

# Health and Human Services Agency

Budget Unit Name	BU No.	Page	Appropriation	Total
<b>Health &amp; Human Services Agency</b>		49		
<b>Alcohol, Drug and Mental Health</b>		53		
Mental Health Administration	505-1	53	\$13,506,422	
Alcohol & Drug	505-6	55	\$2,777,397	
Mental Health Services Act (MHSA)	505-7	57	<u>\$14,303,266</u>	\$30,587,085
<b>Employment and Social Services</b>		59		
Yolo IHSS Public Authority	357-0	N/A	\$2,288,605	
Administration, Assistance & Support Services	551-1	59	\$57,350,960	
CalWORKS/TANF/Foster Care	552-2	61	\$29,766,469	
General Assistance	561-2	62	\$464,668	
Workforce Investment Act	562-1	63	\$2,466,785	
Community Services Block Grant	565-0	64	<u>\$397,326</u>	\$92,734,813
<b>Health</b>		65		
Community Health	501-1	65	\$9,093,583	
Children's Medical Services	501-9	71	\$2,537,493	
Indigent Healthcare	502-3	72	\$1,062,936	
Adult-Juvenile Detention Medical Services	501-4	73	\$3,680,483	
Emergency Medical Services	525-3	74	<u>\$1,160,061</u>	\$17,534,556
			<b>TOTAL</b>	<u><u>\$140,856,454</u></u>





**Joan Planell**  
Director

**Mission Statement**

*In partnership with the community, promote health and human services that meet the evolving needs of Yolo County residents.*

**Vision**

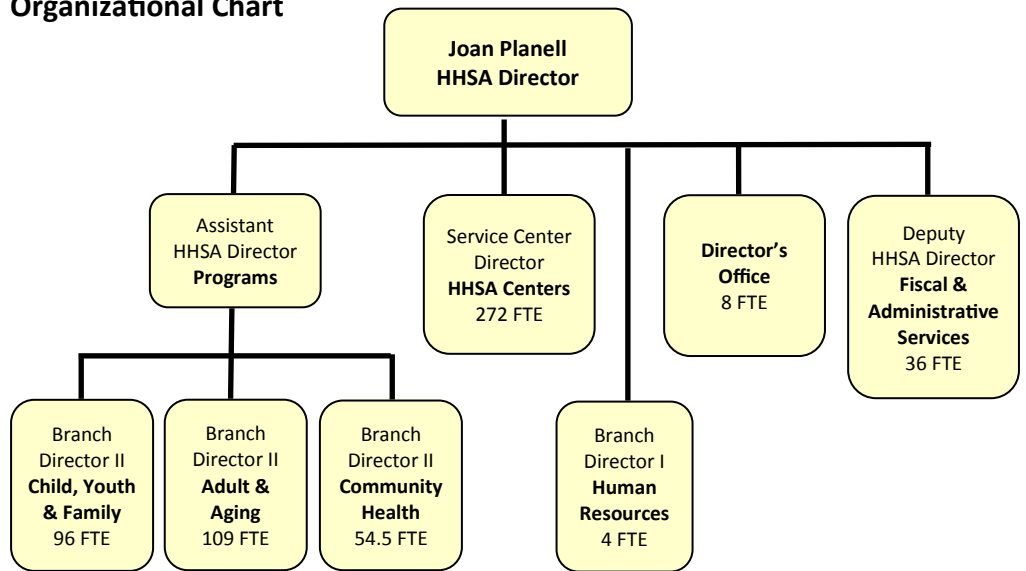
*Yolo County residents are safe, healthy, productive and economically secure.*

**Core Values**

- **Collaborative:**  
*Promotes teamwork and partnership*
- **Accountable:**  
*Is transparent, efficient and effective*
- **Respectful**  
*Demonstrates integrity and trust*
- **Equitable:**  
*Honors diversity and promotes equality*
- **Strategic:**  
*Forward thinking and innovative*

# Health and Human Services Agency

**Organizational Chart**



**Description of Major Services**

The Health and Human Services Agency is a combination of Employment & Social Services, Public Health and Alcohol, Drug & Mental Health programs. A description of major services is provided on the following pages.

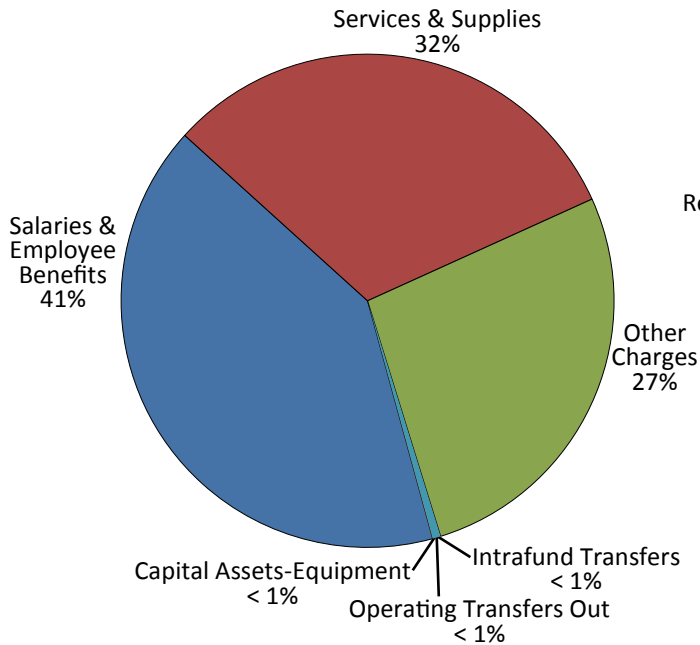
**2015-16 Summary of Budget Units**

	Appropriation	Revenue	General Fund	Staffing
<b>Alcohol, Drug &amp; Mental Health</b>				
Mental Health (505-1)	\$13,506,422	\$13,129,058	\$377,364	32.98
Alcohol and Drug (505-6)	\$2,777,397	\$2,752,597	\$24,800	6.17
Mental Health Services Act (505-7)	\$14,303,266	\$14,303,266	\$0	53.78
<b>Subtotal</b>	<b>\$30,587,085</b>	<b>\$30,184,921</b>	<b>\$402,164</b>	<b>92.93</b>
<b>Employment &amp; Social Services</b>				
Yolo IHSS Public Authority (367-0)	\$2,288,605	\$2,288,605	\$0	N/A
Admin, Assistance & Support Svcs (551-1)	\$57,350,960	\$55,761,640	\$1,589,320	398.0
CalWORKS/TANF/Foster Care (552-2)	\$29,766,469	\$29,766,469	\$0	0
General Assistance (561-2)	\$464,668	\$68,988	\$395,680	1.0
Workforce Investment Act (562-1)	\$2,466,785	\$2,466,785	\$0	9.0
Community Service Block Grant (565-0)	\$397,326	\$382,326	\$15,000	2.0
<b>Subtotal</b>	<b>\$92,734,813</b>	<b>\$90,734,813</b>	<b>\$2,000,000</b>	<b>410</b>
<b>Health</b>				
Community Health (501-1)	\$9,093,583	\$6,879,716	\$2,213,867	62.5
Adult-Juv Detention Medical Svcs (501-4)	\$3,680,483	\$0	\$3,680,483	0
Children's Medical Services (501-9)	\$2,537,493	\$1,634,082	\$903,411	15.5
Indigent Healthcare (502-3)	\$1,062,936	\$1,062,936	\$0	0
Emergency Medical Services (525-3)	\$1,160,061	\$1,160,061	\$0	0
<b>Subtotal</b>	<b>\$17,534,556</b>	<b>\$10,736,795</b>	<b>\$6,797,761</b>	<b>78</b>
<b>TOTAL</b>	<b>\$140,856,454</b>	<b>\$131,656,529</b>	<b>\$9,199,925</b>	<b>580.93</b>

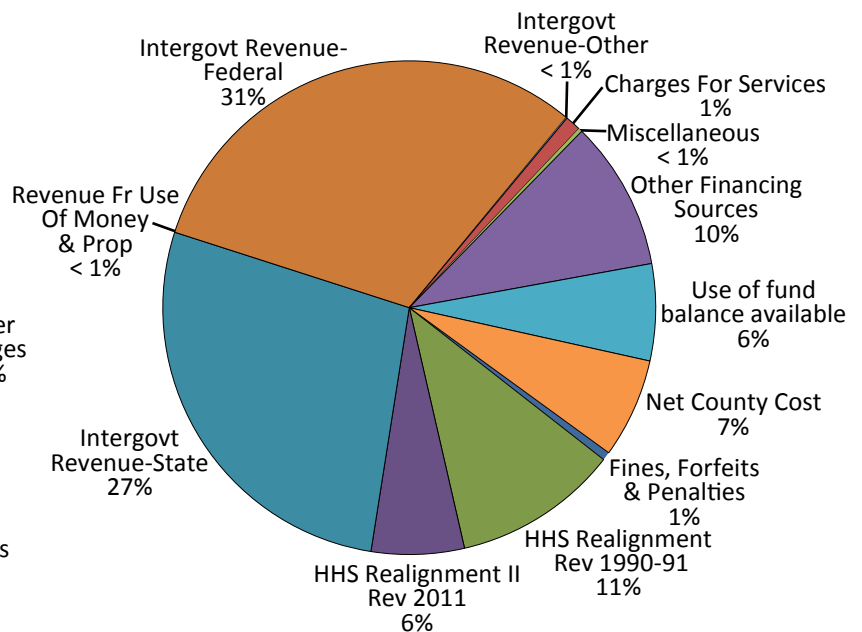
# Summary of Health and Human Services 2015-16 Budget

	Actual 2012-13	Actual 2013-14	Budget 2014-15	Requested 2015-16	Recommended 2015-16
<b>Revenues</b>					
Fines, Forfeits & Penalties	\$1,477,297	\$1,673,063	\$1,004,381	\$757,257	\$757,257
Revenue Fr Use Of Money & Prop	\$97,791	\$93,982	\$16,154	\$11,400	\$11,400
HHS Realignment Rev 1990-91	\$16,894,877	\$17,149,938	\$15,956,393	\$15,291,182	\$15,291,182
HHS Realignment II Rev 2011	\$0	\$1,378,605	\$7,097,743	\$8,579,800	\$8,579,800
Intergovt Revenue-State	\$29,510,779	\$28,771,287	\$38,808,573	\$39,086,140	\$38,671,140
Intergovt Revenue-Federal	\$35,732,253	\$40,928,792	\$34,271,003	\$43,812,953	\$43,717,953
Intergovt Rev-Other	\$50,000	\$50,000	\$50,000	\$100,000	\$100,000
Charges For Services	\$1,109,207	\$1,117,776	\$1,207,728	\$1,440,210	\$1,440,210
Miscellaneous	\$382,385	\$1,873,842	\$261,494	\$354,440	\$354,440
Other Financing Sources	\$17,868,773	\$13,499,836	\$12,527,835	\$13,574,893	\$13,804,893
<b>Total Revenue</b>	<b>\$103,123,362</b>	<b>\$106,537,121</b>	<b>\$111,201,304</b>	<b>\$123,008,275</b>	<b>\$122,728,275</b>
<b>Appropriations</b>					
Salaries And Employee Benefits	\$37,676,567	\$42,522,803	\$48,564,091	\$57,455,281	\$57,685,281
Services And Supplies	\$34,387,439	\$32,266,644	\$41,684,322	\$44,753,217	\$44,410,410
Other Charges	\$31,561,342	\$31,794,869	\$35,861,801	\$37,997,183	\$37,997,183
Capital Assets-Equipment	\$310,085	\$563,531	\$327,500	\$25,000	\$25,000
Capital Assets-Struct & Imp	\$0	\$26,444	\$0	\$0	\$0
Operating Transfers Out	\$3,502,102	\$412,376	\$5,922,767	\$1,226,983	\$716,983
Intrafund Transfers	(\$191,738)	(\$82,981)	\$20,028	\$21,597	\$21,597
<b>Total Appropriations</b>	<b>\$107,245,797</b>	<b>\$107,503,686</b>	<b>\$132,380,509</b>	<b>\$141,479,261</b>	<b>\$140,856,454</b>
<b>Use of fund balance available</b>	<b>(\$5,246,244)</b>	<b>(\$6,483,377)</b>	<b>\$12,866,499</b>	<b>\$8,904,073</b>	<b>\$8,928,254</b>
<b>Net County Cost</b>	<b>\$9,368,679</b>	<b>\$7,449,942</b>	<b>\$8,312,706</b>	<b>\$9,566,913</b>	<b>\$9,199,925</b>

**Expenditures**



**Revenues**



**Health & Human  
Services Agency  
2014-15  
Accomplishments**

- ◆ *Increased Medi-Cal and CalFresh enrollment*
- ◆ *Received \$813,142 CalWORKs Housing Allocation for homeless families*
- ◆ *Opened HHS Service Center in Winters*
- ◆ *Established off-site employment and eligibility centers*
- ◆ *Awarded \$100,000 USDA grant for CalFresh financial incentive program*
- ◆ *Partnered with UC Davis for CalFresh outreach*
- ◆ *Implemented new lobby management system in Woodland and West Sacramento*
- ◆ *Conducted Bridge to Housing Pilot Project*
- ◆ *Reduced number of children living in group homes*
- ◆ *Partnered with Mercy Coalition to provide daily lunch to the homeless in West Sacramento*
- ◆ *Expanded core public health services for vulnerable populations*
- ◆ *Established public health partnerships in social service programs and with city planners, schools, health care*
- ◆ *Secured \$539,000 Caltrans Active Transportation Program grant*

## **Description of Major Services**

### **Child, Youth and Family**

- Child Welfare Services, including 7-day/24-hour emergency response, out-of-home placements, family preservation and permanency planning
- Children's Medical Services (CHDP and CCS)
- Home visiting case management for high risk families
- Provision of specialty Mental Health Plan for Medi-Cal and Administrator of Drug Medi-Cal for the County, responsible for provision and oversight of substance use disorder and mental health programs provided in partnership with community organizations and treatment providers for seriously emotionally disturbed children and youth
- Mental Health Services Act programs provide oversight for children and youth including the integration of services between the agency and community-based providers

### **Adult and Aging**

- Adult Protective Services, including 7-day/24-hour emergency response and In-Home Supportive Services
- Same services as described above for seriously mentally ill adults
- Mental Health Services Act programs provide oversight for adults, including integration of services between the agency and community-based providers
- Homeless coordination and case management services

### **Community Health**

- Emergency Health Services, including public health emergency response, cities readiness program, strategic national stockpile, pandemic flu, hospital preparedness program and emergency medical services
- Community Health and Maternal, Child & Adolescent Health Services including, nutrition services, health promotion and education, immunization program, injury prevention and chronic disease prevention
- Medical Services, including indigent medical care, jail medical services, communicable disease and Tuberculosis Control and Prevention, HIV surveillance, public health laboratory, vital records and medical marijuana identification card program administration
- Public Health Planning activities including quality management, community health assessment and community health improvement planning

### **Service Centers**

- Eligibility determinations for Medi-Cal, Foster Care, CalFresh, General Assistance, CalWORKs and Workforce Investment Act programs
- Aid payments to eligible persons
- Employment services for job seekers and employers at the One-Stop Career Centers, including computer and Internet access, workshops and job fairs

**Health & Human Services Agency  
2014-15  
Accomplishments**

- ◆ Increased community capacity to provide CPR, First Aid and AED services through provision of training
- ◆ Established community health improvement priorities and convened community workgroups
- ◆ Secured \$375,000 California Home Visiting Program funding
- ◆ Implemented department-wide training in performance management and Continuous Quality Improvement
- ◆ Initiated performance-based outcomes for contractors
- ◆ Strengthened operational efficiencies
- ◆ Initiated Criminal Justice Partnerships: AB 109 Clinician and Jail and JDF Substance Use Disorder Services
- ◆ Created Mental Health Homeless Case Manager position
- ◆ Improved mental health consumer access
- ◆ Expanded Laura's Law/ Assisted Out-Patient Treatment (AOT)
- ◆ Expanded Crisis Intervention Program
- ◆ Implemented and evaluated MHSA Three-Year Plan

**Department Goals and Key Initiatives for 2015-16**

**Goal 1:** Implement Health & Human Services Agency integration (*Thriving Residents*)

- Co-locate administrative personnel and service teams.
- Create framework for Service Centers.
- Engage and support staff through change. (Tactical Plan 8H)

**Goal 2:** Improve access to services (*Thriving Residents*)

- Establish “no wrong door” approach.
- Increase mental health participation rates for minority populations. (Tactical Plan 4A)
- Enhance and sustain home visiting services available to high risk families. (Tactical Plan 4D)
- Increase outreach and education. (Tactical Plan 4J)
- Increase community-based services to keep children/families close to home.

**Goal 3:** Initiate agency-wide process to measure effectiveness and efficiency of services

- Implement performance measures and quality improvement. (Tactical Plan 8C)

**Goal 4:** Reduce homelessness (*Thriving Residents, Safe Communities*)

- Establish Housing First model as our vision for the future. (Tactical Plan 4L)
- Implement community-wide coordinated entry system. (Tactical Plan 3A)
- Create multi-disciplinary Homeless Team.
- Continue CalWORKs Housing Program for homeless families.

**Goal 5:** Decrease poverty (*Robust Economy, Thriving Residents*)

- Align unemployment efforts with industry demand. (Tactical Plan 2C)
- Partner with the County Office of Education and non-profits. (Tactical Plan 4H, 4I)
- Increase participation rates for eligibility programs. (Tactical Plan 4G)

**Goal 6:** Engage community partners in new model of service delivery (*Thriving Residents*)

- Meet with community non-profits and other community partners to develop collaborative services. (Tactical Plan 4H, 4I)

**Goal 7:** Finalize, implement, and monitor Community Health Improvement Plan (*Thriving Residents*)

- Collective impact framework

**Program Summary**

This budget unit funds Mental Health services to seriously mentally ill adults and seriously emotionally disturbed children and youth.

Triage: This is the point of access for services provided 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. Triage is offered 4 days per week in Woodland and 2 days per week in West Sacramento. If Triage screening determines a person meets medical necessity and/or target population, the client is scheduled for a Clinician Assessment within 10 days.

Crisis Response/Intervention Services: Provided for those consumers who present as an 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, including use of W&I Code 5150 evaluation and transport for crisis residential or psychiatric inpatient services as applicable.

Community Intervention Program: Provides mobile crisis response and partnership with local law enforcement to assist those experiencing mental health crisis. Follow-up is provided post-encounter to prevent future mental health crises.

Low Intensity Clinic Based Services: Provides brief/intensive services for individuals who have relatively mild clinical symptoms, behaviors and/or functional impairments and a demonstrated capacity to engage in routine outpatient treatment and medication appointments. Generally 4-12 contacts per year.

Medium Intensity Community Based Services: Provides services to clients with multiple/significant symptoms and functional impairments and deterioration in at least one life domain due to psychiatric illness. Client receives increased case management support, clinician contact and community-based services. Generally 4-24 contacts per year.

High Intensity Community Based Services: Provides services to clients capable of living independently but who require intensive management by a multidisciplinary treatment team. Client receives Full Service Partnership, Wraparound or Assertive Community Treatment models including provision of after hours and crisis services. Generally 24-60 contacts per year.

High Intensity Out-of-Home Services: Provides services to clients that require intensive, frequent contact, services and funding assistance. Client resides in room and board, group home or higher residential setting. Generally 60+ contacts per year.

Inpatient Care: Care provided by Skilled Nursing Facilities, Institutes for Mental Disease, State Hospitals. Clients are generally wards of the court or conservatees.

**Forensic Services:**

Mental Health Court: Adults found eligible for the Mental Health Court are those with serious mental illness who are on formal probation, and who voluntarily desire to participate in the requirements of the program. The participants are provided treatment and supportive services designed to assist them in successful recovery and to usher them through the Court system. The program is currently funded to support up to 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.

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

**Alcohol, Drug & Mental Health**

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

**Significant Items and/or Changes in 2015-16**

Two Clinician positions will be funded by a Probation grant.

**Revenue Sources for 2015-16**

General Fund	\$377,364
Realignment I	\$5,475,646
Realignment II	\$2,366,280
Federal/State/ Other Govt.	\$3,817,397
Fees	\$855,397
Grants/Other	\$614,338
<b>TOTAL</b>	<b>\$13,506,422</b>

**Staffing History of Unit**

2013-14 Funded	30.03 FTE
2014-15 Funded	36.34 FTE
Authorized 2015 -16	32.98 FTE
2015-16 Funded	32.98 FTE

**Program Objectives**

- Objective A:** Implement HHSA integration
- Objective B:** Co-locate administration to improve access to services
- Objective C:** Reduce homelessness
- Objective D:** Implement Level of Care Utilization System to ensure appropriate level of care for consumers
- Objective E:** Increase Full Service Partnership Utilization, Community Based Services and Wraparound Services
- Objective F:** Increase EPSDT utilization to increase base amount

**Alcohol, Drug & Mental Health**

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

**Performance Measurements**

Measurement	Type	2013-14 Actual	2014-15 Estimate	2015-16 Projection
Average length of time from first request for service to first clinical assessment	Outcome	32	18	14
Average length of time for a follow up appointment after hospital discharge	Outcome	58	16	7
Hospital re-admission rate (30 days)	Outcome		14.7%	<10%
Hospital readmission rate (7 days)	Outcome	—	5.0%	4.0%
Average no show rate for Clinicians/ Non-Psychiatrists	Outcome	4.5%	4.7%	≤ 5%
Average no show rate for Psychiatrist	Outcome	26.1%	26.6%	20%



**Program Summary**

Prevention: This level of service is more universal in nature and generally provided to large groups in school settings. Prevention services locally are available through Friday Night Live, Victor Community Support Services and RISE Incorporated.

Education: This level of service is generally offered to selected target groups identified as being at high risk for substance misuse. Education services locally are provided via Safety Center for DUI offenders and the Day Reporting Center for individuals in the criminal justice system.

Early Intervention: These services are generally brief and short term in nature and are provided for individuals falling in the misuse category of substance use disorders. CommuniCare Health Centers provides this level of service to PC-1000 participants locally.

Outpatient Services: These services are generally provided to individuals with a documented substance use disorder and are generally 4-6 months in length with 3-6 hours of service provided weekly. CommuniCare Health Centers provides these services to adults and youth in the community.

In-custody Services: These services are provided to individuals struggling with substance use disorders who have been incarcerated in the Jail or Juvenile Detention Facility. Service length and intensity varies depending on sentence and individual need. Phoenix House is the provider of these services.

Day Treatment Services: This level of service is for individuals with a documented substance use disorder of dependence. They are generally 6-9 months in length and offer 9-15 hours of service per week. CommuniCare Health Centers provides this level of service for pregnant and parenting women with an accompanying child development program for children. Most women in this service are involved in the Child Welfare System.

Residential Services: This level of service is generally reserved for individuals struggling with long term substance use dependence. Services are generally 1-3 months in length and offer 15-20 hours per week of services with 24/7 staffing and a stable living environment to assist with the development of recovery skills. Cache Creek Lodge, Walter’s House and Progress House are our local providers for this level of service.

Detoxification Services: This level of service provides 24/7 medically supervised oversight for individuals requiring detoxification for alcohol and/or other substances. Services are generally 3 days to 3 weeks depending on substance and acuity. These services are not currently provided other than hospitalization locally.

**Alcohol, Drug & Mental Health**

**Alcohol & Drug**

**Budget Unit 505-6 Fund 107**

**Significant Items and/or Changes in 2015-2016**

No significant changes.

**Revenue Sources for 2015-16**

General Fund	\$24,800
Public Safety	\$0
Realignment I	\$0
Realignment II	\$1,001,408
Federal/State	\$1,358,383
Fees	\$0
Grant/Other	\$392,806
<b>TOTAL</b>	<b>\$2,777,397</b>

**Staffing History of Unit**

2013-14 Funded	8.63
2014-15 Funded	4.68
Authorized 2015-16	6.17
2015-16 Funded	6.17

<b>Program Objectives</b>	
<b>Objective A:</b>	Opt in to Drug Medi-Cal 1115 Waiver
<b>Objective B:</b>	Further expand Substance Use Disorder continuum of care by adding local detoxification facility
<b>Objective C:</b>	Maximize Drug Medi-Cal revenue

**Alcohol, Drug & Mental Health**

**Alcohol & Drug**

**Budget Unit 505-6 Fund 107**

<b>Performance Measurements</b>				
<b>Measurement</b>	<b>Type</b>	<b>2013-14 Actual</b>	<b>2014-15 Estimate*</b>	<b>2015-16 Projection</b>
Improve forensic substance use disorder continuum of care	Outcome	—	130 Assessments	400 Assessments
Clients discharged will have successfully completed treatment	Outcome	47.6%	39%	37%
Patients discharged remain in treatment 30 days or more	Outcome	—**	—**	80%
Patients discharged remain in treatment 90 days or more	Outcome	—**	—**	80%
Patients discharged complete exit interviews/client satisfaction surveys (administered bi-annually)	Outcome	—**	—**	50%
*Services/data capture began late in FY14-15 **Newly proposed outcomes for FY15-16				

**Program Summary**

**Community Services and Supports:**

Adults

- Integrated care through Full-Service Partnerships.
- Assertive Community Treatment and Assisted Outpatient Treatment (Laura's Law).
- 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 Program serves homeless and indigent mentally ill adults with no benefits. The program goals are to increase access to housing, treatment, medication and other 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.

Children and Youth

- Mental health services to children, youth, and their families who reside or attend school in the Esparto and Winters unified school districts. Services are offered by contract provider at Winters HHSA facility.

Transitional Age Youth

- Seriously mentally ill and seriously emotionally disturbed transition age youth are at high risk of homelessness, chronic substance use, suicidal ideation, and criminal behavior. Youth emancipating from the foster care or juvenile justice system experience heightened levels of these risks. Therefore, this population receives targeted services and interventions for stabilization and success in the community.

**Prevention and Early Intervention:**

- Urban and Rural Children’s Resiliency Programs targets underserved children and families focusing on children, transition-age youth and families experiencing stress.
- Senior Peer Counseling offers coordination, training and assistance to senior peer counselors who volunteer to provide supportive services to “at-risk” older adults.
- Early Signs and Training Assistance provides mental health education and training for community partners (teachers, school nurses, probation officers, senior center staff, faith leaders, etc.) and the general public.
- Crisis Intervention Training provides local enforcement and first responders training and information on responding appropriately and compassionately to individuals and families experiencing mental health crisis through an evidence-based training curriculum.

**Alcohol, Drug & Mental Health**

**Mental Health Services Act**

**Budget Unit 505-7  
Funds 070, 071, 072, 073, 074**

**Significant Items and/or Changes in 2015-2016**

No significant changes.

**Revenue Sources for 2015-16**

General Fund	\$0
Public Safety	\$0
Realignment II	\$0
Federal/State/ Other Govt.	\$12,907,375
Other Revenue	\$42,500
Fund Balance	\$1,353,391
<b>TOTAL</b>	<b>\$14,303,266</b>

**Staffing History of Unit**

2013-14 Funded	38.97
2014-15 Funded	48.81
Authorized 2015-16	53.78
2015-16 Funded	53.78

<b>Program Objectives</b>	
<b>Objective A:</b>	Initiate Wellness Center Remodel
<b>Objective B:</b>	Increase Full Service Partnership Utilization in Adult and Children’s systems of care
<b>Objective C:</b>	Improve tracking of hospitalizations, homelessness, and incarcerations

**Alcohol, Drug & Mental Health**  
**Mental Health Services Act**  
**Budget Unit 505-7**  
**Funds 070, 071, 072, 073, 074**

<b>Performance Measurements</b>				
<b>Measurement</b>	Type	1 year before treatment	Year 1 during treatment	Year 2 during treatment
Psychiatric Hospitalization for Full Service Partnership FSP members	Outcome	39.2%%	19.6%	11.3%
Days Homeless for FSP members	Outcome	21.6%	7.2%	5.2%
Jail Days for FSP member	Outcome	8.2%	5.2%	4.1%

<p><b>Program Summary</b></p> <p>This is the department's primary operational budget unit including all staff costs. Principal programs include:</p> <p><u>Public Assistance Programs</u>: Provide 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.</p> <p><u>Child Welfare Services</u>: Protects abused, neglected, exploited and abandoned children. The program includes 24-hour emergency response, family preservation, foster care, 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 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.</p> <p><u>Employment Services</u>: 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.</p> <p><u>Welfare-To-Work/CalWORKs Employment Services</u>: Assists CalWORKs recipients to obtain or prepare for employment.</p>
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<p><b>Program Objectives</b></p> <p><b>Objective A:</b> Determine eligibility according to State and Federal guidelines and timeframes.</p> <p><b>Objective B:</b> Provide 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 In-Home Supportive Services 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>
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**Employment & Social Services**

**Admin., Assistance & Support Services**

**Budget Unit 551-1**  
**Fund 098,029,111 & 167**

**Significant Items and/or Changes in 2015-16**

The following 9 new positions are being added:

- 3 Social Worker Practitioners
- 2 Client Navigators
- 1 Social Worker Supervisor
- 1 Sr. Admin Analyst in CWS
- 1 Adult Service Worker I
- 1 Storekeeper

<b><u>Revenue Sources for 2015-16</u></b>	
General Fund	\$1,589,320
Realignment I	\$5,256,309
Realignment II	\$5,212,112
Federal/State/Other Govt.	\$42,819,708
Fees & Charges	\$66,488
Other Revenue	\$10,000
1991 Realignment Fund Balance	\$2,397,023
<b>TOTAL</b>	<b>\$57,350,960</b>

<b><u>Staffing History of Unit</u></b>	
2013-14 Funded	307
2014-15 Funded	389
Authorized 2015-16	398
2015-16 Funded	398

<b>Performance Measurements</b>				
<b>Measurement</b>	<b>2012-13 Actual</b>	<b>2013-14 Actual</b>	<b>2014-15 Estimated</b>	<b>2015-16 Goal</b>
Timely processing of applications for the following Public Assistance programs (State Standard 90%)	64%	47%	33%	90%
Medi-Cal	65%	47%	37%	90%
CalFresh	61%	47%	31%	90%
CalWORKs	64%	49%	33%	90%
Timely face-to-face contacts with children in foster care (State Standard: 90% seen/50% in home)	94%/75%	95%/77%	95%/78%	95%/80%
Response times to Child Welfare referrals within mandatory timeframes (immediate/24 hours and others/10 days)	98%	97%	93%	95%
Adult Protective Services cases open less than two months	100%	93%	90%	90%
In-Home Supportive Services timely reassessment (State Standard 80%)	75%	61%	74%	80%
Successful completion of employment workshops for Welfare to Work	268/41%	220/42%	220/40%	250/50%
Welfare to Work recipients beginning employment	407/17%	455/27%	461/28%	491/50%

**Employment & Social Services**

**Admin., Assistance & Support Services cont.**

**Budget Unit 551-1  
Fund 098,029,111 & 167**

## Program Summary

The State no longer participates in funding assistance payments; instead, these programs are funded with Realignment, County and Federal dollars.

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 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.

## Employment & Social Services

### CalWORKs/ TANF Foster Care, Adoptions

Budget Unit 552-2  
Fund 098,111, 112,167 & 168

### Significant Items and/or Changes in 2015-16

Effective April 1, 2015, the state increased CalWORKs and KinGap maximum aid payments by 5% and Foster Care and Adoptions Assistance payments by 3%.

## 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/Medi-Cal)	2012-13 Actual	2013-14 Actual	2014-15 Estimate	2015-16 Projection
Average number of families receiving CalWORKs cash aid per month	1,656	1,866	1,880	1,750
Average number of individuals receiving CalFresh benefits per month	17,047	17,778	20,000	22,000
Average number of individuals receiving Medi-Cal per month	29,924	31,278	47,000	55,000
Average number of children receiving Kin-GAP aid per month	9	16	13	13
Average number of children in foster care per month	217	230	257	240
Average number of families receiving Adoption Assistance Payments per month	749	724	693	675

### Revenue Sources for 2015-16

Realignment I	\$2,882,176
Realignment II	\$5,264,511
Federal/State/ Other Govt.	\$11,993,962
Other Revenue	\$7,323,735
1991 Realign- ment Fund Bal- ance	\$1,977,085
GF Fund Balance	\$325,000
<b>TOTAL</b>	<b>\$29,766,469</b>

### Staffing History of Unit

There are no staff salaries assigned to this budget unit.

**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	2012-13 Actual	2013-14 Actual	2014-15 Estimate	2015-16 Projection
Average number of people receiving general assistance payments each month	76	67	69	67

**Employment & Social Services**

**General Assistance**

**Budget Unit 561-2 Fund 111**

**Significant Items and/or Changes in 2015-16**

Prior to the Affordable Care Act, General Assistance payments allowed for a deduction of up to \$40 per month for medical care. With implementation of the Affordable Care Act, most individuals who qualify for General Assistance also qualify for Medi-Cal and the \$40 deduction is not necessary. As a result, the \$40 that was once deducted for medical care is now included in the General Assistance payments made to the client, increasing the monthly assistance to clients by \$40.

**Revenue Sources for 2015-16**

General Fund	\$395,680
Fund Balance	\$41,988
Federal/State/Other Govt	\$0
Grants/Other	\$27,000
<b>TOTAL</b>	<b>\$464,668</b>

**Staffing History of Unit**

2013-14 Funded	1.0
2014-15 Funded	1.0
Authorized 2015-16	1.0
2015-16 Funded	1.0



## Program Summary

The Workforce Innovation and Opportunities Act 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.

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.

## Program Objective

**Objective A:** Adult/Dislocated Worker program: Provide customers with the skills to be marketable and competitive in the current labor market.

**Objective B:** Youth: Provide youth with the skills to be successful in post-secondary education or employment.

## Performance Measurements

Measurement	2012-13 Actual	2013-14 Actual	2014-15 Estimated	2015-16 Projection
Adults entering employment	61% (20/33)	81% (17/21)	88% (14/16)	75% (48/64)*
Dislocated Workers entering employment	75% (33/44)	79% (27/34)	73% (29/40)	78% (18/23)*
Youth entering employment or education	81% (75/93)	94% (68/72)	68% (19/28)**	73% (45/62)

\* The increase in the number of Adults and the decrease in the number of Dislocated Workers is a result of the improving economy. Need has shifted away from the Dislocated Worker category (adults who have been laid off) to the Adult category (adults who are seeking employment).

\*\* The 2014-15 youth data reflect a shift in State policy that required issuance of an RFP for youth WIA services; as a result, a reduction in youth recruitment occurred during the RFP process and transition.

## Employment & Social Services

### Workforce Innovation & Opportunities Act

Budget Unit 562-1 Fund 111

#### Significant Items and/or Changes in 2015-16

The WIOA was signed by President Obama in July 2014 and takes effect July 1, 2015, replacing the Workforce Investment Act. Some key changes include:

- Increase in the amount of funding designated for out-of-school youth from 30% to 70% of youth allocation
- Reduction in Workforce Board members required
- Stronger partnerships with TANF, Department of Rehabilitation and re-entry programs
- Establishment and revision of core performance measures for Adult, Dislocated Worker and Youth programs
- Diversification of the types of job training programs made available

#### Revenue Sources for 2015-16

General Fund	\$0
Realignment	\$0
Federal/ State/ Other Govt.	\$2,466,785
<b>TOTAL</b>	<b>\$2,466,785</b>

#### Staffing History of Unit

2013-14 Funded	8.0
2014-15 Funded	9.0
Authorized 2015-16	9.0
2015-16 Funded	9.0

**Program Summary**

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.

Currently, CSBG is used to fund 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.

**Employment & Social Services**

**Community Services Block Grant**

**Budget Unit 565-0 Fund 111**

**Significant Items and/or Changes in 2015-16**

No significant changes.

**Program Objectives**

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

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

<b>Performance Measurements</b>		
<b>Calendar Year 2014</b>		
<b>Service Provider/ Grant Amount</b>	<b>Goal</b>	<b>Actual</b>
Davis Community Meals/ \$40,000	<ul style="list-style-type: none"> <li>• Serve 14 families with transitional housing services</li> <li>• 4,896 available bed nights</li> <li>• Provide 800 individuals and families with day shelters</li> </ul>	<ul style="list-style-type: none"> <li>• 12 families became more self-sufficient</li> <li>• 5,069 available bed nights</li> <li>• 1,003 individuals utilized the day shelter</li> </ul>
Food Bank of Yolo County/ \$44,000	<ul style="list-style-type: none"> <li>• Deliver 218,700 pounds of food in rural Yolo County</li> </ul>	<ul style="list-style-type: none"> <li>• 269,636 pounds of food delivered in rural Yolo County</li> </ul>
United Christian Centers Transitional Housing/\$28,000	<ul style="list-style-type: none"> <li>• Provide 10,000 bed nights as temporary housing</li> <li>• Move 11 families to permanent housing</li> </ul>	<ul style="list-style-type: none"> <li>• 10,790 bed nights provided as temporary housing</li> <li>• 6 families moved into permanent housing</li> </ul>
Fourth & Hope/\$33,000	<ul style="list-style-type: none"> <li>• Provide emergency shelters to 500 individuals</li> <li>• Move 150 individuals into affordable housing</li> <li>• Provide 45,600 meals</li> </ul>	<ul style="list-style-type: none"> <li>• 549 individuals were provided emergency shelter</li> <li>• 142 individuals moved to affordable, safe housing</li> <li>• 54,038 meals provided</li> </ul>
<b>Calendar Year 2015</b>		
<b>Service Provider/ Grant Amount</b>	<b>Goal</b>	
Davis Community Meals/\$40,000	<ul style="list-style-type: none"> <li>• Serve 14 families with transitional housing services</li> <li>• 4,896 available bed nights</li> <li>• Provide 800 individuals and families with day shelters</li> </ul>	
Food Bank of Yolo County/\$44,000	<ul style="list-style-type: none"> <li>• Deliver 218,700 pounds of food in rural Yolo County</li> </ul>	
United Christian Centers Transitional Housing/\$28,000	<ul style="list-style-type: none"> <li>• Provide 10,000 bed nights as temporary housing</li> <li>• Move 11 families to permanent housing</li> </ul>	
Fourth & Hope/\$33,000	<ul style="list-style-type: none"> <li>• Provide emergency shelters to 500 individuals</li> <li>• Move 150 individuals into affordable housing</li> <li>• Provide 45,600 meals</li> </ul>	

<b>Revenue Sources for 2015-16</b>	
General Fund	\$15,000
Realignment	\$0
Federal/State/ Other Govt	\$332,326
Grants/Other	\$50,000
<b>TOTAL</b>	<b>\$397,326</b>

<b>Staffing History of Unit</b>	
2013-14 Funded	1.0
2014-15 Funded	1.0
Authorized 2015-16	2.0
2015-16 Funded	2.0

## 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 TB 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) provides leadership and support in developing policies and systems of care 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 (FIMR), Sudden Infant Death Syndrome, Prenatal Care Guidance/Toll-Free Telephone Line, Adolescent Family Life (AFLP), and the immunization clinic and Immunization Assistance Program.

Tobacco Prevention strives to establish community norm change about tobacco use by educating the public and policy makers on 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. Works with families with young children and agencies who serve families as a resource for car seats and car safety, such as new laws, recalls, expiration dates and proper installation.

Prevention programs build community partnerships to promote positive and healthy lifestyles that are free of substance use, tobacco use and violence. An essential component is engaging youth as active leaders and resources within their communities.

## 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:** Through Adolescent Family Life Program (ALFP), 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.

## Health

### Community Health

**Budget Unit 501-1  
Fund 019, 109 & 114**

### Significant Items and/or Changes in 2015-16

Public Health Nurse (PHN) assigned to Fetal Infant Mortality Review Program for home visits and case review.

Car seat and other child safety efforts are to be expanded to meet community need.

Tobacco prevention and cessation efforts will continue to be enhanced through the receipt of Intergovernmental Transfer (IGT) and Pomona Funds.

Increased staffing to provide health education and outreach to high risk populations in the area of sexual health and prevention of sexually transmitted infections.

AFLP will be adding a 0.25 FTE PHN Case Manager.

Nurse Home Visiting (NHV) will be adding a 0.50 FTE PHN Case Manager.

Utilization of West Sacramento, Winters and Davis sites will increase high risk case managers and community health assistant personnel in the following programs: AFLP, Nurse Home Visiting and Immunization Assistance Program.

<b>Program Objectives cont.</b>	
<b>Objective G:</b>	By July 2017, at least 3 jurisdictions (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.
<b>Objective H:</b>	By July 2015, the 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.
<b>Objective I:</b>	Provide health promotion and education activities focused on preventing injuries to infants and children through community outreach activities and provision of car seat inspection, installation training and low-cost purchase services.
<b>Objective J:</b>	Increase immunization coverage by working and partnering with community clinics, medical providers, schools and preschools. Collaborate with Infectious Disease program on prevention, surveillance and control of vaccine preventable disease.

**Health**

**Community Health cont.**

**Budget Unit 501-1  
Fund 019, 109 & 114**

**Significant Items and/or  
Changes in 2015-16**

The department added 10 new positions and deleted 2 for net increase of 8:

- 1 Comm. Health Assist (LT)
- 1 Emergency Med Service Specialist
- 1 HHS Branch Director
- 1 Outreach Specialist I (LT)
- 2 Senior PHN
- 2 Supervising PHN

**Revenue Sources for 2015-16**

General Fund	\$2,213,867
Fees and Charges	\$400,000
Federal/State/ Other Govt.	\$3,521,553
Pomona	\$149,963
Realignment	\$467,239
Use Fund Balance	\$2,290,961
<b>TOTAL</b>	<b>\$9,093,583</b>

**Staffing History of Unit**

2013-14 Funded	52.5
2014-15 Funded	54.5
2015-16 Authorized	62.5
2015-16 Funded	62.5

<b>Performance Measurements</b>				
<b>Measurement</b>	<b>Type</b>	<b>2013-14 Actual</b>	<b>2014-15 Estimate</b>	<b>2015-16 Projection</b>
Vaccines administered to children	Output	987	738	800
Vaccines administered to adults	Output	2,330	1,401	1,500
Vaccine Loaned Out to Partners	Output	1,050	1,500	1,500
Communicable Disease (CD) reports received	Output	1,700	1,800	1,900
CD cases requiring investigation due to public health safety risk	Effectiveness	400	420	440
Animal bite reports received	Output	915	700	800
Animal bite reports investigated	Productivity	44	30	50
Total TB reports investigated per 1.0 FTE	Productivity	208	200	200
Active TB cases treated	Productivity	5	7	6
Active TB case contacts investigated	Productivity	81	150	115
Community members impacted by Tobacco Retail License per 1.0 FTE	Productivity	150,000	200,000	200,000
Tobacco free policies passed	Output	6	2	2
Community members reached through outreach, tobacco prevention, and education efforts	Output	200,000	200,000	200,000
Community members reached through child passenger outreach events including car seat inspection and training	Productivity	313	330	350

<b>Performance Measurements cont.</b>				
<b>Measurement</b>	<b>Type</b>	<b>2013-14 Actual</b>	<b>2014-15 Estimate</b>	<b>2015-16 Projection</b>
Low-cost car seats provided to families	Output	202	210	255
Comprehensive Perinatal Service Providers (CPSP) provided technical assistance and QA site visits/Yolo County CPSP providers	Effectiveness	7	7	5
Families provided bereavement support/total number of fetal and infant deaths	Effectiveness	5/24 (20%)	3/18 (17%)	8/20 (40%)
Home or school visits to pregnant or parenting teens enrolled in AFLP	Output	273	280	340
Percent of AFLP clients using long term contraception	Effectiveness	18/26 (93.7%)	15/20 (75%)	30/30 (100%)
Number of high risk families served by Nurse Home Visiting (NHV)	Output	30	40	60
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	62%	75%	80%

**Health**  
**Community Health cont.**  
**Budget Unit 501-1**  
**Fund 019, 109 & 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 has a goal 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 (NEOP) 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	2013-14 Actual	2014-15 Estimate	2015-16 Projection
Average number of WIC recipients served each month	Output	5,340	5,180	5,290
Average number of Peer Counseling participants receiving services	Output	100	90	80
Residents provided nutrition education and physical activity promotion	Output	17.509	18.807	15,000

## Health

### Community Health cont. (WIC & NEOP)

**Budget Unit 501-1 Fund 114**

#### Significant Items and/or Changes in 2015-16

The WIC program caseload is expected to be reduced, effective October 1, 2015 to 5,290. Along with this, the base funding amount for our caseload will be reduced due to new funding formulas designed by the State WIC program. The State WIC program has authorized a 10% COLA and an increase in the per participant rate which offsets some of the reduction in funding due to the caseload reduction. The end result will be a net loss of \$15,000.

Community garden completed with IGT funding and ongoing support of garden will be provided by IGT, NEOP and WIC

Continuation of NEOP funding as it transitions to new requirements. The NEOP program will develop a new work plan with UC Cooperative Extension to ensure the greatest collaborative service to community regarding nutritional education. It is expected that the NEOP grant will also see budget decreases but these have been planned for and will not require a change in personnel costs.

Revenue from the State WIC program for Breast Feeding Peer Counselor program is expected to be reduced from \$120,000 to \$108,000, which will reduce the amount of time that staff can spend on this program and the number of participants receiving services.

## Program Summary

This program oversees grant management and work plan completion of the Public Health Emergency Preparedness (PHEP), Cities Readiness Initiative (CRI), and Hospital Preparedness Program (HPP) 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	2013-14 Actual	2014-15 Estimate	2015-16 Projection
Centers for Disease Control and Prevention Technical Assistance Review score	Quality	100	NA	95
Partner agencies who participate in planning activities	Effectiveness	14	15	17
Volunteers activated	Productivity	200	235	250
Number of exercises	Effectiveness	11	9	10

## Health

### Community Health cont. (Emergency Preparedness)

Budget Unit 501-1 Fund 114

#### Significant Items and/or Changes in 2015-16

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

Additional PHEP funding in the amount of \$89,300 granted to create an Alternate Care Site Plan, template and workshop

**Program Summary**

Emergency Preparedness oversees the delivery of the Emergency Medical Service (EMS) system within Yolo County’s geographical boundaries. The EMS unit provides planning, implementation and evaluation of the local EMS system pre-hospital services and relevant specialty hospital services such as STEMI [S-T(Wave) Elevation Myocardial Infarction), 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, the unit develops local plans and responses to disasters and provides approval and contractual oversight for ambulance providers, base hospitals and specialty receiving center designation. Funding 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:** Provide 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 and 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 J:** Advocate for sufficient and stable funding for emergency medical services.

**Performance Measurements**

Measurement	Type	2013-14 Actual	2014-15 Estimate	2015-16 Projection
Priority 1, 9-1-1 Ambulance Calls	Output	17,273	17,400	17,500
Advanced Life Support Inter-Facility Transport Calls per/year	Output	519	530	545
Critical Care Transport Inter-Facility Transport Calls per/year	Output	119	120	130
Contractual Response Times Compliance	Quality	93%	95%	95%
Number of Ambulance Permits	Productivity	8	7	7

**Health**

**(Community Health cont.)**

**Emergency Medical Services**

**Budget Unit 501-1 Fund 114**

**Significant Items and/or Changes in 2015-16**

\$50,000 received from Hospital Preparedness Program grant to fund YEMSA activities. All other revenues are expected to be stable and will allow the department to transition beyond an extra help staffing strategy moving forward in this program. Accordingly, one (1) EMS Program Coordinator and one (1) EMS Specialist are being added to continue growing and formalizing program services.



## Program Summary

Children's Medical Services (CMS) 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. 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	2013-14 Actual	2014-15 Estimate	2015-16 Projection
CCS clients provided case management on a monthly basis	Output	720	726	760
CCS cases per public health nurse	Productivity	360	363	380
Percentage of children enrolled in CCS who have a documented medical home	Effectiveness	97%	97%	97%
Foster care medical screenings and evaluations completed	Output	886	536	536
Children served at Medical Therapy Unit (MTU), all sites	Output	92	101	105
Average 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 2015-16

Continued increases in CMS program caseloads.

A new Supervising Public Health Nurse position to meet the nursing supervisory needs of the newly created Children Youth and Family Branch.

Foster Care funding is expected to shift in 2015-16 due to Realignment. The public health nurse services continue to be mandated, and by FY 2016-17 the funding is expected to come directly to Child Welfare Services rather than through Health Services.

The implementation of Health Care Reform may eventually lead to significant changes in CCS and CHDP, beginning in 2016 or later.

#### Revenue Sources for 2015-16

General Fund	\$903,411
Realignment	\$158,276
Federal/State/Other Govt.	\$1,357,481
Fees and Charges	\$118,325
<b>TOTAL</b>	<b>\$2,537,493</b>

#### Staffing History of Unit

2013-14 Funded	15.5
2014-15 Funded	15.5
2015-16 Authorized	15.5
2105-16 Funded	15.5

**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.

**Program Objectives**

**Objective A:** Expand enrollment in Medi-Cal.

**Performance Measurements**

Measurement	Type	2013-14 Actual	2014-15 Estimate	2015-16 Projection
Low Income Health Program (Path2Health) enrollees	Output	1,888	0	0
County Medical Services Program enrollees	Output	271	5	5

**Health**

**Indigent Health**

**Budget Unit 502-3**  
**Fund 114 & 024**

**Significant Items and/or Changes in 2015-16**

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.

**Revenue Sources for 2015-16**

General Fund	\$0
Rev fr use Prop	\$11,400
Realignment I	\$1,051,536
<b>TOTAL</b>	<b>\$1,062,936</b>

**Staffing History of Unit**

2013-14 Funded	0
2014-15 Funded	0
2015-16 Requested	0

## 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	2013-14 Actual	2014-15 Estimate	2015-16 Projection
Admission medical assessments conducted	Output	1,932	1,731	1,650
Inmates hospitalized	Output	130	165	175
Average daily inmate census	Output	476	434	425

## Health

### Adult – Juvenile Detention Facilities Medical Services

Budget Unit 501-4 Fund 117

### Significant Items and/or Changes in 2015-16

As part of the current agreement, the cost of the contract increases in 2015-16 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.

### Revenue Sources for 2015-16

General Fund	\$3,680,483
<b>TOTAL</b>	<b>\$3,680,483</b>

### Staffing History of Unit

2013-14 Funded	0
2014-15 Funded	0
2015-16 Authorized	0
2015-16 Funded	0

**Program Summary**

Administrative staff process provider claims, distribute 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 that do not maintain a pediatric trauma center, such as Yolo County, 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. Yolo County distributes funding to Yolo County hospitals to support the expansion of pediatric trauma capabilities.

**Program Objectives**

**Objective A:** Distribute funds for uncompensated care.

**Objective B:** Expand pediatric trauma capabilities.

**Performance Measurements**

Measurement	Type	2013-14 Actual	2014-15 Estimate	2015-16 Projection
Medical claims paid	Output	7,354	7,764	7,500

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

**Significant Items and/or Changes in 2015-16**

No significant change.

**Revenue Sources for 2015-16**

Penalties	\$757,257
Other Revenue	\$252,804
Use of Fund Balance	\$150,000
<b>TOTAL</b>	<b>\$1,160,061</b>

**Staffing History of Unit**

2013-14 Funded	0
2014-15 Funded	0
2015-16 Authorized	0
2015-16 Funded	0