HUMAN SERVICES COMMITTEE AGENDA
Location: Yates County Legislative Chambers
Date: February 1, 2021 at 4:00pm

NOTE:
- Maximum attendance at any meeting is limited to 50 persons.
- Considering 14 Legislators, the Clerk of the Legislature and the County Administrator, Public attendance will therefore be limited to 34 persons
- If it is desired to address the committee (or Legislature) it would be appreciated that the Clerk of the Legislature be contacted to assure that there will be capacity in the room. (Phone 315-536-5150 or email chayes@yatescounty.org)
- Wear a mask when not seated.
- Wear a mask if not able to maintain 6 feet from adjacent persons (i.e – social distance)
- Attendance can also be by ZOOM; the login information is below

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join.
https://us02web.zoom.us/j/82446649283?pwd=cElUYnUvYXJmTjdUeklKYVZTano5dz09
Webinar ID: 824 4664 9283
Passcode: 507744

Or join by phone:
Dial (for higher quality, dial a number based on your current location):
US: +1 646 558 8656 or +1 312 626 6799

Committee members present: Leslie Church, Ed Bronson, Terry Button, Carlie Chilson, Dick Harper, Bonnie Percy
- Leslie and Carlie will do the audit this month
- Approve minutes of the January meeting.
- Public Comment

PUBLIC HEALTH: Deb Minor
COMMUNICABLE DISEASE
- COVID-19 Update
EMERGENCY PREPAREDNESS AND RESPONSE
- RESOLUTION: Authorize agreement with Todd A. Torrance DBA/Zero Point Aerial
SPECIAL CHILDREN’S SERVICES:
- RESOLUTION: Appoint A. Flanagan as Early Intervention Official
- RESOLUTION: Appoint S. Stefkovich as County Designee to the Committee for PreSchool Special Education

2021-22 SFY Executive Budget Proposal

PERSONNEL:
- RESOLUTION: Authorize Director of Public Health to fill Public Health Nurse Position

2021 Goals
COMMUNITY SERVICES:
- Actions Items: none
- SAFE Act: 3 Reports received & investigated, 0 reported to DCJS
- Fiscal: Following up regarding 2020 contracts and withholds
- AOT: Current cases: 0  Investigations: 0
- Program updates

VETERANS: Philip Rouin
Resolution: Recognition of Yates County Veteran Service Officer of the Year
- Veterans’ Services Projects
- Personnel updates
- Veteran Services updates
- Statistical report
- Upcoming Veteran related Training, Meetings, and Community Events
- Claims settled

OFFICE FOR THE AGING: Zachary Housworth
- Program updates

PUBLIC DEFENDER: Steve Hampsey
- Statically report
- Grant update

SOCIAL SERVICES: Amy Miller
Resolutions:
- Enter into contract with Safe Harbors of the Finger Lakes
- Enter into contract with Richard Hoyt
- Enter into residential service contract
- Amend resolution 465-20
- Workforce Development Budget Transfer
Updates:
- Utility shut offs
- Unemployment rates/unemployment
- Proposed Executive Budget

COUNTY ADMINISTRATOR: Nonie Flynn
- Resolution – Recognize Deborah A. Minor for Outstanding Public Health Service in Yates County

EXECUTIVE SESSION  If needed
PUBLIC HEALTH/PREVENTION PROGRAMS:

Communicable Disease Control:

COVID-19:

At the writing of this report the department has received 981 positive test results and over 24,000 negative results. Staff are monitoring 92 active cases and a total of 320 individuals in quarantine. Currently 7 individuals are hospitalized as a result of COVID illness and we have had 21 deaths reported to us as a result of COVID infection.

COVID Vaccine supply remains a concern across New York. To date YCPH has received and administered 400 doses of 1st dose vaccine (100 doses per week) and we are expecting 100 doses of 2nd dose vaccine to be delivered in time for us to vaccinate those that were vaccinated on Jan 6th and Jan 7th with their 1st dose.

The New York State Department of Health and the Governor’s Office have sent several recent notices to the local health departments outlining our obligation to prioritize the vaccine that we receive to those essential workers eligible in 1B while pharmacies are to vaccinate those that are 65 years of age and older (see attached for correspondence). We know that this is leading to a great deal of frustration and anxiety on the part of those attempting to receive vaccine; especially those that are 65 years of age and older.

Emergency Preparedness and Response:

We have received a NACCHO award of $10,000 to be used to cover the cost of professional educational videos.

RESOLUTION: Authorize agreement with Todd A. Torrance DBA/Zero Point Aerial for the professional educational videos.

SPECIAL CHILDREN’S SERVICES:

RESOLUTION: Appoint A. Flanagan as Early Intervention Official
RESOLUTION: Appoint S. Stefkovich as County Designee to the Committee for Preschool Special Education.

2021-22 SFY Executive Budget Proposal

The 2021-22 Executive Budget proposal is based on an assumption of receipt of unrestricted federal aid for COVID-19 relief. The budget proposal, in its current iteration, is based on an assumption of the state receiving $6 billion in federal aid. A 5% withhold is planned rather than the current 20% withhold. The director of the Division of Budget indicated that the state would
be reimbursing the current withheld payments for SFY 2021-21. We are uncertain at this time if this will be a full or partial reimbursement of the current year withholdings.

One item of concern for local health departments is the absence of the allocation for rabies reimbursement for post-exposure prophylaxis and pet vaccine clinics through the Rabies Program grant with NYSDOH ($10,234 per year). All rabies program work requirements continue and are eligible for reimbursement under state aid, but removal of this allocation reduces the amount of public health expense reimbursed at 100%.

**Personnel:** We have been notified that our most senior Public Health Nurses will be retiring effective March 31, 2021. We request to refill this vacancy with a Public Health Nurse (See position review form attached).

**RESOLUTION:** Authorize Director of Public Health to fill Public Health Nurse Position

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**Annmarie Flanagan Goals for 2021**

**Yates County Public Health (YCPH)**

1. Understand the day to day activities of YCPH
2. Garner a keen understanding of the programs within YCPH
3. Understand the working budget of YCPH
4. Manage the COVID response according to NYS/CDC guidelines
5. Identify the needs of the community post COVID

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<th>Time Period</th>
<th>Methods/Actions</th>
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| Understand the day to day activities of YCPH   | Over the next 6 months this will be a daily activity | -Meet as needed with each employee to understand their role within YCPH  
-Read through the program descriptions, activities and how the goals of the programs are met |----------|
| Gain a understanding of the programs within YCPH | Over the next 12 months weekly review of program status | -Meet with Deputy Director and program lead on a weekly/biweekly basis to garner a understanding of the day to day operations of the programs |----------|
| Understand the working budget of YCPH         | 12 -24 months                    | -Meet weekly with the Principal Account Clerk to review budgets and work plans                     |----------|
| Manage the COVID response according to NYS/CDC guidelines | Daily until the end of the Pandemic | -Attend all meetings regarding the county and COVID response  
-Maintain timeline regarding the ongoing efforts of the COVID response  
-Notify stakeholders of the ongoing responses and activities related to the pandemic  
-Respond to the needs of the community through vaccination plans, case investigation, and education of the public Work closely with staff and Deputy Director to ensure the ---YCPH COVID management plan is delivered consistently, fairly and to meet the needs of the Yates County citizens |----------|
Identify the needs of the community post COVID

| Identify the needs of the community post COVID | Over the next 12 months, with a greater focus after the 4 month mark | -Ascertain community feedback  
-Obtain feedback from legislators and county administrator  
-Work with staff to develop a working understanding of the immediate and long range needs of the county |

COMMUNITY SERVICES:

**Action Items:** none

**SAFE Act:**
3 reports received and investigated: 0 reported to DCJS:

**Fiscal:** Follow up regarding 2020 contracts, and withholds

**AOT:**
Current cases: 0  Investigations: 0

**Program: Suicide Prevention Coalition of Yates**
Coalition met in January for planning activities. The Living Well has procured funding for the hiring of a Coalition Coordinator. Job development activities are underway to finalize a job description. Plans for 2021 include another Out of the Darkness Walk, Survivors Day activities, as well as varied prevention activities. The partnership with the American Foundation for Suicide Prevention (AFSP) will continue.

**Program: Yates INSYGHT:**
Yates INSYGHT. (Inclusive Network Supporting Youth and Families Toward Growth, Health, Teamwork). Continues to meet with general membership and the Point of Accountability Committee (POA) monthly. Work groups also continue to meet monthly. Recruitment for a trainer is underway while the school based High Fidelity Care Management Program Care Managers for Penn Yan and Dundee CSD have been hired and will begin their training. A youth survey was initiated and was completed by over 300 youth from Yates County. A family survey is in development and will be distributed soon. The biannual Regional communities’ schools survey is planned in the next two months. The information gathered from these survey efforts will help drive our system development and make sure that the youth and family voice is heard. We continue to meet with our partners and the Office of Mental Health regarding the grant parameters and reporting requirements.

The development of two community access sites: Our Town Rocks in Dundee and The Living Well in Penn Yan is proceeding with the planning stage. That stage is developing a Pandemic related approach for now and anticipating a different approach as the social restrictions and limitations are lifted to some degree. Both sites are very busy meeting many of the aspects of the social determinants of health. Our plan is to be able to add the behavioral determinants to their ongoing community member in need contacts. We plan to have the ability to assist community members in identifying the services that need and expedite engagement, application and
initiation of services. Local behavioral health services and health home care management will be available at times to expedite services.

**Outpatient Mental Health Services:**

Outpatient behavioral health services operating in Yates County met for the first time under the umbrella of Yates INSYGHT. Soldiers and Sailors John D. Kelly Clinic (JDK) made progress in filling staff vacancies and the size of their wait list decreased. No other programs reported delays in access to services. One private licensed social worker from Penn Yan also joined the meeting. Mosaic (Federally Qualified Health Clinic (FQHC)), located in Rushville also provides behavioral health services and will be invited to attend. There are several other private providers in the county that we will invite to the group.

There are several common issues identified by the group. These include recruitment of qualified therapists and child and adult psychiatrists. Two programs JDK and the Comprehensive Community Behavioral Health Clinic CCBHC are fully licensed by the Office of Mental Health (OMH) to provide acute, short term and long-term services to anyone 5 years of age and older. The CCBHC is also licensed by the Office of Addiction Services and Supports (OASAS) to treat substance use disorders at the clinic level for adults and children. They both have psychiatric services including medications well as other approaches. The other services typically provide short term therapy with limited access to psychiatry and medications. So, the more difficult to treat, requiring longer therapy and closer psychiatric supervision and intervention are treated by JDK and the CCBHC. Transfers between programs, are appropriate based on clinical need. Seeking psychiatric services also may occur based on clinical need.

The discussion regarding resources available from each program revealed that the reasons for the delays in treatment are capacity related and clinical staffing driven. It also underscored the need for better coordination and cooperation between local providers to insure better access by sharing referrals and maintaining awareness of any individual program capacity. It was agreed to develop a data process and dashboard to display capacity, wait times, length of stay, medications as part of treatment and referral sources.

We also discussed tracking the referral to Home and Community Based Services and other services connected to promote successful treatment. The intent is to utilize the outpatient mental health care work group just formed under Yates INSYGHT. That will provide essential information for Yates INSYGHT and make available resources for the Dashboard development. All providers agreed to participate.

**Program: Crisis Intervention Training (CIT):**

The Crisis Intervention work group continues to meet monthly to review and discuss the systems transformation effort in Yates County. The goal remains to divert behavioral health cases to the behavioral health system rather than the criminal justice system. Efforts so far have included Crisis intervention Training for law enforcement, establishing a lead Law Enforcement staff member (sergeant) to oversee efforts by the Sheriff’s Department road patrol, revised available
referral information available in each patrol car, revised the 911 protocols to engage available mobile crisis team response and Centers for treatment intervention (COTI) response, provided tablets for officers in the field to directly discuss and request consultation from a psychiatrist at the Comprehensive Psychiatric Emergency Program (C-PEP) at Clifton Springs Hospital.

Regional efforts are focused on providing more timely information on individuals leaving the Emergency Departments after mental hygiene arrests (MHA), Orders of Observation and inpatient psychiatric treatment to the local Mental Health Authority to allow for improved response to the needs and post treatment plans for those individuals.

We have also embarked on an effort to better provide early intervention for those noted by history, current behavior poor decision making and appear to be moving toward a crisis. When identified by any of the CIT partners, a community planning session will be provided under the authority of the Community Services Director (DCS) to develop a plan to change to course by early intervention by engagement with the individual, the family, and by referrals to community behavioral health support or treatment services.

The CIT group and the DCS continue to work with the region and state to develop new and expands crisis services locally and regionally.

**Columbia University HEALing Communities Study (HCS):**

HCS as part of the National Institutes of Health HEAL Initiative is designed to investigate how tools for preventing and treating opioid misuse and Opioid Use Disorder (OUD) are most effective at the local level. The goal is to reduce opioid related opioid-related overdose deaths by 40% over the course of three years. Data collection and analysis has intensified and will be used to focus on specific treatment approaches and enhancement in the system of care for opioid abuse.

A core component of the HCS intervention is a series of community-based health prevention efforts. This will begin in mid-2021. The first campaign is focused on Naloxone, Medications for Opioid Use Disorders (MOUD) and stigma focused on the community. The second will focus on providers adoption of and use of MOUD as well as the availability of MOUD. Community engagement will be a continuing process involving the Yates Substance Abuse Coalition, community assessments and reach out to community leaders for support, guidance and input into the development of an Opioid Reduction Continuum of Care Approach ((ORCCA) for Yates County.

**Yates County Crisis Services Plan:**

We continue to work with Ontario, Seneca and Wayne Counties on regional crisis services. Improvement in our efforts to increase diversion from law enforcement and medical emergency services to mental health services. The Yates and regional plan remain incomplete due to the lack of specific crisis programs including crisis residential and crisis in home services. On going discussions with Rochester Regional Health (RRH) include a focus on the elements missing for the region.
SIGN AGREEMENT WITH TODD A. TORRANCE DBA/ZERO POINT AERIAL

WHEREAS, Yates County Public Health is desirous of engaging the services of Todd A. Torrance, DBA Zero Point Aerial to create 4 professional educational videos for use by Public Health; and

WHEREAS, the costs of such services are 100% funded through the awarded NACCHO MRC Covid-19 grant;

NOW, THEREFORE, BE IT RESOLVED, that upon the approval of the County Attorney, the Chairman of the Legislature is authorized to enter into a contract with Todd A. Torrance, DBA Zero Point Aerial; and be it further

RESOLVED, that said contract will begin as of the date of execution by both parties and will expire upon completion of the services, at a flat rate of $10,000.00 for services rendered; and be it further

RESOLVED, that a copy of this resolution be sent to the Public Health office and the Treasurer.

APPOINT EARLY INTERVENTION OFFICIAL (A. FLANAGAN)

WHEREAS, Title II-A of Article 25, Section 2541, of the Public Health Law calls for the designation of a local Early Intervention Official (EIO) by the Chief Executive Officer of the Municipality;

NOW, THEREFORE, BE IT RESOLVED, that the Chairman is hereby authorized to designate Annmarie Flanagan, Director of Public Health, as the local Early Intervention Official (EIO); and be it further

RESOLVED, that a copy of this resolution be sent to the Public Health office, and the Personnel Officer.

APPOINT COUNTY DESIGNEE TO COMMITTEE FOR PRESCHOOL SPECIAL EDUCATION (S. STEFKOVICH)

WHEREAS, Section 4410(3) of Education Law requires an appropriately certified or licensed professional from the municipality serve as the Municipality Representative;

NOW, THEREFORE, BE IT RESOLVED, that Sharon Stefkovich, Public Health Nurse be appointed as a County Designee to the Committee on Preschool Special Education (CPSE) for school districts serving Yates County children, and be it further
RESOLVED, that a copy of this resolution be sent to the Public Health office and Sharon Stefkovich.

AUTHORIZE DIRECTOR OF PUBLIC HEALTH TO FILL PUBLIC HEALTH NURSE POSITION

WHEREAS, a Public Health Nurse vacancy will be created effective March 31, 2021 as the result of a retirement; and

WHEREAS, the Director of Public Health through the vacancy review process has identified the continued need for the position and is requesting the vacancy be filled; and

WHEREAS, the estimated annual cost for Public Health Nurse is $75,077 which includes fringe benefits; the County receives 80% reimbursement for salary only totaling $10,794, therefore the total cost to the County will be $31,901;

NOW, THEREFORE, BE IT RESOLVED, that effective February 8, 2021 the Director of Public Health has authorization to fill a Public Health Nurse position; and be it further

RESOLVED, that copies of this resolution be given to the Public Health Director, Personnel Officer, County Administrator and County Treasurer.

VACANCY REVIEW FORM
Public Health Nurse/Registered Nurse
Public Health Department

1. Does this position perform services that are mandated by the Federal or State government? ☒ YES ☐ NO

   This position has primary responsibility for conducting and coordinating our Performance Improvement/Quality Assurance Activities and for coordinating the Community Health Assessment and Community Health Improvement Plan. This person also conducts COVID-19 case investigations, communicable disease work and rabies investigations.

2. If the answer to #1 is no, does this position perform services that the County has traditionally maintained? ☐ YES ☒ NO

3. If the answer to #2 is yes, can an entity other than Yates County government perform these services? ☒ YES ☐ NO

4. If this position is not refilled, can other positions be reconfigured to handle the work performed by the person in this position? If so, what positions? If not, how will the work conducted by the person in this position be handled? ☒ YES ☐ NO

With this vacancy we will have only 4PHNs/RNs; three of which are new hires (11/2/20, 11/3/20 and 1/4/21). One of the PHNs is devoted full time to the Early Intervention and Preschool programs. One PHN is temporary
and hired through a grant to cover COVID-19 work only. Staff are already working overtime each week and weekend to cover additional workload as a result of COVID cases, while also taking call for any rabies investigations. We are not able to shift the duties of this position to other staff and some would need to go undone.

5. If applicable, is there an existing Civil Service Eligibility List for this position? ☒ YES ☐ NO

6. Will the loss of this position impact overtime? If yes, why and how can this be minimized? (Please attach an analysis showing any impact on overtime.) ☒ YES ☐ NO
If not filled it will result in additional expenses to the County due to continued overtime for the COVID duties and is likely to result in decreased morale, burnout and additional job vacancies.

7. Does federal and/or state aid offset the cost of this position? (If yes, how much) ☒ YES ☐ NO
80% Reimbursement for this position through State Aid
Starting Salary & fringe $75,077
Estimated Reimbursement $43,176
Net cost $ 31,901

10. If the position were eliminated, what would be the net county savings? (Include fringe benefits and retirement) $31,901
However there may be less savings due to additional overtime costs.

11. Is there any risk, financial or otherwise, to waiting 30 days to refill this position? ☒ YES ☐ NO
Without adequate staff we will also have difficulty properly staffing any COVID-19 vaccination clinics and covering other duties of this position.

12. If you are given approval to refill this position, when do you expect to fill it? April 2021

13. Please submit any other information that you think would be helpful to this review.
January 23, 2021

Dear Provider:

As you know the vaccine allocation to New York State has become more and more scarce. As of yesterday, we had utilized all of our past allocation. The state is literally working on week-to-week allocations. Several points are now especially important to follow:

1. The vaccine must be distributed fairly. This means that eligible populations must all receive a fair allocation. There are three basic sub-groups that are now eligible: healthcare workers, certain essential workers and individuals 65 years of age and older. Healthcare workers represent approximately 21% of the eligible universe, these essential workers represent approximately 27% of the eligible population and the individuals 65+ represent approximately 52%. It is important that the proportionality is respected. The state allocated by regional population and by sub-group allocations listed above (i.e. 21%, 27% and 52%).

2. To facilitate proportional distribution, it is essential that providers follow the law on “prioritization” of populations. Local health departments and county governments receive allocation for and must prioritize essential workers in the 1b category. Hospitals receive allocations for and must prioritize healthcare workers. Pharmacies receive allocation for and are to prioritize individuals that are 65+. NYSDOH approved mass vaccination sites receive allocation for and are to prioritize 65+ and essential workers in the 1b category. We allocate doses to these provider classes to represent the fair distribution. If a provider distributes to a group outside of their “prioritization” they will disrupt the fairness of the allocation.

3. Providers, unless otherwise directed, should not schedule appointments until they receive an allocation and no more appointments should be scheduled than the actual allocation allows. Cancellation of these appointments creates more anxiety.

We are all dealing with the chaos created by the prior Federal administration allowing 7 million people to be eligible for a vaccine while only providing 250,000 doses to the state per week. Older people are all in the same class of 65+. We must do the best we can until we get through the period of utilizing these limited doses across a population of 7 million people and can then establish a more orderly system.

The guidance outlined above has been formalized through Executive Order.

Sincerely,

Howard Zucker, M.D.
Commissioner of Health
I. Resolution:

- Special recognition of Yates County Veteran Service Officer of the Year (see details on attached resolution).

II. Personnel Updates:

- VSA Director Phil Rouin is on planned vacation February 8\textsuperscript{th} through 12\textsuperscript{th}.
- VSA’s Keuka College social work student intern Sydney Lyon start date is February 1\textsuperscript{st}.
- VSA staff completed the following training:
  - New York State Division of Veterans’ Services – Veteran Service Officer “New Legislation” training (January 28\textsuperscript{th}).
- VSA staff attended The Department of New York American Legion Mid-Winter Conference Veterans Services Committee meeting (January 21\textsuperscript{st}).

III. Veteran Services Update:

- Contact Report: Our Monthly Contact Report for January shows 322 services were provided (see our attached spreadsheet). Veteran clients and family members continue meeting with a VSO, advance appointments recommended (required spacing is maintained).
- Transportation: VSA staff and volunteers, wearing protective masks and using County vehicles, transported 12 Veterans to medical appointments.

IV. Summary of Statistical Data: (see attached spreadsheet).

V. Upcoming Veteran-Related Training, Meetings, and Community Events:

- Finger Lakes Veterans Advocacy Council meeting
  Date: Wednesday – February 3\textsuperscript{rd}, 10:30 a.m.
  Location: via Microsoft (MS) Teams virtual platform / teleconference

- Yates County Crisis Intervention Team – Working Group meeting
  Date: Friday – February 19\textsuperscript{th}, 11:00 a.m.
  Location: via Zoom platform

VI. Claims Settled & Disbursements to our Veterans/Surviving Dependents:

Monthly total compensation for VA claims settled this month: $90,741.59
Total monthly compensation and disbursements year-to-date: $143,088.71
VII. Informational Item(s):

- COVID-19 Vaccine Roll Out for Veterans (see details on separate VA News Releases).

**News and New State laws for Veterans, Military Active Duty, and Family Members:**

We open the New Year with big news: Congress overrode the President’s veto of the National Defense Authorization Act (NDAA). The NDAA becoming law means significant improvements for Veterans, Service Members, and Military Families, including:

**Training and new legislation**

The New York State Division of Veterans’ Services (NYS DVS) is offering training on the new legislation passed under the NDAA 2020 (National Defense Authorization Act). The Omnibus (H.R. 7105) bill aptly named because the entire years bills and the kitchen sink are looped into this one sweeping act. The Veterans Compact Act passed in the previous legislative session. NYS DVS’ “New Legislation” training was completed on January 28th via WebEx virtual platform.

**NDAA**

Most notably the VA has now added 3 more conditions to be awarded “presumptive status” for Vietnam Veterans’ disability. These are Hypothyroidism, Bladder Cancer, and Parkinsonism (Parkinson’s like symptoms). This has significant implications for our Disability Compensation claims and for Dependency & Indemnity Compensation claims as well. For example, let’s say that a Veteran who served in Vietnam passed away from bladder cancer. The surviving spouse of that Veteran should now file for Dependency & Indemnity Compensation based on the Veteran passing away from a medical condition presumed to be service-connected.

**The Omnibus Bill**

**Benefits**

1. Requires the VA to return Disability Based Questionnaires to their public-facing website, and requires the VA accept Disability Based Questionnaires as evidence in disability compensation claims even when completed by non-VA medical providers.

2. Increases the timeframe of the Vietnam War Era of military service, stating that the Vietnam Era began on November 1st, 1955, instead of February 28th, 1961 (for those with verified service in Vietnam only).

3. Eliminates the 12-year time limit governing applications for Veteran Readiness & Employment (VR&E) benefits for Veterans who separated from military service after January 1st, 2013 (i.e., making VR&E the same as the “Forever G.I. Bill”).

4. Sets new limits on when the VA’s Debt Management Center may initiate debt collection proceedings against Veterans.

5. Lowers the age to 55 at which a re-married surviving spouse of a Veteran may still receive Dependency Indemnity Compensation (DIC).
6. Increases the federal government’s special pensions for the surviving spouses of Medal of Honor recipients.

7. Requires the Veterans Benefits Administration to establish specialized teams for processing Military Sexual Trauma claims.

8. Allows Veterans filing a claim for a physical or mental health condition resulting from sexual trauma to choose the gender of their Compensation & Pension Exam provider.

9. Allows National Guard and Reserve service under Title 32 orders to count for VA Home Loan eligibility.

10. Requires the VA to allow Veterans to update dependent information via the eBenefits website.

11. Requires the VA to study cancer, diseases, or illness experienced by those who served at the Karshi-Khanabad (K2) Air Base in Uzbekistan between October 1st, 2001, and September 30th, 2005, and expands VA’s Open Burn Pit registry to include burn pits located in Uzbekistan.

12. Specifies circumstances under which a Service Member, including members of the National Guard and Reserves, are considered service-connected for a disability or death from COVID-19.

13. Orders the VA’s Under Secretary for Benefits to ensure every paper or electronic document relating to the receipt of non-service-connected pension includes a notice that the Department does not charge any fee in connection with the filing of an initial claim for benefits (in order to prevent pension poaching).

**Services for Women Veterans**

1. This bill included the Deborah Sampson Act, for which advocates across the country have advocated persistently for more than four years.

2. Devotes $20 million for retrofitting health care facilities “to make it safer and easier for Women Veterans to get care,” and requires the Veterans Health Administration to submit plans for approval regarding how they will designate these funds.

3. Mandates that every VA facility have at least one women’s health primary care provider.

4. Creates a permanent Office of Women’s Health within the Veterans Health Administration, tasked with providing oversight over all Women’s Health Programs within the VA.

5. Requires VA leaders to create “an anti-harassment and anti-sexual assault policy” and designate officials to take responsibility for any related complaints.

6. Requires VA to create a training module for community healthcare providers that is specific to Women Veterans.
7. Expands the Advisory Committee on Women Veterans’ mandate to include examining the effect of intimate partner violence on women veterans, and creates a VA pilot program to care for survivors of intimate partner violence.

8. Ensures that Service Members and Veterans seeking access to care and counseling related to Military Sexual Trauma can seek this care at any VA healthcare facility, not limited to Vet Centers.

9. Requires VA to enter into agreements with public or private entities, to provide free legal services to Women Veterans to meet the following unmet needs: Child Support, Eviction & Foreclosure Prevention, Discharge Upgrade Appeals, Financial Guardianship, Credit Counseling, and Family Reconciliation Assistance.

10. Improves access to prosthetic items made specifically for women at VA medical facilities.

**Services for Student Veterans**

1. Restores GI Bill entitlement to eligible student Veterans whose school closed in the middle of a semester without the ability to transfer credits to another school.

2. Allows the VA to continue paying educational assistance benefits during the COVID–19 pandemic if the VA determines a student was adversely impacted by the pandemic.

3. Requires the VA to view a student’s withdrawal from school due to covered reason during the COVID-19 pandemic as “mitigating circumstances” and not charge the student’s entitlement to VA educational benefits.

4. Prevents a Veteran’s VR&E eligibility from lapsing during the COVID-19 emergency period (defined as lasting until December 21st, 2021).

5. Prevents a Veteran’s Montgomery GI Bill eligibility from lapsing during the COVID-19 emergency period (defined as lasting until December 21, 2021).

6. Ensures that if a school closes due to COVID-19, the entitlement used by an individual at that school will not be charged against their overall entitlement amount.

7. Expands the *Edith Nourse Rogers STEM Scholarship* to students pursuing careers in health care that require clinical training. Student Veterans’ STEM eligibility will not count against their 48-month cap on total VA education benefits.

8. Beginning in two years, allows Service Member to decide whether they want to pay into the Montgomery GI Bill after their first six months of service, rather than in the first few days of service.

9. Expands the Yellow Ribbon Program to overseas schools.

10. Allows students to receive VA Work Study funds for performing outreach work in congressional offices.
11. Defines the reasons why a course of education may be disapproved for Post-9/11 GI Bill benefits, preventing schools from trying to shortcut the approval process.

12. Allows the VA to disapprove a course for VA education benefits if the school does not comply with their State Approving Agency’s risk-based survey.

13. Requires schools converting from for-profit to not-for-profit status to undergo a risk-based survey every year for three years after conversion.

**Enhanced Healthcare Services**

1. Waives VA requirements for receipt of per diem payments for domiciliary care at State Veterans Homes and modification of eligibility for payments.

2. Prohibits the Veterans Health Administration from collecting co-payments from Veterans who are members of a Native American tribal nation.

3. Makes permanent a pilot program to provide childcare to Veterans enrolled in the VA healthcare system and gives the Veterans Health Administration five years to implement the provision of childcare at every VA medical center.

4. Requires State Veterans Homes to report on COVID-19 cases within these facilities to the VA.

5. Requires the VA to pay for emergency transportation of newborns.

6. Requires VA medical facilities to have drop-off locations for controlled substances medications.

7. Mandates an annual audit of facility-level appointment scheduling, which the Veterans Health Administration must share with Congress.

**Services for Homeless Veterans & Veterans at Risk of Homelessness**

1. Expands the HUD-VASH voucher program to Veterans with Other Than Honorable characterizations of discharge.

2. Increases the amount of grant funds awarded to organizations providing services to homeless Veterans to 115% of the State Veterans Home domiciliary rate, and allows for additional increases of grant funds in higher cost-of-living areas.

3. Allows the VA to award grants to legal services organizations assisting Veterans who are homeless and Veterans at imminent risk of homelessness.

4. Requires the VA to study existing programs that provide assistance to Women Veterans who are homeless, with a goal of identifying continued areas of need.

5. Extends contracts for VA Homeless Veteran Case Managers to prevent gaps in services for homeless veterans during COVID-19.
American Legion Mid-Winter conference on Zoom

Yearly the American Legion Department of New York conducts its Mid-Winter conference at the Desmond Hotel in Albany. The Veterans Services Committee is comprised of volunteers from within the American Legion with 6 voting members. 35 participants attended the meeting via the Zoom platform this year. Many updates were provided regarding their operating status and vision toward the future. The American Legion signed a Memorandum of Understanding with the New York State Division of Veterans’ Services (NYS DVS) to provide their required continuation education credits. All accredited representatives must take classes yearly in order to maintain accreditation. Last year, the NYS DVS provided this quality education for free. On average the cost for a Service Officer’s advanced training paid by counties was approximately $2000.00. The New York State County Veteran Service Officers Association advocated for quality training, so the American Legion and NYS DVS would be able to work together. Quality training is essential to staying abreast of the ever changing landscape of Veterans’ benefits.

VA Office of Inspector General (OIG) Investigation

COVID-19 imposed new challenges and introduced new variables that made VA Compensation and Pension (C&P) Exams difficult, if not impossible, for many Veterans. The VA suspended in-person C&P Exams completely on April 3rd, 2020, and in most places, in-person exams still have not resumed. In this same guidance, the VA reaffirmed their commitment to the Acceptable Clinical Evidence process described in their own internal operating manual as a way to establish disability compensation ratings for Veterans in lieu of a C&P Exam.

A recent report from the VA Inspector General’s Office indicates that the VA all too often did deny claims during the COVID-19 period because Veterans missed their C&P Exams. In this report, the IG’s Office reviewed a sample of 400 claims denied between March 1st, 2020, and June 16th, 2020, with one or more cancelled C&P Exams. The results of this investigation found:

1. From March 1st through April 5th, 84% of the denied claims reviewed by the IG’s Office were improperly denied due to cancelled C&P Exams.

2. From April 6th through May 13th, 68% of the denied claims reviewed by the IG’s Office were improperly denied due to cancelled C&P Exams.

3. From May 14th through June 16th, 48% of the denied claims reviewed by the IG’s Office were improperly denied due to cancelled C&P Exams.

4. Good news: The number of claims wrongly denied due to cancelled C&P Exams is decreasing. This means that the VA seems to be getting better at doing what they said they would do.

5. Bad news: Wrongful denials of claims due to cancelled C&P Exams has occurred and occurred in significant numbers and is likely still occurring.

What does this mean for us?

It is critical that we advocate for our Veterans, to hold the VA accountable and insist that they do what they promised to do. Claims denied during the COVID-19 period because of a cancelled C&P Exam should be appealed. This is often because the VA have heard back from a Veteran
regarding their claim (often caused by snowbird status or phone spam blockers). C&P exams are usually required to establish the rate of disability.

**Governors State of the State Veteran Initiatives**

1. Expanding access to the life-changing services of Veterans Treatment Courts, allowing the transfer of cases from a county with no Veterans Treatment Court into an adjoining county with a Veterans Treatment Court.

2. Directing all executive branch agencies in New York State to become certified so they can provide G.I. Bill "On-The-Job Training" funds for Veterans in at least one position at each agency.

3. Ensuring that all executive branch agencies ask customers & clients "**Have you ever served in the military?**" and helping to connect those who have with Veterans-specific resources to receive the benefits & services that they have earned.
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Notes: ¹ - Initial veteran contacts - first time veteran has been to office - not necessarily a new veteran
Notes: 2 & 3 - Outreach with Veterans who are home-bound, self-isolated, or in nursing homes/assisted living centers
News Release

FOR IMMEDIATE RELEASE
January 26, 2021

Contact: Kathleen Hider, Public Affairs
Cell: (585) 330-5720
Email: Kathleen.hider@va.gov

VA Finger Lakes Healthcare System Reassurance to Veterans Receiving VA Health Care

Veterans currently receiving services from the Bath, Canandaigua and Rochester VA have been automatically placed on a list to receive the COVID 19- vaccine.

Rochester, NY—VA Finger Lakes Healthcare System (Bath and Canandaigua VA Medical Centers) is rolling out the COVID-19 Moderna vaccine to Veteran patients according to the Centers for Disease Control and Prevention and VA guidance.

Patients currently receiving services from the Bath, Canandaigua and Rochester VA have been automatically placed, through a data base pull, on a list to schedule them for an appointment to receive the COVID-19 vaccine. We are currently contacting Veterans 75 and older by phone, text message or Secure Message (through MyHealthVet) to schedule appointments for them to get vaccinated. Phone calls, text messages and secure messages will be ongoing over the next several months. Our goal is to vaccinate all Veterans receiving VA health care.

Please do not call VA providers or appointment schedulers to schedule a COVID 19 vaccine shot.

If you would like more information about the COVID-19 vaccine or want to express your interest in receiving the vaccine, please visit: https://www.va.gov/health-care/covid-19-vaccine/.

If you are a Veteran and have not enrolled in VA health care now is the time to apply to see if you are eligible. You can apply online at www.va.gov or call the Veterans Service Center:
We advise Veterans to continue to mask, to physical distance and to practice frequent handwashing in order to do their part in getting COVID-19 under control.

####
News Release

FOR IMMEDIATE RELEASE
January 13, 2021

Contact: Kathleen Hider, Public Affairs
Cell: (585) 330-5720
Email: Kathleen.hider@va.gov

VA Finger Lakes Healthcare System begins COVID-19 Vaccine Distribution with Moderna

Rochester, NY—VA Finger Lakes Healthcare System (Bath and Canandaigua VA Medical Centers) has begun COVID-19 vaccinations for all Veterans enrolled in VA health care following the U.S. Food and Drug Administration’s Emergency Use Authorization for the Moderna vaccine.

In accordance with Centers for Disease Control and Prevention guidance, the vaccine has already been given to front-line health care staff and Veterans in the Community Living Centers (nursing home level of care) at both the Bath and Canandaigua VA sites.

Starting January 14, 2021 Veterans 75 years and older will begin to receive the vaccine. Veterans are being asked not to call VA for appointments. Medical Center staff is currently reaching out to eligible Veterans to schedule appointments for the vaccine based on overall risk criteria. There is no need for Veterans to preregister or come to the facility to sign up.

“We have already identified and started to call Veterans to schedule appointments for them to be vaccinated. At this time we advise them to continue to mask, to physical distance and to practice frequent handwashing in order to do their part in getting COVID 19 under control,” said Bruce Tucker, Director, VA Finger Lakes Healthcare System.

VA Finger Lakes Healthcare System was one of 113 VA Medical Centers across the country to receive the first supply of the Moderna COVID-19 vaccine.
Sites were identified based on need for the vaccine according to CDC’s 1A prioritization and capacity to store the vaccine at -20°C.

The Moderna COVID-19 vaccine was 94 percent effective in clinical trials in preventing COVID-19 disease. The vaccine is administered in two doses, 28 days apart. The side effects appear similar to those of other vaccines and are short-lived.

Veterans can get up-to-date information on VA’s VA COVID-19 vaccine webpage, which launched on December 11, 2020, and sign up to receive regular updates on the vaccine on VA’s Stay Informed page.

###
RESOLUTION NO. XXX-2021

IN RECOGNITION OF MRS. CARRIE L. AHEARN FOR OUTSTANDING VETERANS’ SERVICE IN YATES COUNTY

AND

RECOGNIZING HER AS THE DEPARTMENT OF NEW YORK THE AMERICAN LEGION VETERAN SERVICE OFFICER OF THE YEAR FOR 2020

WHEREAS, Yates County has been and continues to be extremely fortunate to have the Veterans’ Services Agency staffed by Veteran Service Officer Mrs. Carrie L. Ahearn; and

WHEREAS, Mrs. Ahearn is the Department of New York (DNY) The American Legion (TAL) Veteran Services Committee (VSC) point of contact, maintaining global digital distribution lists so that the Committee Leadership, Department level Service Officers and other committee individuals may forward information, requests for assistance and dissemination of vital veterans’ assistance information to reach all DNY TAL accredited Veterans Services Officers; and

WHEREAS, Mrs. Ahearn personally established the Celebrate Recovery program in the Yates County community and continues as an active mentor and facilitator; and

WHEREAS, Mrs. Ahearn continuously takes the time to assist all Veterans and is passionate about advocating for the positive adjudication of their claims; and

WHEREAS, Mrs. Ahearn has been extremely quick to learn and share Veteran Service Officer best practices with Veteran case management software to improve reporting that will be digitally pulled from the software in the future; and

WHEREAS, Veteran Service Officer Ahearn has rendered invaluable service to the residents of Yates County, and continues to do so, for which she has been recognized by the Department of New York The American Legion as the Service Officer of the Year for 2019, truly a most significant honor, and in addition, the National American Legion has also recognized her outstanding talents with the Citation of Merit as well; and

NOW, THEREFORE BE IT RESOLVED, the Yates County Legislature supports and recognizes the continuous invaluable services by Mrs. Carrie Ahearn and the outstanding status she has been rendered; this recognition has resulted in the passing and presentation of this resolution in continued recognition of her superior service to the Veterans of Yates County; and be it further

RESOLVED, that copies of this resolution be provided to all Yates County Veteran organizations, Mrs. Ahearn and the Director of Veterans’ Services.
Yates County Human Services Committee Meeting  
Pro Action Yates Report  
February 2021

**Action Items:**

**Program Updates:**

1. **PERS:**

   We are pursuing some mini-grants to provide financial assistance for seniors that cannot afford a PERS unit on their own. This program is not funded by NYSOFA so we have had to be creative with our funding requests.

2. **Special Needs Disaster Registry:**

   Over 200 applications for the Special Needs Disaster Registry were mailed out at the beginning of January. Over 22 completed applications have already been returned. People completing these registration forms will receive a direct contact from Yates OFA if there is a county wide emergency. They also sign a consent that allows us to share the list with the Sheriff's office and Emergency Services if needed.

3. **Food Distributions:**

   On 1/21, 155 families participated in our drive through pantry at the Town of Starkey Highway Department. This included Bulk pick-ups for Head Start and Children and Family Services.

   Our next distribution is on 2/18 at the Town of Starkey Highway Department. Sign ups were made available on 1/25.

4. **Staffing Updates:**

   Sarah Thillman has been hired as the new Emergency Services Outreach Coordinator and will start on 2/16.

   Candice Fitzpatrick will be interning with the OFA during the spring semester. She will focus mostly on NY Connects work but will have an opportunity to observe and assist with each program.

5. **Senior Nutrition:**

   10 Replacement, shelf stable emergency meals have been provided to each Yates Home Delivered Meals customer. This will ensure that they are prepared if the kitchen must quarantine again.

   The central kitchen has to close for a week sometime in mid to late February for some needed upgrades. We are preparing shelf stable meals for that week, but they will be delivered daily which will allow us to keep an eye on our customers.

   In the past month our number of daily Home Delivered Meals in Yates County has fallen from just over 90 to 45. The reasons are the passing of several HDM customers, customers temporarily stopping meals due to quarantines in their household, and a large number of seasonal customers that have traveled back to their winter homes.
Other:

1. Fiscal and Contract Update:

   Our NY Connects application from last winter was finally approved on 1/6/21. This allows us to make claims for the program year lasting from 4/1/20 through 3/31/21. This funding covers our resource and referral resources.

   Our MIPPA Application was submitted on 1/26/21. This funding covers Medicare insurance counseling and outreach.

2. Customer Satisfaction:

   Feedback was generally very positive but there were a few suggestions that customers made, and we addressed them as follows:

   Home Delivered Meals- Some customers requested menus that would better suit their medical needs such as diabetic friendly meals or meals that are pureed. To address this, we had started a contract with Mom’s meals earlier in the year.

   Transportation- Some customers mentioned that they felt that some drivers pulled away too quickly after dropping them off at home or at an appointment. To address this, we made sure that all drivers were instructed to watch and wait until the senior enters the building that they are being taken to before pulling away.
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</table>

**Notes:**
1. Not included in totals.

**NOTE:** Total Active Cases number is from PDCMS REPORT for pending cases as of December 31, 2020 / carried over to January 2021.
## Non-Competitive Grants

<table>
<thead>
<tr>
<th>Grant</th>
<th>Grant Term</th>
<th>Amount</th>
<th>Claimed</th>
<th>Balance Remaining</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dist. #1</td>
<td>June 1, 2011 - May 31, 2012</td>
<td>$7,134.00</td>
<td>$1,155.19</td>
<td>$5,978.81</td>
<td>Grant closed with funds unspent.</td>
</tr>
<tr>
<td>Dist. #2</td>
<td>June 1, 2012 - May 31, 2015</td>
<td>$48,684.00</td>
<td>$19,994.63</td>
<td>$28,689.37</td>
<td>YC does not have additional expenditures.</td>
</tr>
<tr>
<td>Dist. #3</td>
<td>June 1, 2013 - May 31, 2016</td>
<td>$48,684.00</td>
<td>$0.00</td>
<td>$48,684.00</td>
<td>YC does not have expenditures applicable to this time period.</td>
</tr>
<tr>
<td>Dist. #4</td>
<td>January 1, 2014 - December 31, 2016</td>
<td>$48,684.00</td>
<td>$0.00</td>
<td>$48,684.00</td>
<td>YC does not have expenditures applicable to this time period.</td>
</tr>
<tr>
<td>Dist. #5</td>
<td>January 1, 2015 - December 31, 2017</td>
<td>$97,368.00</td>
<td>$0.00</td>
<td>$97,368.00</td>
<td>YC does not have expenditures applicable to this time period.</td>
</tr>
<tr>
<td>Dist. #6</td>
<td>January 1, 2016 - December 31, 2018</td>
<td>$48,684.00</td>
<td>$0.00</td>
<td>$48,684.00</td>
<td>YC does not have expenditures applicable to this time period.</td>
</tr>
<tr>
<td>Dist. #7</td>
<td>January 1, 2017 - December 31, 2020</td>
<td>$48,684.00</td>
<td>$22,875.00</td>
<td>$25,809.00</td>
<td>Claim for $12,125 received 9/4/2020. Contract term was extended to December 31, 2020.</td>
</tr>
<tr>
<td>Dist. #8</td>
<td>January 1, 2018 - December 31, 2020</td>
<td>$64,912.00</td>
<td>$64,912.00</td>
<td>$0.00</td>
<td>Grant Expired. Claim for $32,456 received 9/3/2020.</td>
</tr>
<tr>
<td>Dist. #9</td>
<td>January 1, 2019 - December 31, 2021</td>
<td>$48,684.00</td>
<td>$0.00</td>
<td>$48,684.00</td>
<td>Claim submitted January 26, 2021 for $6,512.88.</td>
</tr>
<tr>
<td>Dist. #10</td>
<td>January 1, 2020 - December 31, 2022</td>
<td>$48,684.00</td>
<td>$0.00</td>
<td>$48,684.00</td>
<td>Fully executed contract received.</td>
</tr>
<tr>
<td>Dist. #11</td>
<td>January 1, 2021 - December 31, 2023</td>
<td>$97,368.00</td>
<td>$0.00</td>
<td>$97,368.00</td>
<td>Proposal sent January 12, 2021</td>
</tr>
<tr>
<td>Statewide (H-H Year 1)</td>
<td>April 1, 2018 - March 31, 2023</td>
<td>$347,233.80</td>
<td>$82,291.18</td>
<td>$264,942.62</td>
<td>Claim for $65,559.23 received 10/6/2020.</td>
</tr>
</tbody>
</table>

### Year to Date Summary -

- **Claims received:** $176,020.89
- **Submissions pending:** $8,062.88
<table>
<thead>
<tr>
<th>Grant</th>
<th>Date Submitted</th>
<th>Amount</th>
<th>Date Received</th>
<th>Amount</th>
<th>Grant Amount Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Upstate QI</td>
<td>8/5/2020</td>
<td>$12,000.00</td>
<td>2nd Upstate QI</td>
<td>$206,097.57</td>
<td></td>
</tr>
<tr>
<td>Dist. #8</td>
<td>9/3/2020</td>
<td>$32,456.00</td>
<td>Dist. #8</td>
<td>$32,456.00</td>
<td></td>
</tr>
<tr>
<td>Dist. #7</td>
<td>9/4/2020</td>
<td>$12,125.00</td>
<td>Dist. #7</td>
<td>$25,809.00</td>
<td></td>
</tr>
<tr>
<td>H-H Year 2</td>
<td>10/6/2020</td>
<td>$65,559.23</td>
<td>H-H Year 2</td>
<td>$281,674.57</td>
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</tr>
<tr>
<td>CAFA</td>
<td>11/2/2020</td>
<td>$3,517.55</td>
<td>Grant Expired</td>
<td>Grant Expired</td>
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</tr>
<tr>
<td>Dist. #8</td>
<td>11/20/2020</td>
<td>$32,456.00</td>
<td>Grant Expired</td>
<td>Grant Expired</td>
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<tr>
<td>H-H Year 2</td>
<td>12/8/2020</td>
<td>$16,731.95</td>
<td>H-H Year 2</td>
<td>$264,942.62</td>
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<tr>
<td>2nd Upstate QI</td>
<td>12/31/2020</td>
<td>$1,175.16</td>
<td>2nd Upstate QI</td>
<td>$204,922.41</td>
<td></td>
</tr>
<tr>
<td>Dist. #9</td>
<td>1/26/2021</td>
<td>$6,512.88</td>
<td>Dist. #9</td>
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</tbody>
</table>

Total Submitted $8,062.88 Received $176,020.89
Resolutions
Enter into contract with Safe Harbors of the Finger Lakes
Enter into contract with Richard Hoyt
Enter into residential service contract
Amend resolution 465-20
Workforce Development Budget Transfer

Utility Shut Offs
The moratorium on utility shut offs has been extended. However, per regulation in order to get emergency HEAP, a shut off notice must be issued. We have had some difficulty getting these notices issued, and as a result have considerably fewer emergency payments issued. This will become a bigger problem as time goes on, household debt will increase, and energy programs will not receive the revenue they are entitled to.

<table>
<thead>
<tr>
<th>Unemployment Rates</th>
<th>December 2019</th>
<th>December 2020</th>
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</thead>
<tbody>
<tr>
<td>Yates County</td>
<td>4.4%</td>
<td>5.0%</td>
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<tr>
<td>New York State</td>
<td>3.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td>United States</td>
<td>3.7%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Monroe County</td>
<td>4.4%</td>
<td>6.9%</td>
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<tr>
<td>Ontario County</td>
<td>4.1%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Seneca County</td>
<td>4.4%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

There are 862 people in Yates County receiving unemployment. In researching the discrepancy between the number of people receiving benefits and the unemployment rate, I have uncovered the following explanation: The unemployment rate is the percentage of people who report that they are unemployed based on a survey of people being called and asked. The number of people in OSOS is higher because they could be seasonally employed, on shared work, or part-time employed.

Unemployment
Under current law, unemployed New Yorkers’ weekly benefits are reduced by 25 percent for each day an individual works, regardless of the hours worked — unfairly penalizing those who accept part-time jobs. This meant that anyone who worked four or more days - even if they only worked one hour per day - would have to forfeit their entire weekly benefit. The Department of Labor has implemented emergency measures that base partial unemployment benefits on the number of hours worked over the course of a week. Under this new system, unemployed New Yorkers can work up to seven days per week and still receive some unemployment benefits if they work fewer than 30 hours and earn no more than $504 in gross pay. The new method of calculating partial benefits is outlined below:

- New Yorkers who work between zero and four hours in a week and earn no more than $504 will receive their full unemployment benefit;
- New Yorkers who work between four and ten hours in a week and earn no more than $504 will receive 75 percent of their unemployment benefit;
- New Yorkers who work between ten and 20 hours in a week and earn no more than $504 will receive half of their unemployment benefit;
- New Yorkers who work between 20 and 30 hours in a week and earn no more than $504 will receive 25 percent of their unemployment benefit;
- New Yorkers who work over 30 hours in a week, regardless of earnings, will not receive any of their unemployment benefit.

**Proposed Executive Budget**

*Department of Health*

Under the Department of Health (DOH) budget there are no changes to the local Medicaid Administration Cap.

*Office of Children and Family Services*

Despite a five percent reduction to nearly all state operating funding, DOB indicates that funding for OCFS would increase by $416 million. Some key provisions include:

- Child Welfare Services: Reduces open-ended, 62% share by $30.5M (a 5% reduction—95% of 62% state share)
- Foster Care Block Grant: Funding cut by $11.2M (3%)
- Adult Protective/Domestic Violence: Reduced by $2.2M (95% of 49% state share)
- Detention Services: Reduced by $3.8M (5% reduction—95% of 50% state share); there is also a $472,000 reduction for payment of the state share of a county’s prior year reimbursement claim for secure/non-secure detention.
- Elimination of Legislative Adds: $29.4M decrease (includes Safe Harbor, Child Advocacy Centers, Youth Development, Runaway & Homeless Youth, Kinship Programs, etc.)

*Office of Temporary and Disability Assistance*

According to DOB, the Executive Budget recommends $7.25B for OTDA—an increase of approximately $1.4M over last year. The increase primarily reflects additional investments due to projected caseload increases due to COVID-19—and federal funding for the Emergency Rental Assistance program ($1.3B) and a $51M increase for the Emergency Solutions Grant (ESG) program and the Housing Opportunities for Persons with AIDS.

OTDA highlights include:

- Safety Net Assistance: Increase of $70M over last year
- TANF: Increase of $200M over last year
- FFFS: Same as last year ($964M)—child welfare threshold from last year still in place
- Code Blue Appropriation: Reduced by $650,000 (5%)
- Homeless Housing & Preventive Services: Increased by $2.5M
- Summer Youth Employment Program: Same as last year ($45M—up to $5M may be transferred to the credit of the LDSS’ FFFS allocation)
- SNAP/HEAP/Child Support: SNAP increased by $20M; HEAP & Child Support unchanged

Questions remain over the state’s FY21 local aid withholds and the proposed 5 percent cut within the FY22 Executive Budget proposal. As a resource, below is from the current Division of Budget’s (DOB’s) FY22 Executive Budget Financial Plan, specifically addressing payment withholds:

---

In June 2020, DOB began temporarily withholding 20 percent of most local aid payments. It initiated the withholds to ensure that up to $8.2 billion in local aid payments could be withheld permanently, if needed, by the end of FY 2021. This was consistent with the assumptions in the Mid-Year Update.

Through December 2020, withholds are estimated to have totaled $2.9 billion. An improved receipts picture, the availability of Coronavirus Relief resources, and the extension of the higher Federal matching rate on Medicaid expenditures through June 30, 2021 has reduced the need for local assistance reductions.
DOB now expects to reduce most local aid payments by a total of 5 percent from the Enacted Budget estimate, rather than the 20 percent anticipated in the Mid-Year Update and executed to date. Amounts that have been withheld in excess of the 5 percent are expected to be reconciled and repaid in the final quarter of FY 2021.

The Executive Budget proposal continues to include language maintaining DOB’s ability to withhold payments tied to the ongoing economic impacts of the COVID-19 pandemic. The budget is also deemed ‘balanced’ contingent upon federal relief—a minimum of $6 billion in federal state and local aid or the full $15 billion, which the Governor has sought to fully reduce the state’s budget deficit. It remains unclear if the state will continue withholding the 20 percent until a new budget is passed.
AUTHORIZE CONTRACTS WITH THE FOLLOWING AGENCIES/PERSONS

WHEREAS, Yates County and the Yates County Department of Social Services wishes to enter into contract with the following agencies/persons; and

WHEREAS, the term of these contracts is January 1, 2021 through December 31, 2021;

NOW THEREFOR BE IT RESOLVED, that after review by the County Attorney, the Chairman of the Yates County Legislature and Commissioner of Social Services are authorized to sign contracts with the following agencies/persons:

- Dr. Richard Hoyt, for counseling services $125 per hour, waive liability Insurance due to having professional liability insurance

And, be it further;

RESOLVED, that copies of this resolution be forwarded to the Yates County Treasurer, and the Yates County Department of Social Services.

AUTHORIZE CONTRACT WITH SAFE HARBORS

BE IT RESOLVED, that after review by the County Attorney, the Youth Bureau Director and the Chairman of the Legislature be authorized to sign contracts with the following agency for approved Youth Bureau funding for the time frame 1/1/2021-12/31/2021:

<table>
<thead>
<tr>
<th>Agency/Organization</th>
<th>Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Harbors of the Finger Lakes - Sexually Exploited Youth Programming</td>
<td>$35,000</td>
<td></td>
</tr>
</tbody>
</table>

And, be it further;

RESOLVED, that copies of this resolution be given to the Youth Bureau Director and the County Treasurer.

ENTER INTO RESIDENTIAL SERVICES CONTRACT

WHEREAS, the Department of Social Services is required to pay for children in foster care;

RESOLVED, that contingent on the approval of the County Attorney, the Chairman of the Legislature and the Social Services Commissioner be authorized to sign contracts for residential services for eligible youth at the amended daily rates as shown below, or as adjusted by OCFS (New York State), and at the following institutions as listed below for the time frame January 26, 2021- June 30, 2021.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Daily Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Anne Institute</td>
<td>$410.28</td>
</tr>
<tr>
<td>HTP Institution</td>
<td>$410.28</td>
</tr>
</tbody>
</table>
RESOLVED, that copies of this resolution be given to the Yates County Commissioner of Social Services and the County Treasurer.

**AMEND RESOLUTION 465-20**

WHEREAS, the Department of Social Services is required by regulation to provide childcare assistance for eligible Yates County residents; and

WHEREAS, the Department of Social Services is interested in contracting with Dundee Children’s Center for these services;

WHEREAS, Resolution 465-20 contained an error in the listed rates;

NOW, THEREFORE, BE IT RESOLVED, that the childcare rates adopted in resolution 366-19 be amended to reflect the following:

<table>
<thead>
<tr>
<th>Gross Family Income</th>
<th>All Day Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $17,999</td>
<td>$90 per week/$18 per day</td>
</tr>
<tr>
<td>$18,000-27,999</td>
<td>$105 per week/$21 per day</td>
</tr>
<tr>
<td>$28,000-$37,999</td>
<td>$115 per week/$23 per day</td>
</tr>
<tr>
<td>$38,000-$51,999</td>
<td>$130.00 per week/$26 per day</td>
</tr>
<tr>
<td>$52,000-and up</td>
<td>$150.00 per week/$30 per day</td>
</tr>
</tbody>
</table>

Before School: $40 per week and additional children in the same family, $26.64 per week
After School: $62.50 per week and additional children in the same family, $41.63 per week. Children attending less than five days per week the rate is $18.50 per day and $12.32 for additional children in the same family.
After 3 year old program: $62.50 per week and additional children in the same family $41.63 per week.

AND be it further;

RESOLVED, that copies of this resolution be provided to the DSS Commissioner and the Yates County Treasurer.

**WORKFORCE DEVELOPMENT BUDGET TRANSFER**

BE IT RESOLVED, that the following transfers be made in the 2020-2021 Yates County Workforce Development account:

- From: DSS Staff Wage CD6292.1G $53.99
- To: DSS Operating CD6292.4G $53.99

and be it further;

RESOLVED, that copies of this resolution be provided to the DSS Commissioner and the Yates County Treasurer.
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does this position perform services that are mandated by the Federal or State government?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>If the answer to #1 is no, does this position perform services that the County has traditionally maintained?</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>If the answer to #2 is yes, can an entity other than Yates County government perform these services?</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State regulation dictates that actual program eligibility is determined by the County, through the positions of Social Welfare Examiners. Others may be authorized to conduct interviews and collect data, but the determination of eligibility and all paperwork, authorizations, etc. must be done by examiners.</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>If this position is not refilled, can other positions be reconfigured to handle the work performed by the person in this position? If so, what positions? If not, how will the work conducted by the person in this position be handled?</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This vacancy would leave 3 Social Welfare Examiners and 1 HEAP Clerk in the Food Stamp/ HEAP Unit. The total number of SNAP cases in Yates County is currently over 1000. If divided 3 ways instead of 4, this would be an unsustainable caseload.</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>If applicable, is there an existing Civil Service Eligibility List for this position?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Will the loss of this position impact overtime? If yes, why and how can this be minimized? (Please attach an analysis showing any impact on overtime.)</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If we continue with one fewer staff member, staff will be asked to work additional hours. I cannot mandate this, and it is unlikely staff will be interested. These positions are stressful in terms of difficulty and interactions with the public. Staff are currently working to capacity.</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Does federal and/or state aid offset the cost of this position? (If yes, how much)</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes. The total cost, including fringe of a Social Welfare Examiner is $50,324. With reimbursement of 80% the total cost to the county is $10,065.</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>If the position were eliminated, what would be the net county savings? (Include fringe benefits and retirement)</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is no financial savings to eliminating this position. The amount of overtime that would be incurred along with the cost of replacing other staff who are overworked would outweigh the savings.</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Is there any risk, financial or otherwise, to waiting 30 days to refill this position?</td>
<td>☒</td>
<td></td>
</tr>
</tbody>
</table>

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**VACANCY REVIEW FORM**  
Social Welfare Examiner  
Department of Social Services  

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The risk is in not meeting mandatory timelines for case processing. This leaves the county vulnerable to lawsuits and leaves families without support to purchase food and heat their homes.

10. If you are given approval to refill this position, when do you expect to fill it? Date: ASAP

11. Please submit any other information that you think would be helpful to this review.

Please see the attached comparison chart.

Revised 8/2016

### SNAP/HEAP Staffing for Yates and Comparison Counties

<table>
<thead>
<tr>
<th></th>
<th>Wyoming</th>
<th>Lewis</th>
<th>Schuyler</th>
<th>Seneca</th>
<th>Yates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin/review/Supervisory</td>
<td>1 Principal Program Specialist</td>
<td>1 Principal Social Welfare Examiner</td>
<td>1 Supervisor</td>
<td>1 Head Social Welfare Examiner</td>
<td>1 Principal Social Welfare Examiner</td>
</tr>
<tr>
<td>Program staff</td>
<td>2 Senior Program Specialist</td>
<td>2 Senior Social Welfare Examiners</td>
<td>2 Senior Social Welfare Examiners</td>
<td>3 Senior Social Welfare Examiners</td>
<td>4 Social Welfare Examiners</td>
</tr>
<tr>
<td></td>
<td>5 Program Specialist</td>
<td>4 Social Welfare Examiners</td>
<td>5 Social Welfare Examiners</td>
<td>8 Social Welfare Examiners</td>
<td>1.25 HEAP Contractor Job Coaches</td>
</tr>
<tr>
<td></td>
<td>2 HEAP Clerks</td>
<td>2 HEAP Clerks</td>
<td>3 Social Welfare Examiners</td>
<td>3 Clerical</td>
<td>1 Clerical</td>
</tr>
<tr>
<td></td>
<td>*Clerical information not available</td>
<td>*Information regarding HEAP staff is unavailable.</td>
<td>*Information regarding HEAP staff is unavailable.</td>
<td>*Shared with Temporary Assistance</td>
<td></td>
</tr>
</tbody>
</table>
RECOGNIZE DEBORAH A. MINOR FOR OUTSTANDING PUBLIC HEALTH SERVICE IN YATES COUNTY

WHEREAS, Deborah A. Minor, Director of Public Health for Yates County will retire on February 27, 2021.

NOW, THEREFORE, BE IT RESOLVED, the Yates County Legislature recognizes with appreciation and sincere gratitude her thirty years of service to the citizens of Yates County. Her dedication to public health has served our citizens well; and be it further

RESOLVED, that copies of this resolution be provided to Deborah A. Minor.