

Health and Human Services

Budget Unit Name	BU No.	Page	Appropriation	Total
Alcohol, Drug and Mental Health		29		
Alcohol & Drug	505-6	33	\$2,166,057	
Mental Health Administration	505-1	34	\$9,809,803	
Mental Health Services Act (MHSA)	505-7	35	<u>\$8,332,892</u>	
				\$20,308,752
Employment and Social Services		37		
Yolo IHSS Public Authority	367-0	N/A	\$1,548,679	
Administration, Assistance & Support				
Services	551-1	40	\$37,482,512	
Community Services Block Grant	565-0	41	\$264,657	
General Assistance	561-2	42	\$429,383	
TANF/CalWORKS/Foster Care	552-2	43	\$28,958,992	
Workforce Investment Act	562-1	44	<u>\$2,608,031</u>	
				\$71,292,254
Health		45		
Community Health	501-1	48	\$5,527,981	
Environmental Health	501-3	52	\$3,249,750	
Children's Medical Services	501-9	53	\$2,171,303	
Indigent Healthcare	502-3	54	\$6,659,078	
Adult-Juvenile Detention Medical Services	501-4	55	\$3,214,201	
Emergency Medical Services	525-3	56	\$2,817,000	
Elder Care	502-3	57	<u>\$25,400</u>	
				\$23,664,713
TOTAL			<u><u>\$115,265,719</u></u>	

Alcohol, Drug & Mental Health



Kim Suderman
Director

Mission Statement

To initiate, support, provide and administer culturally competent services that enhance recovery from substance use disorders, serious mental illness and serious emotional disturbance. To promote the emotional wellbeing, wellness and overall health of individuals and families in our community.

Goals

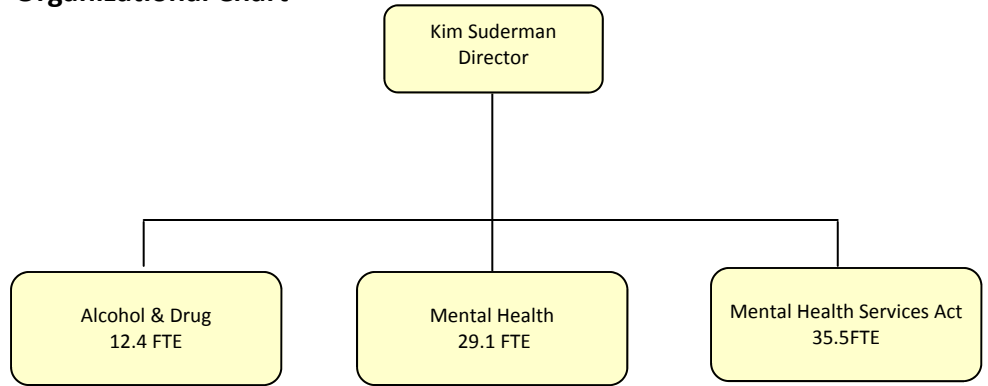
Create, develop and sustain the service delivery system to provide proactive treatment, advocacy and support to Seriously Mentally Ill adults, Seriously Emotionally Disturbed children and those experiencing substance use disorders.

Develop, sustain and implement programs and services which meet best practices and/or evidence-based standards, and are oriented toward recovery and wellness to empower consumers, enhance quality of life and improve outcomes.

Monitor and evaluate the department's diversified funding to maintain fiscal stability through periods of economic constraint and fluctuation.

Reduce Medi-Cal claim denials and disallowances and risks from fiscal audits and program reviews to ensure accountability and department sustainability.

Organizational Chart



Description of Major Services

The Department of Alcohol, Drug and Mental Health (ADMH) administers the County's substance use disorder and mental health programs through the provision of cost-effective and evidence-based services including prevention, recovery, outpatient and inpatient services to children, youth and adults.

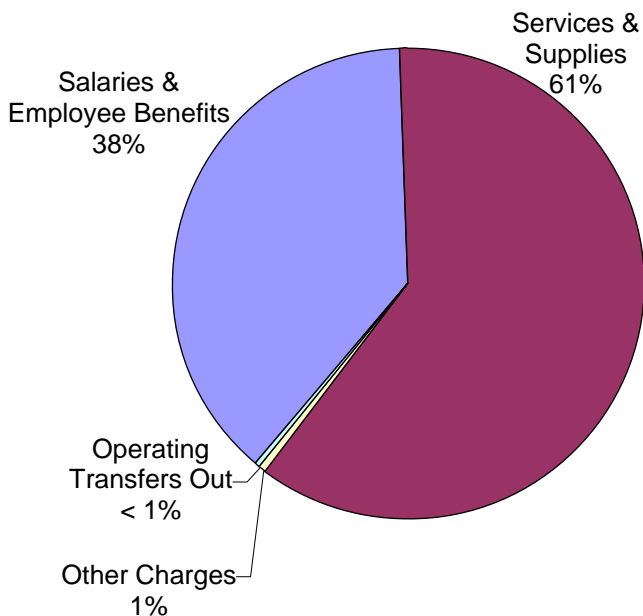
2012-13 Summary of Budget Units

	Appropriation	Revenue	General Fund	Staffing
Alcohol & Drug (BU 505-6)	\$2,166,057	\$2,141,257	\$24,800	12.41
Mental Health Services (BU 505-1)	\$9,809,803	\$9,432,439	\$377,364	29.13
Mental Health Services Act (BU 505-7)	\$8,332,892	\$8,332,892	\$0	35.46
Total	\$20,308,752	\$19,906,588	\$402,164	77.00

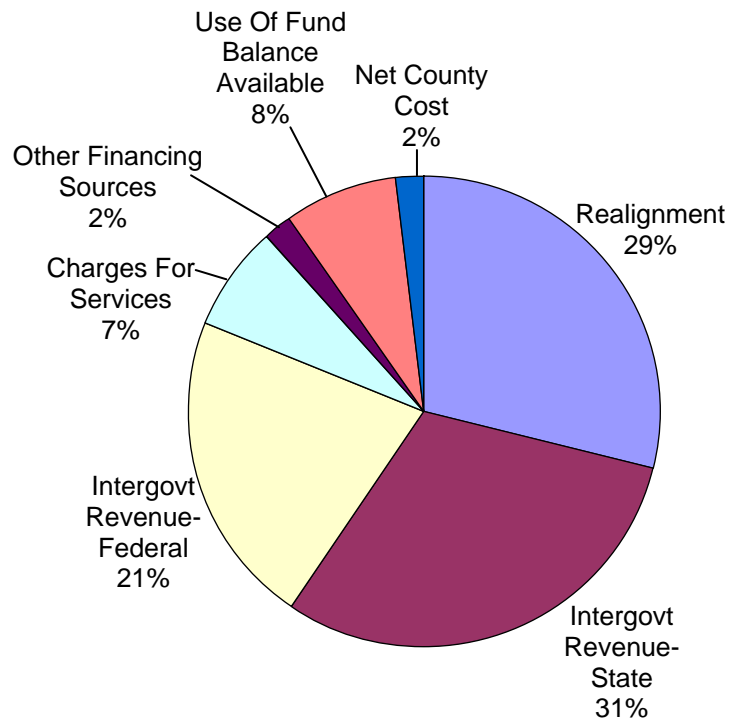
Summary of Alcohol, Drug and Mental Health 2012-13 budget

	Actual 2009-10	Actual 2010-11	Budget 2011-12	Requested 2012-13	Recommended 2012-13
Revenues					
Fines, Forfeits & Penalties	\$0	\$294,090	\$0	\$0	\$0
Realignment	\$0	\$0	\$0	\$50,000	\$5,854,501
Intergovt Revenue-State	\$8,844,161	\$10,486,571	\$7,035,046	\$6,230,583	\$6,230,583
Intergovt Revenue-Federal	\$3,001,403	\$5,877,199	\$5,956,813	\$4,359,623	\$4,359,623
Intergovt Rev-Other	\$28,409	\$28,833	\$977,748	\$0	\$0
Charges For Services	\$1,907,426	\$1,290,536	\$1,204,517	\$1,473,931	\$1,473,931
Other Financing Sources	\$53,200	\$383,378	\$4,290,334	\$336,739	\$410,739
Total Revenue	\$18,750,179	\$23,431,967	\$24,470,667	\$18,278,755	\$18,329,377
Appropriations					
Salaries And Employee Benefits	\$9,160,199	\$7,573,168	\$8,239,331	\$7,829,967	\$7,829,967
Services And Supplies	\$11,506,476	\$10,761,169	\$12,662,416	\$12,315,248	\$12,365,870
Other Charges	\$185,541	\$115,288	\$148,819	\$129,169	\$129,169
Operating Transfers Out	\$0	\$0	\$3,963,256	\$43,997	\$43,997
Intrafund Transfers	(\$19,880)	(\$153,209)	(\$140,991)	(\$60,251)	(\$60,251)
Total Appropriations	\$20,832,336	\$18,296,416	\$24,872,831	\$20,258,130	\$20,308,752
Use Of Fund Balance Available	\$1,576,302	(\$5,657,505)	\$0	\$1,577,211	\$1,577,211
Net County Cost	\$505,855	\$521,954	\$402,164	\$402,164	\$402,164

Expenditures



Revenues



**Alcohol, Drug and
Mental Health
2011-12
Accomplishments**

- ◆ *Redesigned Adult Services*
 - * *Established the Adult Services Planning Team consisting of representation from line staff, supervisors, managers, deputy directors and the director.*
 - * *Established a new team structure for adult services that will better support physician services and provide more flexibility to consumers throughout the system.*
 - * *Redistributed staff resources and caseload assignments to match the new team structure to create the desired flexibility and efficiency.*
- ◆ *Successfully implemented MHSa Innovation plan from RFP to contract award. Services have been initiated.*
- ◆ *Continued work on the billing system procedures and set-up to improve billing process and outcomes.*

Department Goals and Key Initiatives for 2012-13

Goal 1: Create, develop and sustain the service delivery system to provide proactive treatment, advocacy and support to Seriously Mentally Ill adults, Seriously Emotionally Disturbed children and those experiencing substance use disorders.

Key Initiatives for 2012-13:

- Work collaboratively with Human Resources, the County Administrator's Office and other county departments to hire and retain quality staff, provide quality training and improve employee relations.
- Engage contract providers and community stakeholders to maintain communication and support the delivery of cost-effective and quality programs and services.
- Develop and implement an active committee structure to enhance the effectiveness of the Local Mental Health Board in supporting ADMH programmatic and budgetary efforts.
- Implement the long-term facilities plan, in accordance with the Mental Health Services Act (MHSA) Capital Facilities guidelines, with the goal of improving the service flow and confidentiality of consumers attending Wellness Center activities.
- Implement the MHSA Information Technology plan as set forth in the MHSA Plan, designed to support the needs of the organization and improve staff productivity, coordinated program planning and integrated service delivery.
- Participate and provide leadership in the development of the County and community treatment continuum for AB 109 individuals related to Public Safety Realignment.
- Participate with the Health Department, Partnership Health and County Medical Services Program (CMSP) on the transition to CMSP services in general and the implementation of the Low Income Health Plan through the Path2Health program.
- Partner with Employment & Social Services (DESS) in the development and implementation of services for Foster Children and Youth as required by the statewide Katie A. Law Suit Court Ruling.

Department Goals and Key Initiatives for 2012-13 (cont.)

Goal 2: Develop, sustain and implement programs and services which meet best practices and/or evidence-based standards, and are oriented toward recovery and wellness to empower consumers, enhance quality of life and improve outcomes.

Key Initiatives for 2012-13:

- Implement the Milestones of Recovery Scale (MORS) screening and recovery tool to align services and more effectively deploy resources with client need in the Adult Mental Health and Substance Use Disorders population.
- Implement the following performance standards in the Children’s Mental Health population: Child and Adolescent Needs (CANS), Depression Inventory, Anxiety Inventory.
- Train Children’s staff and implement the evidence-based practice Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
- Train County and contract providers to develop skill sets and competencies to serve culturally diverse clients with substance use, mental health and co-occurring disorders.
- Promote active collaboration with Primary Care and use of evidence-based practice to improve the overall health of clients with chronic medical conditions and serious mental illnesses.

Goal 3: Monitor and evaluate the department’s diversified funding to maintain fiscal stability through periods of economic constraint and fluctuation.

Key Initiatives for 2012-13:

- Develop a multi-year financial outlook as informed by recent changes to State funding and operations (Realignment) to help direct the budgetary (revenue, expenditure and audit) decisions and direction of the department.
- Continue to coordinate program planning and service delivery with budgeting and financial management.

Goal 4: Reduce Medi-Cal claims denials and disallowances and risks from fiscal audits and program reviews to ensure accountability and department sustainability.

Key Initiatives for 2012-13:

- Establish, implement and provide continuous oversight utilizing standard internal audit and cost-controls through automated and manual benchmarking of efficiencies and compliance with billing/cost-reporting requirements and fraud, waste and abuse regulations.
- Create, develop and implement automated financial reports for submitting mandated reports including the Annual Mental Health and Alcohol and Drug Program Cost-Reports.
- Develop and implement automated reporting system to track, monitor and report

Program Summary

Drug and alcohol programs, working in partnership with community partners and treatment providers, include the following:

- **Adolescent Treatment:** Operated via contract with CommuniCare Health Centers, provides individual and group therapy to youth through age 18.
- **HIV Set Aside:** Funding used to provide HIV early intervention services to individuals undergoing treatment for substance use disorders. This program is operated via Memorandum of Understanding between ADMH and the Health Department.
- **Perinatal Treatment:** Operated via contract with CommuniCare Health Centers. Provides comprehensive substance abuse treatment services to pregnant and parenting women with young children. The program works in conjunction with Child Welfare Services to assist family reunification and maintenance. This program serves approximately 150 women each year, impacting approximately 280 children.
- **Inmate Education:** Via MOU between the Sheriff and ADMH, provides Alcohol/Drug Education Program to incarcerated men and women at Yolo detention facilities.
- **Felony Drug Court:** Places individuals in programs designed to eliminate drug use dependency, reduce recidivism and improve the overall efficiency of the court system. Adult drug court is designed for defendants who have been convicted of felony charges and have a history of significant drug/alcohol abuse and mental health issues.
- **PC1000 Drug Court:** This is a deferred entry of judgment program in which defendants who have committed a qualifying offense have the judgment or disposition of their case deferred while they participate in a treatment program.
- **Chemical Dependency Program:** Provides a six-month program with program activity tapering over time. Treatment groups are two hours long and are a combination of didactic (education) and group processes.
- **Prevention:** Programs build partnerships that provide community members with programs and information that promote positive and healthy living free of alcohol and other drug abuse, tobacco use and violence, while engaging youth as active leaders and resources within their own communities.

Program Objectives

Objective A: Strive for excellence in delivering accessible, effective, efficient, culturally responsive, and quality mental health and substance use disorder recovery services and their constituent support services in our community.

Performance Measurements

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2012-13 Projection
Clients who received substance use disorder services (<i>Numbers do not include Drug Medi-Cal clients which will be included in 2012-13 but are currently unknown. Significant decrease from 2009-10 to 2010-11 related to contracting out of DUI.</i>)	1,074	410	400	400
FTE's providing substance use disorder services	N/A	N/A	5.95	6.0
Students who received substance use disorder prevention services	775	332	375	375
FTE's providing substance use disorder prevention services	N/A	N/A	2.1	2.2

ADMH

Alcohol & Drug

Budget Unit 505-6 Fund 107
Fund 099

Significant Items and/or Changes in 2012-13

The realignment of drug and alcohol services along with elimination of the State department of Alcohol and Drug Programs gives additional responsibility to the County and moves funding from State General Fund to Realignment dollars based on sales tax.

Other potential changes related to the passage of the State budget are unknown.

Revenue Sources for 2012-13

General Fund	\$24,800
Public Safety	\$0
Realignment 2	\$691,670
Federal/State/Other Govt	\$1,408,416
Fees	\$31,510
Grants/Other	\$9,661
TOTAL	\$2,166,057

Staffing History of Unit

2010-11 Funded	15.47 FTE
2011-12 Funded	12.59 FTE
Authorized 2012-13	12.41 FTE
2012-13 Funded	12.41 FTE

Program Summary

Funds services to seriously mentally ill adults (SMI) and seriously emotionally disturbed (SED) children and youth.

System Wide Services

- Crisis Response/Intervention: Services are rendered for adults and children who are considered at imminent risk due to a mental disorder, with presentation of danger to self, danger to others or grave disability.
- Triage and Care: Centralized point of access for services for SMI/SED. Individuals assessed for psychiatric symptoms associated with diagnosis and significant functional impairment in at least two domains.

Children’s Services

- Outpatient: Services for SED children and youth include assessment, individual, group and family therapy, case management, medication support, therapeutic behavioral services and clinically appropriate support services.
- Educationally Related Mental Health Services: Under the Federal Individuals with Disabilities Education Act, services provided as identified on Individual Education Plan.
- BOS Juvenile: The Board of Supervisors has supplied funds used by ADMH to provide additional clinical services in Juvenile Hall, which includes support for youth with Medi-Cal due to their temporary suspension of coverage while detained.

Adult Services

- Outpatient: Services for SMI adults include assessment, individual and group therapy, case management, medication support and clinically appropriate support services.
- Residential/24 Hour Care: Designed to address residential placement needs and monitor and provide discharge planning for consumer adults placed in Residential/24 Hour Care by ADMH.
- CalWORKs: ADMH provides clinical services to assess the type and volume of mental health and/or substance use disorder treatment. Group sessions and short-term individual counseling are facilitated for CWES participants.
- Misdemeanor Incompetent to Stand Trial : Adults found incompetent to stand trial on misdemeanor charges have court cases suspended and required to receive treatment with goal of returning to court as competent to stand trial. Services provided in outpatient or inpatient settings depending upon needs of individual.
- BOS Adult: The Board of Supervisors has supplied funds to provide additional clinical services in the Jail. Services include assessments, therapy and counseling.

Program Objectives

Objective A: Strive for excellence in delivering accessible, effective, efficient, culturally responsive, and quality mental health and substance use disorder recovery services and their constituent support services in our community.

Performance Measurements

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2011-12 Projection
Consumers who received MH services	3,539	3,033	3,000	3,000
Cost per client served	N/A	N/A	\$3,711	\$3,253
Medi-Cal & Medi-Medi beneficiaries who received specialty MH services	2,249	2,113	2,100	2,100
Productivity (figure averaged across all work units and controls for outliers such as staff starting mid-year)	N/A	N/A	N/A	65%

ADMH
Mental Health Administration
Budget Unit 505-1 Fund 196
Fund 099

Significant Items and/or Changes in 2012-13

The changes to the State’s mental health programs and related funding along with elimination of the State Department of Mental Health gives additional responsibility to the County and moves significant funding from the State General Fund to Realignment dollars.

Other potential changes related to the passage of the State budget are unknown.

Revenue Sources for 2012-13

General Fund	\$377,364
AB 109	\$50,000
Realignment	\$5,112,831
Federal/State/ Other Govt	\$2,496,109
Fees	\$1,442,421
Grants/Other	\$331,078
TOTAL	\$9,759,181

Staffing History of Unit

2010-11 Funded	35.23 FTE
2011-12 Funded	34.42 FTE
Authorized 2012-13	36.13 FTE
2012-13 Funded	29.13 FTE

Program Summary

Community Services and Supports (CSS)

- **Adult:** Integrates services between ADMH staff and community providers. Full Service Partnership case management team housed in Woodland with contracted team in W. Sac operated by (Telecare) Yolo Strides. Both teams integrated with ADMH medication support services and housing support through Turning Point, Inc.
- **Children and Youth:** Provides needed mental health services to children/youth under age 18 (or until graduation) and their families who reside or attend school in the Esparto and Winters Unified School Districts. Services are offered by the MHSA staff members at Rural Innovations in Social Economics, Inc. (R.I.S.E.).
- **Transitional Age Youth (TAY):** SMI or SED TAY are at very high risk of homelessness, chronic substance abuse, suicide and criminal behavior—even higher for the targeted youth emancipating from foster care or juvenile hall. Services, therefore, target homeless youth and young adults with SMI, many of whom may be emancipating from juvenile hall or foster care.
- **MHSA Housing:** Offers permanent financing and capitalized operating reserve subsidies for the development of permanent supportive housing.

Prevention and Early Intervention

- **Urban and Rural Children’s Resiliency Programs:** Targets underserved children and families. Focuses on the priority populations of children, TAY and families experiencing stress.
- **Senior Peer Counseling:** Offers coordination, training and assistance to Senior Peer Counselors who voluntarily provide supportive services to “at-risk” older adults.
- **Early Signs and Training Assistance:** Offers mental health education and training for key community agents (teachers, school nurses, probation officers, senior center staff, faith leaders, etc.) as well as general community members.
- **Crisis Intervention Training:** Provides information on how to respond appropriately and compassionately and to assist individuals and families in crisis, experiencing mental illness to find appropriate care.

Innovation (INN)

- **Integrated Behavior Health Services:** Expansion of services to allow primary care physicians to provide mental health treatment to poor and low-income individuals and families.
- **Greater Access Program:** Serves homeless and indigent mentally ill adults with no benefits; increases access to housing, treatment, medication, benefits.
- **Free to Choose Co-Occurring Disorders Program:** Targets SMI clients with co-occurring addictions; emphasizes choosing to live sober, maintaining housing; offers treatment and support.

Program Objectives

Objective A : Strive for excellence in delivering accessible, effective, efficient, culturally responsive, and quality mental health and substance use disorder recovery services and their constituent support services in our community.

Performance Measurements

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2012-13 Projection
Full Service Partners who received services under CSS programs	144	147	145	145
Full Service Partners who received Assertive Community Treatment Services through Yolo STRIDES.	59	56	55	55

ADMH

Mental Health

Services Act

Budget Unit 505-7 Fund 070

Significant Items and/or Changes in 2012-13

There is lack of clarity on the manner and process of receiving MHSA allocations for 2012-13 due to the elimination of the State department of Mental Health.

Other potential changes related to the passage of the State budget are unknown.

Revenue Sources for 2012-13

General Fund	\$0
Fund Balance	\$1,577,211
Realignment	\$0
Federal/State/Other Govt	\$6,685,681
Fees	\$0
Grants/Other	\$70,000
TOTAL	\$8,332,892

Staffing History of Unit

2010-11 Funded	36.10 FTE
2011-12 Funded	39.79 FTE
Authorized 2012-13	39.46 FTE
2012-13 Funded	35.46 FTE

Employment & Social Services



Pam Miller
Director

Mission Statement

The mission of the Department of Employment and Social Services is to work in partnership to develop the workforce, promote safe and stable families and individuals, and protect the vulnerable.

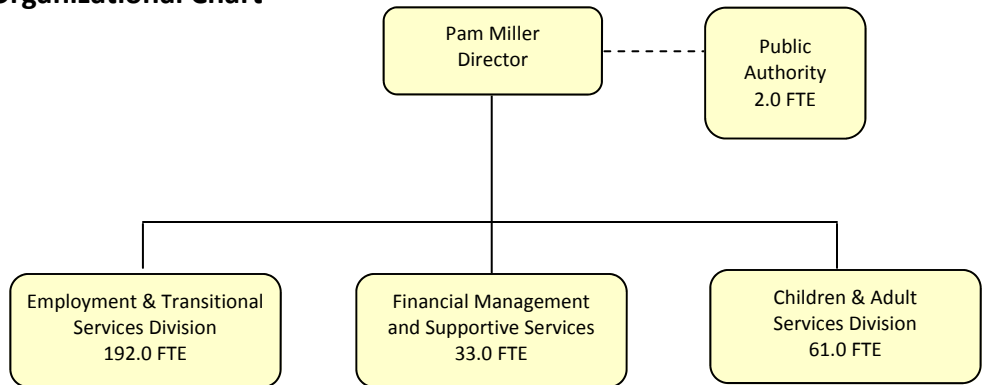
Goals

Continue a high level of customer service through more efficient processes which will allow us to fill the gap left from reduced staff resources.

Strengthen our service delivery and improve our outcomes.

Provide adequate information to the general public regarding our programs and services and maintain adequate knowledge of community services to act as a referral source.

Organizational Chart



Description of Major Services

The Department of Employment & Social Services provides the following services:

- Administration of Child Welfare Services which includes 7-day/24-hour emergency response and assisting community members who are interested in becoming licensed foster parents.
- Administration of Adult Protective Services which includes 7-day/24-hour emergency response and In-Home Supportive Services.
- Conducting eligibility determinations for Medi-Cal, CalFresh, General Assistance, CalWORKs (California Work Opportunity and Responsibility to Kids), Yolo County Healthcare for Indigents Program) and Workforce Investment Act programs.
- Providing aid payments to eligible persons.
- Operating One-Stop Career Centers for job seekers and employers.

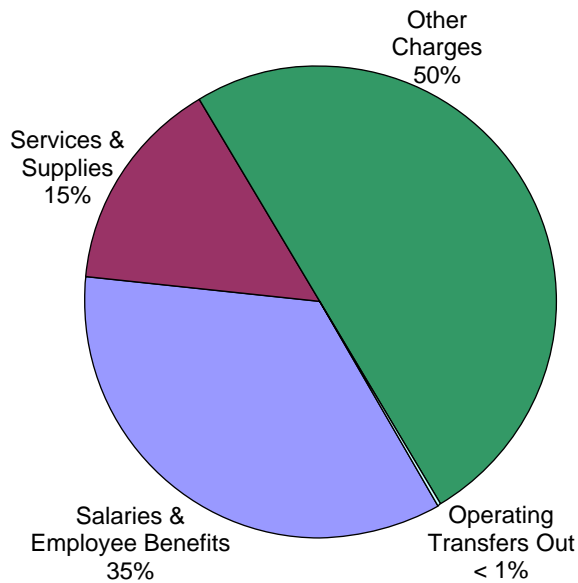
2012-13 Summary of Budget Units

	Appropriation	Revenue	General Fund	Staffing
Yolo IHSS Public Authority (BU 367-0)	\$1,548,679	\$1,548,679	\$0*	2.0
Admin., Assistance, & Supportive Services (BU 551-1)	\$37,482,512	\$35,812,052	\$1,670,460	270.0
Community Services Block Grant (BU 565-0)	\$264,657	\$244,755	\$19,902	1.0
General Assistance (BU 561-2)	\$429,383	\$60,401	\$368,982	1.0
TANF/CalWORKS/Foster Care (BU 552-2)	\$28,958,992	\$27,356,279	\$1,602,713	0.0
Workforce Investment Act (BU 562-1)	\$2,608,031	\$2,608,031	\$0	14.0
TOTAL	\$ 71,292,254	\$ 67,630,197	\$ 3,662,057	288.00
* Local portion (\$150,000) funded by prior year fund balance in budget unit 551-1				

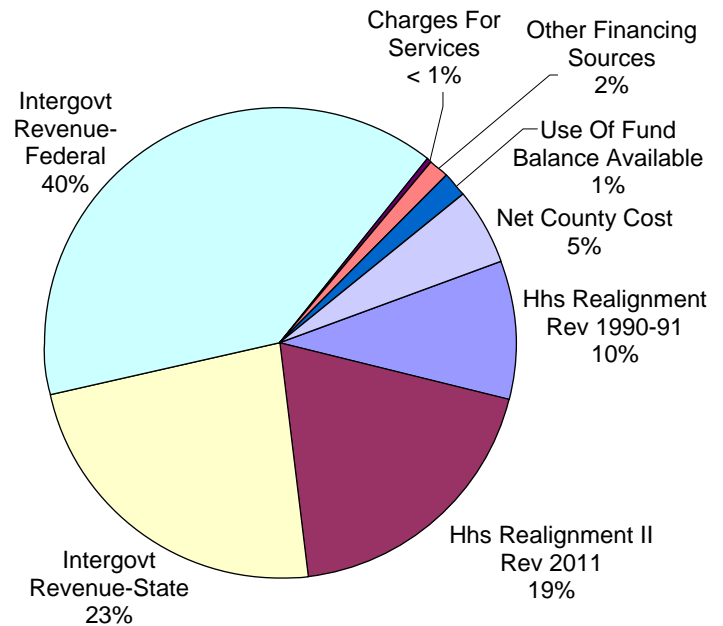
Summary of Employment & Social Services 2012-13 budget

	Actual 2009-10	Actual 2010-11	Budget 2011-12	Requested 2012-13	Recommended 2012-13
Revenues					
Hhs Realignment Rev 1990-91	\$6,169,469	\$7,255,453	\$7,524,753	\$6,512,010	\$6,819,173
Hhs Realignment Ii Rev 2011	\$0	\$0	\$0	\$13,667,061	\$13,667,061
Intergovt Revenue-State	\$29,341,423	\$28,720,383	\$33,218,134	\$16,673,936	\$16,673,936
Intergovt Revenue-Federal	\$34,460,523	\$31,170,517	\$30,522,941	\$28,251,717	\$28,251,717
Charges For Services	\$87,780	\$78,849	\$106,356	\$78,684	\$78,684
Other Financing Sources	\$1,591,174	\$1,422,693	\$886,082	\$1,091,502	\$1,091,502
Total Revenue	\$71,650,369	\$68,647,895	\$72,258,266	\$66,274,910	\$66,582,073
Appropriations					
Salaries And Employee Benefits	\$23,922,398	\$22,855,654	\$24,586,719	\$25,534,471	\$25,099,137
Services And Supplies	\$10,671,785	\$11,060,925	\$11,192,021	\$10,517,687	\$10,395,687
Other Charges	\$37,656,790	\$35,485,385	\$43,040,041	\$36,014,485	\$35,790,485
Fixed Assets-Structures/Imps	\$157,882	\$0	\$0	\$0	\$0
Fixed Assets-Equipment	\$0	\$921,203	\$0	\$0	\$0
Transfers	\$310,990	\$409,642	\$1,808,014	(\$67,868)	\$6,945
Total Appropriations	\$72,719,845	\$70,732,809	\$80,626,795	\$71,998,775	\$71,292,254
Use Of Fund Balance Available	\$0	(\$1,037,752)	\$2,390,784	\$48,124	\$1,048,124
Net County Cost	\$4,928,416	\$3,122,666	\$5,977,745	\$5,675,741	\$3,662,057

Expenditures



Revenues



**Employment &
Social Services**

2011-12

Accomplishments

- ◆ *Began implementation of document imaging project and became paperless for all active cases.*
- ◆ *Rolled out Benefits CalWIN (online application for Medi-Cal and CalFresh) and ACCESS CalWIN (interactive voice response).*
- ◆ *Completed County Self Assessment and System Improvement Plan in Child Welfare Services.*
- ◆ *Implemented Structured Decision Making in Adult Protective Services.*
- ◆ *Community Services Block Grant funded 100 holiday food baskets.*
- ◆ *173 children and 20 families served through holiday donations.*
- ◆ *Partnered with the Yolo County Library to implement the 211 communication system.*
- ◆ *Implemented 2011 Realignment with minimal impact to client services.*
- ◆ *Increased the CalFresh participation rate by 10%.*

Department Goals and Key Initiatives for 2012-13

Goal 1: Continue a high level of customer service through more efficient processes which will fill the gap left from reduced staff resources.

Key Initiatives for 2012-13:

- Continue implementation process for the Service Center.
- Continue conversion of cases in document imaging, focusing on closed cases.
- Develop a training unit to better equip new hires and to provide ongoing training for existing staff.

Goal 2: Strengthen service delivery and improve outcomes.

Key Initiatives for 2012-13:

- Strengthen relationship with the local businesses in partnership with the Workforce Investment Board.
- Implement a web-based APS case management system, pending adequate funding.
- Explore feasibility of County-operated adoption services.
- Implement CMSP in partnership with the Health Department.
- Provide Family Facilitation Training in Child Welfare Services.
- Participate in a regional partnership for CalFresh outreach.
- Implement Coordinated Case Management Services for the

Goal 3: Provide adequate information to the general public regarding programs and services and maintain adequate knowledge of community services to act as a referral source.

Key Initiatives for 2011-12:

- Continue to redesign department's website.
- Continue to partner with the Library in development of the 211 system.
- Implement and maintain One-Stop social media network.
- Implement and maintain Foster Care social media network for transitional foster care youth.

Program Summary
<p>This is the department's primary operational budget unit including all staff costs. Principal programs include:</p> <p>Public Assistance Programs: Eligibility determination, case management and other services for clients needing financial and other assistance through CalWORKs, CalFresh (formerly Food Stamps), Medi-Cal, Foster Care, YCHIP and CMSP.</p> <p>Child Welfare Services (CWS): Protects abused, neglected, exploited and abandoned children; the program includes 24-hour emergency response, family maintenance, family reunification and permanency planning.</p> <p>Adult Protective Services (APS): Protects vulnerable adults from abuse and neglect.</p> <p>In-Home Supportive Services (IHSS): Provides household maintenance, personal care, transportation and other services to eligible aged or disabled persons to prevent institutionalization; the Yolo County Public Authority, a separate agency (not in this budget unit) is the employer of record for IHSS providers.</p> <p>Employment Services: Provides job search, skills training, assessment and workshops, support program and eligibility determinations for Workforce Investment Act and YoloLINK (community services database and directory).</p> <p>On the Horizon: The TANF (CalWORKs) and Farm Bill (CalFresh) programs are up for federal reauthorization; any significant changes in either of these two areas would impact these programs. Additionally, health care reform implementation is underway for the department and changes to Medi-Cal eligibility are imminent. Last, a pending court ruling in the area of the In-Home Support Services program is expected in the budget year.</p>

Program Objectives
<p>Objective A: Determine eligibility within state and federal guidelines and timeframes.</p> <p>Objective B: Provide full-scope child welfare services, including foster care, within prescribed mandates.</p> <p>Objective C: Provide adult protective services within prescribed mandates.</p> <p>Objective D: Provide IHSS case management services to eligible recipients.</p> <p>Objective E: Provide customers with the skills to be marketable and competitive in the current labor market.</p>

Performance Measurements				
Measurement	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2012-13 Projection
Percentage of timely processing of applications for public assistance programs	79%	84%	86%	90%
Percentage of timely face-to-face contacts with child	97.9%	93.6%	90%	98%
Percentage of immediate response times on CWS referrals	99%	100%	100%	100%
Percentage of APS cases closed timely	100%	100%	100%	100%
Percentage of IHSS timely reassessment	91%	92%	90%	98%
Successful completion of employment workshops	Unavailable	375	400	415
People beginning employment	265	332	350	375
People employed	4,436	3,158	3,400	3,500

DESS
**Admin., Assistance,
and Support Services**
Budget Unit 551-1 Fund 111

Significant Items and/or Changes in 2012/13

Children and Adult Protective Services and Adoptions were realigned and shifted nearly \$3.5 million in liabilities to the County.

The budget proposes absorbing the Public Authority into DESS and includes a streamlined budgetary structure to achieve cost savings and efficiencies and assumes: reductions in CalWORKs and Welfare to Work funding due to State program changes; less funds for CalFresh Administration (formerly Food Stamps), due to State cuts to this program; and certain risks remain that cannot be anticipated locally related to federal government actions, court decisions for pending litigation in IHSS and Foster Care payments, health care reform and the pace of the economic recovery, which is directly related to demand for services.

Revenue Sources for 2012-13	
General Fund	\$1,670,460
Fund Balance	1,000,000
1991 Realignment	\$3,506,178
2011 Realignment	\$3,413,775
Federal/State/ Other Govt	\$27,892,099
Grants/Other	\$195,143
TOTAL	\$37,482,512

Staffing History of Unit	
2010-11 Funded	268.0 FTE
2011-12 Funded	272.0 FTE
Recommended 2012-13	270.0 FTE
2012-13 Funded	270.0 FTE

Program Summary

Community Service Block Grant (CSBG) funds, which are 100% federally funded, are generally used for programs aimed at addressing the root causes of poverty such as drug and alcohol addiction, poor employment history, lack of problem-solving skills and homelessness. These funds may also be used to secure food and shelter.

Currently CSBG funds programs for emergency shelter, transitional housing, Meals on Wheels, day shelters, the Food Bank, eviction prevention, first month rent program and utility assistance. It is anticipated that increased demand for services will continue until economic conditions improve. Although CSBG is not the sole funding source for these agencies, it makes a significant contribution to the ongoing support of these programs.

Homeless Coordination Project/Cold Weather Shelter

The County is a partner in this project with the cities of Davis, West Sacramento and Woodland. The project contracts for consultant services to research and evaluate the effectiveness of homeless services and to develop and maintain grants that support homeless services. This collaboration provides shelter for the homeless during the winter months.

Program Objectives

Objective A: Augment safety net services.

Objective B: Monitor contract compliance in accordance with scope of work.

Performance Measurements				
Measurement	2011 Goal	2011 Actual	2012 Goal	2012 Estimate
Deliver 200,000 lbs of food per year in rural Yolo County (Yolo County Food Bank)	90%	226,450 lbs delivered	120%	240,000 lbs delivered
Serve 14 families per year with transitional housing services (Davis Community Meals)	90%	17 families served	140%	20 families served
Use 12,120 bed/nights at Davis Community Meals annually	95%	13,295 bed night provided	115%	14,000 bed nights provided
Provide 38 homebound seniors with monthly hot meal delivery (Peoples Resources)	95%	50 seniors served	145%	55 seniors served
Serve 19,000 meals to the poor and homeless annually (United Christian Centers)	90%	27,943 meals served	160%	30,000 meals served
Provide 10,000 bed nights as temporary housing annually (United Christian Centers)	90%	8,243 bed nights provided	100%	10,000 bed nights provided

DESS

Community Services Block Grant

Budget Unit 565-0 Fund 111

Significant Items and/or Changes in 2012/13

Funding for Safety Net Services decreased by nearly \$200,000 due to the end of ARRA funds.

Revenue Sources for 2012-13

General Fund	\$19,902
Public Safety	\$0
Realignment	\$0
Federal/State/Other Govt	\$244,755
Fees	\$0
Grants/Other	\$0
TOTAL	\$264,657

Staffing History of Unit

2010-11 Funded	1.0 FTE
2011-12 Funded	1.0 FTE
Recommended 2012-13	1.0 FTE
2012-13 Funded	1.0 FTE

Program Summary

Each county adopts its own policies to provide state-mandated financial support to persons who do not qualify for other State or Federal programs and who are not supported by friends or family. The goal is to provide temporary support to those who cannot work.

Staff positions for this budget unit are included in the public assistance and administration budget unit to improve flexibility of staffing and reduce administration of positions in various budget units. Costs for salaries and benefits are charged to this budget unit during the fiscal year.

Program Objectives

Objective A: To provide financial assistance for the county's indigent population.

Performance Measurements

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2012-13 Projection
People receiving general assistance payments each month	112	101	105	105

DESS

General Assistance

Budget Unit 561-2 Fund 111

Significant Items and/or Changes in 2012/13

No significant changes are anticipated in this budget unit for fiscal year 2012-13.

Revenue Sources for 2012-13

General Fund	\$368,982
Public Safety	\$0
Realignment	\$0
Federal/State/ Other Govt	\$0
Fees	\$0
Grants/Other	\$60,401
TOTAL	\$429,383

Staffing History of Unit

2010-11 Funded	2.0 FTE
2011-12 Funded	1.0 FTE
Recommended 2012-13	1.0 FTE
2012-13 Funded	1.0 FTE

Program Summary

Effective in 2011-12, Assistance Programs were fully realigned to counties, which shifted financial responsibility for CalWORKs, Foster Care and Adoptions from the State to Counties. While State funding for entitlement programs is no longer available, Realignment funds will backfill the loss of State funds.

CalWORKs/TANF: provides financial assistance, job training, Medi-Cal, child care and other services to qualified families. Federal and state statutes set the eligibility criteria. Recently, the maximum lifetime months of CalWORKs aid for adults was reduced from 60 to 48 months. This will be fully operational in the budget year. Proposed program changes for 2012-13 include additional decreases in the maximum time on aid, changes to eligibility rules, new Welfare to Work requirements and changes in eligibility for Child Care assistance.

Foster Care: provides financial support and Medi-Cal benefits for children who, due to neglect, abuse or abandonment, require 24-hour out-of-home care in family foster homes or institutions on a temporary or a long-term basis. Significant regulatory program changes related to extending the age of children in Foster Care up to age 21 are included in this budget.

Adoption Assistance: provides financial assistance for families to meet the special needs of adoptive children. Eligibility criteria and funding levels are set by the State. The goal is to find adoptive homes for children. Kin-GAP provides financial assistance to relatives who have become guardians of children who are no longer wards of the court. Over the 2011/12 fiscal year, families were granted an increase in their assistance payments. This increase will be fully implemented in 2012/13.

Program Objectives

Objective A: Provide entitled benefits.

Objective B: All assistance payments will be made timely and in accordance with appropriate rate determinations.

Performance Measurements

Measurement (Children subset of total for CalWORKs/CalFresh/MC)	2009-10 Actual	2010-11 Actual	2011-12 Estimate	2012-13 Projection
People/children receiving CalWORKs cash aid per month	5,699/ 4,208	5,559/ 4,150	5,200/ 3,800	5,000/ 3,500
People/children receiving CalFresh benefits per month	14,746/ unavail- able	15,940/ 8,259	16,780/ 8,650	17,290/ 9,250
People/children receiving Medi-Cal benefits per month	22,412/ 13,411	22,689/ 13,691	23,172/ 13,500	23,635/ 13,770
Children receiving Kin-GAP aid per month	20	17	15	20
Children in foster care	264	265	230	230
Families receiving Adoption Assistance Payments per month	737	771	775	800
Children receiving Stage 1 Child Care	345	277	242	215

DESS

**CalWORKs/ TANF
Foster Care, Adoptions**

Budget Unit 552-2

Fund 111, 112

**Significant Items and/or
Changes in 2012/13**

The non-Federal share of all assistance payments for CalWORKs, Foster Care and Adoptions was fully realigned to the County; a shift in financial responsibility to the County of approximately \$10.2 million.

Revenue Sources for 2012-13

General Fund	\$1,602,714
1991 Realignment	\$3,312,995
2011 Realignment	\$10,253,286
Federal/State/ Other Govt	\$13,161,498
Fees	\$0
Grants/Other	\$628,500
TOTAL	\$28,958,992

Staffing History of unit

There are no staff salaries assigned to this budget unit.

Program Summary
<p>The Workforce Investment Act (WIA) provides funding for universal employment and training services to adult job seekers and for services to individuals who have lost their jobs due to plant closures or mass layoffs. Funds are also provided for services that help economically disadvantaged youth who have dropped out of school to complete their education and develop basic job skills. Employers may receive services such as workforce recruitment, job referrals and occupational assessments.</p> <p>These funds also support job search and employment activities at one-stop centers. One-stop centers must have partner agencies on-site or have their services readily available electronically. Services are available in both the Woodland and West Sacramento one-stop centers.</p>

Program Objectives
<p>Objective A: <u>Adult/Dislocated Worker program:</u> provide customers with the skills to be marketable and competitive in the current labor market.</p> <p>Objective B: <u>Youth:</u> provide youth customers with the skills to be successful in post secondary education or employment.</p>

Performance Measurements					
Measurement	2010-11 State Goal	2010-11 Actual	2011-12 State Goal	2011-12 Actual	2012-13 State Goal
Adults entering employment	56%	70%	56%	Pending State Data	Unknown until the State provides new goals
Dislocated workers entering employment	70%	72%	70%	Pending State Data	
Youth entering employment or education (data available Fall 2012)	65%	PENDING STATE DATA	65%	Pending State Data	

DESS
Workforce Investment Act (WIA)
Budget Unit 562-1 Fund 111

Significant Items and/or Changes in 2012/13

No significant changes are anticipated in this budget unit for 2012-13.

<u>Revenue Sources for 2012-13</u>	
General Fund	\$0
Realignment	\$0
Federal/State/Other Govt	\$2,608,031
Grants/Other	\$0
TOTAL	\$2,608,031

<u>Staffing History of Unit</u>	
2010-11 Funded	16.0 FTE
2011-12 Funded	16.0 FTE
Recommended 2012-13	14.0 FTE
2012-13 Funded	14.0 FTE



Jill Cook
Director

Mission Statement

The Health Department promotes health and wellness, prevents disease and injury, and protects people and the environment.

Vision

To enhance the quality of life for all of Yolo County.

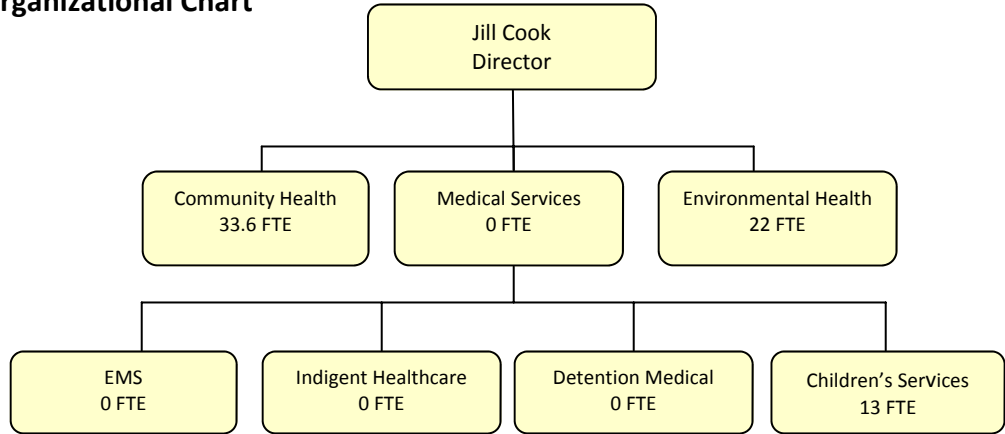
Core Values

We value a culture of quality in which we:

- *value and promote the mission of public health*
- *serve the entire community with compassion*
- *contribute to the economic vitality and health equity in the community*
- *foster partnerships throughout the community to integrate and enhance health services*
- *engage our community as ambassadors of the County and Department*
- *provide services that are evidence-based and innovative, responsive and proactive*
- *make fiscally responsible and accountable decisions*
- *work in a professional, productive and positive environment; proud of the difference we make each*

Health

Organizational Chart



Description of Major Services

Ten essential public health services provide the fundamental framework for the work of the Yolo County Health Department. They are: monitor health status to identify and solve community health problems; diagnose and investigate health problems and health hazards in the community; inform, educate and empower people about health issues; mobilize community partnerships and action to identify and solve health problems; develop policies and plans that support individual and community health efforts; enforce laws and regulations that protect health and ensure safety; link people to needed personal health services and assure the provision of health care when otherwise unavailable; assure competent public and personal health care workforce; evaluate effectiveness, accessibility and quality of personal and population-based health services; and research for new insights and innovative solutions to health problems.

Specific services provided to county residents include:

- Environmental Health Services: consumer protection services, hazardous materials response, tobacco prevention, child safety and lead poisoning prevention
- Emergency Preparedness: emergency response, cities readiness program, strategic national stockpile, pandemic flu and hospital preparedness program.
- Maternal, Child & Adolescent Health Services: children’s medical services, Women, Infants and Children (WIC) supplemental nutrition and provision of direct services to high risk families including case management, health promotion outreach and health & nutrition education.
- Medical Services: indigent health, jail medical services, Communicable Disease and Tuberculosis Program, HIV counseling and testing, Immunization Program and the Adult Day Health Center.

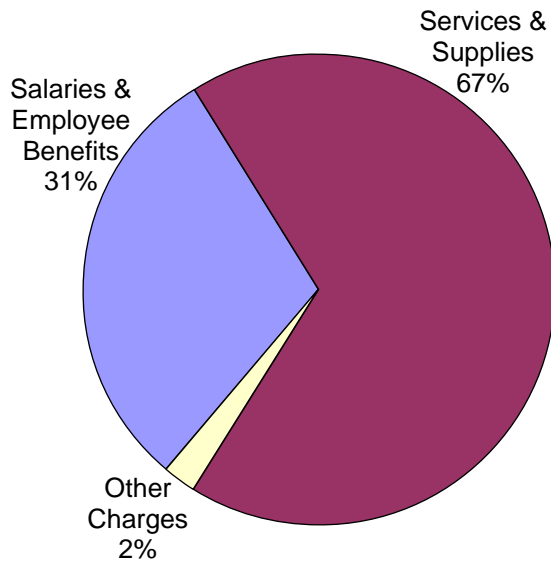
2012-13 Summary of Budget Units

	Appropriation	Revenue	General Fund	Staffing
Community Health (BU 501-1)	\$5,527,981	\$5,527,981	\$0	33.60
Environmental Health (BU 501-3)	\$3,249,750	\$3,151,625	\$98,125	22.0
Children's Medical Services (BU 501-9)	\$2,171,303	\$2,171,303	\$0	13.0
Indigent Healthcare (BU 502-3)	\$6,659,078	\$2,672,597	\$3,986,481	0.0
Adult-Juvenile Detention Medical Services (BU 501-4)	\$3,214,201	\$0	\$3,214,201	0.0
Emergency Medical Services (BU 525-3)	\$2,817,000	\$2,817,000	\$0	0.0
Elder Care (Fund 024 BU 502-3)	\$25,400	\$25,400	\$0	0.0
TOTAL	\$23,664,713	\$16,365,906	\$7,298,807	68.60

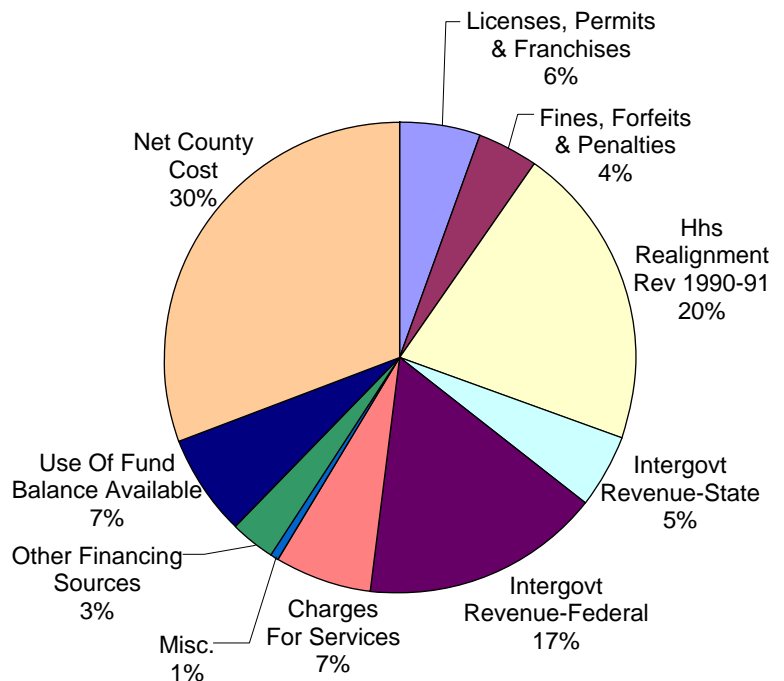
Summary of Health 2012-13 budget

	Actual 2009-10	Actual 2010-11	Budget 2011-12	Requested 2012-13	Recommended 2012-13
Revenues					
Licenses,Permits & Franchises	\$1,099,989	\$1,251,920	\$1,317,614	\$1,321,716	\$1,321,716
Fines, Forfeits & Penalties	\$1,414,465	\$1,412,995	\$972,647	\$968,196	\$968,196
Hhs Realignment Rev 1990-91	\$5,040,675	\$4,344,509	\$4,173,116	\$3,574,525	\$4,962,760
Intergovt Revenue-State	\$957,030	\$900,316	\$1,894,361	\$1,129,515	\$1,129,515
Intergovt Revenue-Federal	\$2,586,416	\$2,401,609	\$2,700,689	\$3,907,292	\$3,907,292
Charges For Services	\$1,738,520	\$1,777,057	\$1,613,157	\$1,600,163	\$1,600,163
Miscellaneous	\$466,269	\$301,144	\$97,500	\$119,385	\$119,385
Other Financing Sources	\$2,118,602	\$2,782,671	\$287,387	\$729,879	\$729,879
Total Revenue	\$15,421,966	\$15,172,221	\$13,056,471	\$13,350,671	\$14,738,906
Appropriations					
Salaries And Employee Benefits	\$8,571,937	\$7,499,268	\$7,327,858	\$7,497,749	\$7,287,314
Services And Supplies	\$12,266,114	\$13,086,011	\$11,640,911	\$16,783,899	\$15,765,899
Other Charges	\$1,281,754	\$1,383,864	\$2,925,164	\$519,500	\$519,500
Fixed Assets-Equipment	\$7,169	\$66,302	\$20,000	\$0	\$0
Operating Transfers Out	\$10,123	\$116,289	\$0	\$0	\$0
Intrafund Transfers	(\$1,215,945)	(\$1,037,841)	(\$524,934)	\$0	\$0
Total Appropriations	\$20,921,152	\$21,113,893	\$21,388,999	\$24,801,148	\$23,664,713
Use Of Fund Balance Available	\$0	(\$170,692)	\$1,641,047	\$1,627,000	\$1,627,000
Net County Cost	\$3,787,848	\$5,868,316	\$6,691,481	\$9,823,477	\$7,298,807

Expenditures



Revenues



**Health
2011-12
Accomplishments**

- ◆ *Reorganized departmental structure by function and population served.*
- ◆ *Developed multi-year strategic plan.*
- ◆ *Regionalized the public health laboratory.*
- ◆ *Shared service with Clerk-Recorder's Office for administering vital records.*
- ◆ *Conducted 360 degree evaluations of leaders.*
- ◆ *Completed leadership development training.*
- ◆ *Reinstituted the Quality Enhancement Service Team (QuEST).*
- ◆ *Implemented county Prescription Drug Discount Card Program.*
- ◆ *Secured new 5 year contract for Jail Medical Services.*
- ◆ *Initiated comprehensive County Emergency Medical Service System Analysis.*
- ◆ *Revamped department website.*
- ◆ *Identified eligibility for IGT Federal Matching Funding.*
- ◆ *Received approval to become the 35th County Medical Services Program (CMSP) county*

Department Goals and Key Initiatives for 2012-13

Goal 1: Expand and enhance health care services for low-income adults.

Key Initiatives for 2012-13:

- Increase access to high quality local primary and specialty care.
- Expand enrollment to additional eligible county residents.
- Enhance benefit coverage.

Goal 2: Promote healthy behaviors in the community

Key Initiatives for 2012-13:

- Seek funding to plan/develop a community garden next to Health building, which will support nutrition education and physical activity promotion for WIC participants and other neighborhood community members.
- Expand access to dental services including oral health screening exams, dental education and fluoride varnish for WIC participants in West Sacramento through a partnership with CommuniCare Health Centers.
- Provide expanded tobacco prevention services to community members through revitalization of the tobacco youth coalition.
- Offer community education and resources in the area of child safety with focus on child passenger, bicycle and pedestrian safety.
- Enhance communicable disease surveillance and investigation capacity.

Goal 3: Strengthen Yolo County families.

Key Initiatives for 2012-13:

- Expand community access to high quality home visitation programs by providing Public Health Nurse home visiting services to high risk women and children in coordination with other existing home visitation and child development efforts in the community.
- Enhance the effectiveness and efficiency of the California Children's Services Medical Therapy Program through enhanced technology and delivery of support services to address social and emotional needs of handicapped children and their families.
- Increase food security for low income families through coordination and collaboration with key partner agencies and by providing leadership in the development of the County Nutrition Action Plan.

Goal 4: Create a culture of quality within the Department

Key Initiatives for 2012-13:

- Develop and enhance Quality Enhancement Service Team role.
- Complete Continuous Quality Improvement training for staff.
- Develop data collection/reporting tools including a customer satisfaction survey
- Create Continuous Quality Improvement Project Teams within the department

Program Summary

Medical Services Branch: includes communicable disease and tuberculosis case investigation and control, the immunization clinic and Immunization Assistance Program, jail medical, Yolo Adult Day Health and the medical marijuana program.

MCAH Branch: The purpose of the Maternal, Child & Adolescent Health (MCAH) program is to develop systems that protect and improve the health of women of reproductive age, infants, children, adolescents and their families. The on-going programs included in the program are Comprehensive Perinatal Services, Fetal Infant Mortality Review, Sudden Infant Death Syndrome, Prenatal Care Guidance/Toll-Free Telephone Line, and the Adolescent Family Life Program (AFLP).

Tobacco Prevention: strives to establish community norm change around tobacco use, exposure to secondhand smoke and countering tobacco industry influences. The program accomplishes this through the development of coalitions designed to influence local public health policy.

Child Injury Prevention: focuses on population-based prevention for wellness with emphasis on car seat safety/vehicle injury prevention, bicycle and pedestrian safety, and lead poisoning prevention.

Program Objectives

Objective A: Prevention/reduction of incidence of communicable diseases, including sexually transmitted infections, TB and vaccine-preventable diseases.

Objective B: MCAH program will provide oversight, resources and technical assistance for Comprehensive Perinatal Services Program providers to maintain effective and accessible expanded prenatal and post partum services for low income high-risk pregnant women in Yolo County.

Objective C: MCAH program will provide maternal bereavement support and comprehensive fetal and infant mortality review for cases of fetal and infant death.

Objective D: Through AFLP, case management services via home and school visitation will be provided for pregnant and parenting teens to optimize healthy lifestyle choices, developmentally appropriate care of the infant and achievement of educational and vocational goals and delay of subsequent pregnancies.

Objective E: At least one city in Yolo County, will adopt and implement a tobacco retail license policy that includes sufficient fees to conduct a least two compliance checks of tobacco retailers per year.

Objective F: West Sacramento will adopt and implement a smoke-free policy that prohibits smoking in at least one major outdoor public area and/or event, such as the Neighborhood Parade, River Walk, transit stops, entryways, college campus, as evidenced by a written policy.

Objective G: Tobacco Prevention Coalition will: 1) revise operating procedures and mission statement to reflect a commitment to cultural diversity; 2) recruit two additional representatives from priority populations (i.e. Hispanic/Latino, low SES, Russian, etc.) and two from non-traditional groups (i.e. faith-based, blue collar, pink collar, business, disabled, law enforcement, mental health, etc.) who will participate in at least half of coalition meetings and/or intervention activities for at least one year after being recruited.

Health

Community Health

Budget Unit 501-1 Fund 114

Significant Items and/or Changes in 2012-13

Assumptions:

- Continuation of State MCAH, FIMR and AFLP allocations at current levels.
- Tobacco Prevention anticipates receiving Intergovernmental Transfer (IGT) funds to build capacity for health promotion and prevention efforts.
- New home visitation program developed/implemented with IGT funds.
- Expansion of child injury prevention and education services with IGT funds.
- Enhancement of communicable disease care coordination services with IGT funds.

Revenue Sources for 2012-13

General Fund	\$0
Realignment	\$1,431,740
Federal/State/Other Govt	\$3,447,927
Fees	\$0
Grants/Other	\$648,314
TOTAL	\$5,527,981

Staffing History of unit

2010-11 Funded	35.5 FTE
2011-12 Funded	36.2 FTE
Authorized 2012-13	41.0 FTE
2012-13 Funded	33.6 FTE

Performance Measurements				
Measurement	Type	2010-11 Actual	2011-12 Estimate	2012-13 Projection
Vaccines administered to children	Output	1,247	1,100	1,100
Vaccines administered to adults	Output	372	240	240
Communicable Disease (CD) reports received	Output	2,600	2,600	2,600
CD cases requiring investigation due to health safety	Effectiveness	1,040	1,800	1,800
TB reports investigated per 1.0 FTE	Productivity	300	300	300
Community members impacted by Tobacco Retail License and smoke-free parks policies per 1.0 FTE	Productivity	150,000	150,000	200,000
Tobacco free policies passed	Output	0	0	2
Community members reached through outreach, tobacco prevention, and education efforts	Output	200,000	200,000	200,000
Yolo County CPSP Providers provided technical assistance and QA site visits/ total Yolo County CPSP Providers	Effectiveness	8/8	8/8	8/8
Families provided bereavement support/ total number of fetal and infant deaths	Effectiveness	7/19	8/20	10/20
Home or school visits to pregnant or parenting teens	Output	N/A	360	360
AFLP clients on long term contraception/ total number of AFLP clients	Effectiveness	N/A	22/30 (80%)	25/30 (85%)

Health
Community Health
 (continued)
Budget Unit 501-1 Fund 114

Program Summary

Women, Infants and Children (WIC): federally funded health and nutrition program for families with low to medium income. It serves women who are pregnant, breastfeeding or just had a baby, children under 5 years old (including foster children) and infants. Participants receive special checks to buy healthy foods from WIC-authorized vendors, nutrition and health information to help their family eat well and be healthy, support and information about breastfeeding their baby and help in finding health care or other community services.

WIC Breastfeeding Peer Counseling: the goal of this program is to increase the number of babies that are breastfed during their first year of life. Peer Counselors provide breastfeeding information and on-going support to pregnant and new moms through phone and one-on-one counseling and WIC breastfeeding classes.

Network for a Healthy California: supports a statewide movement of local, state and national partners collectively working toward improving the health status of low-income Californians through increased fruit and vegetable consumption and daily physical activity. Multiple venues are used to facilitate behavior change in the homes, schools, worksites and communities of low-income Californians to create environments that support fruit and vegetable consumption and physical activity.

Program Objectives

Objective A: Serve at least an average of 97% of the WIC monthly allocated caseload of 5,725 participants.

Objective B: Use the Breastfeeding Community Assessment to identify gaps in communication and services between WIC and key partners that affect breastfeeding rates in the community.

Objective C: Implement comprehensive public health nutrition program to promote the 2010 Dietary Guidelines and increase fruit and vegetable consumption and physical activity among the Supplemental Nutrition Assistance Program Education eligible population.

Performance Measurements

Measurement	Type	2010-11 Actual	2011-12 Estimate	2012-13 Projection
WIC recipients served each month	Output	5,372	5,650	5,725
Annual Breastfeeding Community Assessments completed	Output	1	1	1
Residents provided nutrition education and physical activity promotion	Output	7,785	5,000	10,000
Residents educated per Outreach Specialist	Productivity	5,190	3,333	6,666

Health

WIC & Nutrition Network

Budget Unit 501-1 Fund 114

Significant Items and/or Changes in 2012-13

Assumptions:

- Continuation of Nutrition Network funding as it transitions to new requirements with emphasis on local health department infrastructure development.
- Continuation of the increased amount of revenue from the State WIC program for Breast Feeding Peer Counselor program.
- WIC program meets 97% of its caseload allocation during the Federal annual reporting period of April—May.

Revenue source and staffing history are included in Community Health.

Program Summary

The Public Health Emergency Preparedness (PHEP) program oversees grant management and work plan completion of the Public Health Emergency Preparedness, Cities Readiness Initiative (CRI), Hospital Preparedness Program (HHP) and Pandemic Influenza grants. These funding sources provide the mechanism for the County Health Department to pay for emergency preparedness planning and response activities which are either mandated by law or planning assumption contained as part of a Federal or State guideline.

The Emergency Preparedness (EP) unit provides epidemiologic investigation, planning and training in response to a naturally occurring and/or bioterrorism related communicable disease event. It leads the County's Healthcare Preparedness Coalition which focuses on the ability of the County's Healthcare System to respond to a large influx of patients due to a disaster of any magnitude. It works with the County's HazMat and Medical response personnel in preparation for a chemical, biological, radiological and nuclear event. It ensures that digital systems, volunteer support structures and personnel knowledge base are maintained and/or advanced to accommodate receipt and distribution of Federal Medical assets which would be deployed to the County during a large scale medical response.

Program Objectives

- Objective A:** Prevent and/or mitigate threats to the public's health.
- Objective B:** Integrate public health, the healthcare system and emergency management.
- Objective D:** Promote resilient individuals and communities.
- Objective E:** Advance surveillance, epidemiology and laboratory science and service practice.
- Objective F:** Increase application of science to public health preparedness and response.
- Objective G:** Strengthen public health preparedness and response infrastructure.
- Objective H:** Enhance stewardship of public health preparedness funds.
- Objective I:** Improve the ability of the public health workforce to respond to health threats.

Performance Measurements

Measurement	Type	2010/2011 Actual	2011/2012 Estimated	2012/13 Projection
Centers for Disease Control and Prevention Technical Assistance Review score	Quality	100%	100%	100%
Partner agencies who participate in planning activities	Effectiveness	11	14	20
Volunteers trained per exercise	Productivity	174	166	200

Health Emergency Preparedness Budget Unit 501-1 Fund 114

Significant Items and/or Changes in 2012-13

Assumptions:

- No change in PHEP grant despite a 7.75% increase at the State level.
- Potential decrease of \$27,000 in the CRI grant (unconfirmed as of the publication date).
- No change in the Pan Flu grant.
- Potential 10% reduction of the HPP grant .
- 17% carryover authorized for EP grants at the Federal level.
- PHEP grant caps funding for indirect costs at 10% of personnel and fringe costs.
- HPP grant continues to allow 15% fiscal administration fee for grant administration.

Revenue source and staffing history are included in Community Health.

Program Summary

The mission of the Yolo County Environmental Health Division is to protect and enhance the quality of life of Yolo County residents by identifying, assessing, mitigating and preventing environmental hazards.

Consumer Protection: focuses on the protection of public health and prevention of disease through regulation of food establishments, recreational health facilities, schools, jails, body art facilities and other facilities.

Hazardous Materials: focuses on the protection of water quality and the environment through regulation of a variety of hazardous materials and waste programs.

Land and Environmental Protection: focuses on protection of ground water and disease prevention through regulation of drinking water wells, onsite sewage disposal, solid waste and waste tires disposal, and the review of proposed land use development applications.

Program Objectives

Objective A: Assure that all food is safe for people to eat by inspecting food facilities once or twice a year based on risk, by educating food handlers and by conducting appropriate enforcement.

Objective B: Protect drinking water supplies through the permitting and inspection of onsite sewage disposal systems, solid waste disposal facilities and well construction and through review of proposed land use development.

Objective C: Protect the public health and safety and the environment through regulatory oversight of hazardous materials and hazardous wastes and respond to spills of hazardous materials.

Objective D: Provide assistance to the public in navigating the permitting and regulation process.

Performance Measurements

Measurement	Type	2010-11 Actual	2011-12 Estimate	2012-13 Projection
Retail food & public pool facility inspections conducted per inspector	Productivity	352	351	359
Onsite sewage disposal systems permits issued	Output	30	30	32
Well permits issued	Output	27	26	28
Hazardous materials business plan inspections conducted	Output	622	392	400
Hazardous waste generator inspections conducted	Output	494	284	300

Health

Environmental

Health

Budget Unit 501-3 Fund 114

Significant Items and/or Changes in 2012-13

The 2012-13 Environmental Health budget is based on a general fee increase of 5%. The proposed increase in fees is required to partially cover significant cost increases in internal and external overhead.

Revenue Sources for 2012-13

General Fund	\$98,125
Realignment	\$182,704
Federal/State/Other Govt.	\$193,281
Fees	\$2,775,640
TOTAL	\$3,249,750

Staffing History of unit

2010-11 Funded	22.0 FTE
2011-12 Funded	22.0 FTE
Authorized 2012-13	24.0 FTE
2012-13 Funded	22.0 FTE

Program Summary

Children's Medical Services include: Child Health and Disability Prevention (CHDP) program, a preventive program that provides care coordination to assist families with medical appointment scheduling, transportation and access to diagnostic and treatment services; Health Care Program for Children in Foster Care, provides nursing expertise in meeting the medical, dental, and emotional needs of children in foster care; California Children's Services (CCS), which provides diagnostic and treatment services, medical case management and physical therapy services to children under the age of 21 with eligible medical conditions; and Medical Therapy Program (MTP), which also provides medical therapy services delivered at public schools.

Realignment revenue from Social Services provides \$150,000 in funding for this budget unit for diagnosis, treatment and therapy for children with chronic and disabling medical conditions.

Program Objectives

- Objective A:** 95% of children enrolled in CCS will have a documented medical home.
- Objective B:** All foster care children will have a documented medical/dental exam completed within 30 days of placement.
- Objective C:** To assure provision of quality care, CHDP conducts site reviews for 1/3 of its providers on an annual basis.

Performance Measurements

Measurement	Type	2010-11 Actual	2011-12 Estimate	2012-13 Projection
Clients provided case management on a monthly basis	Output	684	700	720
Cases per public health nurse	Productivity	342	350	360
Foster care medical screenings and evaluations completed	Output	1,960	2,566	2,566
Hours of physical and occupational therapy provided	Output	1,961	1,900	1,900

Health

Children's

Medical Services

Budget Unit 501-9 Fund 114

Significant Items and/or Changes in 2012-13

Assumptions:

- Continued increases in CMS program caseloads due to the economic down-turn.
- Continuation of State CCS and CHDP allocations at the current levels
- Foster Care funding has shifted due to Realignment. PHN services continue to be mandated, but funding will come directly to the County DESS rather than Health Department.
- Utilization of Inter-Governmental Transfer funds through a contract with Partnership Health Plan of California (PHC) which will increase revenue by providing increased reimbursement rates for MTP services provided to PHC members.

Revenue Sources for 2012-13

General Fund	0
Realignment	\$675,719
Federal/State/Other Govt	\$1,495,584
Grants/Other	\$00
TOTAL	\$2,171,303

Staffing History of unit

2010-11 Funded	14.0 FTE
2011-12 Funded	14.0 FTE
Authorized 2012-13	14.0 FTE
2012-13 Funded	13.0 FTE

Program Summary

Yolo County is responsible for providing specified healthcare services to indigent residents as coverage mandated by State law (Welfare & Institutions code 17000). Yolo County will meet this mandate by joining the County Medical Services Program (CMSP). CMSP provides the health care coverage for low-income, indigent adults in 34 primarily rural California counties. The CMSP Governing Board, established by California Law in 1994, is charged with overall program and fiscal responsibility for the program. The CMSP Governing Board provides policy direction for the program and contracts with Anthem Blue Cross Life and Health Insurance Company to administer the program.

As a CMSP county, the Low Income Health Program (LIHP), called Path2Health, will be implemented, which will bring down federal matching funds. Path2Health and CMSP offer expanded benefits including dental, vision and behavioral health. CMSP will cover emergency care for undocumented residents.

Program Objectives

- Objective A:** Transition to County Medical Service Program.
- Objective B:** Implement the Low Income Health Program.
- Objective C:** Secure federal matching funds to reimburse costs.

Performance Measurements

Measurement	Type	2010-2011 Actual	2011-12 Estimate	2012-13 Projection
Low Income Health Program (Path2Health) enrollees	Output	N/A	N/A	2,259
County Medical Services Program enrollees	Output	N/A	N/A	389

Health

Indigent Health

Budget Unit 502-3 Fund 114

Significant Items and/or Changes in 2012-13

Major changes will take place in the Indigent Health budget in 2012-13, including:

- Transition of program administration to CMSP.
- Implementation of state Low Income Health Program which will bring up to an additional \$5 million in revenue.

Revenue Sources for 2012-13

General Fund	\$3,986,481
Realignment	\$2,672,597
Grants/Other	\$25,400
TOTAL	\$6,684,478

Staffing History of unit

2010-11 Funded	4.0 FTE
2011-12 Funded	4.0 FTE
Authorized 2012-13	2.0 FTE
2012-13 Funded	0.0 FTE

Health

**Adult-Juvenile Detention
Medical Services
Budget Unit 501-4 Fund 117**

**Significant Items and/or
Changes in 2012-13**

As part of the new agreement reached, beginning with FY 2011-12, the cost of the contract will increase in FY 2012-13 by an amount equal to the 3 year average of the Consumer Price Index. Also, HIV medications are no longer paid for by the State ADAP program, leading to significant cost increases to the program.

Revenue Sources for 2012-13

General Fund	\$3,214,201
Realignment	\$00
Federal/State/ Other Govt.	\$00
TOTAL	\$3,214,201

Staffing History of unit

2010-11 Funded	0.0 FTE
2011-12 Funded	0.0 FTE
Authorized 2012-13	0.0 FTE
2012-13 Funded	0.0 FTE

Program Summary

This program provides health care services that meet community standards of care to Yolo County detainees, both adult and juvenile. A five year agreement with California Medical Forensic Group to provide these mandated services to the County was renewed last year and runs through 2016. The costs for this program will be closely monitored during the year, with close scrutiny of pharmaceutical and inpatient hospitalization costs. If actual costs exceed budget, staff will return to the Board of Supervisors to request additional funds from county contingencies.

Program Objectives

- Objective A:** Establish a shared risk policy for HIV treatment costs.
- Objective B:** Monitor contract provisions to assure the delivery of quality medical care.

Performance Measurements

Measurement	Type	2010-11 Actual	2011-12 Estimate	2012-13 Projection
Sick calls provided to inmates	Output	8,710	8,700	8,756
Admission medical assessments conducted	Output	679	680	680
Inmates hospitalized	Output	23	25	27
Average daily inmate census	Output	N/A	460	480

Program Summary

This budget unit processes provider claims, distributes funds and prepares State reports. Up to 10% of the total emergency medical services fund is used to administer the program. The remaining 90% is distributed as specified by Health and Safety code, as follows:

Uncompensated Physician Emergency Medical Services (58%): This amount is budgeted to cover emergency room physician claims that are not reimbursed from any other source.

Hospital Trauma and Emergency Medical Care Services (25%): This amount is budgeted for hospitals providing a disproportionate share of trauma and emergency medical care services. All of these funds are used to cover county indigents receiving trauma care at the University of California, Davis Medical Center.

Discretionary Emergency Medical Services (17%): This amount is budgeted for discretionary emergency medical services funds. These funds partially cover the joint powers agreement and ambulance ordinance monitoring agreements with Sierra-Sacramento Valley Emergency Medical Services Agency with ambulance services provided.

Richie's Fund: Recently enacted legislation, (SB 1773, Alarcon) established an additional levy of \$2 for every \$10 collected from fines, penalties and forfeitures on specified criminal offenses. Fifteen percent is set aside for pediatric emergency and trauma services. The remaining funds are distributed according to the established formula.

Program Objectives

- Objective A:** Improve response times to all areas in the county.
- Objective B:** Provide partial funding to support uncompensated emergency medical claims throughout the county.
- Objective C:** Expand pediatric trauma service capabilities.

Performance Measurements

Measurement	Type	2010-11 Actual	2011-12 Estimate	2012-13 Projection
Medical claims paid	Output	5354	6360	6500

Health

Emergency

Medical Services (EMS)

Budget Unit 525-3 Fund 020

Significant Items and/or Changes in 2012-13

No anticipated changes.

Revenue Sources for 2012-13

Penalties	\$1,204,000
Fund Balance	\$1,613,000
TOTAL	\$2,817,000

Staffing History of unit

2010-11 Funded	0.0 FTE
2011-12 Funded	0.0 FTE
Authorized 2012-13	0.0 FTE
2012-13 Funded	0.0 FTE

Program Summary

This budget unit provides funding to offset the maintenance cost associated with the remaining elements of the Yolo Adult Day Health Center.

Program Objectives

Objective A: N/A

Performance Measurements

Measurement	Type	2010-11 Actual	2011-12 Estimate	2012-13 Projection
	N/A	N/A	N/A	N/A

Health**Elder Care**

Budget Unit 502-3 Fund 024

Significant Items and/or Changes in 2012-13

It is anticipated that the Eldercare Trust will be fully exhausted at the end of 2012-13.

Revenue Sources for 2012-13

Other Revenue	\$11,400
Fund Balance	\$14,000
TOTAL	\$25,400

Staffing History of unit

2000-11 Funded	0.0 FTE
2011-12 Funded	0.0 FTE
Authorized 2012-13	0.0 FTE
2012-13 Funded	0.0 FTE

