

System



2003/04 Updates Noted
12/2002 Updates Noted

Key Word	Indicator	Source
access supply, youth services	From quarterly reports submitted by agencies providing services to youth under contract to the County Youth Bureau in 1999, the 5-9 age group received the most services (52%), with the 10-14 receiving 44.4%, the 15-19 receiving 2.6%.	Cayuga County Youth Bureau 12/99.
access supply, home care	There is a shortage of certified home health and personal care aides in the county to meet the demand. They are needed at all levels - home, assisted living, nursing home and adult care facilities.	Human Services Coalition of Cayuga County Position Paper on Issues & Needs of the Elderly, 1997; Long Term Care Access Office, Caregiver Program, 11/2001.
access supply, alcohol/drugs	Alcoholism services - There are no community-based education, intervention, information or referral programs for alcoholism services in Cayuga County other than what the one agency is able to provide on a limited basis i.e. the Confidential Help for Alcohol and Drugs Inc. No treatment, prevention, family services or 12 step meetings are being offered in the jail (funding not available). There is a need for local detoxification at the hospital and crisis services available 24/7.	Cayuga County 1999 Local Services Plan for Alcoholism and Substance Abuse Services; Cayuga County 1997 Local Services Plan for Alcoholism and Substance Abuse Services (CHAD); Confidential Help for Alcohol and Drugs Needs Assessment, 1998.
access supply, child care	There is an inadequate supply of licensed day care slots, (especially for infants - DSS). Affordable child care, the availability of infant care and 2nd & 3rd shift child care are needs in the county.	Safe Schools/Healthy Students – P.7; Partners for a Healthy Community; LDSS staff input session 8/00; Cayuga County 1999 Local Services Plan for Alcoholism and Substance Abuse Services (CHAD); Cayuga County Youth Bureau Needs Assessment, 1996.
access supply, child care	In 1994, 178 families received a child care subsidy and 50 families were on the DSS waiting list. Since 1994, eligibility was expanded through federal/state block grant monies. As a result, from 1/1-11/22/00, 399 families received a child care subsidy and no families were on the DSS waiting list. Additionally, in order to support people in obtaining and keeping jobs, the eligibility for subsidy was raised to 200% of poverty level.	DHHS data, 11/2000.
access supply, child care	As of 11/22/00, there were approximately 170 informal (neighbors, family) day care providers known by the local DSS. In 1999, the number of informal providers was approximately 25.	DHHS data, 11/2000.

access supply, children dental	Local focus groups identified that many pre-school children have needs for dental care that go unmet. No private dentists in Cayuga County accept new Medicaid customers. Only those schools which have a set % of children who qualify for the free school lunch program have free dental hygiene services.	Partners for a Healthy Community, 1998.
access supply, children mental health	Long waiting lists are a serious, chronic problem in getting children to mental health services.	Safe Schools/Healthy Students – P.7.
access supply, children mental health	There is a shortage of cross-trained personnel to deal with the large numbers of self-destructive children in the community. Getting children to mental health services is a serious, chronic problem.	Safe Schools/Healthy Students – P.7.
access supply, children mental health	The shortfall of crisis intervention services is a serious, chronic problem, negatively affecting children's access to mental health services.	Safe Schools/Healthy Students – P.7.
access supply, children's health	Nutrition - In 1998, enrollment in WIC was less than half (46.7%) of the eligible population. In 2000, 53% of the eligible population is enrolled.	Partners for a Healthy Community, 1998; DHHS WIC program, 11/2000; Safe Schools/Healthy Students – P.6.
access supply, counseling	Mothers identified by the Medicaid Obstetrical Maternal Services (MOMS) program, who are in need of psychosocial counseling, are rarely served in a timely manner due to long waiting lists at agencies providing such services.	Safe Schools/Healthy Students – P.8 (MOMS program).
access supply, dental	In 1998, there were 38.9 dentists per 100,000 in Cayuga County.	Community Health Status Report, Cayuga County, HRSA, 7/2000.
access supply, dental	For Cayuga County residents, the closest fee-scaling dental provider is in Syracuse.	Partners for a Healthy Community, 1998.
access supply, domestic violence	The primary service provider, Confidential Help for Alcohol & Drugs, Inc., rated domestic violence shelters and sexual assault treatment as critical needs within the community.	Cayuga County 1999 Local Services Plan for Alcoholism and Substance Abuse Services.
access supply, domestic violence	Approximately 16 domestic violence victims did not receive residential services because of 1. A full shelter, 2. Mental health and substance abuse issues, 3. Requirement to complete a Public Assistance application, 4. The facility was not wheelchair accessible and 5. The location was unsafe.	DHHS data, 9/2000.

access supply, domestic violence	DHHS staff identified the following as gaps in services to victims of domestic violence: 1. Additional legal assistance money as well as civil attorneys who are knowledgeable about domestic violence, 2. Money for security deposits, 3. Money for furniture, 4. Money to kennel pets, 5. Increased coordination with Child Protective Services, 6. Transportation for rural population and 7. Up-front money to pay for child care.	DHHS data, 9/2000.
access supply, health	In focus groups dealing with health care needs, health insurance and primary care were the most frequently cited needs (5 of 7 groups), followed by Senior Housing (4 of 7) and transportation (3 of 7).	Coordinated Transportation Project Study (Human Services Coalition), 1998.
access supply, health care	In 1998, there were 38.9 primary care physicians per 100,000 in Cayuga County. The County was not rated as a health professional shortage area.	Community Health Status Report, Cayuga County, HRSA, 7/2000.
access supply, MR/DD	Respite services for persons caring for OMRDD eligible persons have barriers to their utilization which include: waiting lists; group homes are usually not available due to being full; trained staff has been limited and it is very costly to contract with home health agencies.	Cayuga County MR/DD 1999 – 2000 Local Plan for Supports and Services for People with Developmental Disabilities.
access supply, preschool	Only ¼ of Auburn’s young children and a negligible percent of young children in Port Byron are able to enroll in a pre-school program. Those children entering Kindergarten without pre-school lack the “school readiness” of other children.	Safe Schools/Healthy Students – P.7; Partners for a Healthy Community, 1998.
access supply, shelters	The 1999 OASAS services plan reported that there are no homeless shelters in the community. Victims of domestic violence can be provided residential services to some degree by Cayuga/Seneca Community Action Agency (see violence).	Cayuga County 1999 Local Services Plan for Alcoholism and Substance Abuse Services.
access supply, substance abuse	Given the likely prevalence of substance abuse (indicated by the PRIDE Survey in Port Byron), substance abuse programming is very limited.	Safe Schools/Healthy Students – P.8.
access supply, troubled youth	The BOCES Day Treatment Program, serving troubled youth, did not have enough openings to meet the current demand in 1999. As of 2000, there is no longer a shortage of openings. Supply and demand are uncertain for the future and should be monitored over time.	Safe Schools/Healthy Students (Cayuga Home for Children, March, 1999); Cayuga Counseling Services, 12/2000.

access supply, youth	Resources for youth and family services are diminishing. Allocation is becoming more difficult and education will become more problematic.	Cayuga County Youth Bureau Needs Assessment, 1996.
access supply, youth	Municipalities reported the following concerns to the County Youth Bureau in 1999: the lack of parent involvement, lack of qualified program staff (lifeguards), decrease in dollars for recreation activities (at the state, town and village level).	Cayuga County Youth Bureau 12/99.
access, supply, families	No follow-up services are provided to adoptive families once adoption becomes final.	DSS Staff forum, 8/00.
adoption	Since 1995, Cayuga County has consistently ranked higher in children discharged to adoption than comparable counties. However, it appears that the spread of its positive performance, in relation to comparison counties, may be diminishing. The County's performance since 1995 has declined by 30% while the performance of comparable counties has declined by 15%.	MAPS Data for 1999, published 8/2000.
child care	Certified day care providers are limited as to the number of infants they can care for.	DSS Staff forum, 8/00.
child care	Child care for school-age children currently has gaps in service - Casey Park & Genesee Schools, also children in Port Byron, Moravia and Union Springs are not being served. There is a very limited supply of child care available when school not in session (summer, vacations, holidays, snow days, etc.)	Provider Survey - DSS Plan Goals, 8/2000 (Child Care Council).
children, emotionally disturbed	Local focus groups, in 1998, of parents with emotionally disturbed children, reported concerns about coordination/cooperation between schools and community services.	Partners for a Healthy Community, 1998.
community	There is a need to foster community responsibility for problems identified in our county.	Cayuga County Youth Bureau Needs Assessment, 1996; Partners for a Healthy Community, 1998.
duplication fragmentation, children	Duplication of effort in serving children due to lack of comprehensive assessment and coordination among agencies was cited as a problem in Cayuga County.	Safe Schools/Healthy Students – P.2.
duplication fragmentation, children	The major service agencies touch the lives of children in an uncoordinated, fragmented manner.	Safe Schools/Healthy Students – P.1; Cayuga County Youth Bureau Needs Assessment 1996.
duplication fragmentation, services	Coordination of services and communication between Alcohol & Substance Abuse, Mental Health, Probation and PINS service providers needs to be enhanced.	Cayuga County 1997 Local Services Plan for Alcoholism and Substance Abuse Services (CHAD); Confidential Help for Alcohol and Drugs Needs Assessment, 1998.

duplication fragmentation, children	Erroneous diagnoses of children, as well as insufficient remedies, have resulted from: Each agency uses its own risk assessment tools that are linked to a particular diagnostic framework.	Safe Schools/Healthy Students – P.1-2.
duplication fragmentation, planning	The 1996 Youth Bureau needs assessment cited new thinking encouraging the combining all needs assessments in the county, having a single point of entry system with a twenty-four hour information/referral hotline, and a comprehensive list of services for community.	Cayuga County Youth Bureau Needs Assessment, 1996.
duplication fragmentation, youth	The youth services system is seen as reactive rather than pro-active. There is duplication of effort, a need for better coordination, a lack of awareness of services and a need to improve communication among providers in the community.	Safe Schools/Healthy Students – P.1; Cayuga County Youth Bureau Needs Assessment 1996.
duplication, fragmentation, services	Due to potential duplication and overlap in the service delivery system of Cayuga County, coordination and consolidation of human services was cited as a medium priority. Auburn City also cited the need for collaboration in grant writing and resource sharing.	City of Auburn Planning Needs Assessment, March 1995.
elder abuse	The report, Strengthening New York's Families, states there is a critical need for elder abuse prevention and intervention programs which focus efforts on engaging very vulnerable and isolated individuals through intensive and innovative outreach. The report also cited a need to provide counseling, advocacy, case management and various support services for victims and their families.	NYS Dept. of Social Services, 1994/95 Annual Report, Strengthening New York's Families (Hoyt Children & Family Trust Fund).
elder housing	As of 1997, there was a need for affordable home maintenance, household chore and personal care for low-income seniors.	Human Services Coalition of Cayuga County Position Paper on Issues & Needs of the Elderly, 1997.
foster care	In 2000, there were 134 children ages birth - 17 years of age in foster care in Cayuga. This represented 6.4 per 1,000 children/youth of this age bracket. In upstate New York there was 4.3 per 1,000 children/youth of this age bracket in foster care.	NYS Kids Count 2002 Data Book
foster care	Kinship/relative foster care placement is underutilized in Cayuga County. Of the 127 children admitted to foster care in 1999, 9 were placed with relatives.	DSS Staff forum, 8/00 & MAPS Data for 1999, published 8/2000.

foster care, admissions	<p>The number of children admitted to foster care in 1999 was 64 and 76 in 2000, in Cayuga County. This was 32.1% increase. The 76 children represented 3.7/1000 children in Cayuga County, similar to comparable counties (3.6/1000 children).</p>	MAPS Data for 1999 & 2000.
foster care, discharges	<p>In 1999, 92 children were discharged representing 42.8/1000 children in Cayuga and 41.6/1000 for comparable counties. In 2000, 68 children were discharged representing 33.7/1000 children in Cayuga and 39.9/1000 children for comparable counties.</p>	MAPS Data for 1999 & 2000.
foster care, discharges	<p>Cayuga County children, age 10-13, stayed longer in foster care than did comparable counties in 1999. 11.9% of this age group was discharged vs. 16.3% for comparable counties. This group comprised 27.6% of the County's foster care caseload vs. 21.6% for comparable counties. In 2000, however, there was an increase in the percentage of discharges for this age group. 23.5% of this age group was discharged vs. 16.1% for comparable counties.</p>	MAPS Data for 1999 & 2000.
foster care, discharge home	<p>Between 1999 & 2000 both the county and comparables decreased in the % of discharges to home. Of all discharges, Cayuga County decreased the percent of discharges to home from 76% in 1999 to 55.9% in 2000, a decrease of 20.3%. Discharges to adoption rose during this period.</p>	MAPS Data for 1999 & 2000.
foster care, discharge adoption	<p>Of all discharges, the county increased the % of discharges to adoption from 16.7% in 1999 to 26.5% in 2000. The county has as a higher % than comparable counties of discharges to adoption. The number of children discharged to adoption remained steady at 17 in 1999 and 18 in 2000. However, the county had a much higher rate than comparables. The rate in 2000 was 60 per 1000 children in Cayuga and 35.3 per 1000 in comparable counties.</p>	MAPS Data for 1999 & 2000.
foster care, discharge out of county	<p>Fewer Cayuga County children were placed in the congregate care level out of the county between 1998 (36 children) and 2000 (24 children). Comparable counties had a higher % of out of county placements than Cayuga.</p>	MAPS Data for 1999 & 2000.

foster care,
institutional
placement

Cayuga County relies less on institutional placement of youth in the foster care system than comparable counties. In 2000, Cayuga had an "in care" rate of 17.9% for congregate settings and an "in care" rate for other settings of .7%. Comparable counties for "in care" was 30.3% for congregate settings and "in care" other was 2.3%. This data is consistent with previous years.

MAPS Data for 1999 & 2000.

foster care,
discharge rates

In 1999, Cayuga County reflected a trend of keeping children in foster care longer than comparable counties. Nearly 50% (49.8%) of the children placed in foster care in the comparable counties were discharged in under a year vs. 31% for Cayuga County. The County had a higher percentage of children who were discharged after lengthy stays in foster care than did comparable counties. For children staying in foster care for more than 2 years, but less than 3, the discharge rate was 23.8%. For comparable counties, the rate was 10.9%. A similar level of disparity appeared for those staying over 3 years. The County discharge rate for these children was 20.2% as compared with 12.6% for comparable counties. Overall, Cayuga discharges from foster care at a rate of 39.8% vs. 41.2% for comparable counties.

MAPS Data for 1999, published 8/2000.

foster care

In 1999, Cayuga County utilized foster care at a higher rate than did comparable counties. For children placed, 77.2% of the County's children were placed in foster care as compared to 65.3% for comparable counties. The County did better than comparable counties in utilization of congregate care for kids placing 21.3% vs. 28.3%. The 1999 data reflects a trend in Cayuga. In 1995, there were 113 children and youth (ages 0-17) in foster care for a rate of 5/1,000 children and youth. In 1997 the number had increased to 165 for a rate of 7.3/1,000. The County was considerably higher when compared to the upstate rate of 4.9/1,000 in 1997.

MAPS Data for 1999, published 8/2000.
Kids Count 2000 Data Book.

foster care

Over a 15 month period (ending in 1999) 40, or 19.4%, children were admitted to foster care from families that had previous preventive involvement. For comparison counties the rate was 12%.

MAPS Data for 1999, published 8/2000.

foster care	<p>Forty-four, or 74.6% of the children admitted to foster care during the year 1999 had no previous preventive or child protective services involvement. For comparison counties the rate was 52.3%. Fifty-seven, 75% of the children admitted to foster care during the year 2000 had no previous preventive or child protective services involvement. For comparison counties the rate was 51.4%. Historically, thirty-three, or 50.8 of the children admitted to foster care during the year 1997 had no previous preventive or child protective services involvement. For comparison counties the rate was 48.9%</p>	MAPS Data for 1999 and 2000.
foster care	<p>Cayuga County did a much better job at keeping siblings together when they needed foster care placement in both 1999 and 2000. During 2000, 66.7% of 2 siblings, 85.7% of 3 siblings and 56.5% of 4 siblings were kept intake. In every case, especially for 4 siblings, there were fewer siblings separated than in comparable counties.</p>	MAPS Data for 1999 and 2000..
foster care	<p>In 1998, 24.5% of the foster care "days in care" were devoted to institutional care and 71.2% were used by children in a foster homes. By 2000, the County had reduced its reliance on institutional care to 18.6% of "days in care" and increased use of foster homes to 76.6% of "days in care".</p>	MAPS Data for 1999 and 2000.
health care	<p>One-quarter of C/SCAA program participants indicated that they did not have access to health or dental care when they need it, primarily due to the expense or lack of insurance.</p>	1997 Low Income Community Needs Assessment, Cayuga/Seneca Community Action Agency.
housing for disabled	<p>Many families will need assistance to identify housing needs for their disabled family member as they look to the future; local community planning agencies and government need to address issues involved in site development.</p>	Cayuga County MR/DD 1999 – 2000 Local Plan for Supports and Services for People with Developmental Disabilities.
human services	<p>Over 85% of the general population respondents, to the United Way survey, supported current county funding of human services activities with nearly 40% indicating support for increased funding.</p>	United Way Needs Assessment, Jan. 1994.
youth	<p>Alternatives to current treatment, and Dept. for Youth intervention services that retain youth in the community, need to be developed.</p>	Cayuga County 1997 Local Services Plan for Alcoholism and Substance Abuse Services (CHAD).

parenting skills	There is an inadequate level of training in parenting skills, especially in the schools. This contributes to ineffective parents which, in turn, contributes to troubling behavior of children in the schools. Education should be broad-based, for all types of families and at earliest level possible.	Safe Schools/Healthy Students – P.7; Partners for a Healthy Community; LDSS staff input session 8/00; Cayuga County 1999 Local Services Plan for Alcoholism and Substance Abuse Services (CHAD); Cayuga County Youth Bureau Needs Assessment, 1996; Provider Survey - DSS Plan Goals, 8/2000 (Child Care Council).
pregnancy/ births	In 1998, 530 (58.3%) of the live births were by mothers with twelve years or less of education.	NYSDOH 1998 Data Tables, September 2000.
pregnancy/ births	In 1998, of those mothers age 19 or younger, 93 (81.6%) had Medicaid as their primary financial coverage.	NYSDOH 1998 Data Tables, September 2000.
births, financial coverage	In 1998, 331 (36.4%) of all live births listed Medicaid as the primary payer. In 1999, 328 (36.1%) of all live births listed Medicaid as the primary payer.	NYSDOH 1998 Data Tables, September 2000. 1999 Vital Statistics, as of 9/2002.
preventive services	There are insufficient resources dedicated to intense preventive support services for families. This is, in part, due to a lack of public understanding of preventive casework (there is some evidence that this is the case, see Foster Care outcomes with & without preventive services).	DSS Staff forum, 8/00.
preventive services	There is a higher rate of discharge from preventive services to high risk families than in comparable counties: 25.2% are closed within 3 months of referral vs. 18.6% in the comparable counties and 85.9% are closed within 15 months vs. 68.6% in the comparable counties.	MAPS Data for 1999, published 8/2000.
racism	In a 1995 Auburn City assessment, duplication and sensitivity about the adverse effects of racism was cited as a medium priority. Training in diversity, for all public employees, was identified as a need.	City of Auburn Planning Needs Assessment, March 1995.
safety	Physical and social deterioration of neighborhoods – the issue of safety and the involvement of the community in community development.	City of Auburn Planning Needs Assessment, March 1995.
school partnerships	There is a need to enhance/achieve parent-school partnerships and community-school partnerships. The integration of, or the coordination between, community organizations and schools needs strengthening in order to meet the needs of at risk youth.	Partners for a Healthy Community, 1998.

teen pregnancy	Prenatal care and delivery costs for teen pregnancies in the county were at least \$622,000 in 1995, not including food stamps and social services.	Abstinence & Promotion Initiative Proposal, Cayuga County, 1998.
training	In 1997, training in assessment (alcohol/substance abuse) skills for child/adolescent service providers was identified as a need. Also, family assessment for alcohol/substance abuse was seen as a high need for the Court.	Cayuga County 1997 Local Services Plan for Alcoholism and Substance Abuse Services (CHAD).
transportation	In the 1997 C/SCAA assessment, transportation was cited as the fifth highest need by Cayuga County agency and staff respondents. In 2000, transportation was rated as the most pressing need, however the reported results were not specific to Cayuga County alone, i.e. included Seneca County.	1997 and 2000 Low Income Community Needs Assessment, Cayuga/Seneca Community Action Agency.
transportation	The City of Auburn's 1995 assessment cited transportation was as a need - CENTRO was having financial difficulties and the SCAT van service had limitations which made it difficult to fill the current need for low cost transportation services in the City.	City of Auburn Planning Needs Assessment, March 1995.
transportation	As of 1998, in addition to Centro, there were 7 organizations providing transportation, with 63 vehicles. Centro has an additional 16. 33 of the vehicles were used as private transportation for the clients (or residents) of the agency that operates them; 10 SCAT vans served residents who are disabled or over 60; Cayuga/Seneca Community Action Agency operated 20 vehicles in both counties serving "all consumers."	Coordinated Transportation Project Study (Human Services Coalition), 1998.
transportation	As of 1998, transportation providers, in the county, maintained and operated fleets independently of each other.	Coordinated Transportation Project Study (Human Services Coalition), 1998.
transportation	In the Community Health Network key informant interviews, transportation was cited as a key concern in only 1 of 15 interviews. This suggests a perception gap between professionals and customers as customers saw transportation as a significant need.	Coordinated Transportation Project Study (Human Services Coalition), 1998.
transportation	In a telephone survey of organizations with funds to pay for transportation services for clients, 56% said they needed transportation for clients; 45% said they were willing to participate in a demonstration program; another 9% "might" be interested.	Coordinated Transportation Project Study (Human Services Coalition), 1998.

transportation	Community Health Network focus groups (7) detailed the following transportation problems: 1. transportation services are often not available for seniors to get to basic services; 2. the SCAT vans are underutilized because there is a lack of volunteer drivers; 3. there is a lack of transportation services to access Syracuse based services; 4. transportation services are inadequate in many parts of the county; 5. transportation to health services is often limited throughout rural areas of the county; 6. there is a lack of coordination among existing transportation services available in the county; 7. transportation services are needed for children when parents are unable to provide it; 8. transportation programs should include services to schools; 9. there is a lack of public awareness of existing services.	Coordinated Transportation Project Study (Human Services Coalition), 1998.
transportation	In 1998, providers of transportation reported that fleets sent vehicles to similar areas at similar times with no knowledge of what the other was doing.	Coordinated Transportation Project Study (Human Services Coalition), 1998.
transportation	In a telephone survey of agencies (n=16), 87.5% of the targeted health care agencies said they needed transportation for their clients.	Coordinated Transportation Project Study (Human Services Coalition), 1998.
transportation	Feedback from rural residents, youths attending community college, pre-school parents, teen parents, elders, and unemployed residents cited transportation as a priority issue.	Partners for a Healthy Community, 1998.
transportation	There is a need to expand transportation options: 1. Rural areas have limited or no service; 2. Restricted, infrequent, or no service limits access to employment; 3. Lack or limited transportation deters making health & dental appointments; 4. Non-traditional uses (e.g. need for delivery or drop off service for those unable to drive or take transportation); 5. Limited, to no, service providing access to shopping after 6 p.m.	Partners for a Healthy Community, 1998.
transportation	Transportation is a problem in getting children to mental health services.	Safe Schools/Healthy Students – P.7 (Community Health Needs Assess.).
poverty, children, uninsured, state	Over the course of 1999 –2001, the state of New York averaged 5,002,000 children (under age 19). Of the total, an average of 2,048,000 were at or below 200% of poverty (40.9%). The number of children at or below 200% of poverty and uninsured averaged 358,000 (or 7.2% of all children in the state).	U.S. Census Bureau, Current Population Survey, March 1999, 2000, and 2001.

access, health care, insurance	In a survey of 3 communities within the county, 20% of adults surveyed did not visit a doctor due to lack of health insurance.	Healthy Neighborhood Program (Mentz, Locke, Moravia), DHHS, 11/00.
access, health care, insurance	Twenty-eight (28) percent of the adults surveyed over the last three years in the Healthy Neighborhood program did not see a doctor due to the lack of health insurance.	Healthy Neighborhood Program (Mentz, Locke, Moravia), DHHS, 12/02.
access supply, health Insurance, children	In 1999, there were approximately 5,000 children in Cayuga County that did not have any health insurance.	Facilitated Enrollment Proposal, Cayuga County DHHS, 5/1999.
access, uninsured, state, age	In 2000, 10% of persons under 18 years of age were uninsured and 15% of persons 18 years of age and older were uninsured in the state.	NYSDOH, Community Health Data Set, Current Population Survey, Percent of Population Below Poverty, NYS, 2000. 12/2003
access, uninsured, national	Approximately 41 million people in the US are uninsured each day. In 2001 and 2002, 74.7 million people were uninsured for all or part of the year.	Health Care: No Easy Rx, The Citizen, Auburn, May 15, 2003.
access, uninsured, county	The county's population age 18 and older was 64,100 according to the census. As of May 2003, 15% of Cayuga County residents (960 adults) did not have health insurance. Most fell in categories such as young people ages 18-24 and low income workers.	Health Care: No Easy Rx, The Citizen, Auburn, May 15, 2003.
access, uninsured, county	Revenues at Auburn Memorial Hospital were \$63.8 Million dollars in 2002. The hospital incurred \$2.5 million dollars in losses for care given to people who were uninsured or did not pay their bills; five years ago the amount was \$1.8 million.	Health Care: No Easy Rx, The Citizen, Auburn, May 15, 2003.
access supply, health Insurance	In 1997, it was estimated that there were 11,300 persons without health insurance in Cayuga County.	Community Health Status Report, Cayuga County, HRSA, 7/2000
access supply, health insurance - Medicaid	In 1999, the County's Medicaid program paid out: \$ 47,892,784 on behalf of 8702 beneficiaries. The largest beneficiary groups were children under 18 representing 3,617 individuals or 42% of all beneficiaries. The next group were those persons that were 65 and older, 1,402 or 16%. (Base data to be updated annually).	Cayuga County Medicaid Claims Data Analysis, 2/01

access supply, health insurance - Medicaid	<p>In 1999, there were 6,838 White Medicaid eligibles, representing 79% of the total number of beneficiaries. The next largest designated racial group was Black, numbering 484 and representing 6% of the year's Medicaid beneficiaries. Other groups were Hispanic, 80 or 1% and "other", 1300 or 15%. (Base data to be updated annually).</p>	Cayuga County Medicaid Claims Data Analysis, 2/01
access supply, health insurance - Medicaid	<p>In 1999, the two largest categories of persons receiving Medicaid were Medicaid Only (meaning they were not receiving other Department of Social Services financial support) and SSI (aged or disabled). There were 5,240 Medicaid Only beneficiaries representing 60% of the total number and 2,070 SSI beneficiaries representing 24% of the total. (Base data to be updated annually).</p>	Cayuga County Medicaid Claims Data Analysis, 2/01
access supply, health insurance - Medicaid	<p>In 1999, the Medicaid claims areas with the largest expenditures were: (1) nursing home at \$18,554,695 or 39% of MA payments; (2) pharmacy at \$5,541,645 or 12% payments; (3) inpatient at \$5,263,755 or 11% of payments and; (4) MR/DD services at \$5,145,886 or 11% of payments. (Base data to be updated annually).</p>	Cayuga County Medicaid Claims Data Analysis, 2/01
child protective services	<p>The State of New York recommends that Child Protective Service (CPS) workers handle approximately 110 cases per year and carry an average caseload of 20. In the beginning of 2001, Cayuga County's CPS workers averaged 122 cases per year and carried an average caseload of 41 . In 2002, the data collected for 2001 reported an average even higher - 130 cases per year. Worker were handling 20 more cases per worker than the State recommends.</p>	Cayuga County DHHS, 1/2001, 5/2002.
education	<p>Of the 323 program participants who responded to the assessment survey in 2000, more than 70% lived in Cayuga County. One-third of adult household members did not have a high school diploma or GED.</p>	2000 Low Income Community Needs Assessment, Cayuga/Seneca Community Action Agency
depression, welfare	<p>In a study sampling experimental evaluations of welfare-to-work programs in the US and Canada, one-third showed that the programs produced changes in symptoms of depression. Seventy percent of these were unfavorable, in that they increased the symptoms.</p>	Symptoms of Depression Among Welfare Recipients: A Concern for Two Generations, Child Trends Research Brief, December 2001.