

# Health and Human Services

Budget Unit Name	BU No.	Page	Appropriation	Total
<b>Alcohol, Drug and Mental Health</b>				
Alcohol & Drug	505-6	45	\$2,052,604	
Mental Health Administration	505-1	46	\$9,534,510	
Mental Health Services Act (MHSA)	505-7	48	<u>\$9,110,866</u>	
				\$20,697,980
<b>Employment and Social Services</b>				
Administration, Assistance & Support Services	551-1	52	\$40,894,822	
Community Services Block Grant	565-0	53	\$351,853	
General Assistance	561-2	54	\$360,000	
TANF/CalWORKS/Foster Care	552-2	55	\$28,131,742	
Workforce Investment Act	562-1	56	<u>\$2,312,121</u>	
				\$72,050,538
<b>Health</b>				
Community Health	501-1	60	\$7,001,113	
Environmental Health	501-3	64	\$3,090,006	
Children's Medical Services	501-9	65	\$2,121,419	
Indigent Healthcare	502-3	66	\$6,224,206	
Adult-Juvenile Detention Medical Services	501-4	67	\$3,520,241	
Emergency Medical Services	525-3	68	<u>\$3,453,911</u>	
				\$25,410,896
			<b>TOTAL</b>	<u><u>\$118,159,414</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**

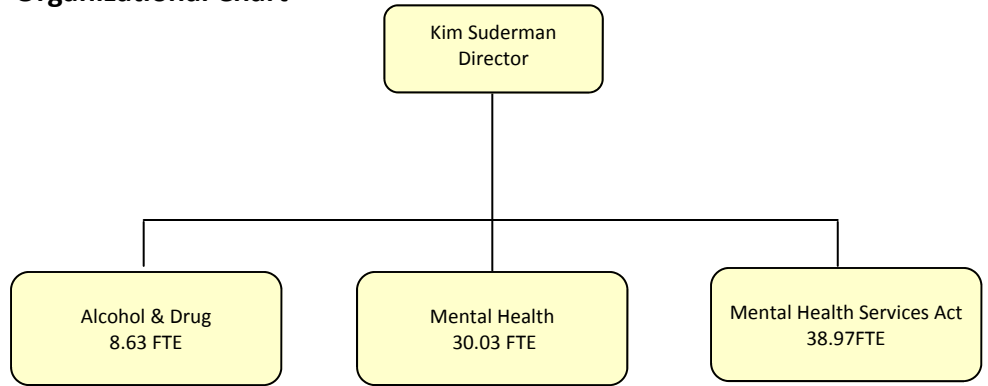
*Create, develop and sustain the service delivery system to provide proactive treatment, advocacy and support to Seriously Mentally Ill adults, Seriously Emotionally Disturbed children and those experiencing substance use disorders.*

*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 and outpatient and inpatient services to children, youth and adults.

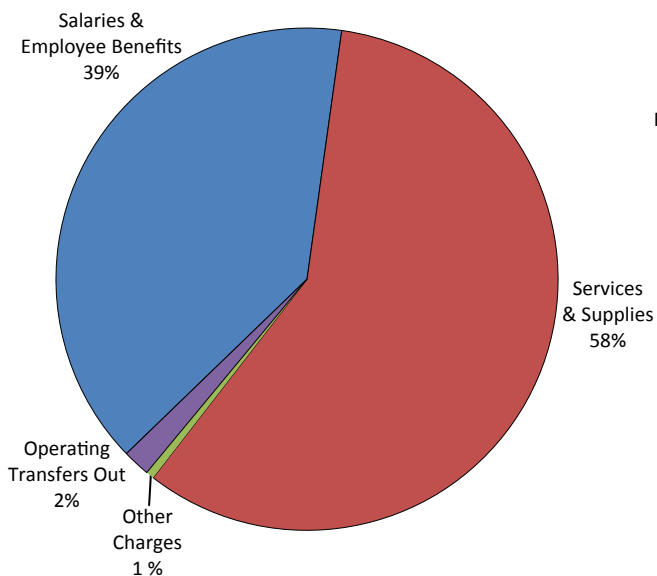
**2013-14 Summary of Budget Units**

	Appropriation	Revenue	General	Staffing
Alcohol and Drug (BU 505-6)	\$2,052,604	\$2,027,804	\$24,800	8.63
Mental Health Services (BU 505-1)	\$9,534,510	\$9,157,146	\$377,364	30.03
Mental Health Services Act (BU 505-7) (includes Funds 070, 071, 072, 073 and 074)	\$9,110,866	\$9,110,866	\$0	38.97
<b>TOTAL</b>	<b>\$20,697,980</b>	<b>\$20,295,816</b>	<b>\$402,164</b>	<b>77.63</b>

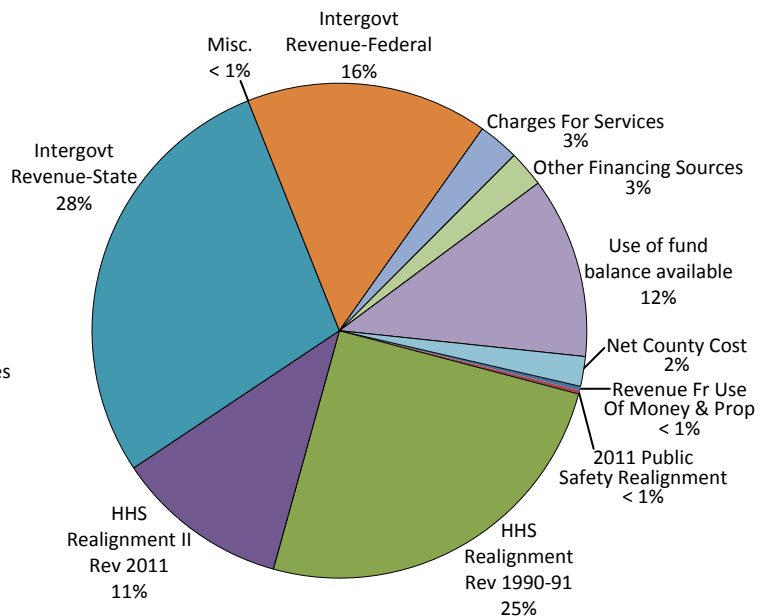
## Summary of Alcohol, Drug and Mental Health 2012-13 budget

	Actual 2010-11	Actual 2011-12	Budget 2012-13	Requested 2013-14	Recommended 2013-14
<b>Revenues</b>					
Fines, Forfeits & Penalties	\$294,090	\$333,353	\$0	\$0	\$0
Revenue Fr Use Of Money & Prop	(\$18,754)	\$92,967	\$70,000	\$55,000	\$55,000
2011 Public Safety Realignment	\$0	\$88,000	\$50,000	\$50,000	\$50,000
HHS Realignment Rev 1990-91	\$5,079,064	\$4,889,496	\$5,112,831	\$5,212,831	\$5,212,831
HHS Realignment li Rev 2011	\$0	\$921,851	\$691,670	\$2,346,889	\$2,346,889
Intergovt Revenue-State	\$10,486,571	\$7,652,796	\$6,231,583	\$5,863,965	\$5,863,965
Intergovt Revenue-Federal	\$5,877,199	\$3,352,914	\$4,419,623	\$3,278,126	\$3,278,126
Intergovt Rev-Other	\$28,833	\$7,224	\$0	\$0	\$0
Charges For Services	\$1,349,085	\$631,824	\$1,335,178	\$548,434	\$548,434
Miscellaneous	\$12,358	\$18,546	\$4,000	\$5,000	\$5,000
Other Financing Sources	\$383,378	\$384,355	\$654,202	\$486,542	\$486,542
<b>Total Revenue</b>	<b>\$23,491,824</b>	<b>\$18,373,326</b>	<b>\$18,569,087</b>	<b>\$17,846,787</b>	<b>\$17,846,787</b>
<b>Appropriations</b>					
Salaries And Employee Benefits	\$7,573,167	\$7,003,211	\$8,064,438	\$8,168,621	\$8,168,621
Services And Supplies	\$10,761,169	\$11,306,065	\$12,557,202	\$12,061,878	\$12,076,235
Other Charges	\$115,288	\$146,456	\$129,357	\$123,202	\$108,845
Capital Assets-Equipment	\$0	\$99,149	\$0	\$0	\$0
Operating Transfers Out	\$46,300	\$53,156	\$45,130	\$364,003	\$364,003
Intrafund Transfers	(\$153,209)	(\$108,531)	(\$60,251)	(\$19,724)	(\$19,724)
<b>Total Appropriations</b>	<b>\$18,342,715</b>	<b>\$18,499,506</b>	<b>\$20,735,876</b>	<b>\$20,697,980</b>	<b>\$20,697,980</b>
<b>Use of fund balance available</b>	<b>(\$5,551,275)</b>	<b>(\$339,984)</b>	<b>\$1,764,625</b>	<b>\$2,449,029</b>	<b>\$2,449,029</b>
<b>Net County Cost</b>	<b>\$402,166</b>	<b>\$466,164</b>	<b>\$402,164</b>	<b>\$402,164</b>	<b>\$402,164</b>

**Expenditures**



**Revenues**



**Alcohol, Drug and  
Mental Health  
2012-13**

- ◆ *Implemented the evidence-based practice of Trauma Focused Cognitive Behavioral Therapy in the department's children system of care. This effort is ongoing and includes the evaluation of staff by a consultant on their adherence to the evidence based practice's standards.*
- ◆ *Transitioned the first wave of Healthy Families beneficiaries that were receiving mental health services from their Primary Care providers over to Medi-Cal/EPSDT.*
- ◆ *Implemented the transition of the adult Assertive Community Treatment (ACT) program to Turning Point Community Programs, Inc., a part of the MHSA Community Service and Supports (CSS) Full Service Partnership services.*
- ◆ *In partnership with the Courts, District Attorney, Public Defender, Conflicts Counsel and Probation, successfully implemented Adult Mental Health Court.*
- ◆ *Upgraded the department's servers and workstations in accordance with the MHSA IT Plan. This upgrade provides for greater security and paves the way for enhancements to the Avatar system.*

## Department Goals and Key Initiatives for 2013-14

**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 2013-14:

- Continue to work collaboratively with Human Resources, the County Administrator's Office, and other County departments to hire key positions within the department and to retain quality staff.
- Ensure implementation and utilization of the newest version of the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5), including training of all the department practitioners, converting Avatar (electronic health record and billing and claiming system), and ensuring all contract providers implement utilization of the DSM 5.
- Continue the process of providing quality training and maintaining good employee relations.
- Engage contract providers and community stakeholders to maintain communication and support the delivery of cost-effective and quality programs and services.
- Build on the recently completed strategic planning process; encourage the ongoing effectiveness of the Local Mental Health Board in supporting ADMH programmatic and budgetary efforts, as well as recommendations to the Board of Supervisors.
- 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 next steps in 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.
- Continue to participate and provide leadership in the development of the County and community treatment continuum for AB 109 individuals related to public safety realignment.
- Continue to partner in the Adult Mental Health Court Program, monitoring clinical and fiscal outcomes.
- 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 (LIHP) through the Pathways to Health program.
- Continue to partner with Employment & Social Services in the implementation of services for Foster Children and Youth as required by the statewide Katie A. Law Suit Court Ruling.
- Determine the role ADMH will play in the transition to Healthcare Reform including: mental health services for the Seriously Mentally Ill/Seriously Emotionally Disturbed and those with mild to moderate mental health service needs; and substance use disorder services.

**Alcohol, Drug and  
Mental Health  
Accomplishments**  
*continued*

◆ *The Local Mental Health Board recently completed the strategic planning process. They will continue to review and support ADMH's program and budgetary efforts, providing recommendations to the Board of Supervisors.*

**Department Goals and Key Initiatives for 2013-14 (continued)**

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

**Key Initiatives for 2013-14:**

- Begin the training and implementation process for motivational interviewing with the Adult Mental Health population.
- Implement outcome measures in the Children's Mental Health population: Youth Outcome Questionnaire Self-Report & Parent Report, Post Traumatic Stress Disorder-Reaction Index, Eyberg Child Behavior Inventory/Sutter-Eyberg Student Behavior Inventory and other specific treatment focus measurement tools (e.g. anxiety, depression, etc.).
- Conduct MHSA planning process to develop the next multiple year MHSA program and expenditure plan.
- Conduct a review of AB 1421/Laura's Law to determine county readiness.
- Continue the current process of training staff and implementing the evidence based practice, Trauma Focused Cognitive Behavioral Therapy.
- Promote active collaboration with Primary Care and use of evidenced-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 2013-14:**

- 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.
- Participate in the consideration of consolidation of Health and Human Services departments to determine the fiscal and programmatic value/viability.

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

**Key Initiatives for 2013-14:**

- 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 on Medi-Cal claim denials and disallowances.

**Program Summary**

This budget unit provides funding for substance use disorder services provided in partnership with community organizations and treatment providers.

Drug Medi-Cal: operated via contract with certified Drug Medi-Cal providers and provides for the payment of substance disorder services which qualify for Medi-Cal reimbursement. There are contracts for regular outpatient services as well as outpatient and inpatient Perinatal services.

Non Drug Medi-Cal Perinatal Treatment: operated via contract with CommuniCare Health Centers and 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.

Adolescent Treatment: operated via contract with CommuniCare Health Centers and provides individual and group therapy to youth through the age of 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 MOU between ADMH and the Health Department.

Inmate Education: via MOU between the Sheriff and ADMH, provides an Alcohol/Drug Education Program to incarcerated individuals at Yolo Detention facilities.

Adult Drug Court: via MOU between Probation and ADMH, the program places individuals in programs designed to eliminate drug use dependency, reduce recidivism and improve the overall efficiency of the court system. This 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: 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	2010-11 Actual	2011-12 Actual	2012-13 Estimate	2013-14 Projection
Clients who received substance use disorder services	525	212*	600	600
FTEs providing substance use disorder services	N/A	4.67	5.00	2.75
Students who received substance use disorder prevention services	332	336	315	315
FTEs providing substance use disorder prevention services	N/A	2.15	2.20	2.10

\* Decrease from FY2010-11 to FY2011-12 is related to the contracting out of DUI and the residual DUI clients that were seen as part of on-going transition. Beginning in FY2012-13 the numbers also reflect services by providers including Drug Medi-Cal; the number may increase as delays in claiming are overcome.

**ADMH**  
**Alcohol & Drug**  
**Budget Unit 505-6**  
**Fund 107**

**Significant Items and/or Changes in 2013-14**

The on-going results and impacts of the realignment of drug and alcohol services and funding continue to become clearer. Of note, is the transfer of responsibility from the State to counties for accomplishing the required maintenance of effort for continued funding of the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT). This will require the department to spend the specified amount of dollars from the Behavioral Health sub-account on substance use disorder services.

SAPT funds will be included in the sequestration that is currently being implemented by the Federal government. This will result in a 9-10% decrease in SAPT money for the 2013-2014 fiscal year.

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

**Revenue Sources for 2013-14**

General Fund	24,800
Public Safety	0
Realignment II	1,346,316
Federal/State/Other Govt	634,829
Fees	46,659
Grants/Other	0
<b>TOTAL</b>	<b>2,052,604</b>

**Staffing History of Unit**

2011-12 Funded	12.59 FTE
2012-13 Funded	12.41 FTE
Authorized 2013-14	8.63 FTE
2013-14 Funded	8.63 FTE

**Program Summary**

This budget unit funds Mental Health services to Seriously Mentally Ill adults and Seriously Emotionally Disturbed children and youth.

**System Wide Services**

Orientation: is offered two times per week in Woodland (upon request/need, for Davis or W. Sacramento), allows a 1-7 working day response to non-emergency, non-urgent/emergent requests for services. Potential consumers learn the location and about services in all three clinic sites, are registered into the system, and leave with an Assessment Appointment in Woodland, Davis or West Sacramento.

Triage and Care: is the point of access for services to the Seriously Mentally Ill/Seriously Emotionally Disturbed. Individuals are assessed for psychiatric symptoms associated with their diagnosis and significant functional impairment in at least two domains.

Response/Intervention Services: are provided for those consumers who, during the course of an appointment or case management service, present as imminent risk of danger to self, danger to others, or grave disability due to a mental disorder. Services may include consideration of least restrictive service/placement to ensure safety, W&I Code 5150 evaluation and transport for psychiatric inpatient services as applicable.

**Children’s Services**

Outpatient: services for seriously emotionally disturbed children and youth include assessment, individual, group and family therapy, case management, medication support, therapeutic behavioral services and clinically appropriate support services.

Supportive Therapeutic Options Program: funds limited mental health services in Juvenile Hall, including support to juveniles, including those with Medi-Cal due to the temporary suspension of coverage while detained.

**Adult Services**

Outpatient: services for the Seriously Mentally Ill adults include assessment, individual and group therapy, case management, medication support and clinically appropriate support services.

Residential/24 Hour Care: is designed to address residential placement needs, monitor and provide discharge planning for consumer adults placed in residential/24 hour care.

CalWORKS: ADMH provides clinical services to assess the type and volume of mental health and/or substance use disorder treatment. Short-term individual counseling is facilitated for CalWORKS Employment Services (CWES) participants, with the optional group sessions.

Misdemeanant Incompetent to Stand Trial (§1370.01 of the Penal Code): Adults found incompetent to stand trial on misdemeanor charges have their Court cases suspended and are required to receive treatment with the goal of returning them to Court as competent to stand trial. Services are provided in outpatient or inpatient settings depending upon the needs of the individual.

Mental Health Court: Adults found eligible to participate in Mental Health Court are those with Serious Mental Illness and who voluntarily desire to participate in this program are provided treatment and supportive services designed to assist them in successful recovery and to usher them through the Court system. Due to no new funds and the intensive nature of this program, it is designed to serve no more than 10 probationers at any given time. Team members have agreed that 100% consensus is required for participant admission, progression through all phases, and graduation/discharge.

**ADMH**

**Mental Health Administration**

**Budget Unit 505-1  
Fund 196**

**Significant Items and/or Changes in 2013-14**

The on-going results and impacts of the realignment of mental health services and funding continue to become clearer. Of note is the combination of substance use disorder and mental health realignment dollars into one behavioral health sub-account. This creates some potential risk and competition for these funds from entitlement programs particularly EPSDT and Drug Medi-Cal.

Mental Health Block Grant funds will be included in the sequestration that is currently being implemented by the federal government. This may result in a 5-10% decrease in SAPT money for the 2013-2014 fiscal year.

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



<b>Program Objectives</b>
<b>Objective A:</b> 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.

<b>Performance Measurements</b>				
<b>Measurement</b>	2010-11 Actual	2011-12 Actual	2012-13 Estimate	2013-14 Projection
Individual who received Mental Health services	3,009	2,674	2,600	2,600
Estimated cost per client(total clients compared to billable cost)	N/A	\$3,078	\$3,100	\$3,100
Medi-Cal & Medi-Medi beneficiaries who received specialty mental health services	2,104	2,017	2,000	2,000
Productivity (figure is averaged across all work units)	N/A	N/A	63%	65%

**ADMH**  
**Mental Health Administration**  
**Budget Unit 505-1**  
**Fund 196**  
*continued*

<b><u>Revenue Sources for 2013-14</u></b>	
General Fund	377,364
Public Safety	0
Realignment I	5,212,831
Federal/State/ Other Govt	3,188,600
Fees	501,775
Grants/Other	253,940
<b>Total</b>	<b>9,534,510</b>

<b><u>Staffing History of Unit</u></b>	
2011-12 Funded	34.42 FTE
2012-13 Funded	29.13 FTE
Authorized 2013-14	30.03 FTE
2013-14 Funded	30.03 FTE

**Program Summary**

**Community Services and Supports**

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 MHSA staff 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 are target toward these populations.

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 focusing on the 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**

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; and 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	2010-11 Actual	2011-12 Actual	2012-13 Estimate	2013-14 Projection
Full Service Partners who received services under CSS programs	147	143	120	120
Full Service Partners who received Assertive Community Treatment Services through Yolo STRIDES.	56	57	50	50

**ADMH  
Mental Health  
Services Act**

**Budget Unit 505-7**

**Funds 070, 071, 072, 073, 074**

**Significant Items and/or  
Changes in 2013-14**

The on-going results and impacts of the realignment of mental health services and funding continue to become clearer. While there does appear to be minor changes to the manner in which the MHSA audits and reviews are conducted by the State, there does not appear to be any significant changes to funding or availability of funds.

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

**Revenue Sources for 2013-14**

General Fund	0
Public Safety	0
Realignment II	0
Federal/State/ Other Govt	9,055,866
Fees	0
Grants/Other	55,000
<b>Total</b>	<b>9,110,866</b>

**Staffing History of Unit**

2011-12 Funded	39.79 FTE
2012-13 Funded	35.46 FTE
Authorized 2013-14	38.97 FTE
2013-14 Funded	38.97 FTE



**Ed Smith**  
Interim 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**

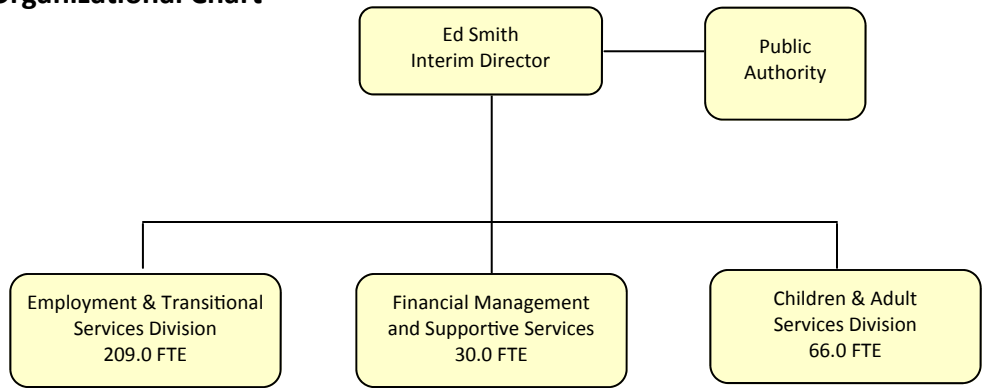
*Continue a high level of customer service through more efficient processes which will allow us to fill the gap left from reduced staff resources.*

*Strengthen our service delivery and improve our outcomes.*

*Increase public awareness of department programs and services through expanded outreach throughout the county via staff, the media and the web.*

# Employment & Social Services

**Organizational Chart**



**Description of Major Services**

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

- Administration of Child Welfare Services (include 7-day/24-hour emergency response) including assisting community members who are interested in becoming licensed foster parents.
- Administration of Adult Protective Services (includes 7-day/24-hour emergency response) and In-Home Supportive Services.
- Eligibility determinations for Medi-Cal, Foster Care, CalFresh, General Assistance, CalWORKs (California Work Opportunity and Responsibility to Kids), CMSP/Path2Health, and Workforce Investment Act programs.
- Provision of aid payments to eligible persons.
- Operation of One-Stop Career Centers for job seekers and employers.

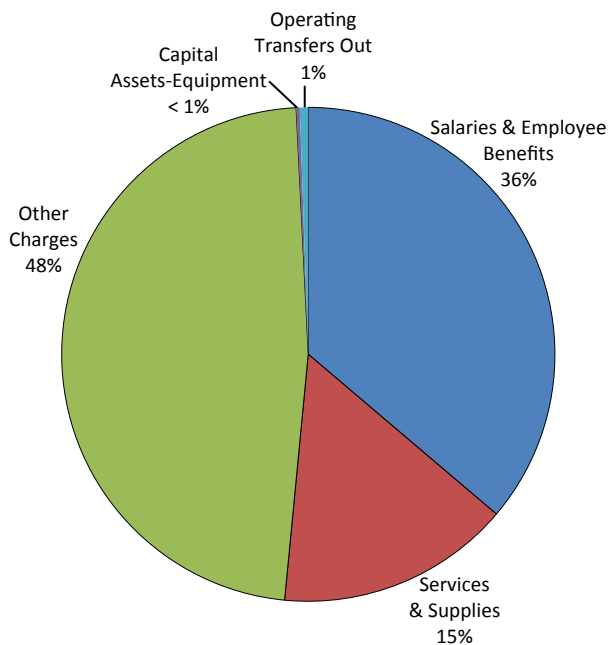
**2013-14 Summary of Budget Units**

	Appropriation	Revenue	General Fund	Staffing
Admin., Assistance, & Supportive Svcs (BU 551-1) (includes Fund 029 and 111)	\$40,894,822	\$40,894,822	\$0	294.0
TANF/CalWORKS/Foster Care (BU 552-2) (includes Fund 111, 112 and 168)	\$28,131,742	\$27,325,148	\$806,594	0.0
General Assistance (BU 561-2)	\$360,000	\$84,072	\$275,928	1.0
Workforce Investment Act (BU 562-1)	\$2,312,121	\$2,312,121	\$0	10.0
Community Services Block Grant (BU 565-0)	\$351,853	\$337,744	\$14,109	1.0
<b>TOTAL</b>	<b>\$72,050,538</b>	<b>\$70,953,907</b>	<b>\$1,096,631</b>	<b>306.0</b>

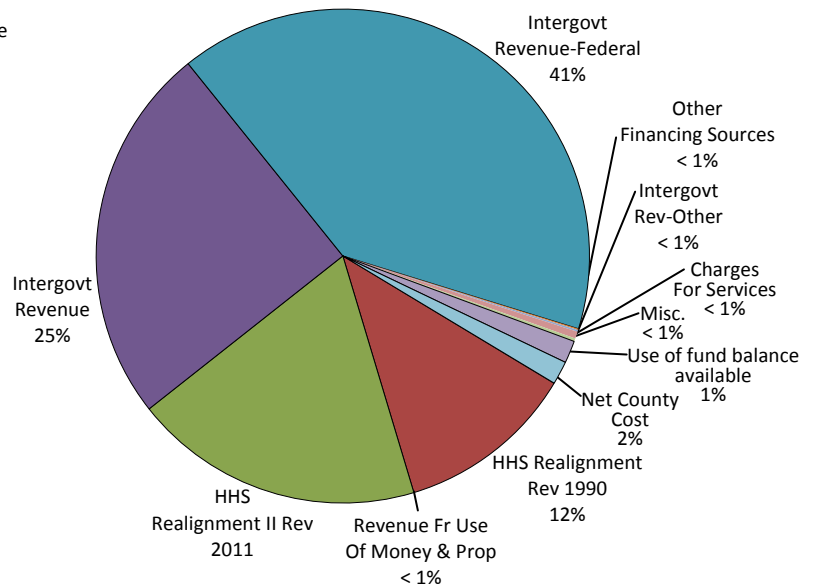
## Summary of Employment & Social Services 2013-14 budget

	Actual 2010-11	Actual 2011-12	Budget 2012-13	Requested 2013- 14	Recommended 2013-14
<b>Revenues</b>					
Fines, Forfeits & Penalties	\$135	\$50	\$0	\$0	\$0
Revenue Fr Use Of Money & Prop	\$10,736	\$28,114	\$27,588	\$4,754	\$4,754
HHS Realignment Rev 1990-91	\$7,255,453	\$7,524,753	\$6,819,173	\$6,887,365	\$8,452,791
HHS Realignment li Rev 2011	\$0	\$8,278,385	\$8,576,313	\$13,707,426	\$13,707,426
Intergovt Revenue-State	\$28,308,123	\$14,983,008	\$16,742,121	\$17,897,787	\$17,897,787
Intergovt Revenue-Federal	\$30,457,063	\$26,037,970	\$28,099,246	\$29,208,966	\$29,208,966
Intergovt Rev-Other	\$234,837	\$60,087	\$60,000	\$ 60,000	\$60,000
Charges For Services	\$78,849	\$91,246	\$78,684	\$88,111	\$88,111
Miscellaneous	\$668,017	\$445,118	\$689,101	\$326,300	\$326,300
Other Financing Sources	\$257,786	\$12,195,943	\$5,179,419	\$150,000	\$150,000
<b>Total Revenue</b>	<b>\$67,270,999</b>	<b>\$69,644,674</b>	<b>\$66,271,645</b>	<b>\$68,330,709</b>	<b>\$69,896,135</b>
<b>Appropriations</b>					
Salaries And Employee Benefits	\$22,588,359	\$23,082,255	\$25,884,687	\$26,200,513	\$26,200,513
Services And Supplies	\$9,977,606	\$8,625,196	\$9,890,361	\$11,103,576	\$11,103,576
Other Charges	\$35,484,496	\$33,015,953	\$35,787,985	\$34,517,611	\$34,517,611
Capital Assets-Equipment	\$921,203	\$165,054	\$0	\$171,600	\$171,600
Operating Transfers Out	\$508,170	\$8,831,627	\$2,050,085	\$400,751	\$400,751
Intrafund Transfers	\$(98,528)	\$(257,860)	\$(307,868)	\$(343,513)	\$(343,513)
<b>Total Appropriations</b>	<b>\$69,381,306</b>	<b>\$73,462,225</b>	<b>\$73,305,250</b>	<b>\$72,050,538</b>	<b>\$72,050,538</b>
<b>Use of fund balance available</b>	<b>\$(1,012,359)</b>	<b>\$(2,220,194)</b>	<b>\$3,371,548</b>	<b>\$1,057,772</b>	<b>\$1,057,772</b>
<b>Net County Cost</b>	<b>\$3,122,666</b>	<b>\$6,037,745</b>	<b>\$3,662,057</b>	<b>\$2,662,057</b>	<b>\$1,096,631</b>

### Expenditures



### Revenues



**Employment &  
Social Services  
2012-13  
Accomplishments**

- ◆ *Implemented a web-based Adult Services case management system.*
- ◆ *Explored the feasibility of County operated Adoption Services. Assessment continues.*
- ◆ *Provided Family Facilitation Training in Child Welfare Services, implementing evidence based practices of engaging parents/families in their own case plan with anticipation of a higher success rate of reunification.*
- ◆ *Community Services Block Grant awarded \$10,000 towards holiday food baskets through Yolo County Food Bank.*
- ◆ *19 adults, 26 children, and 41 families were served through holiday donations.*
- ◆ *Implemented coordinated case management services for the transitional age foster youth.*
- ◆ *Implemented and maintained social media networks for programs.*
- ◆ *Implemented CMSP with the Health Department.*
- ◆ *Implemented a Continuing Benefits Center serving 700 CalWORKS cases and 1,900 Medi-Cal and CalFresh cases.*

**Department Goals and Key Initiatives for 2013-14**

**Goal 1:** Continue a high level of customer service through more efficient processes.

**Key Initiatives for 2013-14:**

- Continue the implementation process for the Service Center.
- Expansion of Continuing Benefits Center (CBC) plan to include all continuing Medi-Cal, CalFresh, and CalWORKS Cases.
- Continue conversion of cases in document imaging, focusing on closed cases.
- Strengthen professional development plan for staff, which will include a series of UCD trainings through Learning and Development Workgroup.

**Goal 2:** Strengthen our service delivery and improve our outcomes.

**Key Initiatives for 2013-14:**

- Implement Affordable Care in partnership with the Health Department.
- Explore feasibility of other revenue sources/layoff aversion.
- Increase CalFresh participation through mobile outreach and community partnerships. **Tactical Plan 4D**
- Family Engagement Services for case planning development to increase reunification of child with the family.

**Goal 3:** 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.

**Key Initiatives for 2013-14:**

- Redesign the department's website.
- Enhance the One-Stop social media network to include video references.
- Implement and maintain social media network for Child Welfare Services.
- Increase accessibility and flexibility for clients through uses of technology such as Benefits CalWIN, Call Center and Mobile Outreach. **Tactical Plan 4J**

<b>Program Summary</b>
<p>This is the department's primary operational budget unit including all staff costs. Principal programs include:</p> <p><u>Public Assistance Programs</u>: eligibility determination, case management and other services for clients needing financial and other assistance through CalWORKs, CalFresh (formerly Food Stamps), Medi-Cal, Foster Care, and CMSP/ Path2Health.</p> <p><u>Child Welfare Services</u>: protects abused, neglected, exploited and abandoned children; the program includes 24-hour emergency response, family maintenance, family reunification and permanency planning.</p> <p><u>Adult Protective Services</u>: protects vulnerable adults from abuse and neglect.</p> <p><u>In-Home Supportive Services</u>: 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 In-Home Supportive Services providers.</p> <p><u>Employment Services</u>: provides job search, skills training, assessment and workshops, support program and eligibility determinations for Workforce Investment Act and 211-Yolo (community services database and directory).</p> <p><b>On the Horizon:</b> Health Care reform implementation is underway and changes to Medi-Cal eligibility are imminent. Healthy Families is converting its clients to Medi-Cal. Both of these changes are expected to significantly increase Yolo County's Medi-Cal caseload. The department is implementing a large scale outreach program for Yolo County's CalFresh eligible population which is expected to also add to existing caseload.</p>

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

<b>Performance Measurements</b>				
<b>Measurement</b>	<b>2010-11 Actual</b>	<b>2011-12 Actual</b>	<b>2012-13 Estimated</b>	<b>2013-14 Goal</b>
Timely processing of applications for Public Assistance programs	84%	79%	84%	85%
Timely face-to-face contacts with child	93.6%	96%	94%	95%
Immediate response times on Child Welfare referrals	100%	95%	98%	100%
Adult Protective Services cases closed timely	100%	100%	100%	100%
In-Home Supportive Services timely reassessment	92%	92.62%	75%	90%
Successful completion of employment workshops	375	596	669	700
People beginning employment	332	407	410	425
People employed	3,158	2,452	2,580	2,800

**DESS**  
**Admin., Assistance,  
and Support Services**  
**Budget Unit 551-1**  
**Fund 029 and 111**

**Significant Items and/or  
Changes in 2013-14**

The department will not fill its vacant Assistant Director position; however, it will add 3 new Child Welfare Workers and 1 Social Worker Practitioner to enhance its efforts to keep children safe and healthy in the community, and to help meet service demand needs in 2013-14. The remaining changes in funded positions from the prior year are due to the filling of vacant positions.

<b><u>Revenue Sources for 2013-14</u></b>	
General Fund	\$0
Public Safety	\$0
Realignment I	\$5,050,671
Realignment II	3,166,294
Federal/State/ Other Govt.	\$31,529,992
Fees	\$88,111
Other Revenue	\$59,754
Fund Balance	\$1,000,000
<b>TOTAL</b>	<b>\$40,894,822</b>

<b><u>Staffing History of Unit</u></b>	
2011-12 Funded	272.0 FTE
2012-13 Funded	270.0 FTE
Authorized 2013-14	295.0 FTE
2013-14 Funded	294.0 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.

This program is subject to the federal sequestration reductions; at the time of writing this document the exact impact from that on this program was unknown. Therefore, this budget does not reflect those cuts. The department will update this budget at the next opportunity after the impact is known.

## Program Objectives

**Objective A:** Augment safety net services.

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

## Performance Measurements - CSBG funding is per calendar year

Goal/Measurement	2012 Goal	2012 Actual	2013 Goal	2013 Estimate
Deliver 200,000 pounds of food per year in rural Yolo County (Food Bank)	90%	226,450 pounds delivered	120%	240,000 pounds 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 2013-14

No significant changes.

### Revenue Sources for 2013-14

General Fund	\$14,109
Public Safety	\$00
Realignment	\$00
Federal/State/ Other Govt	\$277,744
Fees	\$00
Grants/Other	\$60,000
<b>TOTAL</b>	<b>\$351,853</b>

### Staffing History of Unit

2011-12 Funded	1.0 FTE
2012-13 Funded	1.0 FTE
Authorized 2013-14	1.0 FTE
2013-14 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	2010-11 Actual	2011-12 Actual	2012-13 Estimate	2013-14 Projection
People receiving general assistance payments each month	101	98	91	95

## DESS

### General Assistance

Budget Unit 561-2 Fund 111

### Significant Items and/or Changes in 2013-14

No significant changes.

### Revenue Sources for 2013-14

General Fund	\$275,928
Public Safety	\$00
Realignment	\$00
Federal/State/ Other Govt	\$0
Fees	\$00
Grants/Other	\$84,072
<b>TOTAL</b>	<b>\$360,000</b>

### Staffing History of Unit

2011-12 Funded	1.0 FTE
2012-13 Funded	1.0 FTE
Authorized 2013-14	1.0 FTE
2013-14 Funded	1.0 FTE



<b>Program Summary</b>
<p>Effective with the 2011-12 fiscal year, assistance payments are funded with Realignment, County and Federal dollars. The State no longer participates in funding these programs.</p> <p><u>CalWORKs/TANF</u>: provides financial assistance, job training, Medi-Cal, child care and other services to qualified families. Federal and State statutes set the eligibility criteria. Originally, the maximum lifetime months of CalWORKs aid for adults was 60 months; this time limit was reduced from 60 to 48 months in 2012-13 and will be further reduced in the budget year to 24 months for new applicants. Other program changes for 2013-14 have been proposed and include changes to eligibility rules, new Welfare to Work requirements and changes in eligibility for Child Care assistance.</p> <p><u>Foster Care</u>: 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. This is the second of three years of implementation where youth up to the age of 20 will be phased in and allowed to remain in foster care.</p> <p><u>Adoption Assistance</u>: 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 the 2012-13 budget year.</p>

<b>Program Objectives</b>
<p><b>Objective A:</b> Provide entitled benefits.</p> <p><b>Objective B:</b> All assistance payments will be made timely and in accordance with appropriate rate determinations.</p>

<b>Performance Measurements</b>				
<b>Measurement</b> (Children are subset of total for CalWORKs/CalFresh/MC)	2010-11 Actual	2011-12 Actual	2012-13 Estimate	2013-14 Projection
People/children receiving CalWORKs cash aid per month	5,559/4,150	5,036/3,815	4,546/3,477	4,500/3,500
People/children receiving CalFresh benefits per month	15,940/8,259	16,579/8,298	17,027/8,322	17,500/8,500
People/children receiving Medi-Cal benefits per month	22,689/13,691	25,845/14,971	25,493/14,994	32,000/18,560
Children receiving Kin-GAP aid per month	17	16	17	20
Children in foster care per month	265	231	230	230
Families receiving Adoption Assistance Payments per month	771	770	750	800
Children receiving Stage 1 Child Care	277	154	215	240

**DESS**  
**CalWORKs/ TANF**  
**Foster Care, Adoptions**  
**Budget Unit 552-2**  
**Fund 111, 112 and 168**

**Significant Items and/or Changes in 2013-14**  
 No significant changes.

<b><u>Revenue Sources for 2013-14</u></b>	
General Fund	\$806,594
Public Safety	\$0
Realignment I	\$3,402,120
Realignment II	\$10,541,132
Federal/State/ Other Govt.	\$12,986,896
Fees	\$00
Grants/Other	\$395,000
<b>TOTAL</b>	<b>\$28,131,742</b>

**Staffing History of Unit**  
 There are no staff salaries assigned to this budget unit.

<b>Program Summary</b>
<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> <p>WIA is one of the programs targeted for reduction as a result of federal sequestration. At the time of writing this document, only high level information was available and the exact impact to this program from those cuts was unknown. Therefore, his budget does not reflect those reductions. The department will amend this budget at the next opportunity after receiving information concerning the impact to this program.</p>

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

<b>Performance Measurements</b>				
<b>Measurement</b>	<b>2011-12 State Goal</b>	<b>2011-12 Actual</b>	<b>2012-13 Projected Goal</b>	<b>2012-13 Estimated Achievement</b>
Adults entering employment	70%	90.5%	59%	90%
Dislocated Workers entering employment	72%	72.1%	72%	75%
Youth entering employment or education	65%	90.4%	72%	90%

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

**Significant Items and/or Changes in 2013-14**

No significant changes.

<b>Revenue Sources for 2013-14</b>	
General Fund	\$00
Public Safety	\$00
Realignment	\$00
Federal/State/Other Govt.	\$2,312,121
Fees	\$00
Grants/Other	\$00
<b>TOTAL</b>	<b>\$2,312,121</b>

<b>Staffing History of Unit</b>	
2011-12 Funded	16.0 FTE
2012-13 Funded	14.0 FTE
Authorized 2013-14	10.0 FTE
2013-14 Funded	10.0 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*

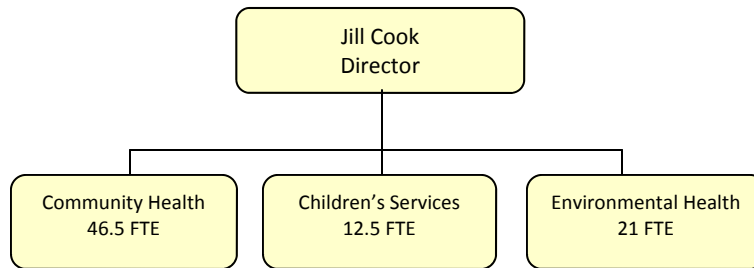
**Core Values**

*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 day*

# Health

## Organizational Chart by Budget Unit



## Description of Major Services

Ten essential public health services provide the fundamental framework for the work of the Health Department. They are:

1. Monitor health status to identify and solve community health problems;
2. Diagnose and investigate health problems and health hazards in the community;
3. Inform, educate, and empower people about health issues;
4. Mobilize community partnerships and action to identify and solve health problems;
5. Develop policies and plans that support individual and community health efforts;
6. Enforce laws and regulations that protect health and ensure safety;
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable;
8. Assure competent public and personal health care workforce,
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services, and
10. 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 management environmental protection, and land use development
- **Emergency Services:** public health emergency response, cities readiness program, strategic national stockpile, pandemic flu, hospital preparedness program, and emergency medical services.
- **Maternal Child and Adolescent Health Services:** Children’s Medical Services, Women Infants Children supplemental nutrition, and provision of direct services to high risk families including case management, health promotion outreach, health education, immunization program, and health and nutrition education.
- **Medical Services:** indigent medical care, jail medical services, Communicable Disease and Public Health Tuberculosis Program, HIV surveillance, counseling and testing, the Adult Day Health Center, public health laboratory, and vital records.

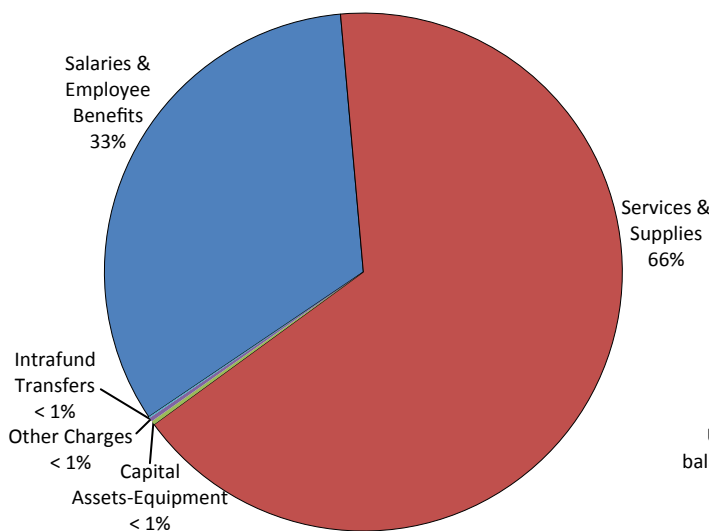
## 2013-14 Summary of Budget Units

	Appropriation	Revenue	General Fund	Staffing
Community Health (BU 501-1) (includes Funds 019 and 109)	\$7,001,113	\$4,781,260	\$2,219,853	46.5
Environmental Health (BU 501-3)	\$3,090,006	\$3,036,881	\$53,125	21.0
Adult-Juvenile Detention Medical Services (BU 501-4)	\$3,520,241	\$0	\$3,520,241	0.0
Children's Medical Services (BU 501-9)	\$2,121,419	\$1,462,913	\$658,506	12.5
Indigent Healthcare (BU 502-3) (includes Fund 114 and 024)	\$6,224,206	\$4,557,439	\$1,666,767	0.0
Emergency Medical Services (BU 525-3)	\$3,453,911	\$3,453,911	\$0	0.0
<b>TOTAL</b>	<b>\$25,410,896</b>	<b>\$17,292,404</b>	<b>\$8,118,492</b>	<b>80.0</b>

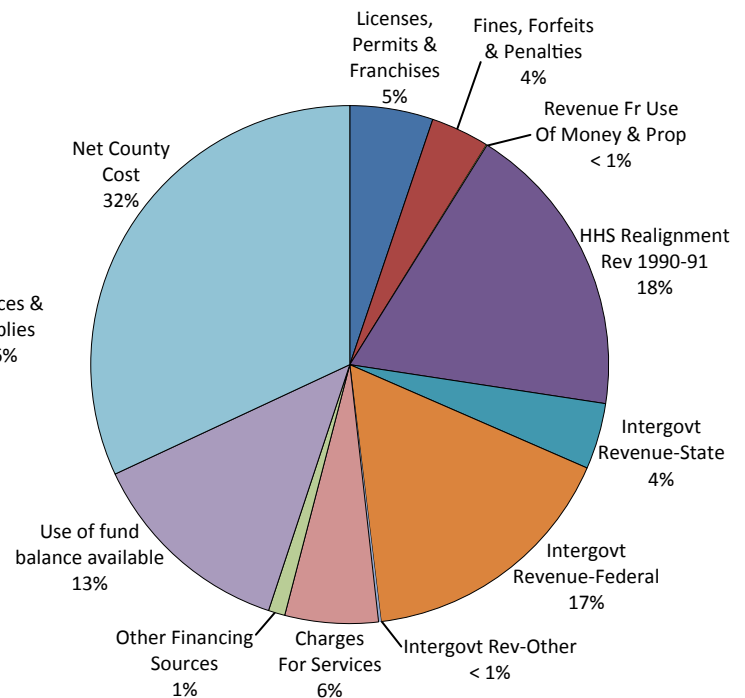
## Summary of Health 2013-14 budget

	Actual	Actual	Budget	Requested	Recommended
<b>Revenues</b>					
Licenses,Permits & Franchises	\$1,251,920	\$1,472,081	\$1,321,716	\$1,321,718	\$1,321,718
Fines, Forfeits & Penalties	\$1,412,995	\$1,162,394	\$968,196	\$926,708	\$926,708
Revenue Fr Use Of Money & Prop	\$30,020	\$28,296	\$19,400	\$11,400	\$11,916
Hhs Realignment Rev 1990-91	\$4,344,509	\$3,958,259	\$4,962,760	\$4,703,039	\$4,704,609
Intergovt Revenue-State	\$900,316	\$1,068,221	\$1,129,515	\$1,049,401	\$1,049,401
Intergovt Revenue-Federal	\$2,867,701	\$3,433,803	\$4,509,665	\$4,198,112	\$4,198,112
Intergovt Rev-Other	\$9,717	\$38,580	\$99,985	\$42,050	\$42,050
Charges For Services	\$1,777,057	\$1,710,424	\$1,600,163	\$1,432,063	\$1,477,063
Miscellaneous	\$263,230	\$240,822	\$0	\$0	\$0
Other Financing Sources	\$2,782,671	\$2,427,564	\$729,879	\$263,608	\$263,608
<b>Total Revenue</b>	<b>\$15,640,136</b>	<b>\$15,540,444</b>	<b>\$15,341,279</b>	<b>\$13,948,099</b>	<b>\$13,995,185</b>
<b>Appropriations</b>					
Salaries And Employee Benefits	\$7,499,268	\$6,957,736	\$7,504,612	\$8,394,174	\$8,394,174
Services And Supplies	\$13,086,011	\$12,362,243	\$15,764,966	\$17,863,842	\$16,869,882
Other Charges	\$1,383,864	\$1,602,178	\$519,500	\$62,540	\$62,540
Capital Assets-Equipment	\$66,302	\$175,631	\$0	\$64,300	\$64,300
Operating Transfers Out	\$760,796	\$714,012	\$477,075	\$0	\$0
Intrafund Transfers	(\$1,037,841)	\$189,917	\$0	\$20,000	\$20,000
<b>Total Appropriations</b>	<b>\$21,758,400</b>	<b>\$22,001,717</b>	<b>\$24,266,153</b>	<b>\$26,404,856</b>	<b>\$25,410,896</b>
<b>Use of fund balance available</b>	<b>\$249,948</b>	<b>(\$680,773)</b>	<b>\$1,626,067</b>	<b>\$3,297,219</b>	<b>\$3,297,219</b>
<b>Net County Cost</b>	<b>\$5,868,316</b>	<b>\$7,142,046</b>	<b>\$7,298,807</b>	<b>\$9,159,538</b>	<b>\$8,118,492</b>

**Expenses**



**Revenue**



**Health  
2012-13  
Accomplishments**

- ◆ *Became the 35th County Medical Services Program (CMSP) county*
- ◆ *Successful transition of YCHIP to CMSP*
- ◆ *Implementation of Low Income Health Program (LIHP)*
- ◆ *Estimated \$5.4 million in new federal funding for indigent medical care*
- ◆ *Napa-Solano-Yolo County Public Health Laboratory Joint Powers Agreement*
- ◆ *Received \$2.7M in new funding from a Medi-Cal Managed Care Intergovernmental Transfer*
- ◆ *Designated 5th Healthiest County in California*
- ◆ *Improved employee satisfaction*
- ◆ *Online time tracking and budget estimation system*
- ◆ *360 degree evaluations and leadership development for all supervisors*
- ◆ *Hired permanent Health Officer*
- ◆ *Enhanced visibility of department programs and services*
- ◆ *Launched employee Work Site Wellness Program*
- ◆ *Completed comprehensive county Emergency Medical Service System analysis*
- ◆ *Initiated Quality Improvement Program*
- ◆ *Completed Continuous Quality Improvement Training for 25 staff*
- ◆ *Increased access to oral health services for children*
- ◆ *Enhanced community partner collaborations*

**Department Goals and Key Initiatives for 2013-14**

**Goal 1:** Expand and enhance medical services.

**Key Initiatives for 2013-14:**

- Expand coverage to low-income adults. **Tactical Plan 4A**
- Plan and prepare for Health Care Reform.
- Implement the optional Medicaid expansion as part of the Affordable Care Act.
- Successfully transition eligible county residents to Medi-Cal in January 2014.
- Operate the new Local Emergency Medical Services Agency.
- Execute a contract with an ambulance provider through a competitive bidding process.

**Goal 2:** Promote healthy behaviors in the community.

**Key Initiatives for 2013-14:**

- Assess top priority health risks in Yolo County. **Tactical Plan 4A**
- Build evidence-based interventions to address high priority areas. **Tactical Plan 4C**
- Develop a community garden adjacent to the Health building to support nutrition education, wellness and physical activity promotion for WIC participants, mental health clients and other neighborhood community members. **Tactical Plan 4C**
- Lead and coordinate obesity prevention efforts across the county.
- Address accidental deaths and injuries in 15-24 year olds by providing youth high risk behavior prevention services.
- Expand employee Worksite Wellness Program services.

**Goal 3:** Strengthen Yolo County families.

**Key Initiatives for 2013-14:**

- 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 county. **Tactical Plan 4D**
- Enhance the effectiveness and efficiency of the California Children's Services Medical Therapy Program through delivery of support services to address social and emotional needs of handicapped children and their families. **Tactical Plan 4D**
- 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. **Tactical Plan 4D**

**Goal 4:** Create a culture of quality within the Department

**Key Initiatives for 2013-14:**

- Continue existing Continuous Quality Improvement (CQI) Project Teams
- Develop two new CQI Project Teams
- Create Department Quality Improvement Plan
- Administer a department wide annual customer satisfaction survey
- Initiate process to achieve national public health accreditation

## Program Summary

Medical Services: includes communicable disease and tuberculosis case investigation and control, vital records, jail medical, Yolo Adult Day Health and the medical marijuana program.

MCAH Programs: develop systems that protect and improve the health of women of reproductive age, infants, children, adolescents and their families. On-going programs include Comprehensive Perinatal Services Program (CPSP), Fetal Infant Mortality Review (FIMR) Program, Sudden Infant Death Syndrome (SIDS) Program, Prenatal Care Guidance/ Toll-Free Telephone Line, the Adolescent Family Life Program (AFLP), the immunization clinic and the Immunization Assistance Program.

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

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

## Program Objectives

**Objective A:** Prevention or reduction of incidence of CD, including sexually transmitted infections, TB and vaccine-preventable diseases.

**Objective B:** MCAH Program will provide oversight, resources and technical assistance for Yolo County Comprehensive Perinatal Services Program providers in order 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 in order 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:** By June 30, 2013 at least one city in Yolo County , will adopt and implement a tobacco retail license policy that includes sufficient fees to conduct at least 2 compliance checks of tobacco retailers per year.

**Objective F:** By June 30, 2013, the city of 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:** Utilizing a 15-30 minute recruitment presentation developed by CTCF and tailored for local communities, conduct 3-4 presentations to introduce the Retail Environment Campaign and to recruit a diverse group of 10-15 non-tobacco public health and education groups such as alcohol and drug prevention, nutrition, Chronic Disease, diabetes prevention, Environmental Health, Build Environmental Health, Build Environment, and Food Security at the local level to collaborate on retail environment data collection and training activities. Coordinate at least three meetings between October 2013 and June 2014 among recruited partners to develop and strategize around training and implementation of joint activities.

## Health

### Community Health

Budget Unit 501-1

Fund 019, 109 and 114

### Significant Items and/or Changes in 2013-14

The 2013-14 budget is based on the following assumptions:

- 5% reduction in State MCAH, FIMR and AFLP allocations due to impacts of sequestration
- Addition of a new Supervising Public Health Nurse for Medical Services and MCAH Home Visitation
- IGT funding will allow for four new positions that will build program capacity in:
  - Tobacco Prevention
  - Child Injury Prevention for health promotion and prevention efforts
  - MCAH home visitation (program will be fully staffed and implemented)
  - Communicable disease care coordination; and
  - Activities that will reduce youth high risk behavior and expand health prevention activities

### Revenue Sources for 2013-14

General Fund	\$2,219,853
Realignment	\$0
Federal/State/ Other Govt	\$3,826,220
Grants/Other	\$955,040
<b>TOTAL</b>	<b>\$7,001,113</b>

### Staffing History of Unit

2011-12 Funded	36.2 FTE
2012-13 Funded	34.6 FTE
Recommended 2013-14	47.5 FTE
2013-14 Funded	46.5 FTE

<b>Performance Measurements</b>				
<b>Measurement</b>	<b>Type</b>	<b>2011-12 Actual</b>	<b>2012-13 Estimate</b>	<b>2013-14 Projection</b>
Vaccines administered to children	Output	586	525	350
Vaccines administered to adults	Output	267	201	240
Communicable Disease (CD) reports received	Output	2,700	2,600	2,600
CD cases requiring investigation due to health safety	Effectiveness	1,802	1,800	1,800
TB reports investigated per 1.0 FTE	Productivity	224	300	300
Community members impacted by Tobacco Retail License and smoke-free parks policies per 1.0 FTE	Productivity	150,000	200,000	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/Yolo County CPSP Providers	Effectiveness	6/8 Providers	8/8 Providers	6/6 Providers
Families provided bereavement support/total number of fetal and infant deaths in FY 2011-12	Effectiveness	5/20	10/20	10/20
Home or school visits to pregnant or parenting teens in FY 2011-12	Output	354	360	348
AFLP clients on long term contraception/total number of AFLP clients in FY 2011-12	Effectiveness	28/30 (93%)	25/30 (85%)	26/29 (90%)

**Health**  
**Community Health**  
**Budget Unit 501-1**  
**Fund 019, 109 and 114**  
**(continued)**

## Program Summary

Women, Infants and Children (WIC): is a 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: goal 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 Yolo County 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 a comprehensive public health nutrition program to promote the 2010 Dietary Guidelines, increase fruit and vegetable consumption and physical activity among the Supplemental Nutrition Assistance Program Education (SNAP-Ed) eligible population.

## Performance Measurements

Measurement	Type	2011-12 Actual	2012-13 Estimate	2013-14 Projection
Average number of WIC recipients served each month	Output	5,562	5,668	5,750
Annual Breastfeeding Community Assessments completed	Output	1	1	1
Residents provided nutrition education and physical activity promotion	Output	4,199	6,000	10,000*
Residents educated per Outreach Specialist	Productivity	2790	3750	6250

\*Nutrition Network funding will increase by 100% in October 2013 with will increase staffing and clients served through outreach.

## Health

### WIC & Nutrition Network

Budget Unit 501-1 Fund 114

### Significant Items and/or Changes in 2013-14

The Women, Infant and Children (WIC) program and Nutrition Network program are a division within the Community Health budget unit.

The 2013-14 budget for these programs are based on the following assumptions:

- Continuation of Nutrition Network funding as it transitions to new requirements with an 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.
- Obesity Prevention Coordinator with IGT funds
- Community garden with IGT funding



## Program Summary

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

The Emergency Preparedness 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	2011-12 Actual	2012-13 Estimate	2013-14 Projection
Centers for Disease Control and Prevention Technical Assistance Review score	Quality	100%	100%	100%
Partner agencies who participate in planning activities	Effectiveness	37	20	30
Volunteers trained per exercise	Productivity	168	175	150

## Health Emergency Preparedness Budget Unit 501-1 Fund 114 (continued)

### Significant Items and/or Changes in 2013-14

The Emergency Preparedness program is a division within the Community Health budget unit.

The 2013-14 budget in this program area is based on the following assumptions:

- Federal level decrease of 8.07% in the PHEP/CRI grants, effect at the State level still pending
- Federal level decrease of 0.87% in the HPP grant, effect at the State level still pending
- No change in the Pan Flu grant
- 15% 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
- Additional PHEP funding in the amount of \$89,300 granted to create an Alternate Care Site Plan, template and workshop

## Health

### Environmental

### Health

Budget Unit 501-3 Fund 114

#### Significant Items and/or Changes in 2013-14

Environmental Health is reducing the estimated staffing in FY 2013-14 to 21 staff. This was accomplished by eliminating duplicity in clerical functions and by contracting for shared services with the Department of Planning and Public Works

Environmental Health is actively involved in the Yolo County inspection strategy of the Tactical Plan Goal to 'champion job creation and economic opportunity.'

Environmental Health has formed a Land Use Unit to focus resources on the needs of our land development services. This change will also allow the Consumer Protection Unit to focus on efforts to implement a restaurant inspection grading program.

#### Revenue Sources for 2013-14

General Fund	\$53,125
Federal/State/Other Govt.	\$159,000
Fees	\$2,823,781
Fund Balance	\$54,100
<b>TOTAL</b>	<b>\$3,090,006</b>

#### Staffing History of Unit

2011-12 Funded	22.0 FTE
2012-13 Funded	22.0 FTE
2013-14 Recommended	22.0 FTE
2013-14 Funded	21.0 FTE

## Program Summary

The mission of the 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	2011-12 Actual	2012-13 Estimate	2013-14 Projection
Retail food and public pool facility routine inspections conducted per inspector	Productivity	366	350	500*
Onsite sewage disposal systems permits issued	Output	30	17	20
Domestic well permits issued	Output	27	20	23
Hazardous materials business plan inspections conducted	Output	355	425	440
Hazardous waste generator inspections conducted	Output	269	320	300

\*EH was able to increase the number of inspections per inspector by establishing performance expectations and increasing efficiencies. The workload is comparable to other EH jurisdictions.

## Program Summary

Children's Medical Services includes: 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; and Health Care Program for Children in Foster Care which 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, which also provides medical therapy services delivered at public schools.

Realignment revenue from Social Services provides \$157,000 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	2011-12 Actual	2012-13 Estimate	2013-14 Projection
CCS clients provided case management on a monthly basis	Output	701	710	720
CCS cases per public health nurse	Productivity	347	355	360
Percentage of children enrolled in CCS who have a documented medical home	Effectiveness	97%	97%	97%
Foster care medical screenings and evaluations completed	Output	1,215	1,609	1,609
Children served at MTU, all sites	Output	92	92	92
Average number of hours of physical and occupational therapy provided per MTU client.	Productivity	21	21	21

## Health

### Children's

### Medical Services

Budget Unit 501-9 Fund 114

### Significant Items and/or Changes in 2013-14

The 2013-14 budget includes the following assumptions:

- Continued increases in CMS program caseloads
- Continuation of State CCS and CHDP allocations at the current (FY 12-13) levels
- Foster Care funding has shifted due to realignment. The public health nurse (PHN) services continue to be mandated, but funding will come directly to the County DESS rather than the Health Department.
- The implementation of Health Care Reform

### Revenue Sources for 2013-14

General Fund	\$658,506
Realignment	\$158,570
Federal/State/Other Govt	\$1,304,343
Grants/Other	0
<b>TOTAL</b>	<b>\$2,121,419</b>

### Staffing History of Unit

2011-12 Funded	14.0 FTE
2012-13 Funded	13.0 FTE
2013-14 Recommended	13.0 FTE
2013-14 Funded	12.5 FTE

## Program Summary

Yolo County is responsible for providing specified healthcare services to indigent residents of Yolo County as coverage mandated by State law (Welfare & Institutions code 17000). Yolo 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 was implemented, which will bring down federal matching funds. Path2Health & CMSP offer expanded benefits including dental, vision, and behavioral health. CMSP will cover emergency care for undocumented residents.

## Program Objectives

- Objective A:** Expand coverage to low-income single adults.
- Objective B:** Plan and prepare for Health Care Reform.
- Objective C:** Implement the optional Medicaid Expansion as part of the Affordable Care Act.
- Objective D:** Successfully transition eligible county residents to Medi-Cal in January 2014.

## Performance Measurements

Measurement	Type	2011-12 Actual	2012-13 Estimate	2013-14 Projection
Low Income Health Program (Path2Health) enrollees	Output	N/A	2,259	3,327
County Medical Services Program enrollees	Output	N/A	425	482

## Health

### Indigent Health

**Budget Unit 502-3 Fund 114**

#### Significant Items and/or Changes in 2013-14

Major changes will take place in the Indigent Health budget in 2013-14, including:

- Increased enrollment
- Implementation of optional Medi-Cal expansion
- Potential health realignment reduction due to Health Care Reform implementation

#### Revenue Sources for 2013-14

General Fund	\$1,666,767
Realignment	\$4,546,039
<b>TOTAL</b>	<b>\$6,212,806</b>

#### Staffing History of Unit

2011-12 Funded	4.0 FTE
2012-13 Funded	0.5 FTE
2013-13 Recommended	0.0 FTE
2013-14 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 (CFMG) to provide these mandated services to the County was renewed and runs through 2016. The costs for this program will be closely monitored during the year, with 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:** Purchase catastrophic inmate medical insurance to reduce risk.
- Objective B:** Monitor contract provisions to assure the delivery of quality medical care.

### Performance Measurements

Measurement	Type	2011-12 Actual	2012-13 Estimate	2013-14 Projection
Sick calls provided to inmates	Output	8171	8756	8500
Admission medical assessments conducted	Output	1950	680	650
Inmates hospitalized	Output	50	27	25
Average daily inmate census	Output	469	480	480

### Health

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

### Significant Items and/or Changes in 2013-14

As part of the current agreement, the cost of the contract will increase in FY 2013-14 by an amount equal to the 3 year average of the Consumer Price Index (CPI), plus an additional 1% booster in recognition of previous discounts extended by the provider. HIV medications are no longer paid for by the State ADAP program, leading to significant cost increases to the program, plus the purchase of catastrophic inmate medical insurance for approximately \$100,000.

### Revenue Sources for 2013-14

General Fund	\$3,520,241
<b>TOTAL</b>	<b>\$3,520,241</b>

### Staffing History of Unit

2011-12 Funded	0.0 FTE
2012-13 Funded	0.0 FTE
Recommended 2013-14	0.0 FTE
2013-14 Funded	0.0 FTE

## 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: Recent 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	2011-12 Actual	2012-13 Estimate	2013-14 Projection
Medical claims paid	Output	5,323	6,500	6,500

## Health

### Emergency

### Medical Services (EMS)

Budget Unit 525-3 Fund 020

#### Significant Items and/or Changes in 2013-14

- Yolo Emergency Medical Services Agency (YEMSA) fully operational and staffed as of July 1, 2013
- A Franchise fee will be collected from an approved EMS Ambulance provider. Amount to be determined
- YEMSA will enforce fines and penalties of Ambulance provider for non-compliance
- \$50,000 received from Hospital Preparedness Program (HPP) grant to fund YEMSA activities

#### Revenue Sources for 2013-14

Penalties	\$901,708
Other Rev and Fund Balance	\$2,552,203
<b>TOTAL</b>	<b>\$3,453,911</b>

#### Staffing History of unit

2012-13 Funded	0.0 FTE
Recommended 2013-14	0.0 FTE