

Health and Human Services

Budget Unit Name	BU No.	Page	Appropriation	Total
Alcohol, Drug and Mental Health		47		
Alcohol & Drug	505-6	52	\$2,071,388	
Mental Health Administration	505-1	54	\$12,770,477	
Mental Health Services Act (MHSA)	505-7	56	<u>\$10,866,973</u>	
				\$25,708,838
Employment and Social Services		59		
Administration, Assistance & Support Services	551-1	62	\$48,663,126	
Community Services Block Grant	565-0	63	\$316,196	
General Assistance	561-2	64	\$422,680	
TANF/CalWORKS/Foster Care	552-2	65	\$27,002,471	
Workforce Investment Act	562-1	66	\$2,122,271	
IHSS Public Authority	367-0	N/A	<u>\$2,057,583</u>	
				\$80,584,327
Health		67		
Community Health	501-1	70	\$7,838,370	
Children's Medical Services	501-9	76	\$2,319,424	
Indigent Healthcare	502-3	77	\$1,534,696	
Adult-Juvenile Detention Medical Services	501-4	78	\$3,562,120	
Emergency Medical Services	525-3	79	<u>\$2,157,185</u>	
				\$17,411,795
			TOTAL	<u><u>\$123,704,960</u></u>



Jill Cook
Director

Mission Statement

To provide high quality, culturally competent services and supports that enhance recovery from substance use disorders, serious mental illness, and serious emotional disturbance.

Vision

To promote the overall wellbeing, recovery and health of individuals and families in our community.

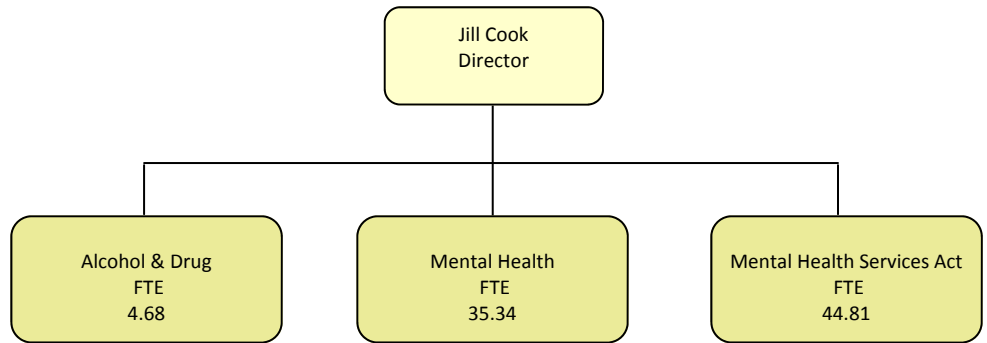
Core Values

We value a culture of quality in which we:

- Emphasize recovery and wellness, with the goal of maintaining the people we serve in the least restrictive environment.
- Utilize strength-based approaches that promote hope and recovery.
- Encourage community inclusion, partnership and collaboration.
- Provide services that are holistic and person and family directed.
- Develop a well-trained, diverse and culturally competent workforce including consumers and family members.
- Incorporate trauma-informed services into our continuum of care.
- Are trusted to provide partnership and transparency with contractors, families and our community.
- Provide services that are evidence based and innovative, responsive and proactive.
- Make fiscally responsible and accountable decisions.

Alcohol, Drug & Mental Health

Organizational Chart



Description of Major Services

The Department of Alcohol, Drug and Mental Health (ADMH) is the Specialty Mental Health Plan (MHP) for Medi-Cal and the administrator of Drug Medi-Cal for the County. As such, the department is responsible for the provision and oversight of substance use disorder and mental health programs through cost-effective and evidence-based services including prevention, recovery, outpatient and inpatient services to children, youth and adults. Services are provided through outpatient clinics and a network of community-based organizations.

Specific services provided to county residents include:

Substance Use Disorder Treatment Services: This budget unit provides funding for substance use disorder services provided in partnership with community organizations and treatment providers.

Core Mental Health Services: This budget unit funds mental health services to seriously mentally ill adults and seriously emotionally disturbed children and youth.

Mental Health Services Act: This budget unit complements core mental health services and integrates services between the department and community based providers.

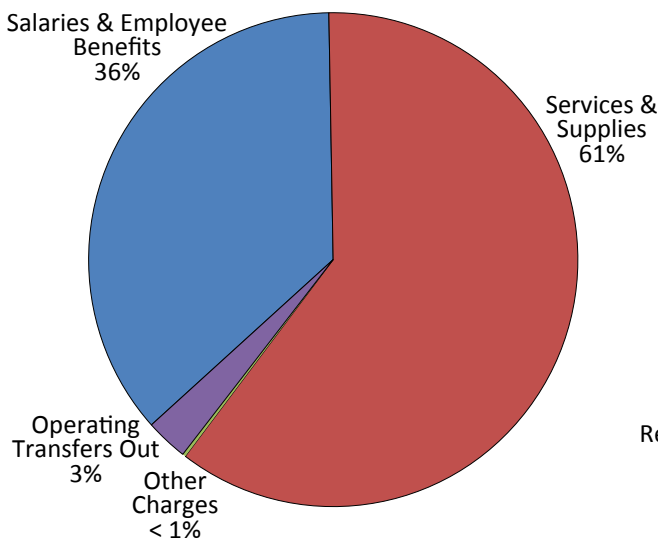
2014-15 Summary of Budget Units

	Appropriation	Revenue	General Fund	Staffing
Alcohol and Drug (BU 505-6)	\$2,071,388	2,046,588	\$24,800	4.68
Mental Health Services (BU 505-1)	\$12,770,477	\$12,393,113	\$377,364	35.34
Mental Health Services Act (BU 505-7) (includes Funds 070, 071, 072, 073 and 074)	\$10,866,973	\$10,866,973	\$0	44.81
TOTAL	\$25,708,838	\$25,306,674	\$402,164	84.83

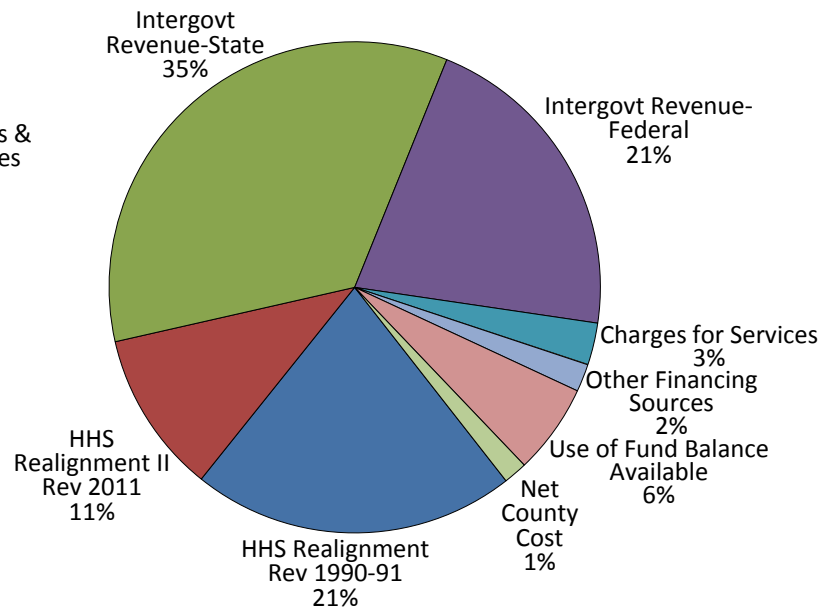
Summary of Alcohol, Drug and Mental Health 2014-15 budget

	Actual 2011-12	Actual 2012-13	Budget 2013-14	Requested 2014-15	Recommended 2014-15
Revenues					
Fines, Forfeits & Penalties	\$333,353	\$360,708	\$0	\$0	\$0
Revenue Fr Use Of Money & Prop	\$93,699	\$57,693	\$55,000	\$0	\$0
HHS Realignment Rev 1990-91	\$4,889,495	\$5,801,914	\$5,212,831	\$5,475,646	\$5,475,646
HHS Realignment II Rev 2011	\$921,851	\$3,414,045	\$2,346,889	\$2,751,684	\$2,751,684
Intergovt Revenue-State	\$7,740,797	\$8,978,827	\$5,863,965	\$8,912,342	\$8,912,342
Intergovt Revenue-Federal	\$3,352,914	\$3,908,909	\$3,278,126	\$5,455,360	\$5,455,360
Intergovt Rev-Other	\$7,224	\$0	\$0	\$0	\$0
Charges For Services	\$631,823	\$848,593	\$548,434	\$707,762	\$707,762
Miscellaneous	\$18,545	\$5,654	\$5,000	\$5,000	\$5,000
Other Financing Sources	\$5,772,600	\$10,297,712	\$536,542	\$468,463	\$468,463
Transfer Adjustment	(\$5,457,400)	(\$10,007,434)	\$0	\$0	\$0
Total Revenue	\$18,304,901	\$23,666,621	\$17,846,787	\$23,776,257	\$23,776,257
Appropriations					
Salaries And Employee Benefits	\$7,003,213	\$7,058,238	\$8,168,621	\$9,359,888	\$9,359,888
Services And Supplies	\$11,297,251	\$10,477,555	\$12,076,235	\$15,596,345	\$15,596,345
Other Charges	\$146,460	\$34,931	\$108,845	\$55,101	\$55,101
Capital Assets-Equipment	\$99,148	\$55,355	\$0	\$0	\$0
Operating Transfers Out	\$5,501,400	\$10,051,434	\$364,003	\$716,980	\$716,980
Intrafund Transfers	(\$108,531)	(\$16,559)	(\$19,724)	(\$19,476)	(\$19,476)
Transfer Adjustment	(\$5,457,400)	(\$10,007,434)	\$0	\$0	\$0
Total Appropriations	\$18,481,541	\$17,653,520	\$20,697,980	\$25,708,838	\$25,708,838
Use of fund balance available	(\$289,524)	(\$6,770,480)	\$2,449,029	\$1,530,417	\$1,530,417
Net County Cost	\$466,164	\$757,379	\$402,164	\$402,164	\$402,164

Expenditures



Revenues



**Alcohol, Drug and
Mental Health
2014-15
Accomplishments**

- ◆ *Implementation of Assisted Outpatient Treatment / Laura's Law Pilot Project*
- ◆ *Development of Mental Health Services Act 3 Year Plan*
- ◆ *Implementation of Trauma Focused Cognitive Behavioral Therapy*
- ◆ *Implementation of a Community Based Crisis Response*
- ◆ *Participation in the Mental Health Court Pilot Project*
- ◆ *Creation of Operational Efficiencies*
- ◆ *Completion of Evaluation for Health & Human Services Department Integration*

Department Goals and Key Initiatives for 2014-15

Goal 1: To partner with the people we serve to improve satisfaction, engagement and health outcomes.

Objective: Improve consumer satisfaction scores by 10% as evidenced by POQI Consumer Perception Survey.

Key Initiatives for 2014-15:

- Improved access to care by streamlining entry to care, increasing psychiatry hours, clinician productivity and scheduling practices. **(Tactical Plan 4A)**
- Increase consumer voice by implementation of Wellness Recovery Action Plans, ensuring representation on panels and boards, inclusion in RFP review and selection, and increase in employment opportunities. **(Tactical Plan 4G, 4I)**
- Increase support through transition (jail, juvenile detention facility, emergency room, hospitalization) through the continuance of Crisis Intervention Training with law enforcement and first responders, implementation of Community-Based Crisis Response Teams, and hiring of two full-time case managers to assist individuals at high risk transitioning from jail/juvenile detention facility and other settings, as well as a full time registered nurse to assist with transitions in care for individuals who are hospitalized. **(Tactical Plan 4G)**

Goal 2: To partner with employees to improve satisfaction, retention and services to the individuals we serve.

Objective: Improve employee satisfaction scores by 10% as evidenced by annual employee perception surveys.

Key Initiatives for 2014-15:

- Establish clear benchmarks for performance and complete performance reviews on time.
- Develop annual calendar of professional development opportunities and tailor opportunities to position and individual staff, including but not limited to (Mental Health First Aid, Crisis Intervention Training, Law & Ethics, Wellness Recovery Action Planning and others as indicated and available). **(Tactical Plan 4E)**
- Develop a Staff Retention/Recruitment plan in collaboration with management team that identifies career pathways within the County and ways for mitigating primary reasons for employees leaving the department.
- Ensure department representation on integrated Health/ADMH Employee Recognition Team.

Department Goals and Key Initiatives for 2014-15

Goal 3: To partner with contract providers and community to increase trust and improve the care of consumers.

Objective: All contracts finalized prior to July 1, 2014, all claims paid within 45 days of receipt, improvement in community and contractor satisfaction with ADMH services and communication as evidenced by a community stakeholder survey.

Key Initiatives for 2014-15:

- Execute all contracts on time and pay all claims in a timely manner.
- Develop an annual training schedule of trainings available at no charge to community partners and contract providers (Mental Health First Aid, Crisis Intervention Training, Law & Ethics, Wellness Recovery Action Planning). (Tactical Plan 4E)
- Build outcome measures and evidence-based programming into all contracts for substance use disorder and mental health treatment. (Tactical Plan 4H)
- Provide excellent customer service to our community-based partners via provision of technical assistance and proactive communication surrounding claims, contracts and quality improvement initiatives. (Tactical Plan 4H)
- Improve reputation and relationships with community partners that intersect with ADMH (university, jail, juvenile detention facility, hospitals) by increasing transparency, collaboration and communication. (Tactical Plan 4H)

Department Goals and Key Initiatives for 2014-15

Goal 4: To partner with the people we serve, contract providers and the community to improve the quality of mental health and substance use disorder services provided throughout Yolo County.

Objective: Distribution of Report Card to the community highlighting quality improvement activities, evidence-based practices and improved outcomes related to ADMH services as well as community-based providers.

Key Initiatives for 2014-15:

- Treatment plans to include health related goals tied to chronic conditions (diabetes, COPD, hypertension, obesity, hepatitis) and unhealthy behaviors (smoking, drug/alcohol use, eating habits, exercise). (Tactical Plan 4B)
- Assume a leadership role in the county in terms of developing a trauma-informed system through the provision of trainings and convenings around the topic. (Tactical Plan 4E, 4F)
- Improve access to care and utilization rates for Hispanic population through increased emphasis on hiring Spanish-speaking staff, collaborating with contract providers who have higher penetration rates proportionally, and outreach activities aimed at reaching the Hispanic population. (Tactical Plan 4A, 4G)
- Improve timeliness and accuracy of paperwork (progress notes, assessments, re-assessments, client plans) as evidenced by chart reviews and decreased audit findings. Additional quality improvement personnel to assist in oversight and improvement.
- Establish evidence-based practices within ADMH and quantify outcome measures including but not limited to Wellness Recovery Action Planning, Trauma-Focused Cognitive Behavioral Therapy and hospitalization rates.
- Require evidence-based practices and outcome measures for contract providers including but not limited to Child and Adolescent Needs Survey, Youth Outcome Questionnaire, Milestones of Recovery. Trauma Focused Cognitive Behavioral Therapy, Moral Recognition Therapy. (Tactical Plan 4H)

Goal 5: To partner with county leaders and contract providers to ensure financial sustainability

Objective: Decrease in overall cost per client served.

Key Initiatives for 2014-15:

- Increase clients served and services offered throughout the county. (Tactical Plan 4A)
- Improve timely access to care as a means for avoiding unnecessary higher levels of care. (Tactical Plan 4A, 4B)
- Provide appropriate level of care in the least restrictive setting. (Tactical Plan 4B)
- Quantify cost per client both internally and at community provider level and ensure cost is in line with acuity. (Tactical Plan 4H)
- Decrease audit exceptions within ADMH and at the contract provider level.

Program Summary – Substance Use Disorder Services

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 a contract between ADMH and the CommuniCare Health Centers

Inmate Education: via MOU between the Sheriff and ADMH, provides an Alcohol/Drug Education program to incarcerated individuals at Yolo County 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/Outpatient Drug Free: 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.

ADMH

Alcohol & Drug

Budget Unit 505-6 Fund 107

Significant Items and/or Changes in 2014-15

The budget assumes:

- 9.2 FTE new positions: 2 clinicians; 2 nurses; 2 support staff; 1 community health assistant; 1 mental health specialist; and 1.2 psychiatrist.
- All contract providers will provide evidence-based programming and outcomes.
- Increased attention to number of people served, number of services provided and overall cost per person in order to ensure that we are maximizing these revenue streams.
- We are projecting increased billing against Drug Medi-Cal related to the Affordable Care Act.

Program Objectives – Substance Use Disorder Services

Objective A: Prevention and reduction of Substance Use Disorders through outreach, education and treatment activities.

Objective B: ADMH will provide oversight, resources and technical assistance for Yolo County Substance Use Disorder treatment providers in order to maintain effective and accessible expanded substance use disorder services for Yolo County residents.

Objective C: Prevention, identification and treatment for health conditions associated with Substance Use Disorders via the HIV/Hepatitis C set aside funding.

Objective D: School-based substance use disorder services for high risk youth.

Objective E: Perinatal substance abuse treatment services to reduce drug-exposed infants and child welfare service involvement.

Objective F: Provision of outreach and education at jail to support successful transition back into society upon release from custody.

Objective G: Offer treatment as an alternative to custody for individuals whose offenses qualify for a deferred entry of judgment based on their alcohol or drug relation.

Revenue Sources for 2014-15

General Fund	\$24,800
Public Safety	\$0
Realignment II	\$577,953
Federal/State/Other Govt	\$1,423,313
Fees	\$44,322
Grants/Other	\$1,000
TOTAL	\$2,071,388

Staffing History of Unit

2012-13 Funded	12.41 FTE
2013-14 Funded	8.63 FTE
2014-15 Requested	4.68 FTE
2014-15 Funded	4.68 FTE

Performance Measurements – Substance Use Disorder Services				
Measurement	Type	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Clients who received substance use disorder services	Output	522*	550	600
FTEs providing substance use disorder services	Output	2.47	1.84	0.6
Students who received substance use disorder prevention services	Output	252	300	300
FTEs providing substance use disorder prevention services	Output	2.10	2.18	2.10
* Increase from 2011-12 to 2012-13 related to the inclusion of Drug Medi-Cal.				

Program Summary – Core Mental Health Services

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 in 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 or others, or are gravely disabled 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 the Juvenile Detention Facility, 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 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. Participants 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 2014-15

- Requirement of each ADMH unit to provide evidence-based programming and outcome measures.
- Potential increases in requests for service related to the Affordable Care Act.
- Expanded access and improved continuum of care due to new relationships with health plans and primary care providers.
- Further refinement of our County model of care to ensure timely access.

Revenue Sources for 2014-15

General Fund	\$377,364
Realignment I	\$5,475,646
Realignment II	\$2,073,731
Federal/State/Other Govt	\$2,952,603
Miscellaneous	\$5,000
Fees	\$663,440
Grants/Other	\$1,222,693
Total	\$12,770,477

Staffing History of Unit

2012-13 Funded	29.13 FTE
2013-14 Funded	30.03 FTE
2014-15 Requested	35.34 FTE
2014-15 Funded	35.34 FTE

Program Objectives – Core Mental Health Services

- Objective A:** Wellness and recovery for those we serve through promotion of consumer and family participation.
- Objective B:** Provision of services that assist people in leading more productive and autonomous lifestyles.
- Objective C:** Services that are individualized, rehabilitative, holistic and strength-based.
- Objective D:** Triage and crisis intervention for individuals experiencing mental health crisis and/or requesting services.
- Objective E:** Timely access for individuals in need of services to avoid higher level of care.
- Objective F:** Outreach services for those in crisis or at high risk for hospitalization and/or incarceration due to their mental health symptoms.
- Objective G:** Focus on the provision of services in the least restrictive level of care and support through transitions between levels of care

Performance Measurements – Core Mental Health Services

Measurement	Type	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Individuals who received Mental Health services	Output	2,334	2,300	2,500
Estimated cost per client (total clients compared to billable cost)	Output	\$3,367	\$3,300	\$3,200
Medi-Cal & Medi-Medi beneficiaries who received specialty mental health services	Output	1,978	2,000	2,000
Productivity (figure is averaged across all work units)	Performance	64%	61%	65%

Program Summary – Mental Health Services Act

Community Services and Supports

Adult: integrates services between ADMH staff and community providers. Full Service Partnership case management including Assertive Community Treatment and Assisted Outpatient Treatment (Laura's Law).

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 Mental Health Services Act staff at Rural Innovations in Social Economics, Inc. (R.I.S.E.).

Transitional Age Youth: Seriously mentally ill or severely emotionally disturbed transitional age youth 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 targeted toward these populations.

MHSA Housing: offers permanent financing and capitalized operating reserve subsidies for the development of permanent supportive housing.

Access to Care for Homeless and the Indigent: serves homeless and indigent mentally ill adults with no benefits; increases access to housing, treatment, medication, benefits.

Co-Occurring Disorders Harm Reduction Services: targets seriously mentally ill clients with co-occurring addictions; emphasizes choosing to live sober, maintaining housing; and offers treatment and support.

Prevention and Early Intervention

Urban and Rural Children’s Resiliency Programs: targets underserved children and families focusing on the populations of children, transitional age youth 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.

ADMH

Mental Health Services Act

Budget Unit 505-7

Funds 070, 071, 072, 073, 074

Significant Items and/or Changes in 2014-15

The 2014-15 budget is based on the following assumptions:

- Requirement of each ADMH unit to provide evidence-based programming and outcome measures.
- Implementation of a new three year program and expenditure plan; including additional staffing as stated in the approved plan.
- Implementation of a Community-Based Crisis Response team via a contract provider that will decrease hospitalizations.

Revenue Sources for 2014-15

General Fund	\$0
Public Safety	\$0
Realignment II	\$100,000
Federal/State/Other Govt	\$9,237,556
Fees	\$0
Fund Balance	\$1,529,417
Total	\$10,866,973

Staffing History of Unit

2012-13 Funded	35.46 FTE
2013-14 Funded	38.97 FTE
2014-15 Requested	44.81 FTE
2014-15 Funded	44.81 FTE

Program Objectives – Mental Health Services Act

- Objective A:** Expand services and develop integrated service plans for mentally ill children, adults and seniors.
- Objective B:** Ensure prevention programs are included in continuum of care.
- Objective C:** Provision of early intervention programs designed to serve persons as early as possible in the course of their mental illness.
- Objective D:** Ensure a qualified and competent workforce through the provision of comprehensive education and training within ADMH and contract providers and community partners.
- Objective E:** Provision of innovative practices aimed at ensuring continuous quality improvement efforts.
- Objective F:** Provision of outreach and services to underserved/unserved populations and ethnicities.
- Objective G:** Provision of services tailored to special populations: transition age youth and older adults

Performance Measurements – Mental Health Services Act

Measurement	Type	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Full Service Partners who received services under CSS programs	Output	123	160	160
Full Service Partners who received Assertive Community Treatment Services through Yolo STRIDES.	Output	85	85	85
Full Service Partners receiving services under Assisted Outpatient Treatment / Laura's Law.	Output	N/A	4	5



Joan Planell
Director

Mission Statement

To work in partnership to develop the workforce, promote safe and stable families and individuals, and protect the vulnerable.

Goals

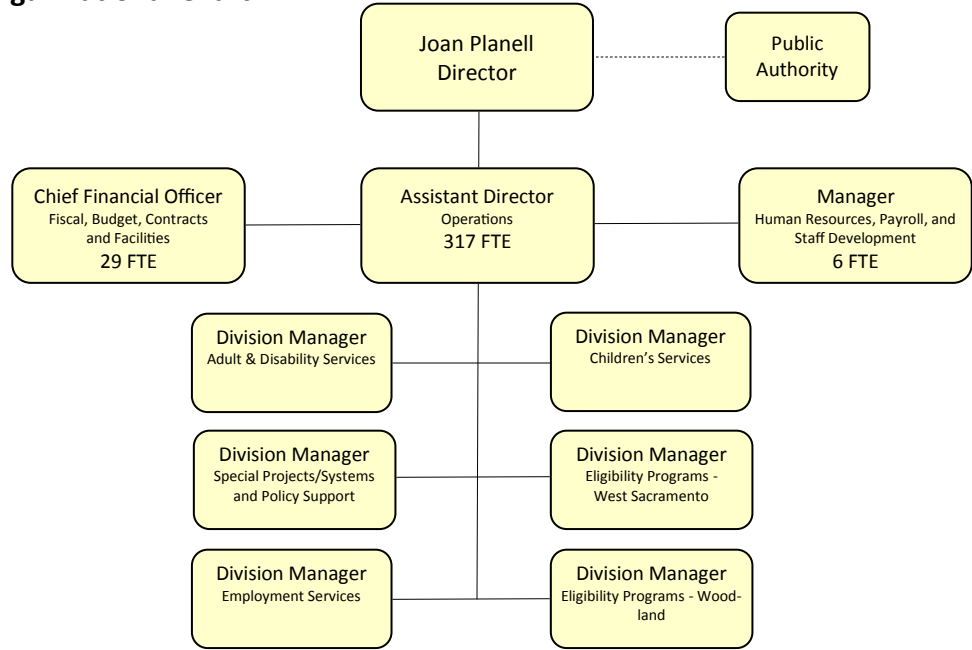
Improved outcomes

Reaching underserved residents

Excellent customer service

Employment & Social Services

Organizational Chart



Description of Major Services

The Department of Employment and Social Services provides the following:

- Child Welfare Services including 7-day/24-hour emergency response, out-of-home placements, family preservation, and permanency
- Adult Protective Services including 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), and Workforce Investment Act programs.
- Aid payments to eligible persons
- One-Stop Career Centers for job seekers and employers

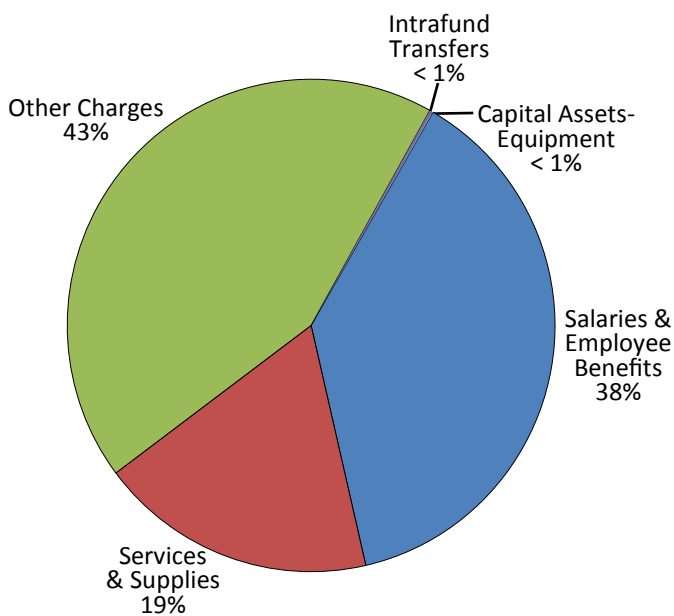
2014-15 Summary of Budget Units

	Appropriation	Revenue	General Fund	Staffing
Admin., Assistance, & Supportive Svcs. (BU 551-1) (includes Fund 098,029,111, and 167)	\$48,663,126	\$47,806,056	\$857,070	341.0
TANF/CalWORKS/Foster Care (BU 552-2) (includes Fund 098,111, 112, 167, 168, and 169)	\$27,002,471	\$27,002,471	\$0	0.0
General Assistance (BU 561-2)	\$422,680	\$27,000	\$395,680	1.0
Workforce Investment Act (BU 562-1)	\$2,122,271	\$2,122,271	\$0	10.0
Community Services Block Grant (BU 565-0)	\$316,196	\$302,087	\$14,109	1.0
Yolo IHSS Public Authority (BU 367-0)	\$2,057,583	\$2,057,583	\$0	N/A
TOTAL	\$80,584,327	\$79,317,468	\$1,266,859	353.0

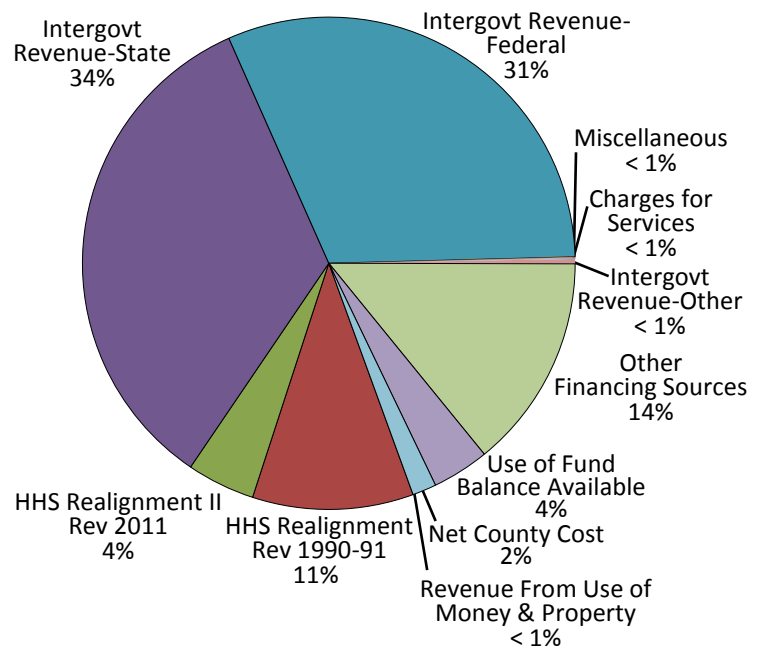
Summary of Employment & Social Services 2014-15 budget

	Actual 2011-12	Actual 2012-13	Budget 2013-14	Requested 2014-15	Recommended 2014-15
Revenues					
Fines, Forfeits & Penalties	\$50	\$0	\$0	\$0	\$0
Revenue Fr Use Of Money & Prop	\$28,114	\$20,975	\$4,754	\$4,754	\$4,754
Hhs Realignment Rev 1990-91	\$8,910,955	\$11,469,563	\$8,452,791	\$8,510,048	\$8,510,048
Hhs Realignment Ii Rev 2011	\$13,079,203	\$12,772,146	\$13,835,306	\$3,605,396	\$3,605,396
Intergovt Revenue-State	\$14,983,008	\$19,239,406	\$19,593,962	\$27,288,819	\$27,288,819
Intergovt Revenue-Federal	\$26,037,971	\$23,022,872	\$30,283,925	\$25,168,812	\$25,168,812
Intergovt Rev-Other	\$60,127	\$50,000	\$60,000	\$50,000	\$50,000
Charges For Services	\$91,207	\$119,416	\$88,111	\$60,808	\$60,808
Miscellaneous	\$445,116	\$354,971	\$326,300	\$256,494	\$256,494
Other Financing Sources	\$20,658,195	\$19,549,084	\$395,301	\$11,355,144	\$11,355,144
Transfer Adjustment	(\$19,509,433)	(\$19,549,084)	\$0	\$0	\$0
Total Revenue	\$64,784,512	\$67,049,349	\$73,040,450	\$76,300,275	\$76,300,275
Appropriations					
Salaries And Employee Benefits	\$23,082,260	\$25,590,352	\$27,605,933	\$30,674,016	\$30,674,016
Services And Supplies	\$8,642,898	\$9,184,962	\$12,704,729	\$14,807,156	\$14,807,156
Other Charges	\$33,847,278	\$31,161,063	\$34,655,353	\$34,913,651	\$34,913,651
Capital Assets-Equipment	\$150,335	\$254,730	\$171,600	\$150,000	\$150,000
Operating Transfers Out	\$22,857,500	\$21,436,043	\$400,751	\$0	\$0
Intrafund Transfers	(\$257,860)	(\$28,963)	(\$343,513)	\$39,504	\$39,504
Transfer Adjustment	(\$19,509,433)	(\$19,549,084)	\$0	\$0	\$0
Total Appropriations	\$68,812,978	\$68,049,103	\$75,194,853	\$80,584,327	\$80,584,327
Use of fund balance available	(\$2,069,279)	(\$45,793)	\$1,057,772	\$3,017,193	\$3,017,193
Net County Cost	\$6,097,745	\$1,045,547	\$1,096,631	\$1,266,859	\$1,266,859

Expenditures



Revenues



**Employment &
Social Services
2013-14
Accomplishments**

- ◆ *Implemented Health Care Reform. Almost 30,000 people now receive health insurance through Medi-Cal*
- ◆ *Successfully transferred 4,000+ children receiving Healthy Families to Medi-Cal*
- ◆ *Increased participation in CalFresh by 6% up to 46%, serving almost 18,000 people in need monthly.*
- ◆ *Increased participation in In-Home Supportive Services for seniors and people with disabilities by 17%, serving 3,000 people monthly.*
- ◆ *Increased number of foster children living in the County to 52% — up from 43% two years ago. Having children closer to home makes it easier for family and friends to remain a part of children’s lives*
- ◆ *Initiated negotiations to open an office in Winters, bringing services closer to those living in the western part of the county*
- ◆ *Began services at locations in the community and other County sites*
- ◆ *Planned for lobby renovations in Woodland and West Sacramento to make it easier for customers to access services*

Department Goals and Key Initiatives for 2014-15

Goal 1: Achieve better outcomes

Key Initiatives for 2014-15:

- Plan for the integration of DESS with the Department of Health Services to form one health and human services agency.
- Develop and implement a strategic plan for employment services.
- Implement family stabilization services for 60 families seeking employment and financial stability. **(Tactical Plan 2C)**
- Initiate a results-based accountability framework to measure program performance.

Goal 2: Implement plan to more effectively reach underserved residents

Key Initiatives for 2014-15:

- Open a satellite office in Winters. **(Tactical Plan 2C)**
- Co-locate services with other County departments and community partners. **(Tactical Plan 2C)**
- In collaboration with community partners, increase CalFresh and Medi-Cal participation rates and expand community education and outreach to seniors. **(Tactical Plan 4B, 4D, 4F)**

Goal 3: Provide excellent customer service

Key Initiatives for 2014-15:

- Redesign the Woodland and West Sacramento lobbies, including the installation of a numbering and scheduling system, to improve access and decrease wait times. **(Tactical Plan 8F)**
- Continue the use of a call center for intake and ongoing eligibility services.
- Update the Department’s website to provide information on how to access services. **(Tactical Plan 1G)**

Program Summary

This is the department's primary operational budget unit including all staff costs. Principal programs include:

Public Assistance Programs: provides eligibility determination, case management and other services for clients needing financial and other assistance through CalWORKs, CalFresh (formerly Food Stamps), Medi-Cal and Foster Care.

Child Welfare Services: protects abused, neglected, exploited and abandoned children; the program includes 24-hour emergency response, family preservation, foster care, family reunification and permanency planning.

Adult Protective Services: protects vulnerable adults from abuse and neglect.

In-Home Supportive Services: provides household maintenance, personal care, transportation and other services to eligible aged persons or those with disabilities 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.

Employment Services: provides job search, skills training, assessment and workshops, supports program and eligibility determinations for Workforce Investment Act and provides funding for 211-Yolo, the community services database and directory.

Welfare-To-Work/CalWORKs Employment Services: assists welfare recipients to obtain or prepare for employment.

Program Objectives

Objective A: Determine eligibility according to State and Federal guidelines and timeframes

Objective B: Provide child protective services, including foster care, within prescribed mandates

Objective C: Provide adult protective services within prescribed mandates

Objective D: Provide In-Home Supportive Services case management services to recipients deemed eligible for services

Objective E: Provide customers with the skills to be marketable and competitive in the current labor market

Performance Measurements

Measurement	2011-12 Actual	2012-13 Actual	2013-14 Estimated	2014-15 Goal
Timely processing of applications for Public Assistance programs - State Standard 90%	79%	72%	63%	80%
Timely face-to-face contacts with children in foster care - 90% seen, 50% in home	96%	94%	93.4%	95%
Response times to Child Welfare referrals within mandatory timeframes - immediate/24 hours and others/10 days	95%	98%	98%	100%
Adult Protective Services cases closed - 30 to 60 days average	100%	100%	100%	100%
In-Home Supportive Services timely reassessment - State Standard 90%	92.62%	75%	50%	75%
Successful completion of employment workshops for Welfare to Work	299/50%	268/41%	250/62%	260/70%
Welfare to Work recipients beginning employment	332/14%	407/17%	410/16%	425/25%

DESS
**Admin, Assistance,
and Support Services**
Budget Unit 551-1
Fund 098,029,111 and 167

- Significant Items and/or
Changes in 2014-15**
- 19 new positions
- 3 social worker practitioners, 4 adult services workers and 1 social worker supervisor to keep children and adults safe and healthy and to respond to increased workload
 - 3 administrative analysts for Child Welfare, CalWORKs and Medi-Cal
 - 3 employment services specialists to implement Family Stabilization, a new State-mandated initiative and expand Subsidized Employment
 - 3 employment services supervisors to respond to increased workload
 - 1 public assistance specialist to recover over-payments
 - 1 administrative hearings officer as required by State regulation

Revenue Sources for 2014-15

General Fund	\$857,070
Realignment I	\$4,969,411
Realignment II	\$3,605,396
Federal/State/ Other Govt.	\$36,469,909
Fees	\$60,808
Other Revenue	\$8,339
1991 Realignment Fund Balance	\$2,692,193
TOTAL	\$48,663,126

Staffing History of Unit

2012-13 Funded	270.0 FTE
2013-14 Funded	307.0 FTE
Authorized 2014-15	341.0 FTE
2014-15 Funded	341.0 FTE

Program Summary
<p>Community Service Block Grant (CSBG) funds, which are 100% federally funded, are used for programs aimed at addressing the root causes of poverty such as drug and alcohol addiction, poor employment history and homelessness. These funds may also be used to secure food and shelter. Funds are provided on a calendar basis for two years at a time. The programs funded for 2012-13 and 2014-15 are shown below.</p> <p>Currently, CSBG funds non-profit programs for emergency shelter, transitional housing, Meals on Wheels, day shelters, food distribution, eviction prevention and assistance with rent and utilities. Although CSBG is not the sole funding source for these non-profits, it makes a significant contribution to their ongoing support.</p> <p><u>Homeless Coordination Project/Cold Weather Shelter</u>: The County is a partner in this project with the cities of Davis, West Sacramento, Winters and Woodland. The project contracts for consultant services to coordinate the county's application for Federal funding from HUD and other grant opportunities. CSBG funding is per calendar year.</p>

Program Objectives
<p>Objective A: Augment safety net services.</p> <p>Objective B: Monitor contract compliance in accordance with scope of work.</p>

Performance Measurements		
Calendar Year 2013		
Service Provider/ Grant Amount	Goal	Actual
Davis Community Meals/ \$59,657	<ul style="list-style-type: none"> • Serve 15 families with transitional housing services • 5,373 available bed nights • Provide 800 individuals and families with day shelter/resources 	<ul style="list-style-type: none"> • Served 14 families • Provided 4,996 bed nights • Served 903 individuals
Food Bank of Yolo County/ \$41,815	<ul style="list-style-type: none"> • Deliver 222,600 lbs of food in rural Yolo County 	<ul style="list-style-type: none"> • Delivered 222,947 lbs
People Resources/\$27,877	<ul style="list-style-type: none"> • Provide 4,045 meals to 32 homebound seniors 	<ul style="list-style-type: none"> • Provided 9,669 meals to 56 homebound seniors
United Christian Centers Transitional Housing/\$41,815	<ul style="list-style-type: none"> • Provide 10,000 bed nights as temporary housing • Provide financial stability to 20 households 	<ul style="list-style-type: none"> • Provided 11,870 bed nights • Served 21 households
United Christian Centers Day Shelter/\$13,939	<ul style="list-style-type: none"> • Serve 50,000 meals to the poor and homeless 	<ul style="list-style-type: none"> • Served 52,466 meals
Calendar Year 2014		
Service Provider/Grant Amount	Goal	
Davis Community Meals/\$40,000	<ul style="list-style-type: none"> • Serve 14 families with transitional housing services • 4,896 available bed nights • Provide 800 individuals and families with day shelters 	
Food Bank of Yolo County/\$44,000	<ul style="list-style-type: none"> • Deliver 218,700 pounds of food in rural Yolo County 	
United Christian Centers Transitional Housing/\$28,000	<ul style="list-style-type: none"> • Provide 10,000 bed nights as temporary housing • Move 11 families to permanent housing 	
Fourth & Hope/\$33,000	<ul style="list-style-type: none"> • Provide emergency shelters to 500 individuals • Move 150 individuals into affordable housing • Provide 5,600 meals 	

DESS
**Community Services
Block Grant**
Budget Unit 565-0 Fund 111

**Significant Items and/or
Changes in 2014-15**

Reductions in Federal funding have reduced the funds available for community-based organizations from \$277,744 to \$234,403 resulting in a decrease in the amount of food, number of families served, and bed nights under contract for the coming year.

Revenue Sources for 2014-15	
General Fund	\$14,109
Realignment	\$0
Federal/State/ Other Govt	\$252,087
Grants/Other	\$50,000
TOTAL	\$316,196

Staffing History of Unit	
2012-13 Funded	1.0 FTE
2013-14 Funded	1.0 FTE
Authorized 2014-15	1.0 FTE
2014-15 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: How much did we do?

Measurement	2011-12 Actual	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Average number of people receiving general assistance payments each month	98	76	75	100

DESS

General Assistance

Budget Unit 561-2 Fund 111

Significant Items and/or Changes in 2014-15

Currently, the General Assistance payment allows for the deduction of up to \$40 per month of medical care. With the implementation of the Affordable Care Act most individuals who qualify for General Assistance will also qualify for the expanded Medi-Cal. Consequently, the County will no longer be responsible for the medical care cost of those individuals and the \$40 deduction will not be necessary. The change in deductions is estimated to increase the cost of General Assistance by \$48,000 annually. We estimate an average of 100 participants per month.

Revenue Sources for 2014-15

General Fund	\$395,680
Realignment	\$0
Federal/State/ Other Govt	\$0
Grants/Other	\$27,000
TOTAL	\$422,680

Staffing History of Unit

2012-13 Funded	1.0 FTE
2013-14 Funded	1.0 FTE
Authorized 2014-15	1.0 FTE
2014-15 Funded	1.0 FTE

Program Summary

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.

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. 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.

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. 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. Kin-GAP provides financial assistance to relatives who have become guardians of children who are no longer wards of the court.

DESS
CalWORKs/ TANF
Foster Care, Adoptions
Budget Unit 552-2
Fund 098,111, 112,167 and 168

Significant Items and/or Changes in 2014-15

Effective March 1, 2014 the State increased the CalWORKs maximum aid payment by 5, foster care and adoption assistance payments by 3% and Kin-Gap assistance payments by 5%.

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 are subset of total for CalWORKs/CalFresh/MC)	2011-12 Actual	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Average number of families receiving CalWORKs cash aid per month	1,798	1,656	1,648	1,600
Average number of individuals receiving CalFresh benefits per month	16,579	17,047	18,205	19,500
Average number of children receiving Kin-GAP aid per month	16	9	17	17
Average number of children in foster care per month	231	217	217	217
Average number of families receiving Adoption Assistance Payments per month	770	749	736	736

Revenue Sources for 2014-15

General Fund	\$0
Realignment I	\$3,540,637
Realignment II	\$11,843,588
Federal/State/ Other Govt.	\$11,068,246
Other Revenue	\$225,00
1991 Realignment Fund Balance	\$325,000
TOTAL	\$27,002,471

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 Objective
<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 with the skills to be successful in post-secondary education or employment.</p>

Performance Measurements				
Measurement	2012-13 State Goal	2012-13 Actual	2013-14 Projected Goal	2013-14 Estimated Achievement
Adults entering employment	70%	87% *33 people	75.8%	75.8%
Dislocated Workers entering employment	72%	110% *44 people	77.1%	77.1%
Youth entering employment or education	72%	114% *93 people	72%	72%

* Number of people achieving performance goal which is set by the State, and number of dislocated workers and youth entering employment or education exceeded State performance goal.

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

Significant Items and/or Changes in 2014-15

The State focus in the coming year is lay-off aversion—saving jobs where possible by working with employers who are on the verge of closing their business

<u>Revenue Sources for 2014-15</u>	
General Fund	\$0
Realignment	\$0
Federal/State/Other Govt.	\$2,122,271
TOTAL	\$2,122,271

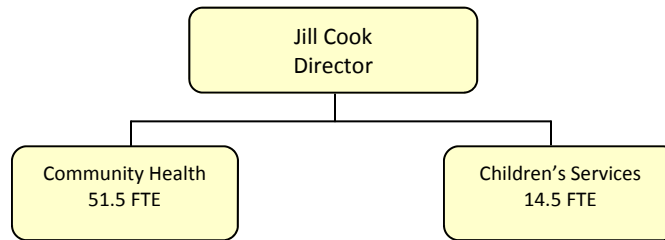
<u>Staffing History of Unit</u>	
2012-13 Funded	14.0 FTE
2013-14 Funded	8.0 FTE
Authorized 2014-15	10.0 FTE
2014-15 Funded	10.0 FTE



Jill Cook
Director

Health

Organizational Chart by Budget Unit



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 in 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 the 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*

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:

- **Emergency Services:** public health emergency response, cities readiness program, strategic national stockpile, pandemic flu, hospital preparedness program and emergency medical services.
- **Maternal, Child & Adolescent Health Services:** Children's Medical Services, nutrition services, home visiting case management for high risk families, health promotion and education, immunization program, injury prevention and chronic disease prevention.
- **Medical Services:** indigent medical care, jail medical services, communicable disease and Tuberculosis Control and Prevention, HIV surveillance, the Adult Day Health Center, public health laboratory, vital records and medical marijuana identification card program administration.
- **Public Health Planning:** Quality management, community health assessment and community health improvement planning

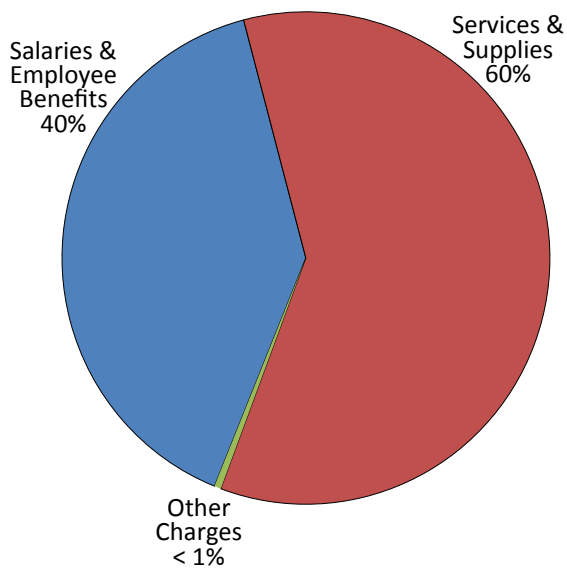
2014-15 Summary of Budget Units

	Appropriation	Revenue	General Fund	Staffing
Community Health (BU 501-1) (includes Funds 019 and 109)	\$7,838,370	\$5,494,920	\$2,343,450	51.5
Emergency Medical Services (BU 525-3)	\$2,157,185	\$2,157,185	\$0	0.0
Children's Medical Services (BU 501-9)	\$2,319,424	\$1,585,832	\$733,542	14.5
Indigent Healthcare (BU 502-3) (includes Fund 114 and 024)	\$1,534,696	1,530,175	4,521	0.0
Adult-Juvenile Detention Medical Services (BU 501-4)	\$3,562,120	\$0	\$3,562,120	0.0
TOTAL	\$17,411,795	\$10,768,112	\$6,643,683	66.0

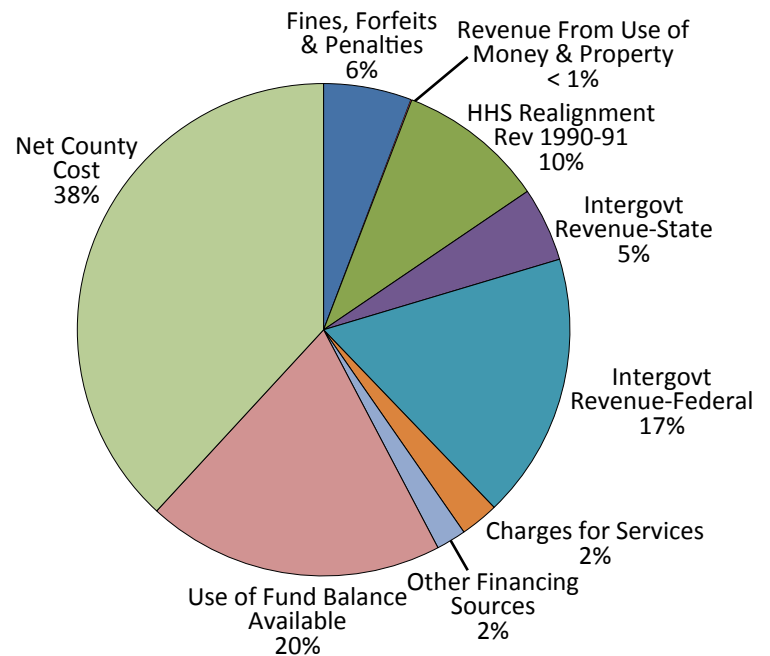
Summary of Health 2014-15 budget

	Actual 2011-12	Actual 2012-13	Budget 2013-14	Requested 2014-15	Recommended 2014-15
Revenues					
Fines, Forfeits & Penalties	\$1,162,392	\$1,138,630	\$901,708	\$1,004,381	\$1,004,381
Revenue Fr Use Of Money & Prop	\$28,296	\$20,051	\$11,916	\$11,400	\$11,400
HHS Realignment Rev 1990-91	\$4,805,760	\$4,286,318	\$4,704,609	\$1,683,801	\$1,683,801
Intergovt Revenue-State	\$1,068,221	\$1,006,598	\$890,401	\$847,934	\$847,934
Intergovt Revenue-Federal	\$3,433,804	\$7,829,326	\$4,242,313	\$3,039,990	\$3,039,990
Intergovt Rev-Other	\$38,580	\$0	\$42,050	\$0	\$0
Charges For Services	\$1,710,425	\$1,653,314	\$320,833	\$439,158	\$439,158
Miscellaneous	\$240,821	\$21,790	\$0	\$0	\$0
Other Financing Sources	\$7,806,113	\$6,226,657	\$263,608	\$341,448	\$341,448
Transfer Adjustment	(\$4,522,273)	(\$4,300,824)	\$0	\$0	\$0
Total Revenue	\$15,772,139	\$17,881,860	\$11,377,438	\$7,368,112	\$7,368,112
Appropriations					
Salaries And Employee Benefits	\$6,957,736	\$7,005,843	\$6,082,159	\$6,925,092	\$6,925,092
Services And Supplies	\$12,412,122	\$13,911,110	\$16,546,225	\$10,411,796	\$10,411,796
Other Charges	\$1,602,178	\$183,900	\$62,540	\$74,907	\$74,907
Capital Assets-Equipment	\$86,485	\$71,531	\$0	\$0	\$0
Operating Transfers Out	\$5,519,773	\$4,648,095	\$0	\$0	\$0
Intrafund Transfers	\$189,917	(\$118,213)	\$0	\$0	\$0
Transfer Adjustment	(\$4,522,273)	(\$4,300,824)	\$0	\$0	\$0
Total Appropriations	\$22,245,938	\$21,401,442	\$22,690,924	\$17,411,795	\$17,411,795
Use of fund balance available	(\$1,473,861)	(\$4,046,171)	\$3,243,119	\$3,400,000	\$3,400,000
Net County Cost	\$7,947,660	\$7,565,753	\$8,070,367	\$6,643,683	\$6,643,683

Expenses



Revenue



**Health
2013-14
Accomplishments**

- ◆ *Local Emergency Medical Services Agency implementation*
- ◆ *Tobacco Prevention, Education & Cessation expansion*
- ◆ *Hannah & Herbert Bauer Community Garden*
- ◆ *Countywide Community Health Assessment*
- ◆ *Launched Healthy Yolo Project*
- ◆ *Public Health Nurse Home Visiting Program implementation*
- ◆ *Expansion of health care coverage to low-income adults*
- ◆ *Immunization Clinic services expanded to West Sacramento*
- ◆ *Expanded seasonal flu response*
- ◆ *Health & Human Services Department Integration analysis*
- ◆ *Child injury prevention program implemented*
- ◆ *Received \$1.9 million in new funding from Medi-Cal Managed Care IGT*
- ◆ *Completed Maternal, Child & Adolescent Health 5 year needs assessment*
- ◆ *Secured County Obesity Prevention Coordinator*
- ◆ *Received two new competitive Federal grants*
- ◆ *Collaborated with DESS to increase Public Health Nursing Services to IHSS clients*

Department Goals and Key Initiatives for 2014-15

Goal 1: Expand and enhance core public health programs and services

Key Initiatives for 2014-15:

- Increase public health nursing capacity to serve vulnerable populations. **(Tactical Plan 4D)**
- Enhance injury prevention programs and services. **(Tactical Plan 4B)**
- Develop a fiscal sustainability plan for core services.

Goal 2: Promote healthy behaviors in the community through policy, systems and environmental interventions

Key Initiatives for 2014-15:

- Implement chronic disease prevention efforts in partnership with other key sectors: transportation, health systems, schools, cities and community-based organizations. **(Tactical Plan 4C)**
- Expand health promotion and education efforts including tobacco prevention and cessation, injury prevention, nutrition, active transportation and sexually transmitted disease prevention work. **(Tactical Plan 4C)**
- Develop Yolo County Community Health Improvement Plans. **(Tactical Plan 4A)**

Goal 3: Strengthen Yolo County families

Key Initiatives for 2014-15:

- Simplify and streamline comprehensive safety net services through Health and Human Service Department integration. **(Tactical Plan 4C, 4D)**
- Improve and enhance perinatal mental health services. **(Tactical Plan 4A, 4C)**
- Expand access to county breast feeding warm line. **(Tactical Plan 4A)**

Goal 4: Create a culture of quality within the Department

Key Initiatives for 2014-15:

- Develop a performance management system.
- Implement department quality improvement plan.
- Apply for national public health accreditation.

Program Summary

Medical Services: includes vital records, jail medical, Yolo Adult Day Health and the medical marijuana identification program.

Communicable Disease and Tuberculosis (TB): includes surveillance, prevention of outbreaks, and efforts to reduce incidence of reportable communicable diseases; efforts to reduce the incidence of tuberculosis including directly observing treatment of all active TB patients and conducting contact investigations of all cases of active TB; and consultation about animal bites for possible rabies prophylaxis.

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

Tobacco Prevention: strives to establish community norm change about tobacco use by educating the public and policy makers about the effects of secondhand smoke, youth access to tobacco and tobacco industry influences through community mobilization to influence local public health policy.

Child Injury Prevention: focuses on population-based prevention for healthy behaviors regarding car seat safety, bicycle and pedestrian safety, and distracted driving.

Program Objectives

Objective A: Prevention or reduction of incidence of communicable disease, 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.

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: 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, achievement of educational and vocational goals and delay of subsequent pregnancies.

Objective E: Nurse case management services via home visitation will be provided for at risk pregnant and parenting families to improve maternal and infant health outcomes, optimize infant development and strengthen family self-sufficiency and resilience.

Objective F: By July 2017, 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 G: By July 2017, at least 3 jurisdictions in Yolo County (City Council, Board of Supervisors, School Board, Fair Board, etc.), will adopt a legislated public policy that prohibits the use of electronic nicotine distribution devices in places where smoking is otherwise prohibited.

Health

Community Health

Budget Unit 501-1

Fund 019, 109 and 114

Significant Items and/or Changes in 2014-15

The 2014-15 budget is based on the following assumptions:

- State MCAH, FIMR and AFLP allocations will remain unchanged from 2013-14
- IGT funding will continue and expand efforts around child safety
- Tobacco prevention and cessation efforts will continue to be enhanced through the receipt of IGT and Pomona Funds
- IGT funds will continue to fund an epidemiologist who conducts communicable disease surveillance and contact investigations
- An Outreach Specialist is being added to do outreach for prevention of sexually transmitted infections in high risk populations

Revenue Sources for 2014-15

General Fund	\$2,343,450
Charges for Service	\$320,833
Federal/State/Other Govt	\$2,585,443
Pomona	\$88,644
Use Fund Balance	\$2,500,000
TOTAL	\$7,838,370

Staffing History of Unit

2012-13 Funded	34.6 FTE
2013-14 Funded	50.5 FTE
Authorized 2014-15	51.5 FTE
2014-15 Funded	51.5 FTE

Program Objectives

Objective H: By July 2015, the Yolo County Tobacco Prevention Coalition will recruit 2 additional representatives from Yolo County's priority populations, (i.e. Hispanic/Latino, low socio-economic status, youth, etc.) and 1 from non-traditional partners (law enforcement, mental health nutrition, ADMH, etc.) to participate in coalition activities including meetings, trainings and intervention activities.

Objective I: Provide health promotion and education activities focused on preventing injuries to infants and children, including bicycles, automobiles and drowning through community outreach activities and provision of car seat inspection, installation training and low-cost purchase services.

Health

Community Health

Budget Unit 501-1

Fund 019, 109 and 114

Performance Measurements

Measurement	Type	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Vaccines administered to children	Output	442	300	300
Vaccines administered to adults	Output	234	300	300
Vaccine Loaned Out to Partners	Output	1,110	980	1,000
Communicable Disease (CD) reports received	Output	2,654	2,850	3,000
CD cases requiring investigation due to public health safety risk	Effectiveness	306	320	330
Animal bite reports received	Output	206	230	230
Animal bite reports investigated	Productivity	44	80	50
Total TB reports investigated per 1.0 FTE	Productivity	283	300	300
Active TB cases treated	Productivity	5	3	3
Active TB case contacts investigated	Productivity	178	120	120
Community members impacted by Tobacco Retail License 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

Performance Measurements				
Measurement	Type	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Number of community members reached through child passenger outreach events including car seat inspection and training	Productivity	N/A	250	300
Number of low-cost car seats provided to families	Output	N/A	200	300
Yolo County CPSP Providers provided technical assistance and QA site visits/Yolo County CPSP Providers	Effectiveness	6/8 Providers	7/8 Providers	6/6 Providers
Families provided bereavement support/total number of fetal and infant deaths	Effectiveness	5/13	5/11	6/12
Number of home or school visits to pregnant or parenting teens enrolled in AFLP	Output	348	324	252
Percent of AFLP clients using long term contraception	Effectiveness	94%	93%	95%
Number of high risk families served by Nurse Home Visiting (NHV)	Output	N/A	80	120
Percent of infants served by NHV with improved long term outcomes as measured by linkage to needed services, early screening and detection of developmental problems, breastfeeding duration and strengthening of parents' skills	Effectiveness	N/A	80%	90%

Health
Community Health
Budget Unit 501-1
Fund 019, 109 and 114

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 families eat well and be healthy, support and information about breastfeeding, 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, one-on-one counseling and breastfeeding classes.

Nutrition Education and Obesity Prevention: 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: Serve at least the minimum number of moms per Peer Counselor FTE (currently 1 FTE) as provided in guidance by the State (80 participants), and up to the maximum (120 participants)

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 eligible population.

Performance Measurements

Measurement	Type	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Average number of WIC recipients served each month	Output	5,614	5,340*	5,750
Average number of Peer Counseling participants receiving services	Output	85	100	120
Residents provided nutrition education and physical activity promotion	Output	28,539	30,000	30,000

*Currently experiencing a significant caseload drop

Health

WIC & NEOP

Budget Unit 501-1 Fund 114

Significant Items and/or Changes in 2014-15

The 2014-15 budget for these programs are based on the following assumptions:

- Continuation of NEOP funding as it transitions to new requirements with an emphasis on local health department infrastructure development and measured change in community utilizing a process of policy systems and environmental change versus absolute number of participants served. The NEOP program has developed a work plan with UC Cooperative Extension to ensure the greatest collaborative service to community regarding nutritional education.
- Continuation 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. WIC funding will remain the same, but be a subvention grant for one year as the State develops a new process for a 3 year competitive grant.
- Obesity Prevention Coordinator position continues with IGT funds
- Community garden completed with IGT funding and ongoing community supported by IGT, NEOP and WIC

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 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 or 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	2012-13 Actual	2013-14 Estimate	2014-15 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
Yolo County Volunteers activated	Productivity	168	175	250
Number of exercises	Effectiveness	18	21	25

Health

Emergency

Preparedness

Budget Unit 501-1 Fund 114

Significant Items and/or Changes in 2014-15

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

The 2014-15 budget in this program area is based on the following assumptions:

- Federal level increase of 6.7% for PHEP but expected transfer of CRI
- 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

Program Summary

Emergency Preparedness also oversees the delivery of the Emergency Medical Service (EMS) system within Yolo County's geographical boundaries. The EMS unit provides planning, implementation, evaluating and continually improving the local EMS system pre-hospital services and relevant specialty hospital services such as STEMI, stroke, pediatric and trauma. It certifies, accredits and authorizes EMS field personnel. It also approves and oversees all EMS training programs. In collaboration with public health, Emergency Preparedness develops local plans and responses to disasters. Provides approval and contractual oversight for ambulance providers, base hospitals and specialty receiving center designation. The funding sources from contracts and franchise fees are all reinvested back into the emergency services for the county.

Program Objectives

- Objective A:** Carry out regulations relative to EMS system
- Objective B:** Evaluate and improve the local EMS system
- Objective C:** Serve as an advocate for patients
- Objective D:** Coordinate activities between various agencies within EMS system
- Objective E:** Coordinate community education programs
- Objective F:** Oversight and compliance of the contracted exclusive operating areas for emergency ambulance services
- Objective G:** Provide oversight for EMS quality improvement
- Objective H:** Manage, process, distribute funds to support uncompensated emergency medical claims throughout the county.
- Objective I:** Expand specialty services which include pediatric trauma service capabilities, STEMI, stroke and trauma.
- Objective G:** Advocate for sufficient and stable funding for emergency medical services

Performance Measurements

Measurement	Type	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Priority 1, 9-1-1 Ambulance Calls	Output	14,500	14,500	14,700
ALS IFT Calls per/year	Output	N/A	300	320
CCT IFT Calls per/year	Output	N/A	230	240
Contractual Response Times Compliance	Quality	N/A	94%	95%
Number of Ambulance Permits	Productivity	N/A	89	80

Health

Emergency Medical Services

Budget Unit 501-1 Fund 114

Significant Items and/or Changes in 2014-15

- 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 for county exclusive operating area, \$300,000.00 per/year.
- YEMSA will enforce fines and penalties of Ambulance provider for non-compliance
- YEMSA will collect fees for specialty designation: Base Hospital, Level I/II Trauma, STEMI receiving, Stroke receiving.
- YEMSA will inspect, and approve all pre-hospital ambulance providers who operate in the county, and issue permits.
- \$50,000 received from Hospital Preparedness Program (HPP) grant to fund YEMSA activities

Program Summary

Children's Medical Services (CMS) includes: Child Health and Disability Prevention 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. CMS also includes California Children's Services (CCS), which provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under the age of 21 with eligible medical conditions. The Medical Therapy Program within CCS 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	2012-13 Actual	2013-14 Estimate	2014-15 Projection
CCS clients provided case management on a monthly basis	Output	720	730	740
CCS cases per public health nurse	Productivity	360	365	370
Percentage of children enrolled in CCS who have a documented medical home	Effectiveness	99%	97%	97%
Foster care medical screenings and evaluations completed	Output	1,215	1,609	1,609
Children served at MTU, all sites	Output	96	96	97
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 2014-15

The budget assumes:

- Continued increases in CMS program caseloads.
- An additional Supervising Public Health Nurse to aid CHDP and IHSS caseload.
- Continuation of State CCS and CHDP allocations at the current (2013-14) levels for 2014-15.
- Foster Care funding is expected to shift in 2015-16 due to realignment. The public health nurse services continue to be mandated, but in 2015-16 the funding will come directly to the DESS rather than the Health Department.
- The implementation of Health Care Reform may eventually lead to significant changes in CCS and CHDP, beginning in 2016 or later.

Revenue Sources for 2014-15

General Fund	\$733,592
Realignment	\$165,026
Federal/State/Other Govt	\$1,302,481
Charges for Service	\$118,325
TOTAL	\$2,319,424

Staffing History of Unit

2012-13 Funded	13.0 FTE
2013-14 Funded	13.5 FTE
2014-15 Authorized	14.5 FTE
2014-15 Funded	14.5 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). Indigent services were delivered through an agreement for Yolo County to be a member county of the County Medical Services Program. With the implementation of the Affordable Care Act, many members previously covered by the County have transitioned to Medi-Cal or to private health insurance through the healthcare exchange. Those otherwise not eligible for other programs or able to afford care will continue to receive services through the County Medical Services Program.

This budget unit also supports the Adult Day Healthcare Center which is operated by Dignity Health.

Program Objectives

Objective A: Expand enrollment in Medi-Cal

Performance Measurements

Measurement	Type	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Low Income Health Program (Path2Health) enrollees	Output	N/A	2,259	0
County Medical Services Program enrollees	Output	N/A	425	175

Health

Indigent Health

**Budget Unit 502-3 Funds
114, 024**

Significant Items and/or Changes in 2014-15

- This will be the first fiscal year reflecting the implementation of the Affordable Care Act and the transition of many members to now be covered by Medi-Cal or private insurance
- Adult Day Health Care continues to operate in a county-owned facility but is managed by Dignity Healthcare. The County receives a contribution from Dignity to fund maintenance on the building

Revenue Sources for 2014-15

General Fund	\$4,521
Rev fr use Prop	\$11,400
Realignment	\$1,518,775
TOTAL	\$1,534,696

Staffing History of Unit

2012-13 Funded	0.5 FTE
2013-14 Funded	0 FTE
2014-15 Authorized	0 FTE
2014-15 Funded	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 Forensic Medical 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	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Sick calls provided to inmates	Output	8,171	8,756	8,500
Admission medical assessments conducted	Output	1,950	680	650
Inmates hospitalized	Output	50	27	25
Average daily inmate census	Output	469	480	485

Health

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

**Significant Items and/or
Changes in 2014-15**

As part of the current agreement, the cost of the contract increases in 2014-15 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 AIDS Drug Assistance Program (ADAP), leading to significant cost increases to the program, plus the purchase of catastrophic inmate medical insurance for approximately \$100,000.

Revenue Sources for 2014-15

General Fund	\$3,562,120
TOTAL	\$3,562,120

Staffing History of Unit

2012-13 Funded	0 FTE
2013-14 Funded	0 FTE
2014-15 Authorized	0 FTE
2014-15 Funded	0 FTE

Program Summary

Administrative staff process provider claims, distributes funds, and prepare State reports associated with the “Maddy” Fund (SB 12, SB 612), which established an additional levy of \$2 for every \$10 collected from fines, penalties and forfeitures on specified criminal offenses such as vehicle code violations. The remaining funds are distributed according to the established formula set in legislation. Up to 10% of the total emergency medical services fund is used to administer the program. The remaining portion 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.

Uncompensated Hospital Trauma: (25%) This amount is budgeted to cover hospital trauma claims which are not reimbursed from other sources. In the absence of any claims a proportional distribution method will be explored.

Discretionary Emergency Medical Services: (17%) This amount is budgeted for discretionary use of the emergency medical services.

Richie's Fund: (15%) This was a supplemental funding mechanism added through SB 1773 for all pediatric trauma centers through the county. For counties who do not maintain a pediatric trauma center they shall utilize the money to improve access, coordination or pediatric trauma and emergency services in the county with preference given to hospitals offering specialized services to children.

**Health
Emergency
Medical Services “Maddy”
Fund
Budget Unit 525-3 Fund 020**

**Significant Items and/or
Changes in 2014-15**

- Funding to support the expansion of pediatric trauma capabilities within the county will continue

Program Objectives

Objective A: Distribute funds for uncompensated care

Objective B: Expand pediatric trauma capabilities

Performance Measurements

Measurement	Type	2012-13 Actual	2013-14 Estimate	2014-15 Projection
Medical claims paid	Output	5,323	6,500	7,000

Revenue Sources for 2014-15

Penalties	\$1,004,381
Op. Transfer In	\$252,804
Use of Fund Balance	\$900,000
TOTAL	\$2,157,185

Staffing History of Unit

2013-14 Funded	0 FTE
2014-15 Authorized	0 FTE
2014-15 Funded	0 FTE

