

# Health & Human Services Agency

	Page	Appropriation	Total
<b>Health &amp; Human Services Agency</b>			
Administration	NA	\$798,000	
Behavioral Health	25	\$63,504,614	
Public Health	29	\$22,658,749	
Social Services	29	\$144,503,102	
Public Guardian	NA	\$1,127,324	
Veterans Services	NA	\$296,145	
<b>TOTAL</b>			<b>\$232,887,934</b>



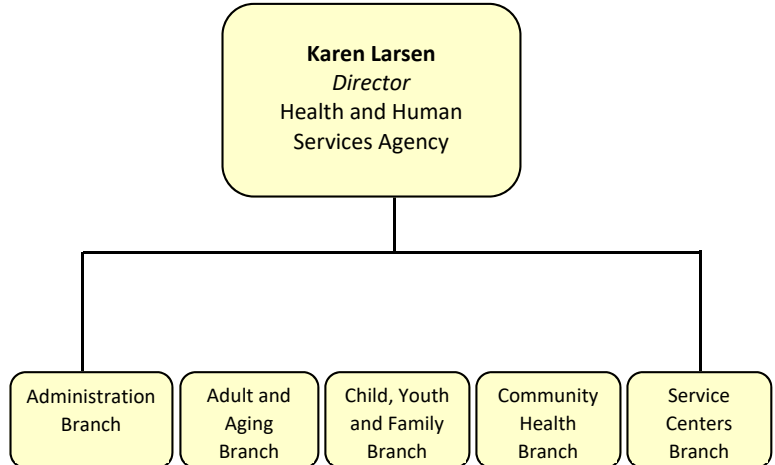
# Health & Human Services Agency



Karen Larsen  
Director

## MISSION STATEMENT

*Promote a healthy, safe, and economically stable community.*



## 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 well-being. The Agency provides services directly through internal services and indirectly through contracts with community partners.

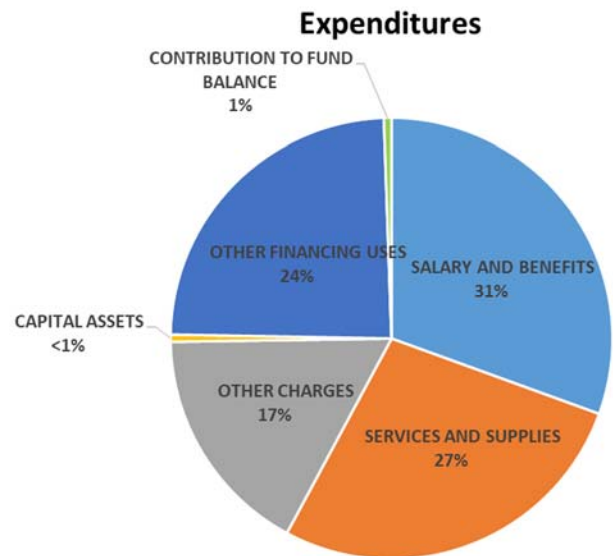
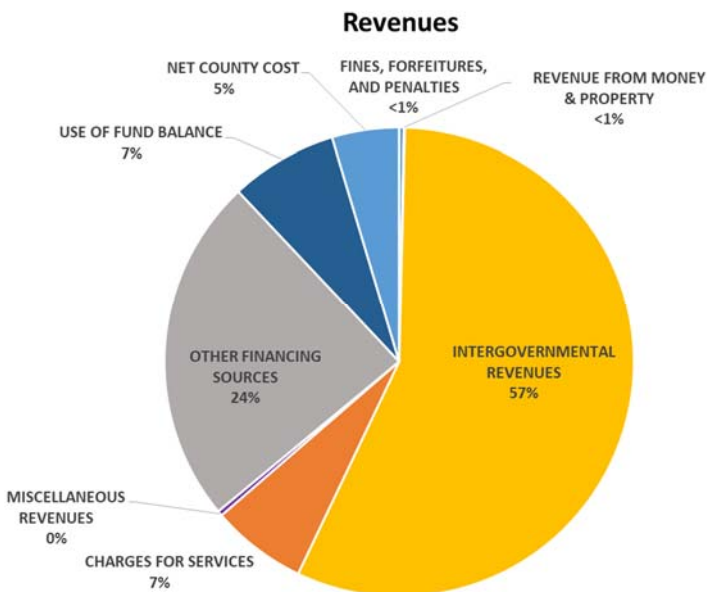
## 2019-20 Summary of Budget

Program	Expenditures	Revenue	Use of Fund Balance	Net County Cost
Administration	798,000	798,000	0	0
Behavioral Health	63,504,614	55,461,078	7,641,371	402,165
Public Guardian	1,127,324	215,000	0	912,324
Public Health	22,658,749	11,593,712	6,247,347	4,817,689
Social Services	144,503,102	137,949,163	2,125,679	4,428,261
Veterans Services	296,145	49,204	0	246,941
<b>Total</b>	<b>232,887,934</b>	<b>206,066,157</b>	<b>16,014,397</b>	<b>10,807,380</b>

## SUMMARY OF HHSA 2019-20 BUDGET

### SUMMARY OF HEALTH & HUMAN SERVICES 2019-20 BUDGET

	2016-17 Actuals	2017-18 Actuals	2018-19 Budget	2019-20 Requested	2019-20 Recommended
<b>REVENUE</b>					
TAXES	(180)	0	0	0	0
FINES, FORFEITURES, AND PENALTIES	814,053	740,577	622,424	772,655	772,655
REVENUE FROM MONEY & PROPERTY	173,180	341,915	11,400	137,848	137,848
INTERGOVERNMENTAL REVENUES	114,129,532	126,888,576	131,726,878	132,783,110	132,783,110
CHARGES FOR SERVICES	8,524,627	15,928,283	14,719,334	15,382,787	15,382,787
MISCELLANEOUS REVENUES	1,044,646	749,314	769,000	822,301	822,301
OTHER FINANCING SOURCES	42,762,196	39,141,172	47,522,224	56,167,456	56,167,456
<b>TOTAL REVENUE</b>	<b>167,448,053</b>	<b>183,789,837</b>	<b>195,371,260</b>	<b>206,066,157</b>	<b>206,066,157</b>
<b>APPROPRIATION</b>					
SALARY AND BENEFITS	56,477,142	59,109,255	67,391,533	71,552,089	71,535,089
SERVICES AND SUPPLIES	43,750,441	43,026,675	57,052,207	63,954,707	63,954,707
OTHER CHARGES	36,273,882	39,557,686	45,363,264	39,599,646	39,599,646
CAPITAL ASSETS	12,763	98,825	269,730	1,228,887	1,228,887
OTHER FINANCING USES	44,401,716	40,765,901	47,814,784	56,569,605	56,569,605
<b>TOTAL APPROPRIATION</b>	<b>180,915,944</b>	<b>182,558,342</b>	<b>217,891,518</b>	<b>232,904,934</b>	<b>232,887,934</b>
USE OF FUND BALANCE	2,961,818	(11,220,632)	8,697,597	15,490,795	16,014,397
<b>NET COUNTY COST</b>	<b>10,506,072</b>	<b>9,989,136</b>	<b>13822661</b>	<b>11,347,982</b>	<b>10,807,380</b>
<b>Funded Staffing</b>	<b>572.7</b>	<b>575.7</b>	<b>606.2</b>	<b>628.2</b>	<b>628.2</b>



## Health and Human Services Agency 2018-19 GOALS, STRATEGIES & ACCOMPLISHMENTS

### 2018-19 Goals & Strategies

### 2018-19 Accomplishments/Status

#### Goal 1: Improve Outcomes for Clients and the Community

##### Strategies for 2018-19

- ❖ Collaborate with at least two local jurisdictions to implement policies to improve community health and wellness for residents. **(Thriving Residents, Community Health Improvement Plan Focus Area)**
  
- ❖ Improve long-term financial self-sufficiency outcomes for General Assistance clients by strengthening care coordination between public assistance, housing, employment, and health care services. **(Thriving Residents, Homeless Priority Area)**
  
- ❖ Increase Medi-Cal funded services in the local substance use disorder treatment continuum of care. **(Thriving Residents)**

- ❖ HHSA has partnered with the cities of Davis and West Sacramento to work towards citywide policies that will restrict the sales of flavored tobacco products and has begun working to educate City Council members in each jurisdiction regarding the benefits of such a policy. Staff expects work towards the adoption of these policies will continue into fiscal year 2019-20. Additionally, at the beginning of the year, staff began work with local jurisdictions to regulate the beverages offered in kids' meals at restaurants, making milk or water the default options. This work became unnecessary when the state passed legislation achieving this goal.
  
- ❖ In FY 2018-19, HHSA has focused on improving self-sufficiency outcomes for General Assistance (GA) clients. HHSA has worked to increase the number of employable GA recipients by linking its GA program more closely with its employment services program and matching each recipient with an employment case manager. While recipients are searching for work, HHSA has focused on increasing the number of GA recipients who are accessing eligible benefits programs, including CalFresh (100% of recipients) and Medi-Cal (98% of recipients).
  
- ❖ HHSA has made considerable progress in FY 2018-19 towards its strategy to increase Medi-Cal funded services in the local substance use disorder continuum of care. In FY 2018-19, through a variety of funding streams, HHSA increased its previous substance use budget by almost \$5M. On July 1<sup>st</sup>, the local 24/7 Access Line, which had previously focused primarily on individuals with mental illness, expanded to include screening for substance use disorder treatment. This expansion ensures that residents can be screened for and linked to Medi-Cal funded substance use treatment at any

## HHSA 2018-19 Goals, Strategies & Accomplishments continued

❖ Improve re-entry coordination for individuals with behavioral health conditions leaving custody settings. (Safe Communities, Continuum of Care Focus Area)

❖ Ensure timely access to assessment and services for children in Child Welfare Services. (Thriving Residents, Children's Programs Focus Area)

time. Additionally, HHSA contracted with numerous providers to create a Yolo County Substance Use Continuum, which allows clients to successfully transition up or down in levels of care as needed. In FY 2017-18, there were 1,827 total contacts to the access line. In comparison, during just the first two quarters of FY 2018-19, there were 2,617 contacts, 921 of which were substance use related. HHSA's contracted providers served 775 clients during the first two quarters of FY 2018-19, and clients reported 83% overall satisfaction with services.

❖ HHSA has served as the lead Agency for the countywide Stepping Up Initiative and has worked closely with the Criminal Justice Continuum of Care Committee. This Committee has worked to identify needs for re-entry services and has formed a Criminal Justice Grant group that allocates resources towards writing grants specific to the criminal justice and behavioral health systems. The group submitted a \$500,000 funding application to the Board of State and Community Corrections this year and has identified another grant focused on re-entry that it will apply for in June 2019. Additionally, HHSA has focused on embedding staff in multi-disciplinary team (MDT) efforts, with staff from multiple HHSA programs regularly attending the monthly Sheriff-led MDT meetings to discuss clients leaving custody.

❖ HHSA has worked to improve service delivery for children and youth in the Child Welfare System (CWS) by implementing process improvements that ensure all children and youth who enter out of home care receive timely developmental, emotional and social assessments, case plans, and services that, for each child, are unique, culturally relevant, and trauma-informed. These comprehensive assessments ensure that HHSA is providing the right level of service to address the trauma that initiated the CWS intervention. Additionally, CWS hosts a Child and Family Team (CFT) Meeting for each child to ensure service planning includes caregivers, mental health professionals, the child, and important support people in the child's life such as teachers, Court Appointed Special Advocates, and relatives.



## HHSA 2018-19 Goals, Strategies & Accomplishments continued

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| <ul style="list-style-type: none"> <li>❖ Improve Agency’s ability to produce accurate and timely financial reports. <span style="color: red;">(Operational Excellence)</span></li> <br/> <li>❖ Oversee implementation of County wide grant procedures on all HHSA grant applications. <span style="color: red;">(Operational Excellence)</span></li> <br/> <li>❖ Develop in-house system for tracking realignment revenue and expenditures Agency-wide. <span style="color: red;">(Operational Excellence)</span></li> </ul> | <ul style="list-style-type: none"> <li>❖ Staff in HHSA’s Administration Branch worked with leadership from other HHSA branches to identify the greatest reporting needs in fiscal year 2018-19. Based on this feedback, staff identified six high priority reports to develop this year, 1) Evaluation Timeliness, 2) Contracts Spend Down, 3) Program Specific Finance Update, 4) Contracts Status, 5) Time Study Status, and 6) Overtime and Comp Time Status. HHSA is on track to have versions of all six reports created by the end of 2018-19. The reports will be shared with Agency leadership every month.</li> <br/> <li>❖ In fiscal year 2017-18 the Board adopted a new Grant Administration Policy. To comply with this new policy direction, HHSA has worked to re-design its grant application processes. Staff began by creating a detailed inventory of all revenues received by HHSA and conducted analysis on which of these revenues would be considered grants covered by the new policy. Staff also completed a mapping process to determine how grants are currently applied for by the Agency and worked with stakeholders to identify improvements to that process. HHSA expects to have a fully revised grant application policy and procedure by the end of fiscal year 2018-19.</li> <br/> <li>❖ HHSA, in partnership with the Department of Financial Services (DFS), has worked in fiscal year 2018-19 to develop an in-house system for tracking realignment funding. Staff met with DFS to gain an understanding of their current tracking system, then began mapping an Agency tracking structure designed to include program specific budgets, projections, and expenditure tracking. Staff also drafted a monthly report that will be shared with Agency leadership once the new tracking structure is implemented, after the first quarter of fiscal year 2019-20.</li> </ul> |
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### Goal 3: Strengthen Integration

#### Strategies for 2018-19

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| <ul style="list-style-type: none"> <li>❖ Provide training and development opportunities for Agency employees. <span style="color: red;">(Operational Excellence)</span></li> </ul> | <ul style="list-style-type: none"> <li>❖ HHSA focused its efforts on providing training and development opportunities for employees in several key areas:             <ul style="list-style-type: none"> <li>○ Quarterly cross-training within each Branch, regarding the programs available in other Branches;</li> </ul> </li> </ul> |
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## HHSA 2018-19 Goals, Strategies & Accomplishments continued

- ❖ Increase employee retention. (Operational Excellence)

- ❖ Develop consistent Agency-wide policies and procedures. (Operational Excellence)

- ❖ Improve the Agency's preparedness to respond to emergencies that require the provision of mass care, public health, and/or medical services. (Safe Communities, Emergency Management Focus Area)

- Leadership 101 series, including training for supervisors and managers on difficult conversations, constructive feedback, and the disciplinary process; and
- Administration training, including Contract Administrators 101 and New Employee Orientation for existing staff.

- ❖ In fiscal year 2018-19, the County administered an employee engagement survey. The responses from HHSA employees showed an increase in employee engagement across all survey categories. To build on this exciting news, HHSA is developing an engagement and retention work plan that will guide the work of the Human Resources team through the upcoming year, as well as developing performance measures to track progress. Additionally, HHSA is offering training on two assessment tools that are intended to increase engagement, including Strengths Finder and Appreciation Languages.

- ❖ In fiscal year 2018-19, HHSA hired two new business process analysts. These staff developed a comprehensive inventory of HHSA business processes and policies and procedures that need development and review. They then conducted an Agency-wide engagement process to prioritize the items that should be addressed first. Based on this feedback, staff targeted ten policies and procedures for completion before the end of the fiscal year.

- ❖ HHSA made progress towards improving the Agency's preparedness to respond to emergencies in FY 2018-19 and plans to continue work on this strategy in 2019-20. Emergency Preparedness staff provided training to directors, managers, and supervisors throughout HHSA on a variety of emergency preparedness and disaster worker topics. A staff member also received certification to teach Incident Command Structure level 300 (Intermediate ICS for Expanding Incidents) and 400 (Advanced ICS for Command and General Staff) courses. The staff member is preparing to offer this training to HHSA leaders. Additionally, HHSA Safety and Response Plans



## HHSA 2018-19 Goals, Strategies & Accomplishments continued

- ❖ Complete a county-wide Community Health Assessment in partnership with Yolo County hospitals and community clinics that identifies key health needs and issues through systematic, comprehensive data collection and analysis. (Thriving Residents, Community Health Improvement Plan Focus Area)
- ❖ Implement use of a performance management system Agency-wide. (Operational Excellence)

improvement. In fiscal year 2018-19, HHSA focused on building infrastructure for data collection and reporting on performance measures by program. Fifteen of HHSA's programs have finalized performance measures in the results based accountability model and will have collected and reported the data associated with these measures for the entire fiscal year. Additionally, HHSA's Performance Management Steering Committee has developed a work plan that will assist in spreading a culture of quality throughout the Agency. This work includes improving staff access to quality improvement tools and technical assistance, and strengthened communications throughout the Agency regarding existing quality improvement work.

# HEALTH AND HUMAN SERVICES AGENCY GOALS & STRATEGIES for 2019-20

## Goal 1: Improve Outcomes for Clients and the Community

### Strategies for 2019-20

- ❖ Increase HHS employees' ability to respond to emergencies.
- ❖ Reduce the recurrence of child abuse.
- ❖ Reduce the transmission of sexually transmitted diseases.
- ❖ Increase timely linkage of children and adults to the appropriate level of mental health care.
- ❖ Increase self-sufficiency of CalWORKs participants.
- ❖ Increase enrollment of eligible residents in CalFresh.
- ❖ Increase self-sufficiency of individuals experiencing homelessness in Yolo County.

## Goal 2: Ensure Fiscal Health

### Strategies for 2019-20

- ❖ Align the Agency's fiscal structure to include budgets and performance measures by program.
- ❖ Expand the Agency's ability to produce accurate and timely administrative and financial reports.
- ❖ Invest in infrastructure and technology that will streamline and automate administrative functions to increase efficiencies.
- ❖ Prepare for the economic downturn by:
  - Establishing Agency reserve policy for non-categorical funds; and
  - Pursuing designation as an integrated health and human services agency from State.

## Goal 3: Strengthen Integration

### Strategies for 2019-20

- ❖ Expand training curriculums that offer employees the tools they need to do their jobs.
- ❖ Increase employee recruitment, engagement, and retention in classifications with frequent turnover.
- ❖ Evaluate and plan for long-term space needs of the Agency.
- ❖ Assess opportunities to improve client outcomes through multi-disciplinary work.
- ❖ Increase internal and external communications regarding Agency programs.

## Goal 4: Make Data-Informed Decisions and Create a Culture of Quality

### Strategies for 2019-20

- ❖ Assess the impact of Agency programs by establishing routine monitoring groups and quality improvement efforts for all 2019-20 strategies.
- ❖ Establish a process for creating, approving, and updating program performance measures.
- ❖ Establish standards for active contract management in the Agency.
- ❖ Conduct contract procurements that align internal program and external contract performance measures.

## Programs

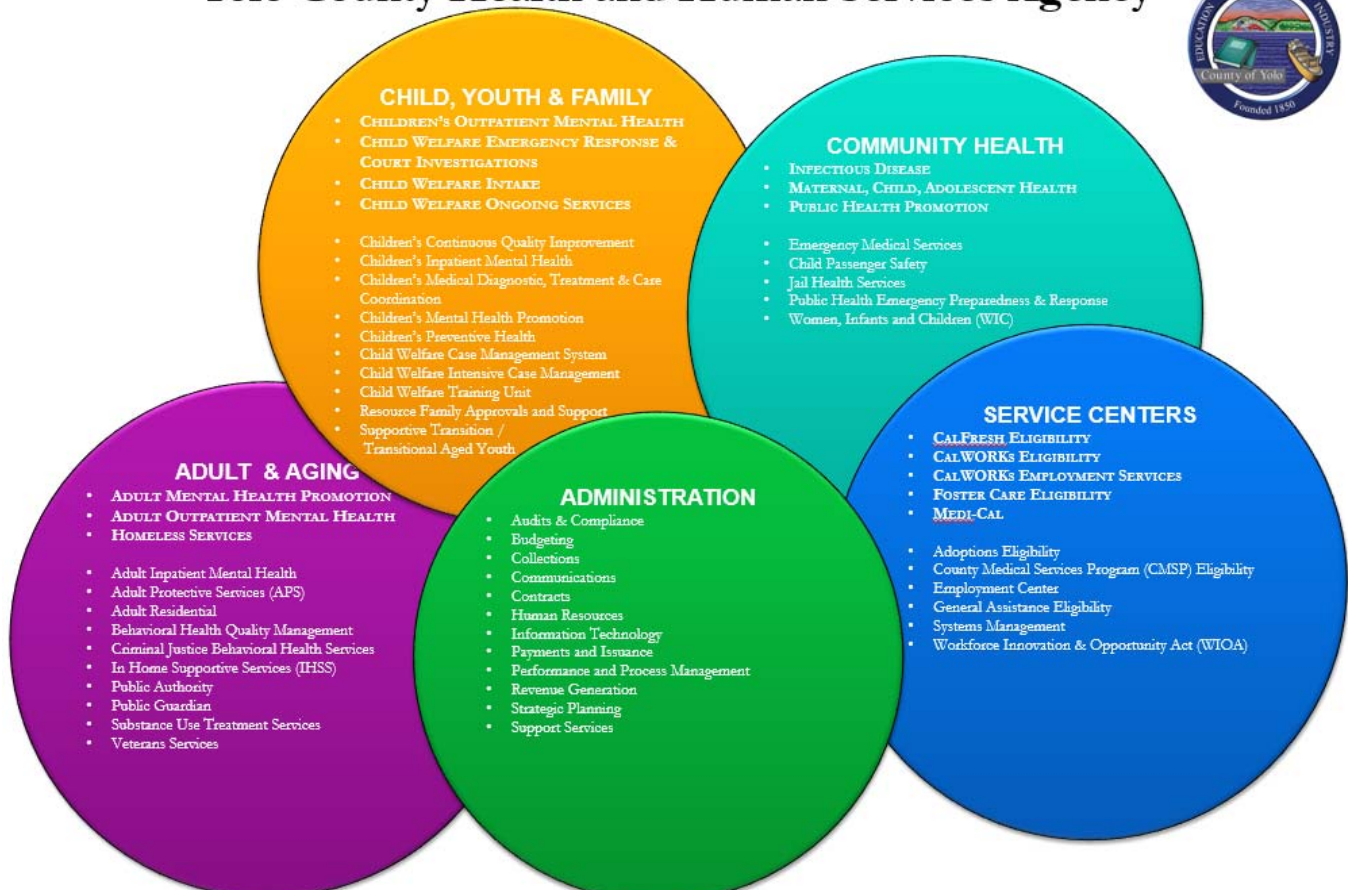
During the Fall of 2017, HHSA began an Agency-wide effort to create an inventory of all HHSA programs. There were several intended purposes associated with this work, including:

- 1) Helping staff understand, identify, and communicate programs and services as an integrated Agency;
- 2) Giving staff a roadmap to the next steps for Results-Based Accountability (RBA) and performance measurement;
- 3) Reorganizing the Agency's fiscal structure to align with the Branch and program structures of our integrated Agency.

HHSA program managers and supervisors worked with fiscal staff to develop the full inventory of programs, which includes 58 HHSA programs, as pictured below.

After completing the initial inventory, HHSA directors, managers and supervisors worked collaboratively to identify the programs most aligned with the priorities identified within local strategic plans and assessment processes, such as the County and Agency Strategic Plans, Agency mission, Community Health Improvement Plan, Maternal Child and Adolescent Health Needs Assessment, Mental Health Services Act assessment process, Child Welfare System Improvement Plan and Low Income Community Action Plan. This process was intended to help identify which programs should be the focus of the initial performance measurement efforts due to their close alignment with community priorities. In total, this process identified fifteen of the fifty-eight programs to begin work on creating Results Based Accountability program performance measures. As a part of the RBA process, the **bolded** and CAPITALIZED programs listed below have developed a program purpose, as shown in the following pages.

## Yolo County Health and Human Services Agency



Programs listed alphabetically

Promote a healthy, safe and economically stable community

# HEALTH AND HUMAN SERVICES

## Program Summary

<u>Program Title</u>	Budget					
Program Purpose  <hr/> <i>Program Information</i> <hr/>	Administration	Behavioral Health	Public Health	Social Services	Public Guardian	<b>Strategic Plan Alignment</b>

Significant Budget Changes:

The 2019-20 Recommended Budget includes 19 new state and federally funded positions, including 7 positions to establish a Child Welfare Services Practitioner Trainee Unit, 6 positions to support increased workload from CalFresh enrollment, and 6 positions to support various program operations. In addition, the budget includes funding for two dedicated General Services positions, a Facilities Coordinator and a Software Systems Specialist.

The Recommended Budget also includes \$3.4 million in Intergovernmental Transfer (IGT) funding for a variety of one-time capital, software and infrastructure purchases, including 36 vehicle purchase (12 new and 24 replacement), business intelligence and contract management systems, and various facility improvements.

### Adult and Aging Branch

<u><b>Adult Mental Health Promotion</b></u>  Increase knowledge and confidence of training participants to respond to mental health challenges and suicidal ideation.  <hr/> <i>The Early Signs Training and Assistance Program focuses on mental illness stigma reduction and community education to intervene earlier in a mental health crisis and to reduce the risk of suicide through prevention and intervention training. Trainings are offered in major cities throughout Yolo County and are funded by the Mental Health Service Act</i> <hr/>		❖				<b>Thriving Residents</b>  <b>Safe Communities</b>
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HEALTH AND HUMAN SERVICES AGENCY PROGRAMS CONTINUED

<p><b>Adult Outpatient Mental Health Treatment</b>          Improve the linkage of Yolo County residents to the appropriate level of mental health care and reduce homelessness, psychiatric hospitalizations, and incarcerations of those experiencing a mental health crisis.</p> <hr/> <p><i>Individual or group interventions support a decrease in functional impairments associated with mental health symptoms and promote independent living and enhanced self-sufficiency. HHS clinical staff provide ongoing case management and therapeutic interventions to support wellness and resiliency of individuals living with serious mental health conditions. In addition, clinical staff provide crisis intervention to individuals who call, walk-in or who are brought by family or First Responders to County clinics in Davis, Woodland, and West Sacramento. Further, staff partner with the community, law enforcement, and local emergency departments to decrease the level of crisis and link individuals to outpatient services.</i></p> <hr/>	Administration	❖ Behavioral Health	Public Health	Social Services	Public Guardian	<p><b>Thriving Residents</b></p> <p><b>Safe Communities</b></p>
<p><b>Homeless Services</b>          Increase income and permanent housing for unhoused residents of Yolo County.</p> <hr/> <p><i>Homeless Services is responsible for strengthening the infrastructure for homeless service providers within the County. This is accomplished through the development of greater collaboration, increased funding by identifying appropriate and innovative funding opportunities, and growing the Continuum of Care.</i></p> <p><i>With funding from a variety of sources, including the Department of Housing and Urban Development, the Substance Abuse and Mental Health Services Administration, the State of California, Partnership Healthcare of California, and the County General Fund, HHS draws together resources and departments to collaboratively improve the outcomes for people who are unhoused in Yolo County.</i></p> <hr/>		❖		❖		<p><b>Thriving Residents</b></p> <p><b>Safe Communities</b></p>

HEALTH AND HUMAN SERVICES AGENCY PROGRAMS CONTINUED

Child, Youth and Family Branch

<p><b>Children’s Outpatient Mental Health</b>                  Improve linkage to services, improve mental health and well-being, decrease functional impairments, and reduce symptoms.</p> <hr/> <p><i>The Access and Crisis Response Program is an SB82 funded and Medi-Cal reimbursement program which allows for one full-time licensed Clinician to serve children and youth age 0-20 who are in crisis or at risk of being in crisis. The goals of this program are to stabilize children and youth in crisis through ongoing services, provide follow-up to ensure they are engaged in services, and provide crisis or de-escalation services to prevent avoidable usage of emergency services, hospitalization, and incarceration.</i></p> <p><i>The treatment program serves Yolo County residents between the ages of 0-17 (18-21 in some cases) who are Medi-Cal eligible and meet medical necessity criteria for specialty mental health services. Services include individual or group therapies and interventions that are designed to reduce mental disability and facilitate improvement or maintenance of functioning consistent with goals. Services are directed toward achieving the client’s/family’s goals and must be consistent with the current Client Treatment Plan.</i></p> <hr/>	Administration	❖ Behavioral Health	Public Health	❖ Social Services	Public Guardian	Thriving Residents  Safe Communities
<p><b>Child Welfare Emergency Response &amp; Court Investigations</b>                  Respond to community concerns of child safety with the appropriate level of intervention</p> <hr/> <p><i>Emergency Response investigations seek to address and mitigate safety concerns and if necessary, elevate to court intervention.</i></p> <p><i>The Court Unit is responsible for continuing investigations for children who are likely to fall within the Welfare and Institutions Codes for abuse and neglect. The Unit is responsible for engaging families in identifying their needs and services, gathering documentation and authoring an assessment for the Court regarding the plan for the child and family. The social workers hold Child and Family Team meetings which gather family members, support persons, service providers, and social workers to design a collaborative approach for a case.</i></p> <hr/>				❖		Thriving Residents  Safe Communities



**HEALTH AND HUMAN SERVICES AGENCY PROGRAMS CONTINUED**

<p><b><u>Child Welfare Intake</u></b>                  Assess the appropriate level of response to the community’s concerns about child safety.</p> <hr/> <p><i>The Intake Unit takes calls 24/7 from the community regarding children that are believed to be at risk. They gather information, provide resources, and determine the correct response.</i></p> <hr/>	Administration	❖ Behavioral Health	Public Health	❖ Social Services	Public Guardian	<p align="center"><b>Thriving Residents</b></p> <p align="center"><b>Safe Communities</b></p>
<p><b><u>Child Welfare Ongoing Services</u></b>                  Increase timely permanency, decrease re-entry for foster care placement, and ensure the safety of out-of-home placement for children.</p> <hr/> <p><i>Yolo County Child Welfare Pre-Permanency Service works with children and families as well as community partners and stakeholders towards ensuring the safety, permanency, and well-being of children that have entered the child welfare system.</i></p> <p><i>Pre-Permanency Services works with families to support reunification if possible, and when not possible works towards other permanency options.</i></p> <p><i>As timely permanency outcomes are sought, maintaining children’s safety is paramount. Sometimes services are provided in the family home (family maintenance services) and sometimes with the child or youth in out-of-home care (family reunification services).</i></p> <hr/>				❖		<p align="center"><b>Thriving Residents</b></p> <p align="center"><b>Safe Communities</b></p>
<b>Community Health Branch</b>						
<p><b><u>Infectious Disease</u></b>                  Ensure prompt identification, correct treatment, and control the spread of communicable diseases.</p> <hr/> <p><i>The infectious disease program includes communicable disease, tuberculosis, immunization assistance, and STD prevention. These programs use surveillance, disease investigation, and prompt linkage to treatment services to ensure health for all of Yolo County.</i></p> <hr/>			❖			<p align="center"><b>Thriving Residents</b></p> <p align="center"><b>Safe Communities</b></p>

**HEALTH AND HUMAN SERVICES AGENCY PROGRAMS CONTINUED**

<p><b><u>Maternal, Child and Adolescent Health</u></b>                  Increase provider knowledge and improve health behaviors and environments to support healthy choices for mothers, adolescents, and children.</p> <hr/> <p><i>The Maternal Child and Adolescent Health program includes adolescent sexual health, childhood lead poisoning prevention, comprehensive perinatal services, fetal infant mortality review, maternal mental health, nurse home visiting, and the sudden infant death syndrome program. These activities strive to improve health and birth outcomes for the maternal, child, and adolescent population and to reduce health disparities.</i></p> <hr/>	Administration	Behavioral Health	❖ Public Health	Social Services	Public Guardian	<p align="center"><b>Thriving Residents</b></p>
<p><b><u>Public Health Promotion</u></b>                  Increase knowledge and adoption of healthy behaviors and improve environments to support healthy choices.</p> <hr/> <p><i>The public health promotion program includes oral health services, active transportation, community garden, nutrition education and obesity prevention, substance use prevention, and tobacco prevention. These programs work to reduce the burden of chronic disease for all Yolo County residents.</i></p> <hr/>		❖	❖			<p align="center"><b>Thriving Residents</b></p> <p align="center"><b>Sustainable Environment</b></p>
<p><b><u>CalFresh Eligibility</u></b>                  Increase enrollment of eligible residents, increase resources to purchase food products, and increase the economic stimulus of benefits issued.</p> <hr/> <p><i>The CalFresh program targets households with income below 200% of the federal poverty level. Yolo County residents can apply for CalFresh benefits online or in person at our Woodland, West Sacramento or Winters service centers. Established recipients must submit periodic reports and complete annual recertification to maintain eligibility. Benefits are 100% federally funded and issued through an electronic benefit transfer (EBT) card and can be used to purchase food items at any EBT certified retailer. Yolo County issues on average \$2.5 million in CalFresh benefits per month and provides an economic stimulus to the local economy.</i></p> <hr/>				❖		<p align="center"><b>Thriving Residents</b></p>

HEALTH AND HUMAN SERVICES AGENCY PROGRAMS CONTINUED

Service Centers Branch

**CalWORKs Eligibility**

Ensure timely and accurate CalWORKs determinations.

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*The CalWORKs program is California’s version of the temporary aid to needy families or TANF. This program issues cash benefits to households with no income or income that is below the limit set by the state. This benefit can be used to pay for needs for the family, such as rent or basic needs that the CalFresh benefit does not cover.*

*Benefits are state or federally funded depending on the household circumstances. The CalWORKs benefit is issued through an electronic benefit transfer (EBT) card and can be spent at any EBT certified retailer.*

*Yolo County residents can apply for CalWORKs benefits online at [www.MyBenefitsCalWIN.org](http://www.MyBenefitsCalWIN.org) or in person at our Woodland, West Sacramento or Winters service centers.*

*The CalWORKs program also includes specialized funding to improve service provisions, such as:*

- *Homeless Assistance: issued once a year if the consumer provides verification that they are homeless. The funds can assist with temporary and permanent housing.*
  - *Employment Services: assists consumers with barriers to employment and education.*
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Administration

Behavioral Health

Public Health

❖ Social Services

Public Guardian

**Thriving Residents**

**CalWORKs Employment Services**

Improve family stability, self-sufficiency, and employment.

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*CalWORKs Employment Services is composed of a variety of services including Cal-Learn, childcare, differential response, family stabilization, housing support, linkages, mental health support, subsidized employment, and Welfare to Work.*

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❖

**Thriving Residents**

**HEALTH AND HUMAN SERVICES AGENCY PROGRAMS CONTINUED**

<p><b><u>Foster Care Eligibility</u></b> Establish timely foster care payments.</p> <hr/> <p><i>The Foster Care Eligibility program provides funds to minors and non-minor dependents that have been removed from parent(s) and placed in a home-based foster care setting or a group home. The funding source may be federal or non-federal. Eligibility is determined using Temporary Assistance to Needy Families regulations prior to 1996. Placement may be with a relative through the Approved Relative Caretaker program. All home-based foster care placements must be certified by Child Welfare Services to receive funding. This certification includes background checks for the providers. Historically, foster care rates were determined by the age of the minor or non-minor dependent.</i></p> <hr/>	Administration	Behavioral Health	Public Health	❖ Social Services	Public Guardian	<b>Thriving Residents</b>
<p><b><u>Medi-Cal</u></b> Increase enrollment of eligible residents in Medi-Cal.</p> <hr/> <p><i>Medi-Cal is California’s Medicaid program. This federally funded program provides health care for low-income individuals, including families with children, seniors, persons with disabilities, children and youth in foster care, and pregnant women. Eligible applicant’s annual income must be lower than 138% of the federal poverty level. In January 2014, the Affordable Care Act required that all Americans enroll in health insurance or face a penalty and gave the option to states to expand Medi-Cal eligibility. California was one of 31 states to participate in the Medi-Cal expansion. HSA staff provide application assistance, make eligibility determinations and provide ongoing case management.</i></p> <hr/>				❖		<b>Thriving Residents</b>



<b>MEASURE</b>	3.2		<b># of Households on Medi-Cal (monthly)</b>									
	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
<b>DATA</b>	26,952	27,086	27,269	27,356	27,307	27,486	27,218	27,230	27,380	27,316	27,142	26,833
	<p align="center"><b># of Households on Medi-Cal</b></p> <p align="center">■ # of households on Medi-Cal</p>											

<b>MEASURE</b>	3.3		<b>% of residents enrolled in Medi-Cal (monthly)</b>									
	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
<b>DATA</b>	24 %	24 %	24 %	24 %	24 %	24 %	24 %	24 %	24 %	24 %	24 %	24 %
	<p style="text-align: center;"><b>% of residents enrolled in Medi-Cal</b></p> <p style="text-align: center;">■ % of residents on Medi-Cal</p>											
<b>DATA SUMMARY</b>	<p>Over the calendar year our Medi-Cal participants (individuals, households and potentially eligible percentage) has remained steady with 24% enrolled and 29% of the population estimated to be eligible for Medi-Cal.</p>											



## RESULTS BASED ACCOUNTABILITY REPORTING FORM

PERFORMANCE MEASURE ANALYSIS	RECOMMENDATIONS
<p>Yolo County residents on Medi-Cal has remained at or above 24% of Yolo County's population for the past several fiscal years. We currently have 24% of the population on Medi-Cal. It is estimated that 29% of the population is eligible for Medi-Cal.</p>	<ul style="list-style-type: none"> <li>• Adequately staff the Medi-Cal program. We currently have an attrition rate of approximately 25% in eligibility staff. This position is a high turnover position. Due to 2018 retirements and staff departures we currently are recruiting to fill 2 permanent vacancies and 10 extra help positions. In addition, we had 18 positions that began training on 1/22/19 and are not processing a full workload at this time. We need to continue to regularly hire and make sure we do not go through long periods of position freezes. The training timeframe for a Medi-Cal PAS is over 6 months. It should also be noted, that over the last several fiscal years staffing in the Medi-Cal program has been significantly reduced while the caseload continues to grow. From fiscal year 14/15 we saw 17% increase in residents utilizing Medi-Cal but a decrease of 43% of our Medi-Cal FTE. Our compliance rates will continue to suffer if we are not sufficiently staffed to meet the ongoing, growing demand.</li> <li>• Staff Retention. Over the last year we have at times exceeded 25% turnover in staffing. The time from recruitment to actual hands-on independent casework is close to 9 months. We are doing what we can to recruit competent staff and to engage the workforce but due to the current economy we have a hard time staying competitive within the job market.</li> <li>• Continue to work with staff and supervisors to improve efficiencies in the way we process Medi-Cal applications and re-certifications.</li> </ul>
FORECAST	
<p>The 2016 US Census states that 29% of Yolo County residents currently live at 150% of Poverty. Medi-Cal utilizes 138% of the poverty level. We currently have 24% of the population on Medi-Cal. Based on current case counts and census information on income we estimate we have a 5% margin of possible growth but are likely close to target. The growth ceiling for our current Medi-Cal program based on census data would be 63,543 recipients. Roughly 11,500 more recipients than our current count. It should be noted, that is based on 150% FPL not 138% FPL so that number is probably much closer to 54,000 or 26% of the population.</p> <p>It should be noted that these projections are based on the current regulations and operating procedures under Medi-Cal and expansions under the Affordable Care Act (ACA). Depending on the outcome of the Federal Governments pursuit to repeal and or replace the Affordable Care Act as well as the new regulations regarding Public Charge, we project these numbers would dramatically change. Current proposals at the Federal level would severely limit our ability to provide full scope Medi-Cal to Yolo County residents (Prior to ACA implementation we had 28,046 individuals on Medi-Cal) and at a minimum increase the uninsured rate in Yolo County by 12% or 24,000 residents.</p> <p>Another area to note is with unemployment numbers being the lowest we have seen in many years and the economy booming, less people are potentially turning to Medi-Cal as their employers are providing health coverage options.</p>	