



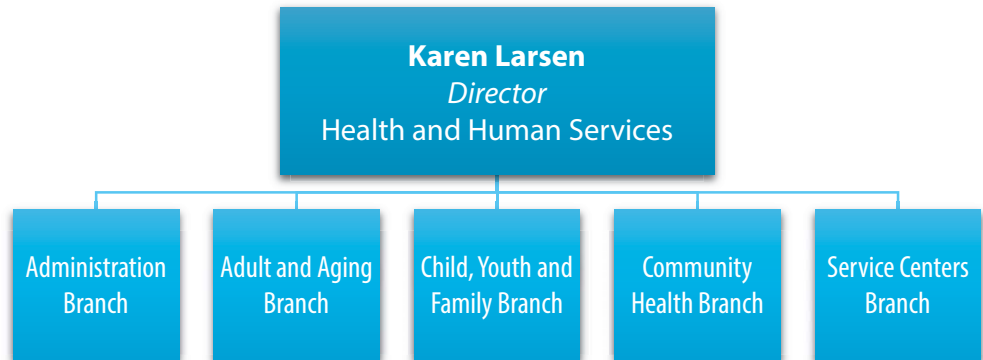
# Health and Human Services



# Health & Human Services



**Karen Larsen**  
*Director*



## OUR MISSION

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

## Major Services

The Yolo County Health and Human Services Agency works to promote the health, safety and economic stability of Yolo County residents, particularly individuals that are vulnerable, through the administration of more than 60 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.

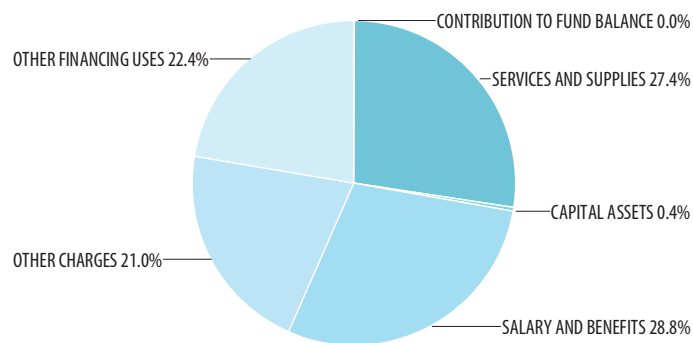
## Summary of Budget by Program

<b>Program</b>	<b>Expenditures</b>	<b>Revenue</b>	<b>Use of Fund Balance</b>	<b>Net County Cost</b>
Administration	839,401	822,000	17,401	0
Behavioral Health	60,184,146	56,165,558	3,616,424	402,164
Public Guardian	1,183,479	144,000	76,600	962,879
Public Health	28,291,764	17,013,345	6,165,738	5,112,681
Social Services	160,246,840	155,359,730	394,906	4,492,204
Veterans Services	303,801	65,205	0	238,596
<b>Total</b>	<b>251,049,431</b>	<b>229,569,838</b>	<b>10,271,069</b>	<b>11,208,524</b>

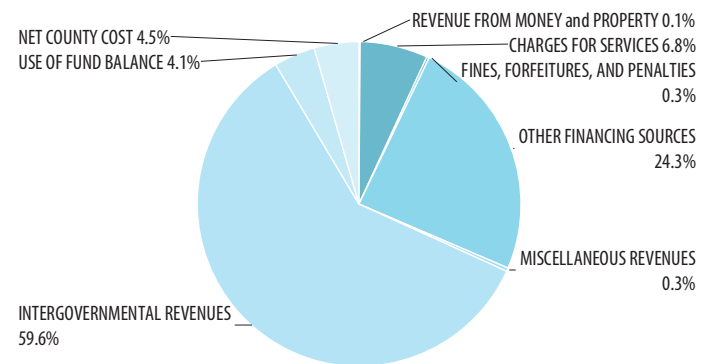
### Summary of Budget by Category

	FY 2017 / 2018 Actuals	FY 2018 / 2019 Actuals	FY 2019 / 2020 Adopted	FY 2020 / 2021 Recommended	FY 2020 / 2021 Adopted
<b>REVENUE</b>					
FINES, FORFEITURES, AND PENALTIES	740,577	846,554	772,655	772,655	648,464
REVENUE FROM MONEY & PROPERTY	341,915	764,608	137,848	205,373	224,274
INTERGOVERNMENTAL REVENUES	126,888,576	123,824,648	137,054,721	142,306,156	149,783,946
CHARGES FOR SERVICES	15,928,283	13,106,701	15,382,787	17,791,855	17,072,100
MISCELLANEOUS REVENUES	749,314	967,921	822,301	817,287	837,311
OTHER FINANCING SOURCES	39,141,172	71,015,104	57,262,122	56,015,014	61,003,743
<b>TOTAL REVENUE</b>	<b>183,789,837</b>	<b>210,525,535</b>	<b>211,432,434</b>	<b>217,908,340</b>	<b>229,569,838</b>
<b>APPROPRIATIONS</b>					
SALARY AND BENEFITS	59,109,255	65,484,469	72,277,529	73,900,190	72,431,426
SERVICES AND SUPPLIES	43,026,675	50,177,548	67,015,506	60,177,078	68,719,277
OTHER CHARGES	39,557,686	41,610,647	40,642,970	44,766,540	52,798,802
CAPITAL ASSETS	98,825	288,759	1,258,887	69,983	919,085
OTHER FINANCING USES	40,765,901	72,895,370	57,465,438	56,412,667	56,180,841
<b>TOTAL APPROPRIATIONS</b>	<b>182,558,342</b>	<b>230,456,793</b>	<b>238,660,330</b>	<b>235,326,458</b>	<b>251,049,431</b>
<b>USE OF FUND BALANCE</b>	<b>(11,220,632)</b>	<b>6,219,429</b>	<b>18,310,488</b>	<b>6,115,334</b>	<b>10,271,069</b>
<b>NET COUNTY COST</b>	<b>9,989,136</b>	<b>13,711,829</b>	<b>10,922,379</b>	<b>11,047,211</b>	<b>11,208,524</b>
<b>FUNDED STAFFING</b>	<b>576</b>	<b>602</b>	<b>635</b>	<b>623</b>	<b>622</b>

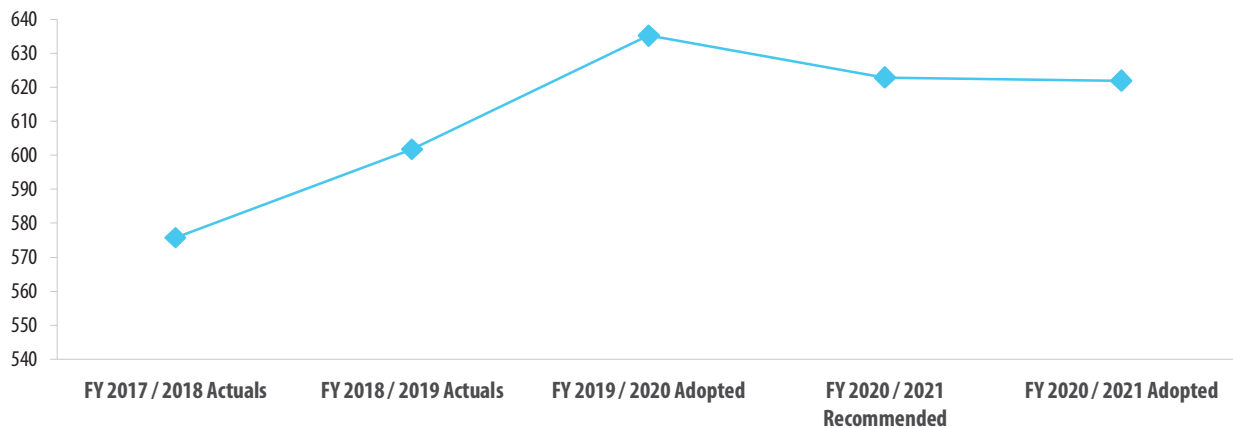
### Expenditures



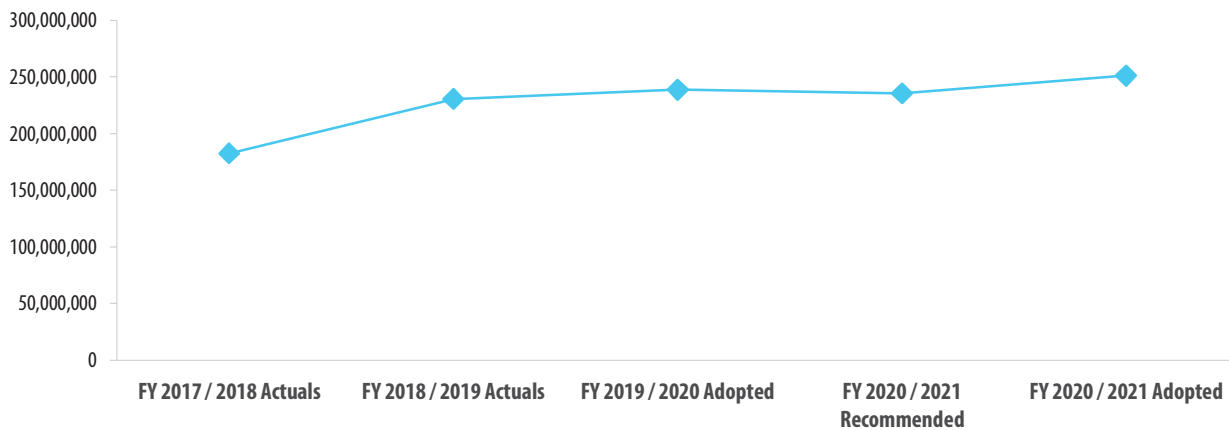
### Revenues



### Four Year Staffing Trend



### Four Year Expenditures Trend



### Significant Budget Changes

The 20-21 Adopted Budget for HHSa includes re-funding of three of the 21 positions that were unfunded during the Recommended Budget. The three positions will be funded through grants. The Adopted Budget includes a State and Federal revenue increase of \$13.6 million, of which \$6.7 million is CARES Act funding to be utilized for Project RoomKey.

The Adopted Budget also has increased use of Fund Balance by \$2.1 million due to Intergovernmental Transfer (IGT), Mental Health Services Act (MHSA), and Substance Use Disorder (SUD) funds. The Recommended budget also had \$1.5 million use of Fund Balance in the trust fund of Social Services Realignment 1991, and replaced with Realignment Backfill from the State.

## Prior Year Goals, Strategies & Accomplishments

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



#### Strategies for 2019-20

- Increase HHSA employees' ability to respond to emergencies.
- Reduce the recurrence of child abuse.
- Reduce transmission of sexually transmitted diseases.
- Increase timely linkage of children and adults to appropriate level of mental health care.
- Increase self-sufficiency of CalWORKs participants- # of participants who exited CalWORKs due to earned income within 1 year of beginning Welfare to Work program.
- Increase enrollment of eligible residents in CalFresh- # and % of residents receiving CalFresh
- Increase self-sufficiency of individuals experiencing homelessness in Yolo County- # and % of participants who increase income while receiving Agency case management

#### Accomplishments:

- HHSA has made considerable progress in increasing the percentage of employees who are able to respond to emergencies. In Fiscal Year 2019-20 (FY 19-20), HHSA developed a system to track staff trainings and mandated participation in four web-based emergency preparedness trainings. As of April 2020, HHSA staff had completed 42% of the trainings. In comparison, just 4% of HHSA staff had completed the required trainings as of April 2019. HHSA expects to continue this work in FY 20-21.
- In FY 19-20, HHSA focused efforts on reducing the recurrence of child abuse by assessing causes, data patterns and potential indicators, and then targeting interventions according to that information. The recurrence of maltreatment is tracked in arrears over periods of twelve months. For the period of 04/01/2018 to 3/31/2019, 91.9% of cases had no recurrence of child abuse, which exceeds the national goal of 90.9%. This is an improvement over the 2018 calendar year average where the no recurrence rate was 88.4%.
- During FY 19-20, the HHSA Communicable Disease Team focused efforts on reducing rates of sexually transmitted diseases (STDs) with a specific emphasis on syphilis, which has been on the rise statewide for the last several years. HHSA Staff worked to identify people who are at high risk for syphilis, provide expanded testing and treatment, and connect people with syphilis to public health, mental health, substance use, and social services. Additionally, the Syphilis Taskforce, which is composed of health care providers was created in an effort to address the local rise in syphilis. The Task Force is focused on introducing rapid syphilis testing to increase the number of patients screened for syphilis.



## Prior Year Goals, Strategies & Accomplishments

- To increase the timely linkage of clients to mental health services after a psychiatric hospitalization, staff identified a need to create a report in HHSA's electronic health record system that captures the timeliness of services for three populations: adults age 21+, youth age 0-20, and youth with foster care involvement. Using this report, HHSA was able to establish baseline data for FY 18-19, which indicated that 91.2% (499/544) of hospital discharges resulted in a service delivered within the required timeframe of 7-days, including: 93.2% of adults (340), 89.9% of children/youth (115), and 100% of foster-care involved children/youth (7). Reporting for FY 19-20 has been delayed due to COVID-19 response, and work will continue in this area during FY 20-21.
- In FY 19-20, staff created a report to track the number of CalWORKs participants who exited the program due to securing earned income. Using this report in conjunction with a quarterly report provided by the State, which provides a broader view of local employment, objectives were created to increase self-sufficiency. These objectives included engaging exempt and non-compliant clients to increase their work participation.
- HHSA has worked to increase the CalFresh enrollment of eligible residents, with a particular focus on four target populations including seniors, students, people with disabilities and agricultural workers. Using print advertising, technology, and increased outreach, HHSA has educated residents and increased CalFresh community awareness and applications. HHSA also partnered with the University of California Davis to provide CalFresh notices in student aid packets as well providing direct service to students at the Davis Service Center location. During the first half of FY 19-20, HHSA's CalFresh caseload has grown by 10%, from 17,491 in June 2019 to 19,385 in January 2020.
- HHSA measures the self-sufficiency of individuals experiencing homelessness by examining the individuals' income including cash benefits and earned income. In FY 19-20, staff created a methodology for tracking income of clients who are case managed by HHSA Homeless Services. Data is now tracked quarterly, allowing staff to work towards securing income for all homeless clients. These efforts will carry forward into the next FY.

### Goal 2: Ensure Fiscal Health



#### Strategies for 2019-20

- Align Agency's fiscal structure to include budgets and performance measures by program.
- Expand 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.

## Prior Year Goals, Strategies & Accomplishments

- 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.

### **Accomplishments:**

- HHSA created a new fiscal structure to align budgets and performance measures by program. The solution has been presented to the Department of Financial Services (DFS). DFS and HHSA are collaborating to address concerns and move forward with a new structure in the near future. HHSA's budget request for FY 20-21 includes funding for a new software system to make these structural changes possible.
- In FY 19-20 HHSA developed five new financial and administrative reports including, 1) budget-to-actuals, 2) authorized position status, 3) branch position count, 4) vehicle utilization, and 5) social services time study hours- budget to actuals. Staff in the Administration Branch continue to work diligently on increasing HHSA's ability to produce timely and accurate reports.
- Staff from throughout HHSA have collaborated in FY 19-20 to advance the use of technology within the Agency. HHSA has nearly completed the implementation of a new fleet management and reservation system, as well as moving the Agency's electronic health record system to the cloud, which allows for better data security and sustainability. Several other technology projects have been halted due HHSA's response to the COVID-19 pandemic. These projects will be reevaluated based on the evolving needs of HHSA in the upcoming year.
- HHSA has developed some policy recommendations that will assist the Agency in preparing for economic downturn. The Department of Financial Services and HHSA have collaborated to complete a final draft for future review by the Board of Supervisors.
- HHSA made a request to the Secretary of the State of California Health and Human Services Agency seeking approval to be designated as an integrated and comprehensive health and human services agency. The request was approved in November 2019. Operating as an authorized integrated and comprehensive health and human services agency allows HHSA to reallocate funds within 2011 Realignment funding across social and behavioral health services. This change allows additional fiscal flexibility and improves the Agency's ability to provide services to our community in the areas where they are most needed.

### **Goal 3: Strengthen Integration**



#### **Strategies for 2019-20**

- Expand training curriculums that offer employees the tools they need to do their jobs.



## Prior Year Goals, Strategies & Accomplishments

- 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.

### **Accomplishments:**

- In FY 19-20, HHSA Human Resources focused efforts on conducting surveys, focus groups and interviews with employees to better understand the training needs of staff. In light of these results, a staff training calendar was created for the year, and Human Resources began tracking training participation and feedback. In the upcoming year, all trainings will be placed in a Learning Management System (LMS), which will allow for staff to be assigned trainings from Supervisors and/or Human Resources and offer a more sustainable way of tracking participation.
- HHSA worked in FY 19-20 to increase employee recruitment, engagement and retention in classifications with frequent turnover. To kick off these efforts, staff completed a study to identify the positions which have the highest rates of turnover. This information will be used in the upcoming year to inform choices around recruitment, position specific trainings and employee incentives.
- During FY 19-20 HHSA started the process of assessing current work spaces and developing a plan for long-term space needs based on projected growth of the Agency and community. In light of the COVID-19 pandemic, evaluating HHSA's future space needs will be postponed.
- HHSA formed a cross-branch work group, which developed a shared definition of multi-disciplinary work within the Agency. The group created an inventory of all multi-disciplinary work and meetings already occurring. Using these findings, an evaluation was completed to determine what attributes make multi-disciplinary work meaningful and successful. As an ongoing effort, HHSA will use this information to seek new opportunities for multi-disciplinary work and to improve upon existing projects.
- In an effort to increase both internal and external communications, HHSA created a communications work group, which identified priority areas for communications work in anticipation of a Communications Coordinator joining the HHSA team. In light of the COVID-19 pandemic, hiring a Communications Coordinator has been delayed, but HHSA continues to work toward increasing communications through an increased social media presence. Additionally, staff collected internal and external feedback regarding HHSA as part of the Agency's strategic planning process. The feedback from these interviews and focus groups provides valuable information for HHSA to use moving forward regarding the meaning and value of having an integrated health and human services agency in Yolo County.

## Prior Year Goals, Strategies & Accomplishments

### 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 Agency.
- Conduct contract procurements that align internal program and external contract performance measures.

#### Accomplishments:

- To assist with assessing the impact of Agency programs, HHSA developed a learning collaborative of HHSA staff members working on quality improvement efforts under Goal One (Improve Outcomes for Clients and the Community) of the HHSA FY 19-20 Strategic Plan. The group met on a bi-monthly basis to discuss progress, troubleshoot issues, and learn about quality improvement tools and techniques.
- HHSA has created performance measures using the results based accountability framework for 17 of its 60 programs. To ensure this work continues, during FY 19-20 HHSA's Performance and Process Management team worked to develop a process for creating, approving and updating these program performance measures. Staff conducted extensive research and collected feedback from programs that have already created their performance measures to inform the process moving forward. A draft process is in review with HHSA leadership, and will be implemented in FY 20-21.
- HHSA staff have worked during FY 19-20 to establish Agency-wide standards for active contract management which is the purposeful use of data and management of agency/ service provider interactions to achieve real-time improvements to outcomes for the people being served. Staff worked with all existing Contract Administrators at HHSA to assess the contract management techniques currently being utilized, and to determine what techniques should be incorporated into all contract management across the Agency moving forward. The draft standards are expected to be rolled out early in FY 20-21.
- HHSA staff has worked to develop a plan and timeline that will ensure that all HHSA service delivery contracts have performance measures aligned with program performance measures by June 30, 2023. Staff have conducted an assessment to determine which HHSA program each contract belongs to, and are currently assessing how many existing contracts already have aligned performance measures. In FY 20-21 this work will continue, as staff create a comprehensive timeline for procuring all contracts with updated performance measures.

## Current Year Goals & Strategies

### Promote a healthy, safe, and economically stable community



#### Strategies 20-21

- Thriving Residents
  - Reduce disparities in health outcomes.
  - Achieve “functional zero” and a demonstrated reduction in homelessness.
  - Reduce economic and health disparities for aging residents.
  - Reduce economic and educational disparities for vulnerable children and families.
  - Link adults with behavioral health conditions to the appropriate level of services.
  - Reduce the prevalence and transmission of infectious disease.
- Safe Communities
  - Increase disaster emergency preparedness and resiliency
  - Reduce criminal activity and recidivism
- Flourishing Agriculture
  - Increase stability and supports for agricultural workers and employers.
- Robust Economy
  - Facilitate Successful employment and increase household income.

### Focus on the Client Experience



#### Strategies 20-21

- Build a No Wrong Door model: A no wrong door service model allows clients to enter through any door and get connected to all the HHSA services that they need.
- Integrate Our Services: Integrated pathways between HHSA programs offers a coordinated and seamless connection between services for clients.
- Always Consider Client Experience: Client experience is considered in all decisions, policies, and practices.

## Current Year Goals & Strategies

### Provide Backbone Support for Community Issues

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#### **Strategies 20-21**

- Establish a Common Agenda: Common understanding of community issues and collective solutions are developed by bringing our partners together.
- Support Mutually Reinforcing Activities: Collective solutions are achieved with mutually reinforcing action plans that include coordinated activities implemented by our diverse stakeholders.
- Continuously Communicate with Those We Serve: Regular communication with our clients, partners and community offers education about our services, role and value.

### Be a High-Performing Agency

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#### **Strategies 20-21**

- Build Financial Strength: Program revenues are maximized and financial performance is effectively managed.
- Support and Engage our Staff: Staff work in a safe environment that encourages wellness, engagement and professional development.
- Use Data to Show Our Impact: Our impact on client well-being is measured, reported and used for learning and improvement.



## Program Summary

### **PROGRAM SUMMARY**

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: Helping staff understand, identify and communicate programs and services as an integrated Agency; Giving staff a roadmap to where we are headed next with Results Based Accountability (RBA) and performance measurement; and reorganizing the Agency's financial structure to align with the Branch and program structures of our integrated Agency, which will allow staff to report accurate and timely fiscal information by Branch and program. HHSA managers and supervisors worked with fiscal staff to develop the full inventory of programs, which includes 61 HHSA programs.

After completing the initial inventory, HHSA directors, managers and supervisors worked collaboratively to identify which programs were 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 17 of the 61 programs to create Results Based Accountability program performance measures. HHSA expects to create performance measures for additional programs during FY 20-21.

### **Adult and Aging Branch**

#### **Adult Mental Health Promotion**



*Increase consumer connectedness and decrease consumer isolation and stigmatization.*

The Adult Mental Health Promotion program includes several subprograms, including Wellness Centers and Stigma & Discrimination Reduction. This program provides a safe space for building independent living skills, social skills and opportunities to socialize with peers.

#### **Adult Outpatient Mental Health**



*The Adult Mental Health Promotion program includes several subprograms, including Wellness Centers and Stigma & Discrimination Reduction. This program provides a safe space for building independent living skills, social skills and opportunities to socialize with peers.*

HHSA is responsible for assessing and navigating individuals with mental health conditions to the appropriate level of care, in addition to providing ongoing care for both indigent and Yolo Medi-Cal beneficiaries with severe and persistent mental health conditions. These services are provided through several subprograms, including access and crisis, the first responder's initiative, adult full service partnership, and treatment.

### Homeless Services



*Increase or maintain engagement in behavioral health services; non-cash benefits; income; and linkage to appropriate housing support resources for individuals at risk of or experiencing homelessness in Yolo County.*

Homeless Services provides outreach, support for special projects, and responds to referrals from the community. The programs strives to increase the stability and self-sufficiency of individuals and families at risk of or experiencing homelessness by linking them to appropriate resources and programs, and through encouraging their engagement in services.

### Child, Youth and Family

#### Children’s Outpatient Mental Health



*Reduce symptoms and functional impairments related to primary diagnosis, increase caregiver resources and ensure at home placement.*

The program serves Yolo County residents who are Medi-Cal eligible and meet medical necessity criteria for specialty mental health services (SMHS). Clients are between the ages of 0-17, and 18-21 if involved in Child Welfare Services and is a non-minor dependent. Specialty Mental Health Services include individual or group therapies and interventions that are designed to reduce mental disability and/or facilitate improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. Services are directed toward achieving the client’s/family’s goals and must be consistent with the current Client Treatment Plan.

### Child Welfare Emergency Response & Court Investigations



*Respond to community concerns of child safety with the appropriate level of intervention.*

Emergency Response investigations seek to address and mitigate safety concerns and if necessary elevate to court intervention. The Court Unit is responsible for continuing investigations for children who are likely described as those that 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 to the Court on the plan for the child and family. The social workers hold Child and Family Team meetings which is a gathering of the family members, support persons, service providers and social workers to design a collaborative approach for any of a series of elements in a case.

#### Child Welfare Intake



*Assess the appropriate level of response to the community’s concerns of child safety.*

The Intake Unit receives calls from the community 24/7 regarding children that are believed to be at risk. They gather information, provide resources and determine correct response.

#### Child Welfare Ongoing Services



*Increase timely permanency, decrease re-entry for foster care placement and ensure safety of out of home placement for children.*

Yolo County Child Welfare Ongoing Service works with children and families (and a wide range of community partners and stakeholders) towards ensuring the safety,



permanency and well-being of children that have entered the child welfare system. The program works with families in an effort to support reunification whenever possible, and when not possible working towards other permanency options for children and youth. As we seek timely permanency outcomes, 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)

## Community Health

### Healthy Eating Active Living



*Encourage healthy eating and nutrition-related attitudes in low income Yolo County adults who participate in a nutrition education class; and increase the access to and consumption of fresh fruits and vegetables and overall wellbeing for participants.*

Health Eating Active Living includes a variety of activities, one of which is teaching nutrition education classes to adults. The nutrition education classes are offered in settings where low-income and CalFresh eligible adults congregate throughout Yolo County. Classes are 60 minutes long and cover topics such as MyPlate basics, Building a Healthy Plate, Planning Healthy Meals, Shopping on a Budget, Cooking Matters Grocery Store Tours, Reading Nutrition Labels and Rethink Your Drink. Healthy Eating Active Living also operates the Hanna and Herbert Bauer Memorial Community Garden as a way to increase access to fresh produce and gardening resources for low-income residents in the surrounding community. The garden includes 32 community plots that are made available to community members and staff, as well as a demonstration area that is used to teach classes and grow produce to distribute to WIC clients or to use in nutrition education classes. Infectious Disease Prevention and Control



*Reduce transmission of communicable and sexually transmitted disease among Yolo County residents.*

The Infectious Disease Prevention and Control Program investigates mandated reportable communicable diseases (CDs) under Title 17, including Public Health Emergency Preparedness (PHEP) reportable conditions and gastrointestinal diseases; and responds to disease outbreaks. These activities help to prevent the spread of communicable diseases in the community and enable our residents to live longer, healthier lives. The program also works to reduce the transmission and impact of sexually transmitted infections in Yolo County. Surveillance activities capture reports of STD cases and program staff ensure affected individuals and their partner's access appropriate treatment.

### Maternal, Child, and Adolescent Health Promotion



*Reduce the rate of lead poisoning in all at risk children; Increase knowledge of risk factors contributing to fetal, neonatal and post-natal deaths among providers; Increase maternal linkage to a medical home, mental health services and social support network; Increase knowledge of maternal mental health disorders and resources available to address them among stakeholders and healthcare providers; and Increase caregiver knowledge and implementation of safe sleep practices.*

The Maternal, Child, Adolescent Health Promotion program includes a range of subprograms, including Childhood Lead Poisoning Prevention, Comprehensive Perinatal Services, Fetal Infant Mortality Review, Home Visiting, Maternal Mental Health, and SIDS.

## Oral Health Promotion



*Reduce the rate of Class II/III decay in elementary school-aged children.*

The Yolo County Oral Health is a program of the California Department of Public Health through and is funded through Prop 56 (Tobacco tax) funds. The program helps improve oral health outcomes through the following:

- o Improving community oral health literacy through outreach, education, coordination of stakeholders and development of oral health messaging to improve oral health behaviors of the community
- o Coordinating school screening efforts to improve screening rates among K/3rd graders and improve access to follow up dental care as needed
- o Increasing community and stakeholder awareness of Denti-Cal services and availability of Denti-Cal providers in Yolo County or neighboring counties
- o Convening a group of oral health stakeholders monthly to coordinate efforts to improve access to and utilization of oral health programs, improve oral health literacy, and develop policies to help improve oral health

## Tobacco and Substance Use Prevention and Control



*Increase local jurisdictions that adopt and implement tobacco-related policies; and increase leadership skills and knowledge of risk and consequences of substance use among youth participants.*

The Tobacco Prevention program is funded by two State taxes on tobacco products sold in the state of California. These funds are distributed by the California Tobacco Control Program to California county health departments to conduct tobacco-related prevention intervention activities. Interventions include working with local jurisdictions including city councils and the county board of supervisors to adopt public policies that regulate and restrict the sale and use of tobacco products. The substance use prevention program uses Friday Night Live (FNL) to support a lifestyle free of alcohol, tobacco and other drugs. FNL consists of school

chapters where adults engage youth and provide a safe environment with opportunities for positive and healthy youth development, and in the process youth increase their knowledge and skills.

## Service Centers

### CalFresh Eligibility



*Increase enrollment of eligible residents, increase resources to purchase food products, and increase economic stimulus of benefits issued.*

The CalFresh program is California’s version of the federal Supplemental Nutrition Assistance Program or SNAP. This program targets households with income below 200% of the federal poverty level. Yolo County residents can apply for CalFresh benefits on-line at [www.MyBenefitsCalWIN.org](http://www.MyBenefitsCalWIN.org) or in person at our Davis, Woodland, West Sacramento or Winters service centers. Established recipients must submit periodic reports and complete recertification annually 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.

### CalWORKs Eligibility



*Increase enrollment of eligible residents, increase resources for families, and increase economic stimulus of benefits issued.*

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 allow for. Benefits are state and/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 on-line at [www.MyBenefitsCalWIN.org](http://www.MyBenefitsCalWIN.org) or in person at our Woodland, West Sacramento or Winters Service Centers.

### CalWORKs Employment Services



*Increase educational attainment, employment stability, and permanent housing for CalWORKs participants.*

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. These supports all work to help families become gainfully employed and attain self-sufficiency.

### Foster Care Eligibility



*Establish timely foster care payments.*

The Foster Care Eligibility program provides funds to minors and non-minor dependents (NMD) that have been removed from parent(s) and placed either in a home based foster care (HBFC) setting or a group home. Foster Care eligibility staff work closely with child welfare social workers and probation officers as these are the two sources in which foster care applications are submitted to the county. Foster care eligibility is determined using Temporary Assistance to Needy Families (TANF) regulations prior to 1996. Deprivation to the program is established using the information of the parent(s) who the minor or non-minor dependent was removed from. Once the deprivation is established the funding source, federal or non-federal, is determined. If the minor or non-minor dependent is placed with a

relative and the funding source is non-federal then referrals are made to the social worker for the relative to apply for the approved relative caretaker (ARC) program. All home based foster care placements must have the home certified by Child Welfare Services in order to be approved to receive foster care funding. This certification includes background checks for the providers. Historically, the foster care rates were determined by the age of the minor or non-minor dependent. Beginning May 1st, 2018 the rate will be determined based on the needs of the minor or non-minor dependent. The rates will be known as level of care (LOC) rates.

### Medi-Cal



*Increase enrollment of eligible residents in Medi-Cal.*

Medi-Cal is California's Medicaid program. This is a federally funded program that provides health care services for low income individuals including families with children, seniors, persons with disabilities, children and youth in foster care and pregnant women. To be eligible for Medi-Cal an applicant's annual income must be lower than 138% of the federal poverty level. The Affordable Care Act, implemented in January 2014, 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. HHSA staff provide application assistance, make eligibility determinations and provide ongoing case management.

