questions about extra help benefits, coverages or billing issues.

The unit has one full-time and one part-time trained, state-certified Medicare insurance counselors as well as a program coordinator who splits her time between *HIICAP* and *NY Connects* (below). A few other staff members have received the *HIICAP* training and are available to pitch in when the Fall Open Enrollment time comes (as long as it does not conflict with their regular job duties).

I think the service you have is of great value- insurance for seniors is very confusing! I recommend you to many people-so many don't know this service is available! -2019 HIICAP Survey Respondent

Of the over 700 clients that our 1.5 staff worked with individually in 2019, about 300 of them were new to our agency. Most of the 3200+ contacts our staff had with and on behalf of those clients were either face to face or over the phone

at the office, although we continue to see increasing numbers of people requiring home visits. We had about 120 people attend our monthly Medicare 101 classes and about 70 people attended our Medicare insurance fair just prior to the fall open enrollment. We have formed partnerships with many of the insurance companies. Although we never recommend a plan, and our services are completely unbiased, it is convenient to have a person within the insurance companies that we can use as a contact for information or assistance to better serve our clients. Moving forward, we hope to be able to recruit a few volunteers to help us with different aspects of our *HIICAP* program. This will allow us to meet the growing demand for help deciding on insurance options for the growing number of seniors as they age and as they retire.

Information & NY Connects: Your Link to Long Term Services and Supports

NY Connects is an information and referral hotline for persons of any age, or any insurance or financial situation who needs help linking with long-term care services and supports. We provide callers with information about in-home services, insurance issues, caregiver services, employment supports, med-



GOD bless the staff leading us through the jungle!-2019 HIICAP Survey Respondent

I have been working with a wonderful and thorough person at the Lyons office. I have been extremely satisfied with the help and support! -2019 HIICAP Survey Respondent

ical equipment, legal concerns, educational opportunities, etc. We provide quick answers to questions over the phone, mail out packets of information, and also provide one-on-one long-term care Options Counseling, and Care Transitions services.

NY Connects is the primary referral source for the different



The staff was super! She helped provide answers, gave resources, and was a great listener. She is a wonderful asset to your department. –2019 NY Connects Survey Respondent

programs that we run in our office. The staff screens for eligibility, explains our programs and other community options, and follows up with our other staff if a referral to our programs is requested.

NY Connects shares a program coordinator with the HIICAP (previous page) and has two other full time workers who take all the

calls, make all the home and hospital visits, get the materials together to send out, and follow up with callers, other agencies and coworkers from other internal programs. They are primarily responsible for the 3,550+ contacts to nearly 1,675 different people that reached out to our office looking for help. The Regional Center for Independent Living (RCIL) is also under contract through the state to provide *NY Connects* services to Wayne County residents. Wayne County shares a primary staff person with Yates County at RCIL who made an additional 455 contacts with almost 90 other residents.

The staff do have some help in providing public education under the *NY Connects* program. All department staff members are trained and involved in supplying professionals with information about our services and the *NY Connects* program, speaking to community groups about senior services in Wayne County, and representing our department at health fairs or other community events.

NY Connects also works hard at collaborating with other community agencies and services through the Wayne County Long Term Care Council and the “No Wrong Door” Team. Our department coordinates quarterly meetings of

I have always had a good response from O of A. Will continue to use services and recommend it to my friends. – 2019 NY Connects Survey Respondent

multiple agencies to discuss services and identify gaps and trends in the long-term care system.

Miss Daisy (not her real name)

Miss Daisy was being evicted from her apartment. The NY Connects worker met with Miss Daisy and her daughter to discuss options and develop a plan. The worker referred Miss Daisy to the staff person at Regional Center for Independent Living (RCIL) for assistance in completing the Chronic-Care Medicaid application.

At the time, there were available spots at the local assisted living facility. The NY Connects worker set up a tour of the facility for the daughter and Miss Daisy, and both seemed to like the place. Medicaid was approved and Miss Daisy was given the green light to move into the assisted living facility. The NY Connects worker assisted Miss Daisy with paperwork for Social Security benefits as well to help ensure her entrance into the assisted living.

The NY Connects worker stayed in touch with the landlord to keep them up to date on the progress with getting more appropriate housing for Miss Daisy. She was able to transition from her own apartment directly into assisted living with no delays or setbacks.

With her mom safely in an appropriate housing, the daughter was able to then turn her attention to her own health needs.

COMMUNITY & CAREGIVER UNIT

Supervisor—Brad Barrigar, Senior Caseworker

The *Community & Caregiver Unit* includes a variety of services designed to keep seniors at home and to provide support to their family and friends who are also trying to keep their loved ones home. Most of the referrals to these programs come from our *NY Connects* program.

Caregiver Services

Our **Caregiver Services** seek to provide support and information to Caregivers who are providing care for elderly Wayne County Residents or for caregivers over 60 who may be caring for adult disabled children or grandchildren. We offer respite through our aide service program (below) and supplemental services through our Personal Emergency Response System (PERS) units. We offer training through the *Living Healthy* and the *Powerful Tools for Caregivers* courses. We also offer one to one counseling assistance where our Senior Caseworker will work individually with caregivers to provide them information on resources that may assist their situation. We frequently assist caregivers with navigating and understanding different insurance and public benefits programs, including application assistance and advocacy. Our Caregiver Services program also works closely with the Finger Lakes Caregiver Institute at

We were extremely pleased this year to have received the permission from the Board of Supervisors to hire our own aides to work for our department.

LifeSpan in Rochester to link caregivers of people with dementia to these specialized services designed to meet their unique caregiving challenges. We partner with the Alzheimer’s Association to hold 2 support groups monthly—one at our office and one at the nursing home. Our Office directly assisted 34 Caregivers with one-on-one counseling and indirectly supported about 40-50 others through the other services mentioned above. Our Senior Caseworker is the primary staff who oversees and provides 1 on 1 caregiver services.

EISEP (Expanded In-home Services for the Elderly Program) - Case Management and Aide Service

Our **EISEP** program is comprised of our **case management** and **aide service** programs. Our case managers assist seniors over 60 to link with needed services to remain in the community safely. The majority of our case management clients also receive aide service through our department to assist eligible seniors with chores or personal care tasks. We also provide short term assistance to people who need brief—not ongoing help linking with services.

I wouldn’t be at home without my aide and Meals on Wheels.—2019 EISEP Survey Respondent

We offer traditional aide service through contracts with Lifetime Care and Home Instead where the agency assigns a professional caregiver/aide to the client. We also offer a Consumer Directed option through a contract with Medical Solutions who acts as a “fiscal intermediary” for seniors to be able to hire their own aide/attendant. With the

Both my case worker and aide are great. Can’t ask for more. –2019 EISEP Survey Respondent

Consumer Directed option, the attendant can be a relative, neighbor, or friend. The hiring or training of the attendant, setting the schedule, and approving the time sheets is up to the client. Medical Solutions acts as the payroll agent and sends the checks directly to the attendants and tracks withholdings, deductions, etc.

We were extremely pleased this year to have received the permission from the Board of Supervisors to hire our own aides to work for our department. This enabled us to address our ever-growing waitlist and serve the majority of our clients.

Case worker answers all of my questions. She cares. —2019 EISEP Survey Respondent

We have two full-time caseworkers who maintain a caseload of about 50 people each.

We also have a senior caseworker who oversees the EISEP program along with the other programs in the Community & Caregiver Unit and carries a caseload of about 10 people plus the short term assistance cases.

In 2019, our caseworkers provided over 2,300 hours of case management to 165 EISEP clients. Of those 165 clients, about 130 of them received aide service as well. All case management clients receive a full assessment of their needs and strengths every year and have a case plan developed to address those needs while acknowledging the strengths or resources. The caseworkers link with needed social and health services, assist with applications for benefits, coordinate aide service, if that is needed, perform twice yearly aide supervisions with each person's aide to ensure the proper services are delivered and that the plan of care is adequate. EISEP clients are contacted at least every-other month by the caseworker who checks in to be sure the client's needs are being met within the program.

If I did not have this service, I would not be able to stay in my house.—2019 EISEP Survey Respondent

Through a collaboration of our EISEP program and our NY Connects program (previous section) we began working with several of the home care agencies to find solutions to the aide shortage that is plaguing Wayne County. Finger Lakes Community College was at the meetings as well, and we were able to identify training as a possible item for collaboration within the system. FLCC could arrange for Home Health Aide training in or closer to Wayne County (most of the training was in Rochester previously) so that individuals interested in working in Wayne County would not face that initial barrier of having to get to and from Rochester for a 2-3 week training before even starting work. Agencies could send new hires to be trained rather than arranging training in the county or walk in students could also be accepted and then possibly placed with any of the participating agencies. There are 4 classes tentatively scheduled for 2020 at FLCC campuses in Canandaigua or Geneva with clinical training in Newark. Tuition for the classes should be covered by available grant funds. If this initiative is successful in increasing the aide workforce in the county, it will not only benefit our department's clients, but all Wayne County seniors could benefit from increase availability of services.

Teamwork Makes the Dream Work: The Story of Mr. Ed

(not his real name)

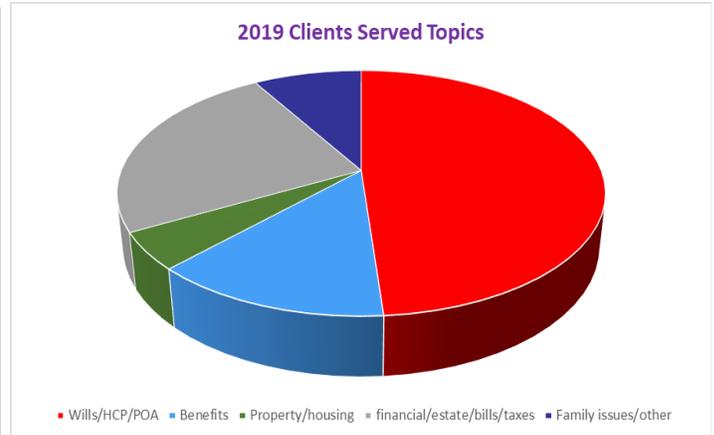
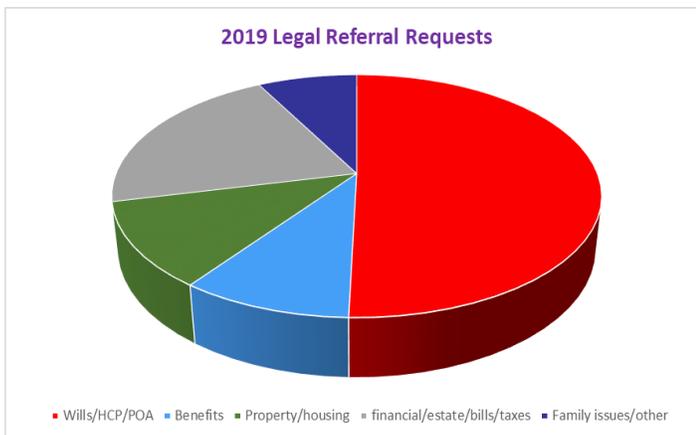
Our Home Delivered Meals staff person had concerns about Mr. Ed during an annual reassessment for meals and referred the client to EISEP for case management and aide service. When the caseworker met with Mr. Ed, he had no phone and no electricity. His teenage son was in charge of managing the household finances because Mr. Ed could not get out to do any banking or shopping due to his COPD. Mr. Ed was unable to see a doctor because he had no insurance, other than care through the VA, and he was unable to get to the VA Center in Canandaigua. He was extremely underweight and frail.

The caseworker got the electric turned back on and had the HIICAP team investigate the insurance situation. We were able to get him financial assistance through an area hospital and set him up for an appointment with a local doctor affiliated with that hospital. He was able to get some medications to help him breathe better and began gaining weight. He got a phone and a PERS and the caseworker connected him with Department of Social Services to assist with managing his finances. The caseworker got him linked with doctors that all honored the financial assistance he had been awarded and linked him with transportation to his appointments. Our department was able to send an aide on a regular basis to assist him with chores and personal care. After one visit, the aide reported a concern to the caseworker who immediately made Mr. Ed a doctor appointment for the next day. The aide rearranged her schedule to be able to take him. He had an appointment already scheduled for the next week, but they did not want to wait. The doctor told Mr. Ed that if he had waited, he would have wound up in the emergency room before the weekend. The team prevented unnecessary hospitalizations and quite possibly saved Mr. Ed's life.

Legal Services

Legal Services for seniors as authorized by the Older American's Act exists to ensure seniors are able to access services and benefits that they need. We have a contract with Legal Assistance of Western NY (LAWNY) to provide the legal representation. Our contract does not handle criminal cases, litigation (suing someone), divorce or bankruptcy. Our NY Connects team can provide you with information about how to proceed with those cases and contacts for the Bar Association. We typically refer a lot of wills, healthcare proxies, Powers of Attorney, benefits questions, etc. to them. LAWNY has a consumer hotline that can assist people (of any age) with debt, identity theft, scams, etc. People that we refer for those issues typically are served through that hotline. We had 116 requests for legal referrals from our department to LAWNY. Unfortunately, due to budgetary limitations, we had to stop sending referrals halfway through the year. We are looking for ways to increase the amount of money allotted to this service so that 2019's waitlist doesn't take all of the 2020 funds. Our Senior Caseworker tracks the legal referrals and clients and serves as the contact person with LAWNY for the program.

I was very pleased with the process and the lawyer was very professional and patient with me. He didn't push.—2019 Legal Survey Respondent



PERS (Personal Emergency Response System—a.k.a. Medical Alert Buttons):

The PERS program pays for a basic medical alert button and monitoring on a monthly basis for 200 frail, homebound seniors. These units allow seniors to remain at home comfortably knowing that they can call for help if needed. We continued to enjoy working with *Response 4 Help* as our subcontractor for this service. They own the units and handle all the installations. They track tests, and provide daily reports if anyone pushes their button. In 2019 we recorded a total of 968 "alerts". Luckily 877 of those were either false alarms or clients testing their units. There were, however 91 times an ambulance was dispatched and 30 of those times, the ambulance took one of our seniors to the hospital. Family members are also contacted whenever a senior uses the unit, and they were able to respond in person 89 times. The senior caseworker is responsible for overseeing this program and

This unit makes me feel secure and safe as I live alone.

—2019 PERS Survey Respondent

*I feel comfort knowing that if I need help, I can count on my **HELP** button.* -2019 PERS Survey Respondent

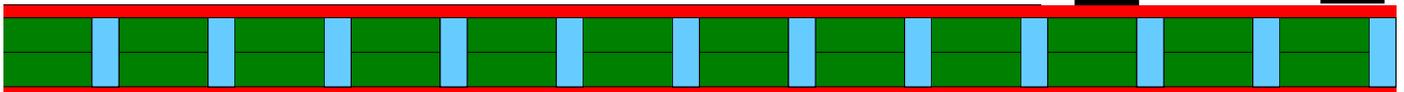
one other staff person tracks all the installations and discontinuations of service, and follows up with clients regarding scheduling, updating information, units not testing, calls for service. This person will also follow up with seniors who used their button to call for an ambulance. Our funding only covers basic “landline” service, but *Response 4 Help* has given a discounted rate to Wayne County residents through our contract with them. Our *NY Connects* program as well as our EISEP caseworkers and our home delivered meals workers can all complete assessments and make referrals to the PERS program. We had a long wait list in this program for several years, but in 2019 we were able to reassign money from other programs (due to lack of home health aides) and virtually eliminate the waitlist. We increased our monthly allotment of units from 160 to 200 and were able to serve more clients. We provided 269 seniors with 2,212 months of PERS service, a large increase over 2018. Seniors participating with the PERS program typically have their units just over 2.5 years. One of our seniors ended their service this year after over 13 years with the program.

I myself feel safe and protected. It is very comforting to know that someone is there.

—2019 PERS Survey Respondent

Transportation:

Our **transportation** program offers rides to seniors who wish to attend our Lunch Club 60’s in Clyde (Tuesday & Thursday), Sodus (Friday), and Palmyra (Wednesday) as well as general around the town stops for any senior who has local business in and around those towns on those days. The Clyde location has transportation on 2 different days because on Thursdays we maintained the route in Wolcott when we had to close that Lunch Club so that participants could still take the bus to attend a meal site. On Monday our driver can provide rides anywhere in the county on a first-come-first-served basis. Most of those rides are medical, but participants can also travel to the hairdresser, laundromat, and grocery stores. To take the bus to a Lunch Club, seniors need to call the club to make a reservation with the manager. All other transportation requests are handled in our office in Lyons. We also have an arrangement with RTS Wayne and WayneCAP’s RSVP program for additional transportation options for seniors. We know transportation can be a real challenge for people and we are always looking to expand options for transportation for seniors. In 2019 we provided 4,182 rides to 116 different seniors. We have one driver and one small bus as well as partnerships with RTS and WayneCAP to fulfill all of our transportation services.



Nutrition, Health, and Wellness Services

Supervisor- *Lisa Zonneville, Nutrition Services Coordinator*

HDM (Home Delivered Meals—A.K.A. “Meals on Wheels”):

Our **home delivered meals (HDM)** program uses volunteer drivers to deliver nutritionally sound meals to frail, homebound seniors across Wayne County. We subcontract with Arc of Wayne to prepare the meals and administer the program. Arc of Wayne was awarded the 2019 contract after a competitive bidding process and a vote by the Board of Supervisors. Arc of Wayne prepares and packages all of the meals for the HDM program and contracts with Home Meal Service to recruit and coordinate the volunteer delivery of the meals, client management, and assignment to routes. Our nutrition services coordinator oversees the entire program, working with Arc of Wayne and Home Meal Service to coordinate efforts and trouble shoot any problems. The program delivers 3,000-4,000 meals monthly to over 160 customers. The menus and recipes for the meals are developed by a registered dietician under contract with the Department of Aging and Youth. The dietician also follows up with each customer six months after the service has started to determine if any modifications need to be made. The nutrition services coordinator and dietician work together to ensure adherence to recipes and food safety guidelines, monitor temperatures of meals and assist in training of volunteers. There is one additional staff person in the unit that completes the bulk of the assessments and reassessments for services for all of the HDM clients. She typically completes between 20-35 assessments each month with the nutrition services coordinator acting as a back-up. In 2019, this team provided nearly 1,000 hours of case management (assessments and 6-month contacts) and delivered over 43,000 meals to 280 seniors across Wayne County.

I could not stay at home without meals on wheels! It's a great program, great service, and great staff. Thank you so much! -2019 HDM Survey Respondent

Lunch Club 60-

Our Department operates five *Lunch Clubs* around the county. We had to close our *Lunch Club 60* in Wolcott at the end of 2018 due to low attendance. We provide transportation to folks in the Wolcott area on their usual day (Thursday) to take them to the Clyde location to participate in the program, see friends and enjoy a meal. The remaining five *Lunch Clubs* are located in Clyde, Newark, Palmyra, Sodus, and Ontario.

Lunch Clubs provide the opportunity for seniors to get out and socialize with others. All of the *Lunch Clubs* schedule their own activities, including guest speakers or presenters, exercise classes, card games or board games, nutrition education, outings, community service projects, crafts, etc. The *Lunch Clubs* also provide a hot noon-time meal for the seniors who attend. Menus and recipes are developed by our dietician and food is prepared by Arc of Wayne/Key Industries. We contract with Emmanuel Methodist Church to run our Newark location and the Town of Ontario to

I enjoy coming here when I can. Everyone is friendly and we have a good time. If we need help from the Department, they are very generous with information and their time. -2019 Senior Center Survey Respondent

run our Ontario location at Brown Square Apartments. Sodus, Palmyra and Clyde are operated directly by our office. Each site has one part-time manager to order and serve the food, develop the schedule of events, and complete the required paperwork. These managers form relationships with the seniors that attend our *Lunch Clubs* and act as a liaison with the other programs in the office if one of the *Lunch Club* participants need additional services. The Newark and Ontario *Lunch Clubs* also each have a designated manager through the contracts for those locations. Ontario recently had their long-time manager retire, but that hasn't stopped seniors from coming to the *Lunch Club*! Overall in 2019 we served 14,210 meals at our five *Lunch Clubs*. This **slightly** less than 2018 and likely due to having one less *Lunch Club* open in 2019. The 267 Seniors who visited our *Lunch Clubs* in 2019 is an increase over 2018. The nutrition services coordinator oversees the contract for the meal preparation and delivery, the dietician's contract, and coordinates all five *Lunch Clubs*.

Nutrition Education

Participants in our *Home Delivered Meals Program (HDM)* and our *Lunch Club 60* program are all offered monthly **nutrition education**. For HDM recipients, this includes written materials mailed out monthly on various topics. For *Lunch Club 60* patrons, nutrition education is typically delivered monthly by either the dietician or the nutrition services coordinator. All nutrition education is developed by the dietician.

Nutrition Counseling

The contracted dietician is available to provide **nutrition counseling** for individuals over age 60 who are struggling with some health/nutritional needs. All of our *HDM*, *Lunch Club 60*, and case management clients are screened for nutritional risk and those with medium or high risk can be referred for nutritional counseling. Referrals can come from any of the programs or self-referrals through the *NY Connects* program. In 2019 our longtime dietician—Geri Morse—retired after many years of service to our clients, but we are very thrilled that Leslie Elliott has stepped right in where Geri left off. We provided 39 people with 67.5 hours of nutrition counseling in 2019.

Have changed my eating habits from just snacking to eating meals and I feel better.—Nutrition counseling survey respondent

Farmer's Market Coupons

Again in 2019, we distributed 820 coupon booklets that allow seniors to be able to get fresh produce at our local farmer's markets. This program takes our Nutrition Services Coordinator out of the office for 2 full weeks each summer, visiting around 20 different sites in the community. All of the service staff pitch in to deliver close to 100 of these coupon booklets via home visits to seniors who are homebound.

Health Promotion

Our **health promotion** services include Public Health wellness clinics at the senior centers, Bone Builders groups offered at our senior centers by WayneCAP volunteers, and Living Healthy classes which are offered several times each year. These services were provided to 103 seniors over 1159 sessions, and are also coordinated by our Nutrition Services Coordinator.

TREND CONTINUES FOR WAITLISTS FOR SERVICES

Our Aging Services Department unfortunately saw a continuation of a trend that started for us in 2017: **waitlists for senior services**. At different points of 2019 we had waitlists for Case Management (20), Aide Service (22), Legal Services (41), Home Delivered Meals (30), PERS (50), HIICAP (75).

In some cases we were able to shift some funds around to expand our service availability and reduce or eliminate the waitlist. For example, we were able to use funds that we could not spend for aide service because of understaffing at one of our contractors to purchase more PERS units to eliminate that waitlist. We went from having 160 to 200 units per month.

Even the people who were receiving services may have been getting that service inconsistently. Aide service clients whose regular aide was unavailable frequently went without service because there was no sub available to cover the shift.

Still waiting over a year!
Family is doing most of the work with no help from the county. Why are there no aides-this is all we have been told-no aides. —2019 EISEP Survey Respondent

My mom was dropped (from aide service) after a change in her status and was never picked back up due to shortages. We had to hire help and they (parents) didn't have much money. —2019 EISEP Survey Respondent.

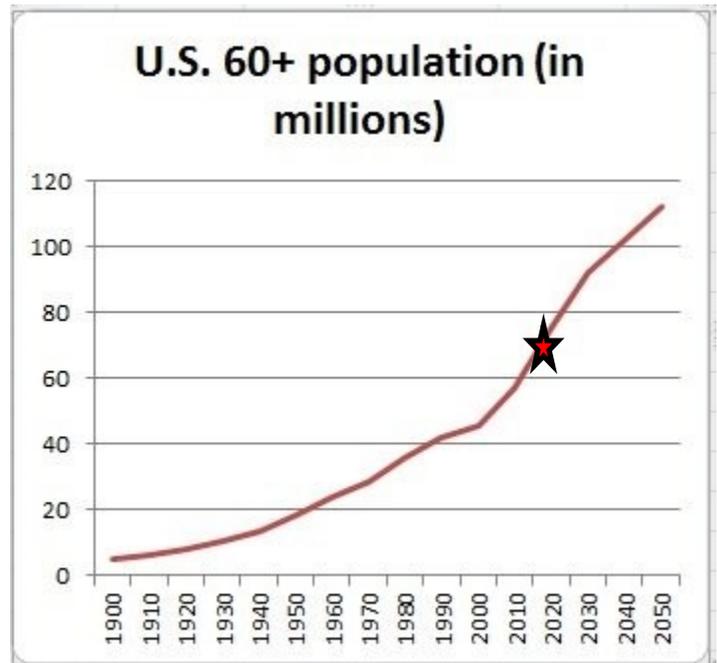
For some of our services it is not practical to have a waiting list due to the time sensitive nature of the requests. Transportation is an example. We do not maintain a waitlist for transportation services. We either can or cannot fulfill a request for transportation on a particular day. In this instance, not having a waitlist does not mean that everyone is receiving the services that they need. We frequently do get requests for transportation that

we cannot fulfill.

We also have services where we do not have waitlists, such as HIICAP or NY Connects. Again people reaching out to these programs typically have timelines they wish to follow to obtain needed assistance or information. Depending on how busy those programs are, it may take one to three days to get back to someone, which for them may seem like an eternity. We are also unable to follow up as extensively with people as we used to follow-up. Our staff members are working at capacity trying to serve **everyone** who contacts our office to the best of their ability.

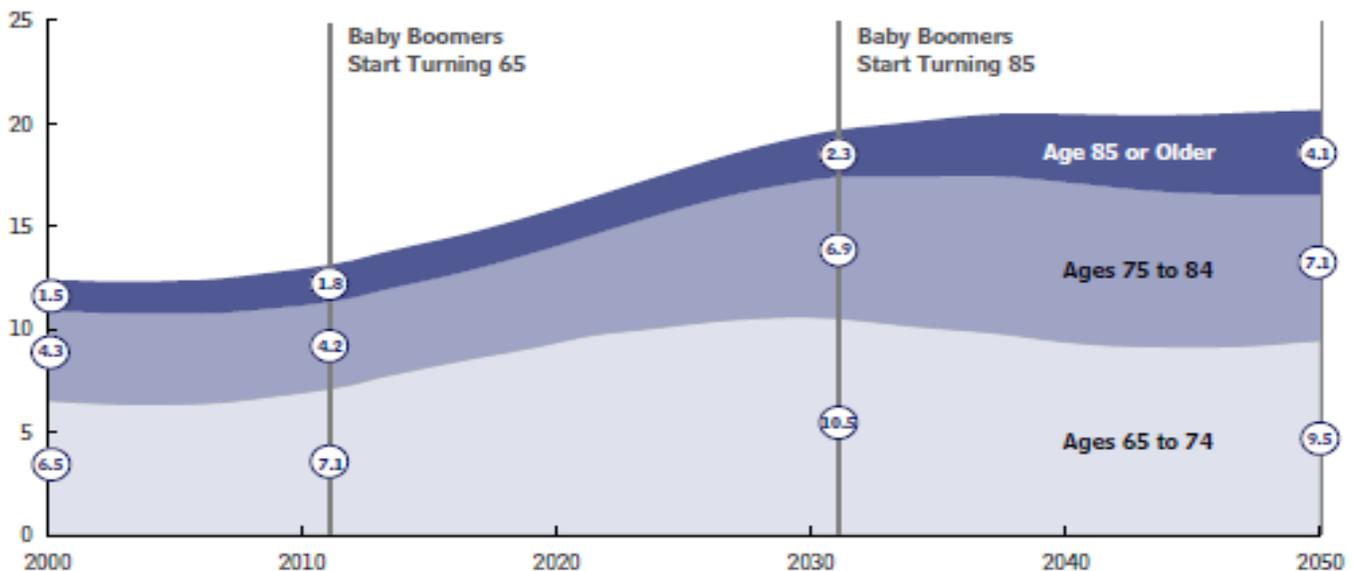
We were unable to get together for finalization. Such a busy time for all to make important decisions such as this. The personnel does a great job, but perhaps extra personnel during this time? —2019 HIICAP Survey Respondent.

This trend is likely to continue and to get worse as the Baby Boomer generation continues to age into their 60s. The US 60+ population chart was taken from "aplaceformom.com." It shows that the increase in the over 60 population is expected to increase more sharply than even in the past few years. By 2035, seniors are expected to outnumber children according to the Census Bureau. Not only are there more and more people turning 60 everyday, but older people are living longer. The table (below) from the Congressional Budget Office illustrates this trend even further by breaking down the senior population into different age categories. The demand for senior services will continue to increase over the next 30 years. After the baby boomer generation, there was a sharp decline in birth rates which means that the informal caregivers—friends and family—formerly available to



Elderly Adults As a Share of the U.S. Population, 2000 to 2050

(Percent)



Source: Congressional Budget Office tabulations based on population projections reported in *The 2012 Long-Term Budget Outlook* (June 2012), www.cbo.gov/publication/43288.

Note: Members of the baby-boom generation (people born between 1946 and 1964) started turning 65 in 2011 and will turn 85 beginning in 2031.

help seniors so that they did not need to rely on formal or public services are decreasing as the population of seniors is increasing. This will also show itself in a smaller workforce providing the services that seniors need and likely a smaller tax base to help government agencies provide funds for the increasing need for services. The waitlists we see for senior services are a symptom of this population shift.

Senior Advisory Council

Coordinated by Penny Shockley-Bloomer, Director and Amy Haskins, Coordinator of Aging Services

Many thanks to our dedicated team of volunteers who provide their insight and wisdom and knowledge of local community resources and programs to help us deliver the best services to our county's seniors.

Mae Pitts—Williamson

Pam Taylor—Wolcott

Dave & Sue Nussbaumer—Palmyra

Alice Reynolds—Walworth

Bob Hanson—Newark

Pat Albrecht—Newark

Rev. William H. Wigmore III—Lyons

Marlene & Chuck Martin—Marion

Sharon Celentano—Macedon

Jim Switzer—Ontario

If you are a senior who is interested in joining (especially if your town is not represented) contact Amy (315-946-5624).



Our Support Team

Our Department is also fortunate to have a [support team](#) working behind the scenes, enabling us to bring our senior and youth services to Wayne County communities. We have a principle account clerk who assists the director with the budget (senior services have about 15 different funding sources alone), payables and receivables and oversees the rest of the 3-member team of (although for a bulk of 2019, there was a vacancy in one of the positions). This team answers incoming calls (about 1,100 per month) so people are speaking with a live person. They process payroll, handle incoming and outgoing mail for all the different services, take minutes for our meetings, complete data entry and filing, order supplies, and a host of other tasks that allow our services to run smoothly. They are important members of our team as well.

YOUTH SERVICES

Department of Aging and Youth

The Department of Aging and Youth, with the support of the Youth Advisory Board, is responsible for determining the need, planning, resource development, resource allocation, and monitoring of youth programs that are funded by the New York State Office of Children and Family Services (OCFS). Funds are allocated to agencies to provide programs for youth under twenty-one years of age that focus on preventive services, runaway and homeless youth, juvenile justice, education, recreation and youth development.

Collaboration and Strategic Planning:

The Partnership continued to add members which increased teamwork throughout the county. 6 new agencies and 2 new schools were added in 2019.

In May 2012, **Wayne County Partnership for Strengthening Families** (Partnership) was created to enhance countywide human services and educational improvements for the youth of Wayne County. Kathy McGonigal (Deputy Director – WC Aging & Youth) and Jay Roscup (WC Community Schools – Director) co-chair the Partnership.

2019 Total members: 28 Agencies, 13 School Districts, 5 County Departments

Agencies:

Arc of Wayne, Catholic Charities of the FL, Catholic Cahrities of WC, Child Care Council, Common Ground Health, Cornell Cooperative Extension, Council on Alcoholism & Addictions of the FL, Delphi Rise, Evalmetrics Research, Family Counseling of the FL, FLACRA, FL Community College, FL Community Health, Finger Lakes Community Schools, FL Workforce Investment Board, Literacy Volunteers of WC, Newark-Wayne Community Hospital, Person Centered Services, Pioneer Library, Real Life Counseling, Scarlet Thread Ministries, Victim Resource Center, Wayne Action for Racial Equality, WC Connection to Learning, Wayne Community Action Program, WC Pre-Trial Services, WC Rural Health Network, Youth Advocate Program

School Districts:

Clyde-Savannah, Gananda, Lyons, Marion, Newark, North Rose–Wolcott, Pal Mac, Red Creek, Sodus, Wayne, Williamson, Monroe BOCES, Wayne-FL BOCES,

Wayne County Departments:

Aging & Youth, Behavior Health Network, Board of Supervisors, Public Health, Social Services

It is the intent of the Youth Department to continue collaboration efforts in 2020 in an attempt to use limited resources most efficiently. Assessing needs and strategic planning will hopefully help the county use limited funds to meet the needs of youth and families.

The “*Partnership*” is a countywide collaboration with its own email, letterhead, and website to be used in obtaining funding and serving as a community resource. All the school districts and agencies involved with the Partnership have access to data and information that aids schools/agencies in seeking funds and services.

Partnership for Strengthening Families Goals

The Partnership developed three sub-committees that work on the groups’ identified goals which are: **increase academic achievement, improve behavioral health and improve support systems for families.** Each sub-committee identified two or three strategies to work on to reach the targeted goals. Also, the Co-Chairpersons continue to work on administrative ways to grow the Partnership.

Workgroups’ Goals

The Partnership maintains three active workgroups. Goals include:

Behavioral Health Workgroup: Promote positive mental and behavioral health across the community and build coordination for care of people with behavioral needs.

Education Workgroup: Develop projects that connect Wayne County students to a path of academic success.

Family Resource Workgroup: Develop projects that connect Wayne County families to wellness resources and pro-social opportunities.

2019 Partnership Accomplishments

Grants:

Full Service Community Schools - \$2.5 million over 5 years

Mental Health Demonstration Project - \$2.5 million over 5 years

School Climate Transformation - \$3.75 million over 5 years

Two School Safety Grants - \$150,000 each over three years

In 2019, The Wayne County Partnership for Strengthening Families obtained over \$9 MILLION in grant funding to be used to enhance services for Wayne County children and their families



Other Accomplishments:

- Increased mental health awareness through Mental Health First Aid.
- All 11 school districts participated in **Risk & Protective Factor surveys** for grades 6,8,10,12.
- Increased the participation in the annual Career Carnival to over 700 8th graders.
- Developed a countywide questionnaire and an activity book for parents and guardians to better prepare children for Kindergarten.
- Developed the **Wayne County Connection to Learning** (WCCL) to enhance adult learning opportunities throughout the county.
- Began a weekly campaign using social media with all 11 school districts to remind students and parents the importance of school attendance.
- Displayed information in all 11 school districts advising youth where to seek support for mental health concerns, human trafficking, substance abuse and other important topics.
- Continued to promote pro-social attachment to neighborhoods by supporting family focused community events.

YOUTH DEPARTMENT DIRECT SERVICES

Families and Communities Together (FACT) Program

Kathy McGonigal – Deputy Director
Valerie Hippert – FACT Coordinator
Deborah VanHousen – FACT Coordinator
Evonne Pomerantz – Parent Educator

The FACT program saved an estimated \$880,000 by keeping kids in their homes and schools.

Schools 10

Youth 87

Families 60

Outcomes: Fourteen out of home youth placements averted

Savings: \$880,000

The Department of Aging and Youth is the lead agency in the county for the Coordinated Children's Services Initiative (CCSI). The goal to reduce out of home placement for Wayne County children was a priority again in 2019. Families and Communities Together (FACT) is an interagency initiative designed to assist families with children who are having difficulty in their homes, school or community and are at risk for placement. In 2019, FACT served **87 youth** and **60 families**. Over **\$880,000** were saved because **fourteen** educational or out of home placements were averted due to the FACT process. (see chart next page)

(FACT program continued)

January – December 2019 PLACEMENTS AVERTED

TYPE	# OF CHILDREN*	ESTMATED SAVINGS	AMOUNT PER PLACEMENT PER YR
Educational	2	\$150,000 (approximately)	\$75,000
Foster Care	7	\$105,000 plus educational costs	\$15,000
Residential	5	\$625,000 plus educational costs	\$125,000
Psychiatric	0	\$0	\$150,000
TOTAL	14	\$880,000 plus educational costs	

*Children were identified at risk of placement by the referral source.

FACT program measures the goal-performance of the families participating in the program according to the four categories below:

Category	# of Goals Set	Obtained	Not Obtained
Family's Basic Needs (Food/Housing/Employment/Child Care)	122	107 (88%)	15 (12%)
Parent(s) Goals (Parent & Budget Ed/Counseling/SA Issues/Custody)	74	39 (53%)	35 (47%)
School Related Goals (Communication/Performance/Attendance)	79	60 (76%)	19 (24%)
Youth Goals (Family&Peer relations/home behavior/Counseling/SA Issues)	67	43 (64%)	24 (36%)
2019 Total # of Goals	342	249 (73%)	93 (27%)

Seventy-three percent of the goals set for the families and individuals in the family were obtained. This percentage is up slightly from the 2018 percentage of 71%. The FACT Coordinators noticed that it is increasingly difficult to get parents to engage in the FACT process.

The operating budget for the FACT program consists of multiple funding sources. In 2019, revenue sources to support this effort were New York State Office of Children and Family Services, WC DSS, Office of Mental Health Reinvestment dollars, Wayne County and ten contracting schools. The Youth Dept. employed a part-time Services Assistance to provide parent education and also support the Sodus Point Park Program (See Sodus Point Park).

Parent Education:

The FACT Program provides in-home parent education to families. Due to the level of funding, the Youth Dept. could only hire a part-time Parent Educator. To meet the needs of the FACT families three different curriculums are offered. The curriculums offered focus on children under five years of age, children ages 7-12 and children with parents that are divorced. The Parent Educator worked with fifteen families. Thirteen families successfully completed the curriculum and showed improvement on the post evaluation. In addition, four families successfully completed two curriculums.

Wayne County Runaway Program:

Hotline calls: 3 Case management services: 1

Outcomes: # of youth that returned home - 3

The Department of Aging and Youth provides direct service for the Runaway Program. The Wayne County Runaway Program is a non-residential program that serves youth ages 12-18 with the goal of reuniting runaways with their families. Services provided by the Runaway Program include case assessment, case management, referral information, family mediation, and crisis respite. In 2019 the Runaway Program received 3 helpline calls. Most helpline calls come from personnel in school districts. Three youth and their families received face-to-face referral services or case management services. This is the second year in a row that the hotline calls have been low.

The Runaway Program provides interactive presentations on runaway prevention. These presentations cover youths' rights and responsibilities when making decisions about running away from home. Also, the rights and responsibilities of the parents are discussed in the presentations.

Safe Path Program

The Safe Path Program was a new program as of 2018. The program addresses how to help professionals, parents, youth and community members better understand human trafficking and child exploitation and the evolving tactics used to recruit and exploit youth. The program is funded by OCFS. In 2019 the Dept. of Aging & Youth sponsored a forum for professionals and several trainings to have individuals better understand that commercial sexual exploitation of children (CSEC) is happening in every county in New York State. Aging and Youth contracts with Victim Resource Center of the Finger Lakes and Pre-Trial Services to provide information, case management, hotline services, and counseling to the CSEC population.

In 2019, the Safe Path Program provided training on human trafficking to nearly 300 professionals and 200 middle/high school students.

In 2019 the Safe Path Program provided the following trainings:

- Eight sessions of "Identifying and Supporting Survivors of CSEC and Youth Trafficking – Part 1" offered to **151 professionals**.
- Five sessions of "I am Little Red" offered to 5 middle school classes. A total of **95 students participated**.
- Separate week long curriculum of "Not a #" offered to four high school classes --- **87 students participated**.
- "Hope for Our Children Forum" focused on child trafficking, trauma and available services for **95 professionals**.
- "Safe Harbour Kick-Off" had **40 professionals** from Wayne Co. participate.



Sodus Point Park

Visitors = 7,500

Sodus Point Park once again provided a safe, clean and enjoyable summer experience for visitors. Supervised swimming was provided for 58 days this summer which is eight days less than last year because so many guards had to return to college by the third week of August. Fourteen lifeguards staffed the lakeside beach providing water supervision and first aid services for both local and out of town visitors. There was too much erosion for the bayside beach to open. People enjoyed picnics, beach games and swimming throughout the summer at Sodus Point Park.

*Hiring for the lifeguards for Sodus Point Park begins late winter/early spring each year. If you or someone you know might be interested, please call our office **315-946-5624**.*



Visitors to Sodus Point Park were from many areas across Wayne County, the United States, and the world. The census completed by the lifeguards indicated that people came from nineteen different states stretching between California to Maine and from Florida to Alaska. Also, the lifeguards recorded visits from people from Canada, England, Sweden, Spain and Ukraine.

Youth Department Contract Services

Family Counseling Service of the Finger Lakes

Youth Counseling Participants 102

The Youth Department contracts with Family Counseling Service of the Finger Lakes, Inc. (FCSFL) to provide counseling services to youth and their families. In 2019, individual and family counseling services were provided to **102 youth**. The Youth Dept. works closely with FCSFL because many FACT families receive counseling services through FCSFL. The agency provides office hours in two locations, Newark and Sodus. FCSFL has evening hours. Location and extended hours have been beneficial in serving families in need of counseling services.



Pre-Trial Diversion Services

Pre- adjudicated referrals: 33

Outcomes: 79% of clients reduced high risk behaviors

The Diversion Program is for youth 16-21 years of age who have committed a crime and may be served more successfully in a non-traditional court process. Diversion services are an option for individuals that court feels would benefit from a coordinated treatment program of counseling and supportive services. In 2019, Pre-Trial Diversion worked with **33 clients** that received individual service plans and client-based assessments. There has been a trend for judges deciding to adjourn cases contemplating dismissal (ACD) rather than referring the cases to Diversion Services.



Pre-Trial Homeless Program

Homeless cases: 11

Outcomes: 100% successfully completing the case plan without being housed in a shelter.

Wayne Pre-Trial Services, Inc. served **11 youth** ages 16-21 in the Homeless Program. The program defines a homeless youth as a person under the age of 21 who is in need of services and is without a stable place of shelter. The Homeless Program provides services such as short-term crisis management; assisting the youth to obtain shelter, food, and clothing; crisis intervention; counseling; case management; and independent living skills. Individualized treatment plans are provided that include weekly counseling, academic services and vocational training. Note that the number of clients is down similar to the Runaway Program. Professionals are in agreement that the runaway/homeless population has remained consistent over the years and possibly has increase in number but youth are not reaching out to the services available.



Wayne County Youth Advisory Board 2019

Don DiCrasto – Chair	Scarlet Thread Ministries
Debra DeRue – Vice Chair	Town of Williamson
William Campbell –	Town of Palmyra
Jessica Spence	Cornell Cooperative Extension
Emily Wells	Student
Elizabeth Frey	Student
Ed Hunt –	Wayne Behavioral Health Network
Mary Jones –	Town of Galen
Laurie McFaul Frey	Town of Sodus
Michael Muscolino	Alex Eligh Community Center
Susan VanAcker	Town of Huron
Tracy Migliore	Delphi Prevention Services
Jackie VanLare	Town of Walworth
Kyra Yon	Wayne County Action Program
Julie DeRoo	Sodus Central School

