

System



**2003/04 Updates Noted
12/2006 & 07 Updates Noted**

Key Word	Indicator	Source
access supply, home care	In 1997 and 2001 a shortage of certified home health and personal care aides in the county to meet the demand was reported. They were 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	Local sources cited 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	Various sources have cited that there was an inadequate supply of licensed day care slots, (especially for infants - DSS) in Cayuga County. Affordable child care, the availability of infant care and 2nd & 3rd shift child care were 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.

dental, access, national	The lack of dental care is not restricted to the poor and their children, the data shows. Experts on oral health say about 100 million Americans — including many adults who work and have incomes well above the poverty line — are without access to care. A federal survey shows that 27 percent of adults without insurance saw a dentist in 2004, down from 29 percent in 1996, when dental fees were significantly lower, even after adjusting for inflation. For adults with private insurance, the rate was virtually unchanged, at 57 percent, up from 56 percent. Since 1990, the number of dentists in the United States has been roughly flat, about 150,000 to 160,000, while the population has risen about 22 percent. In addition, more dentists are working part time.	"Boom Times for Dentists, but Not for Teeth", Alex Berenson, NY Times, October 11, 2007.
dental, access, national	The shortage of dentists will almost certainly worsen, because the nation has fewer dental schools and fewer dentists in training than a generation ago. After peaking at 5,750 in 1982, the number of dental school graduates fell to 4,440 in 2003, as several big dental schools closed their doors. The average dentist is now 49 years old, according to the American Dental Association, and for at least the next decade retiring dentists will probably outnumber new ones. Even if more students wanted to enter the profession, states are not moving aggressively to expand dental schools or open new ones.	"Boom Times for Dentists, but Not for Teeth", Alex Berenson, NY Times, October 11, 2007.
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	In 1998, enrollment in WIC was less than half (46.7%) of the eligible population. In 2000, 53% of the eligible population were 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 were in need of psychosocial counseling, were 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, 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, 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 were able to enroll in a pre-school program. Those children entering Kindergarten without pre-school lacked 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 were 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, 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 were 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	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 were 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. While the performance of other counties has improved somewhat and Cayuga's has declined at times, Cayuga has a positive adoption placement rate that is 41% better than comparable counties (in 2006 30.4% rate for Cayuga vs. a 17.9% rate for comparable counties).	MAPS Data for 1999, published 8/2000. MAPS Data for 2006, published 2007. 2007
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).
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, 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.

foster care	<p>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. In 2004, there were 84 children ages birth - 17 years of age in foster care in Cayuga. This represented 3.5 per 1,000 children/youth of this age bracket. In upstate New York there was 2.9 per 1,000 children/youth of this age bracket in foster care. The state rate was 4.5.</p>	<p>NYS Kids Count 2002 and 2006 Data Book. 2007</p>
foster care	<p>In 2005, there were 98 children in foster care in Cayuga, up slightly from 93 in 2004 . This represented 4.2 per 1,000 children/youth of this age bracket. The rate for comparable counties was 3.7. In 2006 there were 79 Cayuga County children in foster care for a rate of 3.4%. The 2006 rate for comparable counties was 3.8%. This drop continues an overall five year trend of declining numbers of children residing in foster care (the exception was 2005). As a comparison, in 2002 there were 133 children in foster care, nearly twice as many children in foster care as of 2006.</p>	<p>2005 & 2006 Monitoring and Analysis Profiles, MAPS, Cayuga County.</p>
foster care	<p>Kinship/relative foster care placement, at the time of admission, is underutilized in Cayuga County. Of the 127 children admitted to foster care in 1999, 9 were placed with relatives. In 2003 there were 59 admissions to foster care with 6 children being placed with relatives for 10.2% placement rate with relative care givers. In 2006 there were no placements of children in foster homes of relatives. The county, therefore, had a 0% placement rate with relatives while comparable counties had a 4.7% rate in 2006. However, the situation for children who are "in care" is considerably better, with 10.1 % of Cayuga County foster children living in approved relative homes in 2006. Comparable counties had a 6.1% rate for children living in approved relative homes, in 2006, rate for children "in care."</p>	<p>DSS Staff forum, 8/00 & MAPS Data for 1999, published 8/2000; MAPS Data for 2003; MAPS Data for 2006. 2007</p>

foster care, admissions	<p>The number of children admitted to foster care in 1999 was 64, 76 in 2000, 59 in 2003 and 59 again in 2004, in Cayuga County. The 59 children represented 2.5% rate in Cayuga County, similar to comparable counties and exactly at the state median of 2.5%. For 2006 the number of admissions to foster care reached an 8 year low of 28 for a rate of 1.2%, half the 2.4% rate for comparable counties.</p>	<p>MAPS Data for 1999 & 2000; MAPS Data for 2003. Kids Count data for 2004. MAPS Data for 2006. 2007</p>
foster care, discharges	<p>In 1999, 92 children were discharged from foster care, representing a 42.8% rate in Cayuga and 41.6% for comparable counties. In 2000, 68 children were discharged representing a 33.7% rate in Cayuga (39.9% for comparable counties). In 2003, 80 children were discharged from foster care for a 41.2% rate, close to the 42.4% rate for comparable counties. For 2006, the number and percent of discharges slowed, with the county discharging 38 children from foster care or 32.5% rate. The percentage discharge rate for comparable counties was 38.7% in 2006.</p>	<p>MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007</p>
foster care, discharges	<p>Cayuga County children, age 10-13, stayed longer in foster care than they did in comparable counties during 1999. 11.9% of this age group was discharged during the first year in care vs. 16.3% 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 during the first year vs. 16.1% for comparable counties. By 2003 the county improved even further by discharging this cohort during their first year in care at a rate of 27.3%. However, the County did not match the increased discharge rate of comparable counties for this age group (in 2003 comparable counties had a 47.7% discharge rate for this cohort). The performance disparity continued in 2006 with the county discharging children in this cohort from foster care, with stay of less than one year, at rates lower than comparable counties; a 25% rate fo Cayuga vs. a 46% rate for comparable counties.</p>	<p>MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007</p>

foster care, discharge rates	Cayuga County tends to keep children in foster care longer than comparable counties. In 1999 the discharge percent rate for children staying in foster care, under one year, in Cayuga County was 31% while comparable counties discharged approximately half of their children from foster care in less than one year (49.8%). In 2003, Cayuga's rate improved to 35.1% and the discharge rate for children staying in foster care for less than one year in comparable counties declined to 42.7%. By 2006, Cayuga's rate changed very little, 34.2%, but comparable counties increased their discharges of foster children staying in care for less than a year with a 46.4% discharge rate.	MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007
foster care, discharge home	Between 1999 & 2000, in both the county and comparables, there was a decrease in the % of discharges to home. In Cayuga, of all foster care discharges, the percent of discharges to home dropped from 76% in 1999 to 55.9% in 2000, a decrease of 20.3%. Discharges to adoption rose during this period. By 2003 the County approximated its 1999 rate of returning children to home by achieving a 70% rate of return. The County's rate for 2003 was close to the 74.5% rate for comparable counties. However, the adoption rate stayed high in relation to comparable counties. By 2006 the county percent of discharges to home fell back to 2000 levels, with 57.9% of foster care being returned home. Comparable counties maintained their historic rate, returning 72.4% of foster children home.	MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007
foster care, discharge adoption	Of all discharges from foster care, the county increased the % of discharges to adoption from 16.7% in 1999 to 26.5% in 2000. It dipped only slightly in 2003 to 25%. The county has as a higher % than comparable counties of discharges to adoption. The rate in comparable counties for discharge to adoption was 14.7% in 2003. Similar results occurred in 2006 with the county discharging 28.9% of the foster care caseload to adoption while comparable counties discharged 15.5% to adoption.	MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007

foster care, discharge out of county	Fewer Cayuga County children are being placed in congregate care out of the county. Between 1998 and 2000 the numbers being placed dropped from 36 children to 24 children. Comparable counties had a higher % of out of county placements than Cayuga during those years. In 2003, the County children placed out of the county was down to 6 for a 10.2% rate, The placement rate for comparable counties was twice that of Cayuga's at 21.6%. In 2006 the county placed only 5 children in congregate care for a 17.9% rate while comparable counties experienced an 18.1% rate.	MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007
foster care, institutional placement	Cayuga County had relied less on institutional care for youth in the foster care than comparable counties, but that has changed over time. In 2000, Cayuga had an "in care" rate of 17.9% for congregate settings. The rate of comparable counties for "in care" was 30.3% for congregate settings in 2000. This data is consistent with previous years. In 2003 Cayuga congregate "in care" rate jumped to 32.5 vs. 31.4 for comparable counties. In 2006 the county congregate "in care" rate dropped back to 26.6% which was very close to the 26.9% rate for comparable counties.	MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007
foster care	In 1999, Cayuga County utilized foster boarding care at a higher rate than did comparable counties. For children placed, 77.2% of the County's children were placed in foster boarding care as compared to 65.3% for comparable counties. By 2003 things changed. In 2003 54.4% of the County's children in foster care were placed in foster boarding homes vs. 62.1% for comparable counties. In 2006, things changed again with the county placing 82% of its foster children in foster boarding homes while comparable counties had a lower placement rate for boarding homes at 72.5%. (see also the trend data on placement rates and "in care" rates for foster care)	MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007

foster care	<p>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%. By 2003 the County's rates changed dramatically. In 2003, County children who had been in families receiving Preventive Services or Preventive and Child Protective Services had foster care placement rates of 8.5% and 3.4% respectively. For comparable counties the placement rates for children living in families receiving Preventive Services or Preventive and Child Protective Services the rates were 16% and 14.3% respectively. In 2006 Cayuga admitted 4 children, for a rate of 14.3%, into foster care who had received Preventive services, a rate below that of comparable counties at 17.1%. During 2006 there were no foster care admissions for children who received Preventive and Child Protective Services for a 0% rate vs. a 19.8% admission rate for children in comparable counties.</p>	<p>MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007</p>
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%. In 2003, 52 or 88% of the County children admitted to foster care had no previous preventive or child protective services involvement. For comparable counties the rate was 48.7% had no previous intervention by district personnel. The rates for 2006 were 85.7% (24 children) for Cayuga and 46.6% for comparable counties.</p>	<p>MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007</p>

foster care	<p>Cayuga County does a very good job in keeping siblings together in foster care. During 2000, 66.7% of 2 siblings, 85.7% of 3 siblings and 56.5% of 4 siblings were kept together in placement. In every case, especially for 4 siblings, there were fewer siblings separated than in comparable counties. In 2003 the earlier record of keeping siblings together continued to be better than for comparable counties with the exception of where there were 4 or more siblings, keeping only half of these sibling units together. In comparable counties the rate was only 4.1% of 4 or more siblings being separated. As of 2006 Cayuga continues doing a better job. During 2006 Cayuga was able to keep all siblings needing foster care together with one exception, four siblings who were partly separated. To compare, Cayuga had 100% of 2 siblings and 100% of 3 siblings remaining together vs. comparable counties which kept 61.7% of 2 siblings together and 36.8% of 3 siblings together.</p>	<p>MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007</p>
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 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". In 2001, the percent of "days in care" for institutional placements found its lowest level, 17.4%. However, by 2002 the utilization of institutional rose, reaching 27.4% and a high to date of 32.3% in 2003. Since 2003 the number and percent of "days in care" for institutional placements has been declining. As of 2006 the percent of "days in care" for institutional placements has declined to 26.8%. It is important to note that the number of children in, and the number of days utilized for institutional foster care has been in general decline for the past 3 years (since 2003).</p>	<p>MAPS Data for 1999 & 2000; MAPS Data for 2003. MAPS Data for 2006. 2007</p>
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. In 2003 this decreased to 15% of program participants.</p>	<p>1997 and 2003 Low Income Community Needs Assessment, Cayuga/Seneca Community Action Agency.</p>

housing for disabled	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.	Cayuga County MR/DD 1999 – 2000 Local Plan for Supports and Services for People with Developmental Disabilities.
youth	Alternatives to current treatment, and Dept. for Youth intervention services that retain youth in the community, need to be developed.	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).
preventive services	There were 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: In 1999, 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. In 2006, a similar scenario was true with Cayuga closing 36% of preventive cases in the first 3 months vs. comparable counties discharging at only 14.1% in the first 3 months. Within 15 months the county discharged cases at a rate of 61.2% vs. comparable counties' rate of 41.8%.	MAPS Data for 1999, published 8/2000. MAPS Data for 2006, published 2007.
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. In 2003, transportation was the fifth highest most pressing need (28% of C/SCAA staff) and the third highest most pressing need by community agency staff.	1997, 2000 and 2003 Low Income Community Needs Assessment, Cayuga/Seneca Community Action Agency.

transportation	Transportation is a problem in getting children to mental health services.	Safe Schools/Healthy Students – P.7 (Community Health Needs Assess.).
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 to health care	In 2000, 15% of program participants reported not getting medical, and 25% dental, care when needed. The biggest barrier being no insurance coverage. In 2003, 15% of program participants reported not getting medical, and 53% dental, care when needed. The biggest barrier being no insurance coverage.	2000 and 2003 Low Income Community Needs Assessment, Cayuga/Seneca Community Action Agency
access, uninsured, state, age	In 2000, 10.8% of persons under 18 years of age were uninsured and 15.5% of persons 18 years of age and older were uninsured in the state. In 2004, 8.6% of persons under 18 years of age were uninsured and 14.2% 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, 1995-2004. 12/06.
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.

child protective services	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.	Cayuga County DHHS, 1/2001, 5/2002.
education	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.	2000 Low Income Community Needs Assessment, Cayuga/Seneca Community Action Agency