

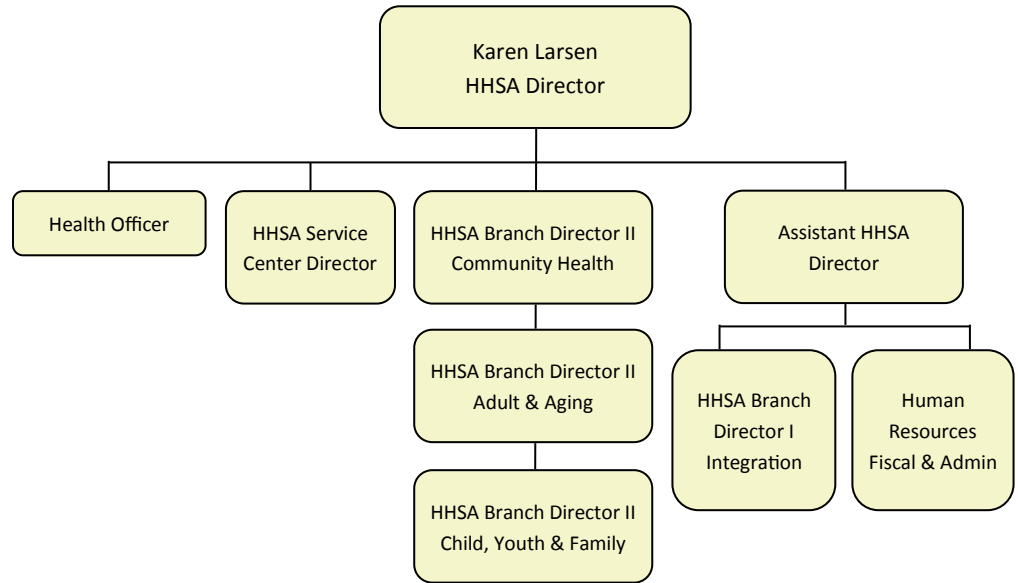
Health & Human Services Agency

| | Page | Appropriation | Total |
|---|------|---------------|----------------------|
| Health & Human Services Agency | 41 | | |
| Alcohol, Drug & Mental Health | NA | \$30,744,733 | |
| Employment & Social Services | NA | \$101,627,203 | |
| Health | NA | \$19,873,394 | |
| Veteran's Services | NA | \$242,710 | |
| 211 Yolo | NA | \$277,489 | |
| TOTAL | | | \$152,765,529 |



Karen Larsen
Director

Health & Human Services Agency



Mission Statement

We strengthen, protect and empower people to build a thriving community.

Vision Statement

A safe, healthy and economically stable community

Description of Major Services

The Health & Human Services Agency works to ensure the health, safety and economic stability of children and adults, particularly individuals that are vulnerable, through the administration of almost 50 state and federally mandated programs and services as well as non-mandated programs that improve community wellbeing. The agency provides services directly and indirectly through contracts with community partners. The creation of an integrated Health & Human Services Agency in July 2015 provides a platform for delivering these services in a more collaborative and integrated fashion to improve client outcomes. A summary of major programs is provided on the following pages.

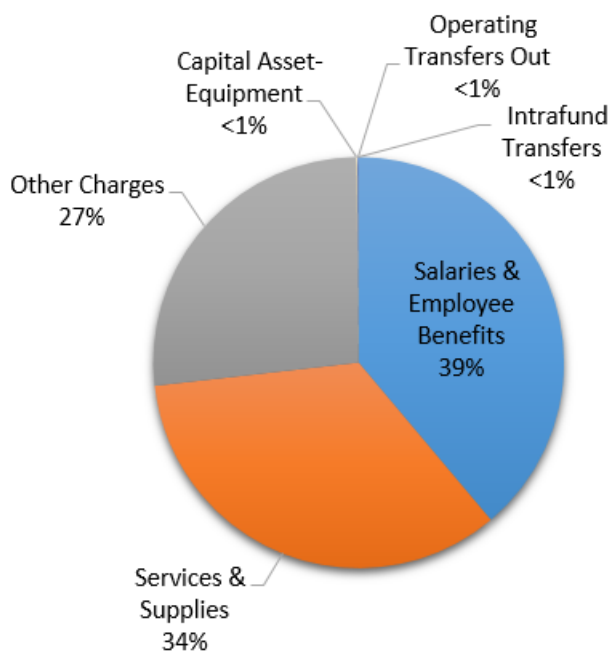
2016-17 Summary of Budget

| | Appropriation | Revenue | Net County Cost | Use of Fund Balance |
|-------------------------------|----------------------|----------------------|------------------------|----------------------------|
| Alcohol, Drug & Mental Health | \$30,744,733 | \$26,329,823 | \$402,164 | \$4,012,746 |
| Employment & Social Services | \$101,627,203 | \$94,834,950 | \$3,594,866 | \$3,197,387 |
| Health | \$19,873,394 | \$12,069,940 | \$5,520,643 | \$2,282,811 |
| Veteran's Services | \$242,710 | \$41,207 | \$201,503 | \$0 |
| 211 Yolo | \$277,489 | \$277,489 | \$0 | \$0 |
| Total | \$152,765,529 | \$133,553,409 | \$9,719,176 | \$9,492,944 |

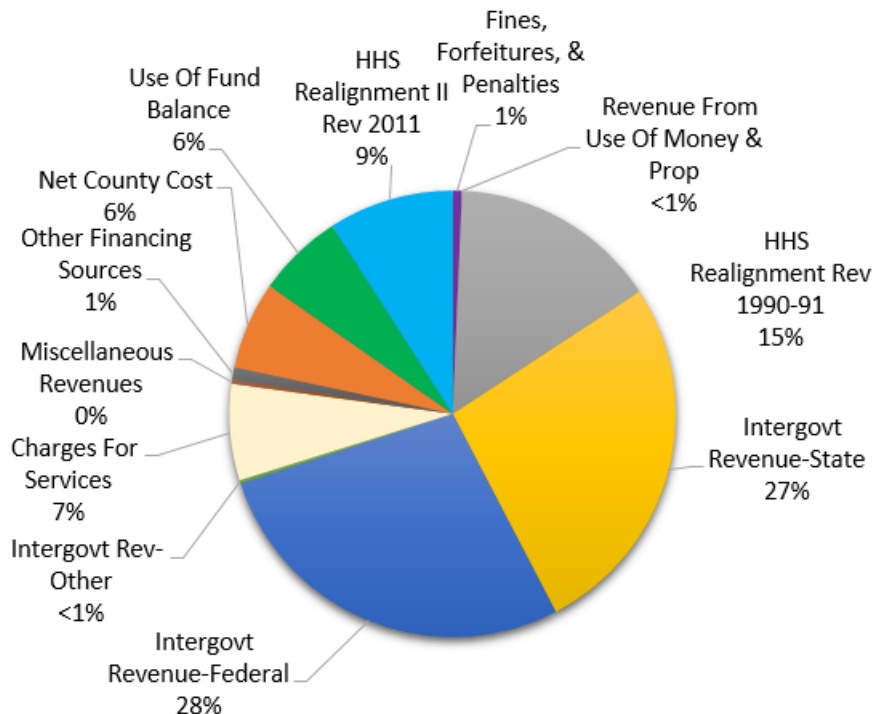
Summary of Health and Human Services Agency 2016-17 Budget

| | Actual 2013-14 | Actual 2014-15 | Budget 2015-16 | Requested 2016-17 | Recommended 2016-17 |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|------------------------|
| Revenue | | | | | |
| Fines, Forfeitures, & Penalties | \$1,673,063 | \$1,644,553 | \$757,257 | \$1,011,943 | \$1,011,943 |
| Revenue From Use Of Money & Prop | \$93,981 | \$87,429 | \$11,400 | \$11,400 | \$11,400 |
| HHS Realignment Rev 1990-91 | \$24,744,983 | \$23,641,482 | \$23,135,696 | \$23,073,095 | \$23,073,095 |
| HHS Realignment II Rev 2011 | \$12,925,017 | \$13,543,665 | \$13,844,311 | \$13,862,879 | \$13,862,879 |
| Intergovt Revenue-State | \$28,833,737 | \$37,007,652 | \$39,276,703 | \$40,607,138 | \$40,607,138 |
| Intergovt Revenue-Federal | \$33,782,137 | \$34,411,730 | \$40,420,801 | \$42,162,827 | \$42,162,827 |
| Intergovt Rev-Other | \$53,000 | \$53,852 | \$102,000 | \$345,540 | \$345,540 |
| Charges For Services | \$8,398,375 | \$6,333,997 | \$7,887,636 | \$10,660,218 | \$10,660,218 |
| Miscellaneous Revenues | \$1,874,901 | \$930,012 | \$379,693 | \$419,500 | \$419,500 |
| Other Financing Sources | (\$5,641,622) | \$449,656 | \$1,810,465 | \$1,398,869 | \$1,398,869 |
| Total Revenue | \$106,737,572 | \$118,104,029 | \$127,625,962 | \$133,553,409 | \$133,553,409 |
| Appropriation | | | | | |
| Salaries & Employee Benefits | \$42,818,647 | \$48,955,658 | \$59,226,097 | \$59,400,002 | \$59,400,002 |
| Services & Supplies | \$32,353,764 | \$35,031,086 | \$47,374,551 | \$52,468,066 | \$52,468,066 |
| Other Charges | \$31,795,987 | \$35,387,410 | \$38,489,296 | \$40,695,668 | \$40,695,668 |
| Capital Asset-Equipment | \$563,531 | \$624,671 | \$97,992 | \$130,000 | \$130,000 |
| Capital Asset-Structural & Imp | \$26,444 | \$15,060 | \$0 | \$0 | \$0 |
| Operating Transfers Out | \$413,174 | \$9,973,171 | \$1,062,640 | \$102,850 | \$102,850 |
| Intrafund Transfers | (\$82,987) | (\$804) | \$493,158 | (\$31,057) | (\$31,057) |
| Total Appropriation | \$107,888,560 | \$129,986,252 | \$146,743,734 | \$152,765,529 | \$152,765,529 |
| Use of Fund Balance Available | (\$6,455,553) | \$6,691,528 | \$9,427,575 | \$9,492,944 | \$9,492,944 |
| Net County Cost | \$7,606,541 | \$5,190,695 | \$9,690,197 | \$9,719,176 | \$9,719,176 |
| Funded Staffing: | | | | | |
| | | 519.83 | 595.43 | 567.93 | 567.93 |

Expenditure



Revenues



Major Services by Branch

| Health & Human Services Agency Major Services | Supports Agency Vision for Community | | |
|---|--------------------------------------|-------------|----------------------------|
| | Healthy | Safe | Economically Stable |
| Adult & Aging Major Services | | | |
| Adult Protective Services (APS) provide 7-day/24-hour emergency response to referrals of at risk, vulnerable, and dependent adults and older adults | | ✓ | |
| In-Home Supportive Services (IHSS) determine eligibility to receive in-home support services for Medi-Cal recipients | | ✓ | |
| Mental Health Services provide specialty mental health services to severely mentally ill consumers | ✓ | ✓ | |
| Mental Health Services Act programs provide a broad continuum of prevention, intervention and treatment-related mental health services | ✓ | ✓ | |
| Homeless Services encompass a wide array of community collaborations and intervention services for homeless individuals | ✓ | ✓ | ✓ |
| Substance Use Disorder Services provide outreach, prevention, outpatient and residential treatment for persons with substance use disorders | ✓ | ✓ | |
| Child, Youth & Family Major Services | Healthy | Safe | Economically Stable |
| Child Welfare Services (CWS) provide 7-day/24-hour emergency response to child abuse referrals; out-of-home placements for children at risk of abuse; foster care services; family support meetings; and permanency planning | ✓ | ✓ | |
| Children's Medical Services (includes Child Health & Disability Prevention and California Children's Services) offer health assessments, services and case management for eligible children and youth | ✓ | | |
| Children's Mental Health Services provide specialty mental health services for emotionally disturbed and mentally ill children and youth | ✓ | | |
| Community Health Major Services | Healthy | Safe | Economically Stable |
| Emergency Health Services include public health emergency response, cities readiness program, strategic national stockpile, pandemic flu, and hospital preparedness program | ✓ | ✓ | |
| Maternal, Child & Adolescent Health (MCAH) include nutrition services, health promotion and education, immunization program, injury prevention and chronic disease prevention | ✓ | | |
| Medical Services include indigent medical care, jail medical services, communicable disease and Tuberculosis Control & Prevention, HIV surveillance, public health laboratory, vital records and medical marijuana identification card program administration | ✓ | | |
| Public Health Planning services include quality management, community health assessment and community health improvement planning | ✓ | | |
| Service Center Major Services | Healthy | Safe | Economically Stable |
| Medi-Cal program provides federally funded health insurance | ✓ | | ✓ |
| CalFresh program provides cash assistance for food | ✓ | | ✓ |
| CalWORKs program provides cash assistance to families with children; unless exempt, recipients must participate in a Welfare-to-Work activity, which can include employment, school, Job Club or other approved activities | | | ✓ |
| Women, Infant & Children (WIC) program provides supplemental food vouchers, nutrition education and breastfeeding support to low to moderate income pregnant, breastfeeding and postpartum women, infants and children up to age 5 who are at nutritional risk | ✓ | | ✓ |
| Workforce Innovation & Opportunities Act (WIOA) funds employment-related training for eligible unemployed or underemployed individuals | | | ✓ |
| Employment Center is open to the public for job searches, resume review and other employment services; coordinates multiple job fairs each year | | | ✓ |

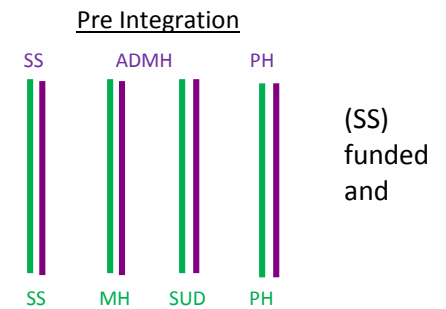
Background

Integration has been an excellent platform for shifting the focus of Health & Human Services from compliance with discrete program rules to thinking about individuals and the services they need to thrive. The “no wrong door” motto epitomizes this. Ideally, integration eliminates the need for clients to navigate multiple government bureaucracies and allows for efficient and seamless provision of appropriate services, no matter where the client enters the system.

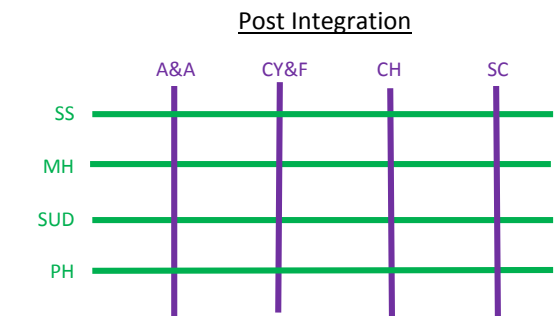
Consistent with this overarching view, with this Annual Report, Health & Human Services will begin shifting to a system of reporting outcomes within the three broad categories of health, safety and economic stability. This is in part a philosophical shift in keeping with the Board’s desire to move to understanding performance of departments and agencies in an evidence-based context. It is also because neither the lens of organizational structure (population-based branches), nor the lens of budgeting structure (which will remain primarily tied to four categories of state and federal funding – Social Services, Mental Health, Public Health and Substance Use Disorder) provides the appropriate view of performance.

Summary of Integration changes

Pre-Integration departments were organized based on funding stream – the Department of Employment & Social Services was funded with the Social Services funding stream; the Department of Alcohol, Drug & Mental Health (ADMH) was by the Mental Health (MH) and Substance Use Disorder (SUD) funding streams; the Public Health Department (PH) was funded by the Public Health (PH) funding stream.



Post Integration the three departments were merged into one agency and the organizational structure was changed to reflect the population served – Adult & Aging (A&A); Child, Youth & Family (CY&F); Community Health (CH); and Service Centers (SC). However, funding streams remain in four separate categories and now cut across all branches. This adds considerable complexity to Health & Human Service’s fiscal operations. Outcomes remain largely at the program level.



Color-coded key-

Organizational Structure Budgeting Structure



Health and Human Services Agency 2015-16 Goals, Strategies & Accomplishments

| 2015-16 Goals & Strategies | 2015-16 Accomplishments/Status |
|--|--|
| Goal 1: Implement Health & Human Services Agency integration | |
| <ul style="list-style-type: none"> A. Co-locate administrative personnel and service teams B. Create framework for Service Centers C. Engage and support staff through change | <p>The merge of the departments of Employment & Social Services and Health Services took effect July 1, 2015, creating the Health & Human Services Agency (HHSA).</p> <ul style="list-style-type: none"> A. HHSA staff were organized into population-based branches with approximately 60 re-located to be near their new co-workers; the remaining relocations (160) are projected to be complete by late 2016 B. The framework for the Service Center structure was developed and implementation is underway C. All staff were trained in Change Management and support efforts continue |
| Goal 2: Improve access to services | |
| <ul style="list-style-type: none"> A. Establish “no wrong door” approach B. Increase mental health participation rates for minority populations C. Enhance and sustain home visiting services available to high risk families D. Increase outreach and education E. Increase community-based services to keep children/families close to home | <ul style="list-style-type: none"> A. The reorganization was the first step of developing a “no wrong door” approach B. HHSA continued to experience difficulty in reaching minority populations for mental health services, but has seen an increase in the number served this year due, in part, to a contract with CommuniCare initiated specifically to focus on the Hispanic population (in 2014-15, 719 Hispanic consumers received Behavioral Health services; an increase of 32% from 2013-14) C. Home visiting nurse services were expanded to 3 FTEs but staff turnover and budget constraints resulted in 1 FTE not being filled; HHSA will continue with 2 FTEs in 2016-17 though community need remains high D. Friday Night Live outreach efforts were expanded. Additional funding was provided to expand the child development home visiting services offered by Yolo County Children’s Alliance Step by Step/Paso a Paso program; Service Center outreach efforts expanded to the Woodland Day Reporting Center, Public Defender’s Office and West Sacramento and Davis Mental Health clinics E. Child Welfare Services initiated the Voluntary Family Maintenance program to work with families and child support systems to develop a family safety plan to keep families together or to keep children in the community; a new contract for Children Full Service Partnership program was initiated to provide local mental health services to children; Mentally Ill Offender Crime Reduction Wraparound services, initiated this year, expanded HHSA’s capacity to provide intensive community-based services for youth involved in the juvenile justice system. |

Health and Human Services Agency 2015-16 Goals, Strategies & Accomplishments

| 2015-16 Goals & Strategies | 2015-16 Accomplishments/Status |
|--|---|
| Goal 3: Initiate agency-wide process to measure the effectiveness and efficiency of services | |
| <p>A. Implement performance measures and quality improvement</p> | <p>B. 115 HHSA staff were trained on Results-Based Accountability, and 15 programs have developed performance measures and begun tracking data. Implementing performance measures and quality improvement is the cornerstone of becoming an outcome-oriented agency. It is a multi-year process of teaching staff how to develop and use measures, and beginning the sometimes slow process of collecting data. When performance monitoring indicates areas for improvement, systematic attention through Quality Improvement processes yields the most long-lasting results. We have begun Quality Improvement processes to address challenge areas and will continue to build and train teams as appropriate topics are identified. We look forward to ongoing discussions about our progress.</p> |
| Goal 4: Reduce homelessness | |
| <p>A. Establish Housing First model as our vision for the future</p> <p>B. Implement community-wide coordinated entry system</p> <p>C. Create multi-disciplinary Homeless Team</p> <p>D. Continue CalWORKs Housing Program for homeless families</p> | <p>A. The Board of Supervisors and the Woodland City Council adopted a Housing First approach; the Bridge to Housing pilot project, utilizing the Housing First model, reduced West Sacramento homelessness by 24% based on 2015 point in time count data</p> <p>B. HHSA has identified a tool that will allow for coordinated entry (VI-SPDAT) and incorporated it into the Homeless Management Information System reporting and tracking process; next steps are to train providers and develop protocols</p> <p>C. The Homeless Team has been created and is fully staffed</p> <p>D. The CalWORKs housing program has not only continued, but the allocation grew from \$813,142 in 2014-15 to \$1.4 million in 2015-16; the total number of families who secured permanent housing increased from 109 to 120; in the first 2 quarters of 2015-16, 53 families (88%) retained housing six months after receiving the last rent subsidy</p> |

Health and Human Services Agency 2015-16 Goals, Strategies & Accomplishments

| 2015-16 Goals & Strategies | 2015-16 Accomplishments/Status |
|--|--|
| Goal 5: Decrease poverty | |
| <ul style="list-style-type: none"> A. Align unemployment efforts with industry demand B. Partner with the County Office of Education and non-profits C. Increase participation rates for eligibility programs | <ul style="list-style-type: none"> A. Through the Workforce Innovation and Opportunities Act, HHSA will continue to fund trainings and other related efforts that align with local industry demand as indicated in the first county-specific report due out in June 2016 B. Service Center staff and the Woodland Joint Unified School District partnered to identify families eligible, but not currently receiving free or reduced lunch through Medi-Cal enrollment information; 225 families will now receive free and reduced lunch at school C. The average monthly participation rate for eligibility programs increased: Medi-Cal increased 12% (from 45,126 individuals to 50,714); CalWORKs remained steady (from 4,512 individuals to 4,523); CalFresh increased 7% (20,104 individuals to 21,541); and General Assistance increased 9% (72 individuals to 78) |
| Goal 6: Engage community partners in new model of service delivery | |
| <ul style="list-style-type: none"> A. Meet with community non-profits and other community partners to develop collaborative services | <ul style="list-style-type: none"> A. Multiple units are meeting regularly with community partners and stakeholders: Behavioral Health Services hosts a monthly provider stakeholder workgroup focused on improving collaborative services, as well as weekly interdisciplinary psychiatric care coordination meetings; Adult Protective Services convenes a monthly multi-disciplinary team to discuss at risk, vulnerable and dependent adults and older adults; Child Welfare Services, in partnership with Kaiser Permanente, UCD Medical Center, Dignity Health, CommuniCare and Sutter Health, formed the SCAN (Suspected Child Abuse and Neglect) team that meets monthly to discuss Child Welfare referrals by medical providers to ensure the medical needs of those children and their siblings are met |
| Goal 7: Finalize, implement and monitor Community Health Improvement Plan | |
| <ul style="list-style-type: none"> A. Collective impact framework | <ul style="list-style-type: none"> A. The Health Improvement Plan was finalized in December 2015; implementation is underway and a dashboard system for tracking and reporting outcomes has been purchased; initial results expected to be posted in spring 2016 |

Preliminary Health & Human Services Dashboard

This dashboard is a working draft. The data is accurate but the format will not be complete until targets and trends can be included as appropriate. Fiscal Year 2014-15 (actual) to 2015-16 (estimated); more detail related to the trends below can be found on the next page.

Legend: Heading in right direction Heading in wrong direction No significant change

Healthy

Individuals receiving **Medi-Cal** each month*

12% 45,126 to 50,714

Individuals receiving **Women, Infant & Children (WIC)** vouchers each month*

11% 5,048 to 4,500

Sales of tobacco to youth

6% 11% to 5%
(2013-14 to 2014-15)

Immunizations given

18% 849 to 1,100

Communicable Disease cases requiring investigation

16% 1,202 to 1,002

Mental Health Full Service Partnership

(2015/16 Quarter 1 to Quarter 3)

| | | |
|-----------------|---------------|-----------------|
| # of clients | Incarceration | Homelessness |
| 11% 130 to 116 | 14% 7 to 6 | 89% 126 to 238 |

Safe

Adult Protective Services recidivism rate

3% 17% to 14%

Child Welfare Services placement stability (# of moves per 1,000 days)

7% 4.41 to 4.12

Child Welfare Services referral response time, within:

24 hours: 0% 100% to 100%
10 days: 8% 89% to 97%

Individuals receiving **In-Home Supportive Services** each month*

3% 2,512 to 2,581

Economically Stable

Individuals receiving **CalFresh** each month*

7% 20,104 to 21,541

Individuals receiving **CalWORKs** each month*

0% 4,512 to 4,523

CalWORKs Work Participation Rate

10% 16% to 26%

Workforce Innovation & Opportunities Act clients entering employment or school











| | | |
|---------------------|-----|------------|
| Adults: | 13% | 81% to 94% |
| Dislocated Workers: | 0% | 79% to 79% |
| Youth: | 2% | 94% to 96% |











CalWORKs Housing Support Program clients who secured permanent housing

10% 109 to 120

*Monthly average

Dashboard Narrative (Includes an explanation of trends)

| Measure | Change | Narrative |
|---|---|---|
| Individuals receiving Medi-Cal each month |  12% | As a result of the Affordable Care Act's expansion of Medi-Cal eligibility, 25% of Yolo County residents are enrolled. After two years of growth, this number is expected to stabilize since most eligible residents are now enrolled. |
| Individuals receiving Women, Infant & Children (WIC) vouchers each month |  11% | Statewide enrollment in WIC has decreased during this time period. Although no clear explanation for the decrease has been identified, there is a notable increase in the number of unissued vouchers to families, meaning that families enroll in WIC but do not pick-up the voucher. WIC staff will continue outreach efforts and develop processes to reduce barriers to service and increase voucher redemption. |
| Sales of tobacco to youth |  6% | Working through community coalitions, the Tobacco Program shepherded successful adoption of new tobacco policies that limit youth exposure and access to traditional tobacco products and e-cigarettes. The new policies had a positive impact on the decrease in youth sales. |
| Immunizations administered to children and adults |  18% | In 2015, SB 277 removed exemptions to vaccine requirements for school entry; as a result, the County experienced an increase in immunizations provided to children. In addition, the state increased the number of adult vaccines given to counties. |
| Communicable Disease cases requiring investigation due to public health risk |  16% | The Communicable Disease program responds to outbreaks as they occur. There is a natural ebb and flow to these outbreaks. There is no prediction for next year. |
| Full Service Partnership (FSP) consumers |  11% | FSP provides wraparound, specialty mental health services to the most severely mentally ill so they can remain safely in the community. The number of clients decreased due to implementation of a Level of Care Utilization System that assists with more appropriate services. Clients hospitalized and the number of hospitalizations compares 2015-16 Q1 data to Q3 data. Data for prior years is not available because outcomes for FSP clients were not distinguished from other mental health clients until this year. The increase in days hospitalized increased dramatically; however, two clients account for 121 days hospitalized for Q3. The number of consumers is expected to increase due to a new contract for FSP children's services. Staff will continue efforts to improve client outcomes. |
| Number of Clients hospitalized |  14% | |
| Number of days hospitalized |  89% | |
| Adult Protective Services (APS) recidivism rate |  3% | APS recidivism reflects the number of cases re-referred during the year. In 2014-15, of 635 referrals, 110 (17%) clients were re-referred. In 2015-16, of 434 referrals, 62 (14%) have been re-referred. Efforts will continue to further decrease recidivism. |
| Child Welfare Services (CWS) placement stability (# of moves per 1,000 days) |  7% | CWS placement stability complies with national standards. The data does not distinguish between moves that place children in a lower, more appropriate level of care; for example, if a child is moved out of a group home and into a foster home, that counts as 1 move even though it is a positive move. CWS will continue to appropriately match caregiver with child and provide case management for caregivers and children to reduce the number of moves per 1,000 days. |

| | | | | |
|---|---|-----|--|---|
| Child Welfare Services response time | | | | |
| Within 24 hour mandate |  | 0% | | CWS remained 100% compliant with the 24 hour response mandate and improved compliance with the 10 day response mandate. Staff will continue to comply with response time mandates and continue monitoring compliance rates. |
| Within 10 day mandate |  | 8% | | |
| Individuals receiving In-Home Supportive Services (IHSS) each month |  | 3% | | The increase in IHSS is due to the growing older adult population and the increase of Medi-Cal eligible individuals (a result of the Affordable Care Act; IHSS is a Medi-Cal program). Demand for IHSS is expected to continue to grow. |
| Individuals receiving CalFresh each month |  | 7% | | The increase in CalFresh can be attributed to various outreach efforts throughout the county, with special emphasis on UC Davis. We expect enrollment to continue to increase. |
| Individuals receiving CalWORKs each month |  | 0% | | There was no substantial change in CalWORKs enrollment and we expect this to continue due to the stabilizing of the economy. The state overall is experiencing a decrease in CalWORKs enrollment. |
| CalWORKs Work Participation Rate |  | 10% | | The CalWORKs Work Participation Rate reflects the percent of CalWORKs families who are participating in an approved Welfare-to-Work activity. Approved activities are employment or activities that assist clients in finding employment, including school, Job Club or volunteering. The increased rate can be attributed to the increased speed at which staff place participants into subsidized employment programs or other approved activities. Due to this continued effort, the number is expected to continue to increase. |
| Workforce Innovation & Opportunities Act (WIOA) clients entering employment or school | | | | |
| Adult clients entering employment |  | 13% | | WIOA client outcomes for adults and youth were a result of an improving economy and job market. The Dislocated Worker program (which focuses on job seekers who have been laid off) is expected to decrease as less people qualify. Staff is growing the program to increase the number of clients served and expect outcomes to continue to improve. |
| Dislocated Worker clients entering employment |  | 0% | | |
| Youth entering employment or education |  | 2% | | |
| Families who secured permanent housing through the CalWORKs Housing Support Services (HSP) |  | 10% | | HSP began in September 2014; 2015-16 was the first full year of the program. Outcomes are expected to improve as more people learn about the program and landlord relationships continue to develop. The lack of affordable housing in the county, however, could negatively affect future HSP outcomes. |
| Families who remained housed after six months of receiving last HSP rent subsidy | | N/A | | |

Health and Human Services Agency Goals & Strategies for 2016-17

Goal 1: Improve outcomes for clients and the community

Strategies for 2016-17

- Increase number of clients securing and maintaining permanent housing through the CalWORKs Housing Support Program (Thriving Residents Priority Focus Area)
- Develop a robust Homeless Management Information System and coordinated entry system (Thriving Residents Priority Focus Area)
- Implement and monitor the Bridge to Housing 2.0 projects in Woodland and Davis (Thriving Residents Priority Focus Area)
- Fully implement the Bridge to Health & Housing (Thriving Residents Priority Focus Area)
- Fully implement Family Support Meetings in Child Welfare Services (Thriving Residents Priority Focus Area)
- Increase specialization of Child Welfare Services social workers to reach target populations (Thriving Residents Priority Focus Area)
- Fully implement and expand the use of Parent Partners in Child Welfare Services (Thriving Residents Priority Focus Area)
- Track and improve outcomes for individuals living with serious mental illness through providing Full Service Partnership services
- Implement and monitor Community Health Improvement Plan (Thriving Residents Priority Focus Area)
- Implement Drug Medi-Cal Organized Delivery System Waiver
- Participate in the Whole Person Care pilot program (pending State approval of application)

Goal 2: Ensure fiscal health (Operational Excellence)

Strategies for 2016-17

- Develop 3-year financial sustainability plan for the four major Agency funding sources (Mental Health, Substance Use Disorder, Social Services and Public Health)
 - Use best information available to make assumptions and create the 3-year look forward forecast
 - Identify reserve levels recommended to sustain core service levels in case of economic downturn
 - Develop options and seek policy maker direction to address deficits in areas without 3 years of sustainability
 - Develop options and seek policy maker direction to address expansion of services to meet community needs where surplus exists
- Improve capacity of fiscal staff
 - Assess and improve internal process for accounts payable, overpayment processing and revenue reconciliation
 - Train all fiscal staff on the key funding drivers for mental health, substance use disorder, social services and public health
 - Send key fiscal staff to association meetings and other counties to learn from their peers
 - Conduct internal fiscal compliance reviews and work with staff on understanding and implementing corrective actions

Health and Human Services Agency Goals & Strategies for 2016-17

Goal 2: Ensure fiscal health (Operational Excellence) continued...

- Improve Medi-Cal billing for mental health services
 - Actively follow up on denied and pending claims with the State and take corrective actions as needed
 - Develop systems to bill other health coverage first, post approvals or denials into billing system and bill remainder to Medi-Cal
 - Develop dashboard data to actively track monthly claims billed and status of claims submitted

Goal 3: Strengthen Health & Human Services Agency integration (Operational Excellence)

Strategies for 2016-17

- Co-locate Agency staff
 - Complete planned moves
- Provide staff development
 - Use regular HHSA Manager (monthly) and Supervisor (quarterly) meetings to provide ongoing training and development for core areas including performance management and employee engagement
 - Develop and implement orientation for new supervisors and managers
 - Develop and implement new employee onboarding program
- Develop effective internal and external communication strategies, including website
 - Integrate and update website and intranet and monthly HHSA electronic newsletter
 - Determine HHSA “brand” and tools (letterhead, signage, etc.)
 - Take HHSA Dashboard “live” with clickable performance measures
- Expand staff knowledge of HHSA programs and services
 - Systematically share information with all managers and supervisors on the array of programs provided within HHSA
 - Focus internal communications on information sharing

Goal 4: Make data-informed decisions and create a culture of quality (Organizational Priority)

Strategies for 2016-17

- Train staff to use data and trend lines for performance improvement portion of Results-Based Accountability model
- Finalize performance measures for 10 additional programs
- Train staff on Quality Improvement (QI) process and initiate QI process for solving problems