

Health & Human Services Agency

	Page	Appropriation	Total
Health & Human Services Agency	37		
Behavioral Health	NA	\$37,255,570	
Public Health	NA	\$24,443,694	
Social Services	NA	\$93,627,665	
Public Guardian	NA	\$846,503	
Veterans Services	NA	\$262,653	
TOTAL			\$156,436,085

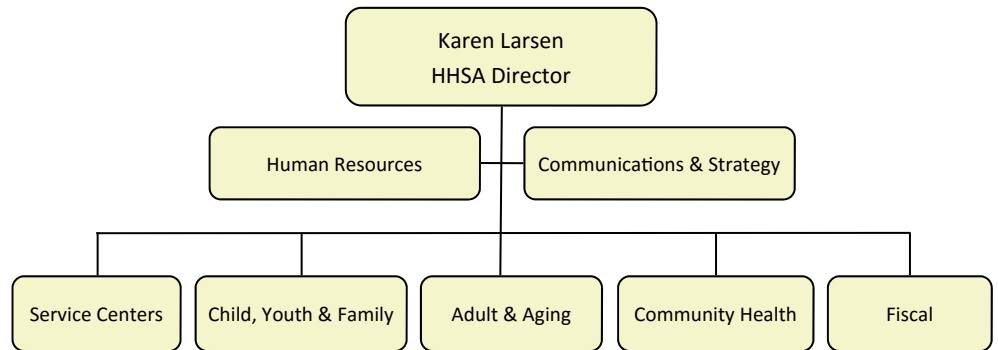


Karen Larsen
Director

Mission Statement

Promote a healthy, safe, and economically stable community

Health & Human Services Agency



Description of Major Services

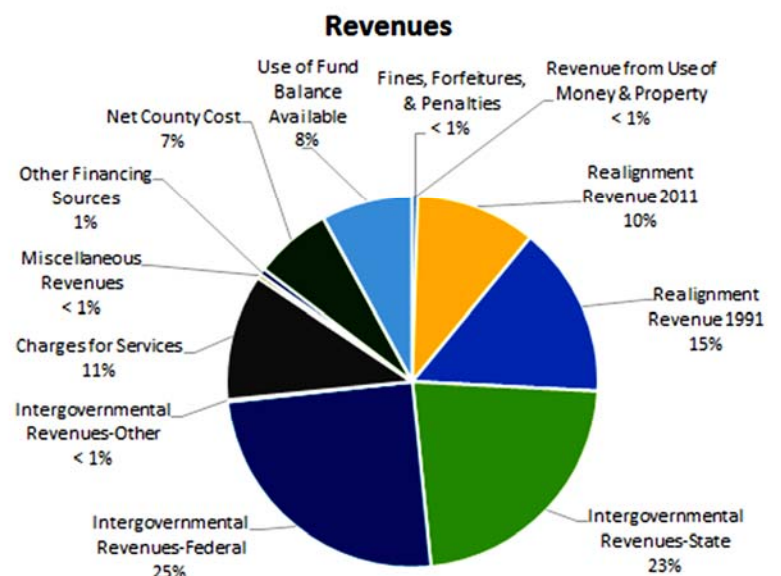
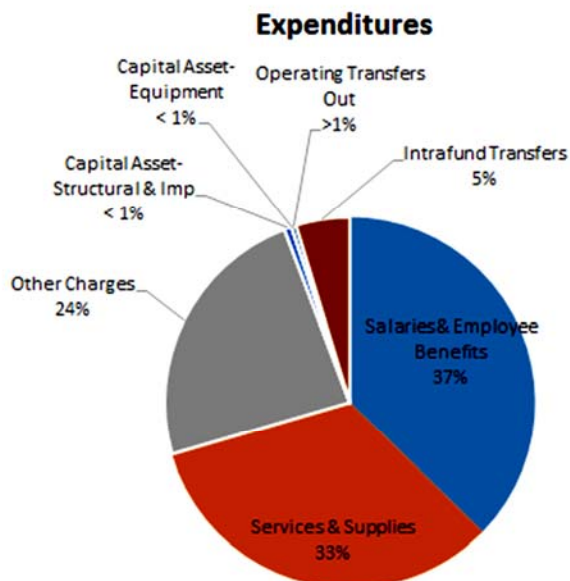
The Health and Human Services Agency works to ensure the health, safety and economic stability of children and adults, particularly individuals that are vulnerable, through the administration of almost 50 state and federally mandated programs and services as well as non-mandated programs that improve community wellbeing. The Agency provides services directly through internal services and indirectly through contracts with community partners. A summary of major services is provided on the following pages.

2017-18 Summary of Budget

	Appropriation	Revenue	Net County Cost	Use of Fund Balance
Behavioral Health	\$37,255,570	\$28,884,601	\$402,164	\$7,968,805
Public Health	\$24,443,694	\$14,991,983	\$5,535,535	\$3,916,176
Social Services	\$93,627,665	\$89,372,976	\$3,699,689	\$555,000
Public Guardian	\$846,503	\$164,100	\$682,403	\$0
Veterans Services	\$262,653	\$41,000	\$221,653	\$0
TOTAL	\$156,436,085	\$133,454,660	\$10,541,444	\$12,439,981

Summary of Health & Human Services Agency 2017-18 Budget

	Actuals 2014-15	Actuals 2015-16	Budget 2016-17	Requested 2017-18	Recommended 2017-18
Revenue					
Fines, Forfeitures, & Penalties	\$1,644,553	\$816,332	\$1,011,943	\$724,969	\$724,969
Revenue from Use of Money & Property	\$87,428	(\$21,640)	\$11,400	\$12,900	\$12,900
Realignment Revenue 1991	\$29,074,547	\$20,331,524	\$25,633,746	\$22,415,750	\$23,275,910
Realignment Revenue 2011	\$0	\$12,449,980	\$13,862,879	\$14,661,596	\$16,369,591
Intergovernmental Revenues-State	\$37,007,653	\$39,478,326	\$40,345,704	\$35,872,289	\$35,326,675
Intergovernmental Revenues-Federal	\$34,411,729	\$35,051,272	\$39,551,481	\$38,910,775	\$38,889,616
Intergovernmental Revenues-Other	\$51,852	\$98,136	\$345,540	\$271,917	\$272,124
Charges for Services	\$6,158,386	\$6,661,852	\$10,534,729	\$15,268,201	\$17,157,569
Miscellaneous Revenues	\$879,928	\$490,445	\$522,500	\$572,502	\$572,502
Other Financing Sources	\$8,367,348	\$3,630,522	\$870,495	\$852,804	\$852,804
Total Revenue	\$117,683,424	\$118,986,749	\$132,690,417	\$129,563,703	\$133,454,660
Appropriation					
Salaries & Employee Benefits	\$48,837,517	\$54,821,989	\$50,474,795	\$59,304,616	\$58,315,862
Services & Supplies	\$34,915,811	\$38,465,149	\$40,700,363	\$50,517,221	\$51,917,916
Other Charges	\$35,387,407	\$37,734,171	\$40,125,068	\$37,486,237	\$37,196,237
Capital Asset-Structural & Imp	\$15,060	\$0	\$0	\$1,000,000	\$1,000,000
Capital Asset-Equipment	\$624,670	\$163,550	\$0	\$143,000	\$23,000
Operating Transfers Out	\$1,937,662	\$1,147,835	\$537,850	\$648,650	\$648,650
Intrafund Transfers	(\$804)	(\$122,704)	\$17,577,018	\$7,334,416	\$7,334,420
Other Financing Uses	\$8,035,508	\$0	\$0	\$0	\$0
Total Appropriation	\$129,752,831	\$132,209,990	\$149,415,094	\$156,434,140	\$156,436,085
Use of Fund Balance Available	\$ 6,685,807	\$ 3,788,857	\$ 6,755,501	\$11,884,981	\$12,439,981
Net County Cost	\$ 5,383,600	\$ 9,434,384	\$ 9,969,176	\$10,127,293	\$10,541,444
Funded Staffing:	519.83	599.925	567.925	556.225	556.225



Major Services by Branch

Health & Human Services Agency Major Services	Supports Agency Vision for Community		
	Healthy	Safe	Economically Stable
Adult & Aging			
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	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	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 Centers	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			✓

Health & Human Services Agency 2016-17 Goals, Strategies & Accomplishments

2016-17 Goals & Strategies	2016-17 Accomplishments/Status
Goal 1: Improve outcomes for clients and the community (Thriving Residents)	
<ul style="list-style-type: none"> • Increase number of clients securing and maintaining permanent housing through the CalWORKs Housing Support Program • Develop a robust Homeless Management Information System and coordinated entry system • Implement and monitor the Bridge to Housing 2.0 projects in Woodland and Davis • Fully implement the Bridge to Health & Housing • Fully implement Child and Family Teams in Child Welfare Services • Increase specialization of Child Welfare Services social workers to reach target populations • Fully implement and expand the use of Parent Partners in Child Welfare Services 	<ul style="list-style-type: none"> • From January 1 to June 30, 2016 the CalWORKs Housing Support Program approved 147 families to enter the program; provided specialty case management services to an average of 108 families per month; provided temporary housing to an average of 65 families per month; and secured permanent housing for 43 families. Additionally, 100% (41) of the families that secured housing in the previous 6 months (July to December 2015) retained their housing after 6 months. • Significant progress has been made on the development of the Homeless Management Information System, including increasing the number of programs using the system to track client data from 12 to 22, adopting policies and procedures, and implementing quarterly data quality meetings with users. Work on the coordinated entry system will be a continued goal for FY 17-18. • The New Pathways project in Davis is fully operating. The partners meet on a bi-monthly basis to review outcomes and adjust as needed. From February 1 to December 31, 2016 the program served 8 individuals, with 12.5% (1) of participants successfully exiting to permanent housing. No project has been implemented in Woodland. • The Bridge to Health and Housing Project has been fully implemented. Contracts have been executed, the staff team has been hired, and clients are being served. The partners meet on a bi-weekly basis to review outcomes and address issues as they arise. From July 1 to February 28, 2016 the program has enrolled 52 individuals in case management, with 15% (8) participants successfully exiting to permanent housing. • Child and Family Team Meetings are occurring regularly, at a rate of approximately 20 per month. HHS projects that an estimated 240 meetings will occur in FY 16-17, which constitutes an 80% increase from the 133 meetings that occurred in FY 15-16. According to surveys administered to meeting participants, 96% of participants (including family members, friends, providers and social workers) felt that the main safety concerns were addressed in the meeting. • HHS determined that it was not feasible to use specialized staffing in Child Welfare Services, given the smaller size of our County's child welfare system. • Two Parent Partners were hired in early 2016 through a contract with Stanford Youth Solutions. In FY 16-17 the Parent Partners have carried a full caseload of parents receiving Family Reunification Services and have demonstrated a strong ability to engage parents and foster their participation in needed services.

Health & Human Services Agency 2016-17 Goals, Strategies & Accomplishments

2016-17 Goals & Strategies	2016-17 Accomplishments/Status
<p>Goal 1: Improve Outcomes for Clients and the Community (Thriving Residents)</p>	
<ul style="list-style-type: none"> • Track and improve outcomes for individuals living with serious mental illness through providing Full Service Partnership services • Implement and monitor Community Health Improvement Plan • Implement Drug Medi-Cal Organized Delivery System Waiver • Participate in the Whole Person Care pilot program (pending State approval of application) 	<ul style="list-style-type: none"> • The Full Service Partnership (FSP) team meets on a daily basis to review client cases and ensure coordinated care of individuals living with serious mental illness. The FSP leadership team reviews client outcomes on a regular basis, and develops quality improvement plans as appropriate. In FY 16/17, clients experienced a slight increase in days hospitalized (3%), a significant increase in days incarcerated (64%) and a significant decrease in days homeless (23%). • Multi-agency workgroups have been formed and are meeting regularly for each of the three priority areas in the Community Health Improvement Plan (including mental health, chronic disease prevention and healthy aging). Goals and data benchmarks for each priority area are monitored via the online data dashboard at www.healthyyolo.org, and the Annual Report has been completed. • The local Implementation Plan for the Drug Medi-Cal Organized Delivery System was submitted in December of 2016. HHSA will continue to work with the State on the development of the financial components and structure of the Plan, and expects approval and service roll out in FY 17-18. • HHSA determined that it was not financially feasible to apply for Whole Person Care funding.
<p>Goal 2: Ensure Fiscal Health (Operational Excellence)</p>	
<ul style="list-style-type: none"> • Develop 3-year financial sustainability plan for the four major Agency funding sources (Mental Health, Substance Use Disorder, Social Services and Public Health) • Improve capacity of fiscal staff: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> • Due to changes in staffing and challenges with adapting to Infor, the three-year financial sustainability plan was not accomplished. This will be a continued goal for FY 17-18. • Progress was made towards improving the capacity of HHSA's fiscal staff, including: <ul style="list-style-type: none"> ○ The Contract and Request for Proposals processes were streamlined. Improvement of other internal processes will be a continued goal for FY 17-18. ○ Staff and providers received training on cost reporting to ensure retention of reimbursements. ○ Line staff began participating in professional organization fiscal workgroups in order to increase staff knowledge of best practices. ○ Audit and Contract Compliance reviews began in all branches.

Health & Human Services Agency 2016-17 Goals, Strategies & Accomplishments

2016-17 Goals & Strategies	2016-17 Accomplishments/Status
<p>Goal 2: Ensure Fiscal Health (continued)</p>	
<ul style="list-style-type: none"> • Improve Medi-Cal billing for mental health services: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> • Progress was made towards improving Medi-Cal billing for mental health services, including: <ul style="list-style-type: none"> ○ HHSA’s billing unit actively corrected and re-submitted denied claims, as well as following up on prior year billing from external providers, resulting in increased claiming by more than \$1 Million. ○ The Clinical Manager worked with fiscal staff to develop a process for ensuring the appropriate billing occurs at client intake. ○ Staff actively tracked claims billed and submitted on a monthly basis. Increased use of Avatar in the billing process will be a focus for FY 17-18. ○ Medi-Cal Administrative Activity training was provided to staff and time tracking occurred to recover costs not otherwise reimbursed for Medi-Cal activities.
<p>Goal 3: Strengthen Health & Human Services Agency Integration (Operational Excellence)</p>	
<ul style="list-style-type: none"> • Co-locate Agency staff • Provide staff development: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> • All staff moves related to the integration and co-location of branches were completed. • Progress was made towards staff development, including: <ul style="list-style-type: none"> ○ Regular HHSA Manager and Supervisor meetings were used to provide training and development on topics including budget, human resources, performance management, employee satisfaction, contracts development and procurement, employees safety and the HHSA emergency response plan. ○ HHSA has implemented monthly trainings for managers and supervisors on human resources topics. Dedicated training for new managers and supervisors will be a continued strategy for FY 17-18. ○ A new employee onboarding program was developed for all new employees, which spans a new employee’s first year on the job, and acts as a roadmap for employee milestones. A revised two-day New Employee Orientation is currently under development and will be implemented in FY 17-18.

Health & Human Services Agency 2016-17 Goals, Strategies & Accomplishments

2016-17 Goals & Strategies	2016-17 Accomplishments/Status
<p>Goal 3: Strengthen Health & Human Services Agency Integration (continued)</p>	
<ul style="list-style-type: none"> • Develop effective internal and external communication strategies, including website: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Systematically share information with all managers and supervisors on the array of programs provided within HHSa ○ Focus internal communications on information sharing 	<ul style="list-style-type: none"> • Progress was made towards internal and external communication, including: <ul style="list-style-type: none"> ○ HHSa routinely uses the Yolo County intranet as a tool for communicating with staff, and providing access to important documents. Weekly informational updates and monthly newsletters are sent to all HHSa employees. Staff is currently in the process of re-designing the external HHSa website, and expects to complete this work in FY 17-18. ○ HHSa branded tools were created, including generic letterhead, sign-in sheets, fax cover sheets, meeting agendas, meeting minutes and memos. ○ HHSa has not developed an agency wide “live” data dashboard, but has created a live dashboard for the Community Health Improvement Plan at www.healthyyolo.org. • Progress was made towards expanding staff knowledge of HHSa programs and services, including: <ul style="list-style-type: none"> ○ Weekly informational updates and monthly newsletters are sent to all HHSa employees to share important information about programs and events within HHSa. Regular branch and/or team meetings occur to communicate with staff in each branch, as well as monthly Managers Meetings and quarterly Supervisors Meetings.
<p>Goal 4: Make Data-Informed Decisions and create a culture of quality (Operational Excellence)</p>	
<ul style="list-style-type: none"> • Train staff to use data and trend lines for performance improvement portion of Results-Based Accountability model • Finalize performance measures for 10 additional programs 	<ul style="list-style-type: none"> • The HHSa Operational Excellence Team was created to champion the diffusion and evolution of a culture of quality within HHSa. The group meets on a monthly basis and provides technical training on issues related to quality improvement. Trainings have occurred on multiple quality improvement topics and tools, including brainstorming, prioritization, cause and effect diagrams, flow charting, Pareto charts, histograms, storyboards, and using data to identify problems. • The Results Based Accountability training was offered multiple times in FY 16-17, allowing HHSa staff to learn more about performance measurement and begin implementing in internal programs. Additionally, HHSa has started implementing results-based accountability performance measures in all contracts with external providers. HHSa will continue to expand the use of performance measures in FY 17-18.

Health & Human Services Agency 2016-17 Goals, Strategies & Accomplishments

2016-17 Goals & Strategies	2016-17 Accomplishments/Status
<p>Goal 4: Make Data-Informed Decisions and create a culture of quality (continued)</p>	
<ul style="list-style-type: none"> • Train staff on Quality Improvement (QI) process and initiate QI process for solving problems 	<ul style="list-style-type: none"> • The HHSA Operational Excellence Team was created to champion the diffusion and evolution of a culture of quality within HHSA. The group meets on a monthly basis and provides technical training on issues related to quality improvement. Additionally, HHSA completed a successful continuous quality improvement project focused on improving our internal contracting process. In FY 17-18 the Operational Excellence Team will utilize trained staff to oversee quality improvement efforts within each of the HHSA branches.

Health & Human Services Agency Goals & Strategies for 2017-18

Goal 1: Improve outcomes for clients and the community (Thriving Residents)

Strategies for 2017-18

- Increase community-based access points for outpatient specialty mental health services.
- Develop a coordinated system for identifying and assessing people experiencing homelessness and prioritizing entry into permanent housing and supportive services. (Priority Focus Area)
- Increase the percentage of foster children and youth placed in local home-based settings. (Priority Focus Area)
- Provide timely access to benefit programs for applicants in HHSA Service Centers.
- Implement county-wide policies to improve community health and wellness for Yolo residents.
- Improve the quality and performance of public health services by securing national public health accreditation.
- Improve the Agency's preparedness to respond to emergencies that require the provision of mass care, public health and/or medical services.

Collaborations

HHSA will engage a wide range of internal and external partners to accomplish the goal of improving outcomes for clients and the community, including:

- External Partners: chambers of commerce, cities, community-based organizations, federal and state agencies healthcare providers, HHSA advisory board and commissions, law enforcement agencies, residents, school districts and the Yolo County Office of Education.
- Internal Partners: Child Support Services, District Attorney, Library, Office of Emergency Services, Probation, Public Defender and the Sherriff.

Goal 2: Ensure Fiscal Health (Thriving Residents)

Strategies for 2017-18

- Develop a 3-year financial sustainability plan for the Agency's primary funding sources (Mental Health, Substance Use Disorder, Social Services and Public Health).
- Develop staffing and service delivery plans for the Service Centers that operate within social services funding allocations.
- Improve management's ability to access electronic fiscal data in a timely manner.
- Use mental health funding more efficiently by increasing use of community-based treatment options instead of hospitalizations.
- Diversify funding by seeking grants and other funding sources.

Collaborations

HHSA will engage a wide range of internal and external partners to accomplish the goal of ensuring the Agency's fiscal health, including:

- External Partners: Community-based treatment providers, federal and state agencies, healthcare providers and private funders.
- Internal Partners: Department of Financial Services.

Health & Human Services Agency Goals & Strategies for 2017-18

Goal 3: Strengthen Integration (Thriving Residents)

Strategies for 2017-18

- Develop consistent agency wide policies and procedures.
- Develop and provide training on core topics, including eligibility for safety net programs, trauma-informed practices, mental health first aid, social determinants of health, fiscal issues, human resources and leadership.
- Increase opportunities for employee engagement and inclusion.

Collaborations

HHSA will engage internal and external partners to accomplish the goal of strengthening integration, including:

- External Partners: External topic experts and trainers.
- Internal Partners: Human Resources.

Goal 4: Make data informed decisions and create a culture of quality (Thriving Residents)

Strategies for 2017-18

- Implement use of a performance management system agency wide.
- Expand the use of data dashboards.
- Advance “culture of quality” through implementation of quality improvement projects in all branches.
- Pilot use of cross-branch performance measures by developing and tracking measures for all homeless and housing services in the Agency. (Priority Focus Area)



















Collaborations

HHSA will engage internal and external partners to accomplish the goal of making data-informed decisions and creating a culture of quality, including:

- External Partners: Community-based organizations and dashboard software providers.
- Internal Partners: Yolo Performance Workgroup.

Yolo County Health and Human Services Agency

Fiscal Year 2016-17 Program and Outcomes Summary

VISION	PROMOTE A HEALTHY, SAFE AND ECONOMICALLY STABLE COMMUNITY								
GOALS	RESIDENTS ARE HEALTHY			RESIDENTS ARE SAFE			RESIDENTS ARE ECONOMICALLY STABLE		
INDICATORS	Individuals receiving Medi-Cal each month  5%			Recidivism rate in Adult Protective Services  7%			Individuals receiving CalFresh each month  4%		
	46,666 15/16 Actual	49,000 16/17 Estimate	50,000 17/18Target	11.4% 15/16 Actual	10.6% 16/17 Estimate	9.8% 17/18Target	18,975 15/16 Actual	18,187 16/17 Estimate	18,000 17/18Target
	Individuals receiving Woman, Infant & Child (WIC) vouchers each month  6%			Placement stability in Child Welfare Services (# of moves per 1,000 days)  7.9%			Individuals receiving CalWORKs each month  11%		
	4,500 15/16 Actual	4,220 16/17 Estimate	4,500 17/18Target	3.90 15/16 Actual	3.59 16/17 Estimate	4.12* 17/18Target	4,469 15/16 Actual	3,959 16/17 Estimate	3,750 17/18Target
	Sales of tobacco to youth  9%			Referral response time within 24 hours in Child Welfare Services  0%			Work Participation Rate in CalWORKs  58%		
	5% 14/15 Actual	5.43% 15/16 Actual	9%* 16/17Target	99% 15/16 Actual	99% 16/17 Estimate	90%* 17/18Target	25.3% 15/16 Actual	40% 16/17 Estimate	50%* 17/18Target
	Immunization rates for Kindergarteners  5.3%			Referral response time within 10 days in Child Welfare Services  7.5%			CalWORKs Housing Support clients who secured permanent housing  10%		
	91.7% 15/16 Actual	96.6% 16/17 Estimate	95%* 17/18Target	93% 15/16 Actual	86% 16/17 Estimate	90%* 17/18Target	103 15/16 Actual	113 16/17 Estimate	120 17/18Target
	Communicable disease cases requiring investigation  12%			Individuals receiving In-Home Supportive Services each month  5.3%			Workforce Innovation and Opportunity Act clients entering employment/ school  0%		
	1,045 15/16 Actual	1,170 16/17 Estimate	1,250 17/18Target	2,509 15/16 Actual	2,642 16/17 Estimate	2,783 17/18Target	- 15/16 Actual	63%** 16/17 Estimate	65% 17/18Target
	Days hospitalized for Mental Health Full Service Partnership clients each month  3%			Days incarcerated for Mental Health Full Service Partnership clients each month  64%			Days homeless for Mental Health Full Service Partnership clients each month  23%		
	66.8 15/16 Actual	67 16/17 Estimate	53.52 17/18Target	13.4 15/16 Actual	22 16/17 Estimate	14.16 17/18Target	56.7 15/16 Actual	43.5 16/17 Estimate	40 17/18Target

*Targets based on federal or state standards

** Trend information will not be available until FY 17/18

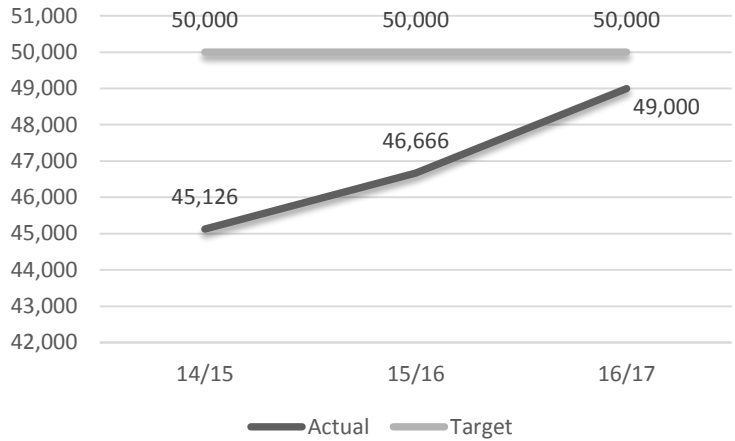
Yolo County Health and Human Services Agency

RESIDENTS ARE HEALTHY

Individuals receiving Medi-Cal each month

Medi-Cal provides public health insurance to California residents who have limited resources and income.

Yolo County continues to see modest growth in the Medi-Cal program, with roughly a 5% increase in FY 16/17. However, Yolo County did experience a busy open enrollment period for the Affordable Care Act this fiscal year. The monthly application average nearly doubled from November 2016 to February 2017, demonstrating there is still a strong need in Yolo County for Medi-Cal. Overall, Yolo's rate of growth has progressively slowed over recent years. We anticipate slight growth next year, but it will likely be smaller than this year, in part due to the current Federal climate.

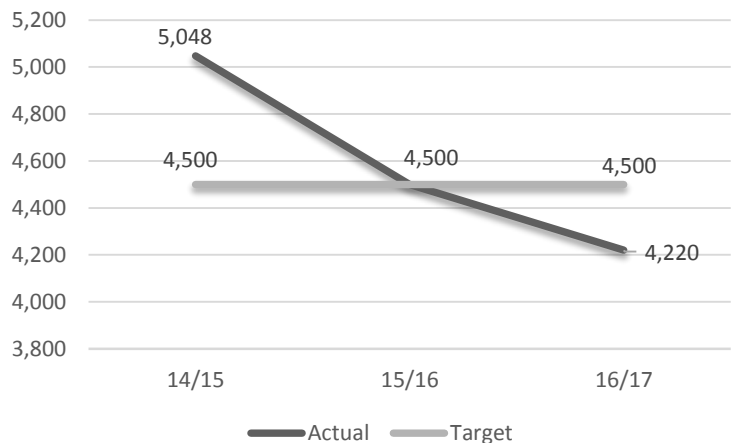


46,666 **49,000** ↑ **5%** **50,000**
 15/16 Actual 16/17 Estimate 17/18 Target

Individuals receiving Woman, Infant & Child (WIC) vouchers each month

The Woman, Infant and Child (WIC) program is a supplemental food, nutrition education and breastfeeding support program. WIC serves low to moderate-income women who are pregnant, breastfeeding and postpartum, as well as infants and children up to age 5 who are at nutritional risk.

WIC continues to experience a decrease in client enrollment. Nationally, enrollment has also decreased, and no clear explanation has been identified. WIC staff hopes to increase enrollment in FY 17/18 by expanding outreach efforts and developing processes to reduce barriers, including: expanding office hours, following up on missed appointments, and advertising opportunities to complete education components online.

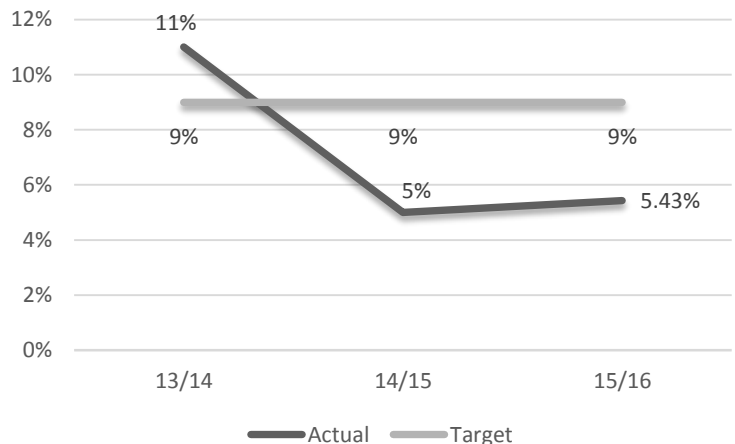


4,500 **4,220** ↓ **6%** **4,500**
 15/16 Actual 16/17 Estimate 17/18 Target

Sales of tobacco to youth

Local sales of tobacco to youth is measured through an investigation conducted by the District Attorney (DA) investigators, who visit each local tobacco retailer and calculate the average based on the number of retailers that sold to a minor. This data is reported one year behind, as the investigation for FY 16/17 is not available. The 16/17 target indicates our local intention to keep sales of tobacco below the statewide average of 10%.

It is anticipated that the implementation of a local policy to ban flavored tobacco sales in the unincorporated areas will have a positive impact on reducing sales of tobacco to youth. Staff will continue to work with the County and cities to implement additional policy measures that reduce youth access.



5% **5.43%** ↑ **9%** **9%**
 14/15 Actual 15/16 Estimate 16/17 Target

Yolo County Health and Human Services Agency

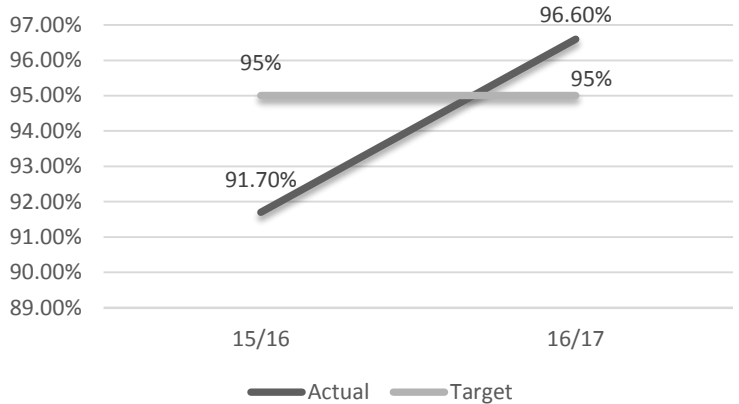
RESIDENTS ARE HEALTHY

Immunization rates for Kindergarteners

Data from the CA Department of Public Health shows that vaccination rates among Yolo schoolchildren have increased in the 2016-17 school year. The data indicates that immunization rates among schoolchildren have exceeded the 95% threshold that is required to prevent outbreaks and the spread of vaccine preventable communicable diseases for the first time in many years.

According to the Shots for Schools website (www.shotsforschool.org), 2016-17 school year data illustrates a 5.3% increase in the vaccination rate of Yolo County kindergarteners. This is largely attributed to new State law enacted in 2016, which requires that all California schoolchildren be vaccinated unless they receive a medical exemption from a physician.

91.7% **96.6%** ↑ **5.3%** **95%**
 15/16 Actual 16/17 Estimate 17/18 Target



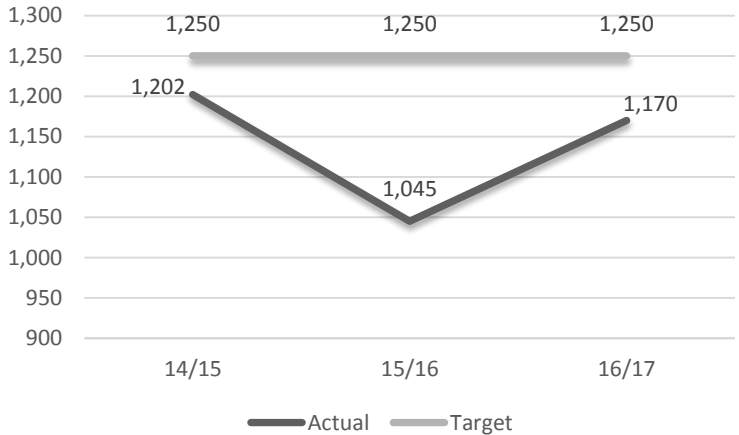
Communicable disease cases requiring investigation

The Communicable Disease Unit investigates reports of highly contagious or communicable diseases, takes steps to control outbreaks, and ensures that affected persons are treated.

The changes in trends for this indicator reflect common variations in disease reports. Some categories (such as STIs) demonstrate steady increases over time. Some diseases (such as pertussis) occur in cycles that can be predicated. Additionally, as new diseases (such as Ebola) are identified they are added to the investigation list.

The increased target for FY 17/18 reflects staff's expectation that Yolo will continue to see a rise in communicable disease cases, based on past trends. Staff will continue to focus on priority areas, including rising rates of STIs; detection, surveillance and case management of active Tuberculosis cases and testing and follow-up of Zika exposed families.

1,045 **1,170** ↑ **12%** **1,250**
 15/16 Actual 16/17 Estimate 17/18 Target

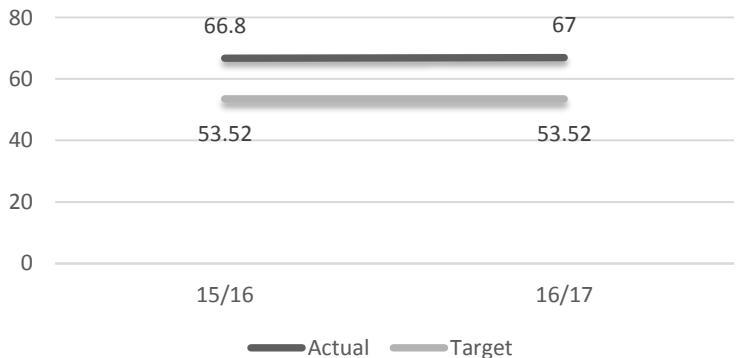


Days hospitalized for Mental Health Full Service Partnership clients each month

The Mental Health Full Service Partnership (FSP) program provides wraparound, specialty mental health services to the most severely mentally ill residents of Yolo County.

FSP clients experienced a small increase in the number of days hospitalized in FY 16/17. Staff has since re-worked the hospital discharge planning system to provide more responsive services to clients being discharged from a psychiatric hospitalization. In FY 17/18 staff intends to reduce the rate by increasing treatment options other than hospitalization for people in crisis.

66.8 **67** ↑ **3%** **53.52**
 15/16 Actual 16/17 Estimate 17/18 Target



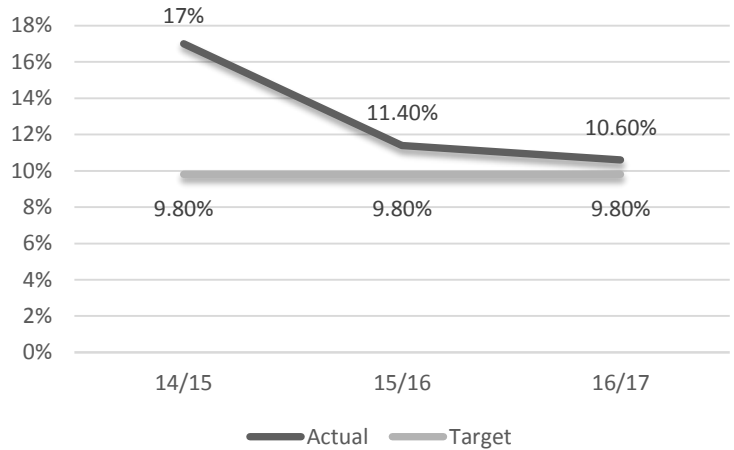
Yolo County Health and Human Services Agency

RESIDENTS ARE SAFE

Recidivism rate in Adult Protective Services

Adult Protective Services (APS) is a state-mandated program that provides interventions to elderly (65 and older) and dependent adults (18-64) who are suffering from or at risk of abuse, exploitation or neglect.

In FY 16/17 APS saw a decrease in recidivism through applying a dedicated focus on thorough investigation of cases. Additionally, the team added a Clinician for added support in the most complex situations. A similar trend is expected to continue in FY 17/18, as APS is developing a closer partnership with the Public Guardian's Office, which is now integrated within the Health and Human Services Agency.

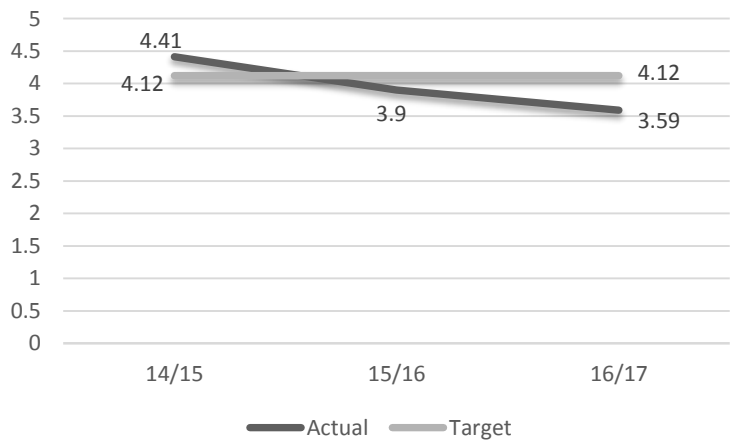


11.4% 10.6% ↓ 7% 9.8%
 15/16 Actual 16/17 Estimate 17/18 Target

Placement Stability in Child Welfare Services (# of moves per 1,000 days)

Child Welfare Services (CWS) serves children who are endangered by abuse, neglect or exploitation.

CWS implemented several programming changes this year that may have improved placement stability. Implementation of Resource Family Approval (RFA) and dedicated family finding staff have resulted in an increased number of children in foster care who are placed with relatives, which are typically more stable placements. Additionally, relatives must now complete training on caring for children who have experienced trauma, which has resulted in increased understanding and preparedness of potential issues. CWS also initiated an embedded children's mental health team this year, which has improved timeliness of mental health service provision to children and their caregivers, resulting in positive impacts on placement stability.



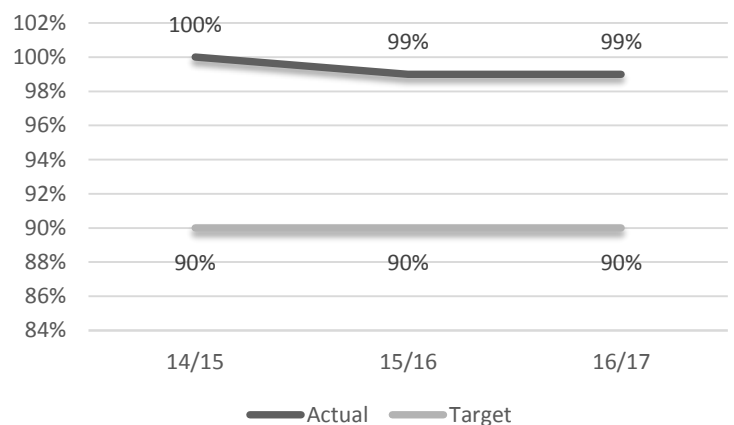
The FY 17/18 target of 4.12 reflects the federal standard.

3.90 3.59 ↓ 7.9% 4.12
 15/16 Actual 16/17 Estimate 17/18 Target

Referral response time within 24 hours in Child Welfare Services

Child Welfare Services (CWS) serves children in Yolo County who are endangered by abuse, neglect or exploitation.

The CWS Emergency Response team continues to exceed statutory requirements on response to referrals requiring an immediate response. In FY 16/17, 99% of referrals requiring immediate response were handled immediately, which surpasses the Federal standard of 90%.



99% 99% ⊘ 0% 90%
 15/16 Actual 16/17 Estimate 17/18 Target

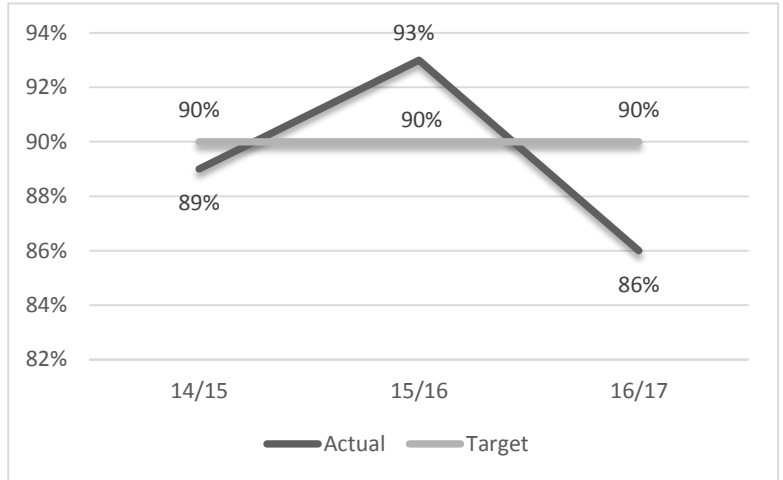
Yolo County Health and Human Services Agency

RESIDENTS ARE SAFE

Referral response time within 10 day in Child Welfare Services

Child Welfare Services (CWS) serves children in Yolo County who are endangered by abuse, neglect or exploitation.

The FY 16/17 decline in response times within 10 days was likely caused by several vacancies in the CWS Emergency Response Unit, which occurred simultaneously with an increase in referrals. To address this issue, CWS hired new staff and moved staff from other service components to Emergency Response. Another supervisor has also been moved to Emergency Response to provide additional monitoring and decrease staff to supervisor ratios. Staff estimates that in the second half of the fiscal year the 90% federal response standards was met.

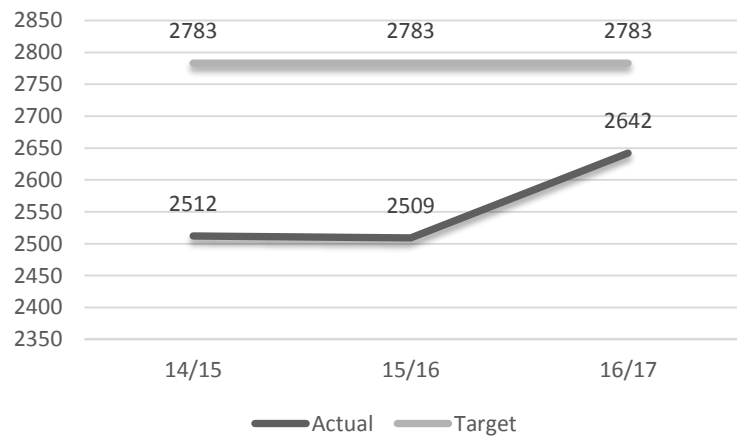


93%
15/16 Actual
86%
16/17 Estimate
↓ 7.5%
90%
17/18 Target

Individuals receiving In-Home Supportive Services each month

The In-Home Supportive Services (IHSS) program provides assistance to eligible aged, blind, and disabled individuals receiving Medi-Cal benefits who are unable to remain safely in their own homes without assistance.

IHSS continues to experience an increase in enrollment due to the growing older adult population and the increase of Medi-Cal eligible individuals (due to the implementation of the Affordable Care Act). These trends are expected to continue in FY 17/18.

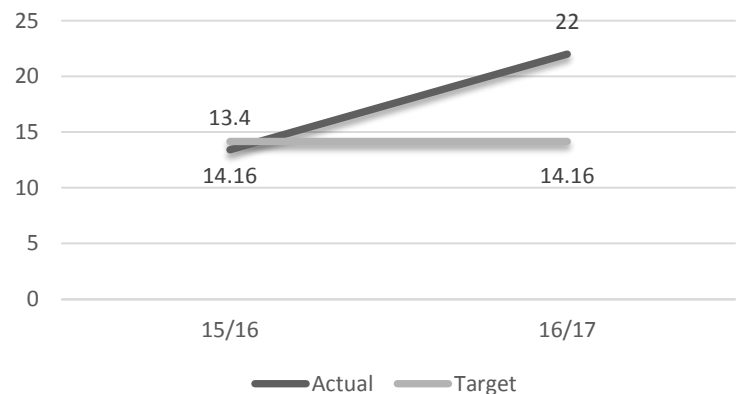


2,509
15/16 Actual
2,642
16/17 Estimate
↑ 5.3%
2,783
17/18 Target

Days incarcerated for Mental Health Full Service Partnership clients each month

The Mental Health Full Service Partnership (FSP) program provides wraparound, specialty mental health services to the most severely mentally ill residents of Yolo County so that they are able to remain safely in the community whenever possible.

FSP clients experienced a significant increase in days incarcerated in FY 16/17. However, this increase is almost entirely due to the lengthy incarceration of a single individual. Staff will work to improve incarceration outcomes next year by expanding partnerships with law enforcement agencies. Additionally, the County will initiate a collaborative countywide planning effort focused on reducing incarcerations for people with mental illnesses.



13.4
15/16 Actual
22
16/17 Estimate
↑ 64%
14.16
17/18 Target

Yolo County Health and Human Services Agency

RESIDENTS ARE ECONOMICALLY STABLE

Individuals receiving CalFresh each month

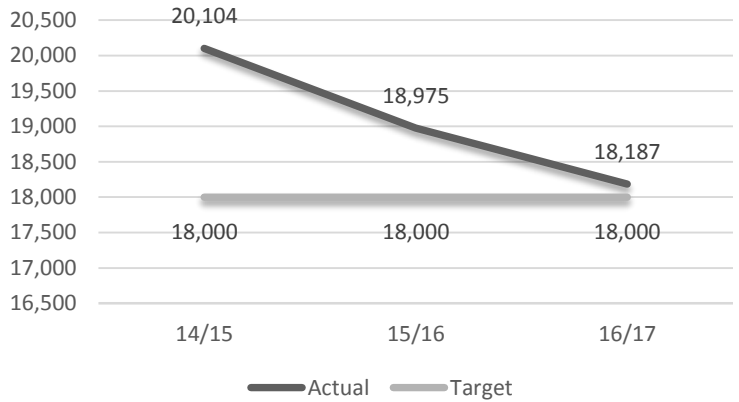
The CalFresh program provides monthly benefits to help low income individuals or families purchase health and nutritious food.

Despite the slight decrease in CalFresh enrollment in FY 16/17, the local Participation Rate (PRI) in the CalFresh program is currently at 50%. This is the highest it has ever been in Yolo County. Staff predicts growth to slow or possibly retract next fiscal year. Funding issues at the State and Federal level have stalled hiring and outreach contracts with partners, which will impact next year's outreach activities and retention of existing clients.

↓
4%

18,975
18,187
18,000

15/16 Actual
16/17 Estimate
17/18 Target



Individuals receiving CalWORKs each month

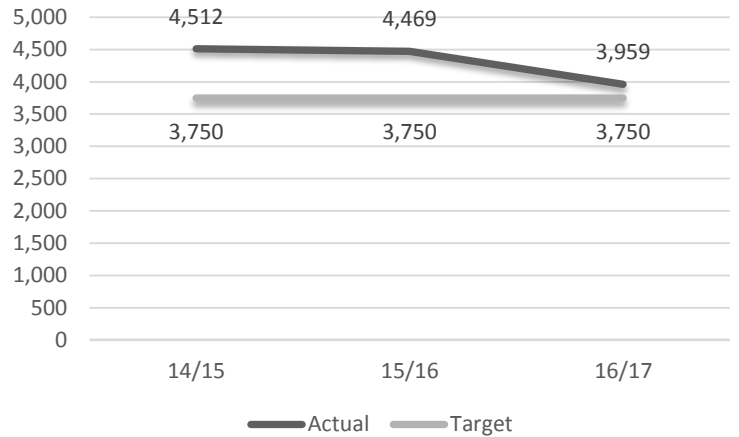
California Work Opportunity and Responsibility to Kids (CalWORKs) is a cash aid program that assists low income families to meet their basic needs.

CalWORKs Caseloads across the State are trending down and have been for a few years. The State of California's Caseload decreased by roughly 20% last fiscal year and similar trends follow nationally. This can primarily be attributed to changes in regulations at the Federal and State level which have slowly over the last two decades led to a nationwide decline in caseload. There is also some evidence that part of the decline is tied to the local economy. Both of these factors come into play locally and staff anticipates a continual decrease in caseload in Yolo County, especially in aided adults.

↓
11%

4,469
3,959
3,750

15/16 Actual
16/17 Estimate
17/18 Target



CalWORKs Work Participation Rate

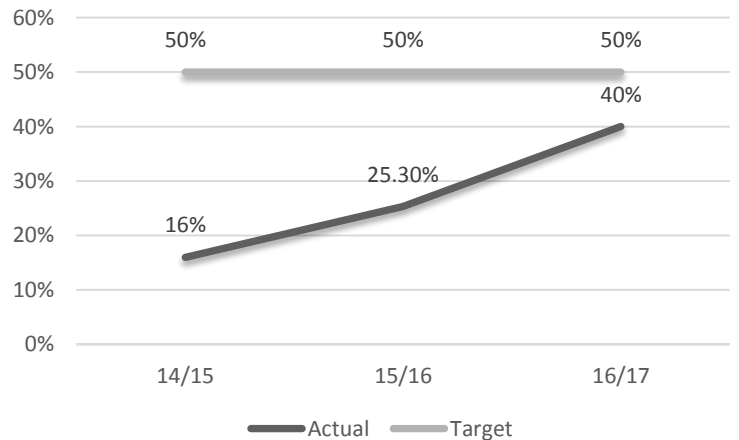
California Work Opportunity and Responsibility to Kids (CalWORKs) is a cash aid program that assists low income families to meet their basic needs.

Yolo's Work Participation Rate (WPR) continues to trend in the right direction. Significant positive increases were achieved this year, which can primarily be attributed to concentrated efforts at the worker, supervisor and management level to target cases in sanction status and apply extra supports. Frequent monitoring of the WPR and regular adjustments also played a part in this change. We anticipate with continued focus and staff effort we will continue to see this number rise in the upcoming year.

↑
58%

25.3%
40%
50%

15/16 Actual
16/17 Estimate
17/18 Target



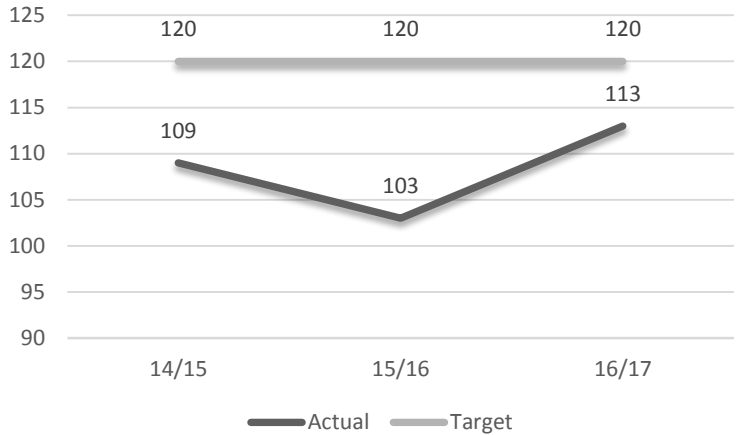
Yolo County Health and Human Services Agency

RESIDENTS ARE ECONOMICALLY STABLE

CalWORKs Housing Support clients who secured permanent housing

The California Work Opportunity and Responsibility to Kids (CalWORKs) Housing Support Program works to secure permanent housing for homeless families.

The program did achieve a small increase in the number of families permanently housed in FY 16/17. However, housing has become extremely difficult to secure due to the extremely limited inventory of low-income properties throughout the county. It will become more difficult over the next fiscal year to continue to find housing options for our families without significant changes in the housing market. This limited inventory will also be compounded by funding issues at the State which will lead to less staff and supports in the CalWORKs program next year. We predict growth to slow or possibly retract next fiscal year.

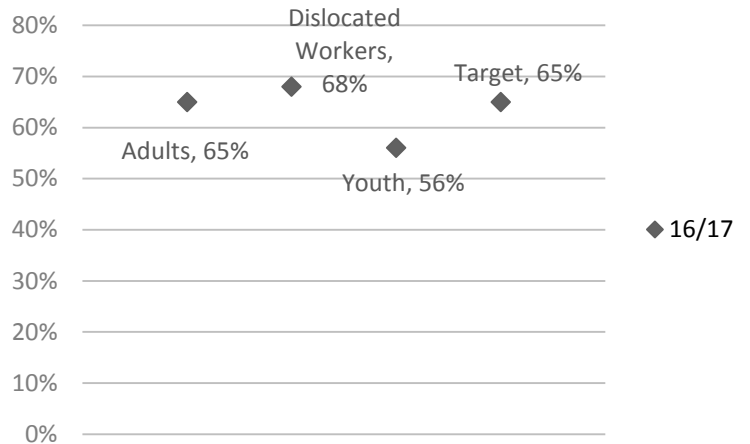


103 113 ↑ 10% 120
 15/16 Actual 16/17 Estimate 17/18 Target

Workforce Innovation and Opportunities Act (WIOA) clients entering employment or school

FY 16/17 was the first year Yolo County implemented the Workforce Innovation and Opportunities Act (WIOA), which was passed in 2014. Implementation of WIOA has resulted in changing performance metrics, resulting in data that is not comparable to previous years.

In FY 16/17 Yolo experienced strong results for adults (65%), dislocated workers (68%) and youth (56%) entering employment or school. Staff expects growth to continue in all three sectors. Staff has seen a slight uptick in the number of Yolo County residents needing WIOA services, but also an increase in new businesses seeking a skilled workforce. Staff will continue to work towards improved engagement with local employers, resulting in continued increases in employment and education opportunities for clients.

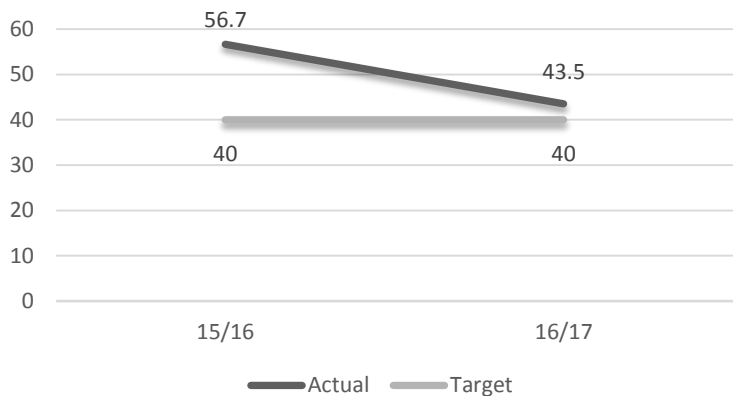


- 63% ⊘ 0% 65%
 15/16 Actual 16/17 Estimate 17/18 Target

Days homeless for Mental Health Full Service Partnership clients each month

The Mental Health Full Service Partnership (FSP) program provides wraparound, specialty mental health services to the most severely mentally ill residents of Yolo County.

Clients of the program experienced a significant decrease in the number of days homeless this year. This positive trend is due to internal shifts within the program towards a team-based approach to staffing cases and tracking the needs of clients. Additionally, a close relationship with the Turning Point Housing Support Program resulted in the rapid identification of re-housing solutions when clients did become homeless.



56.7 43.5 ↓ 23% 40
 15/16 Actual 16/17 Estimate 17/18 Target