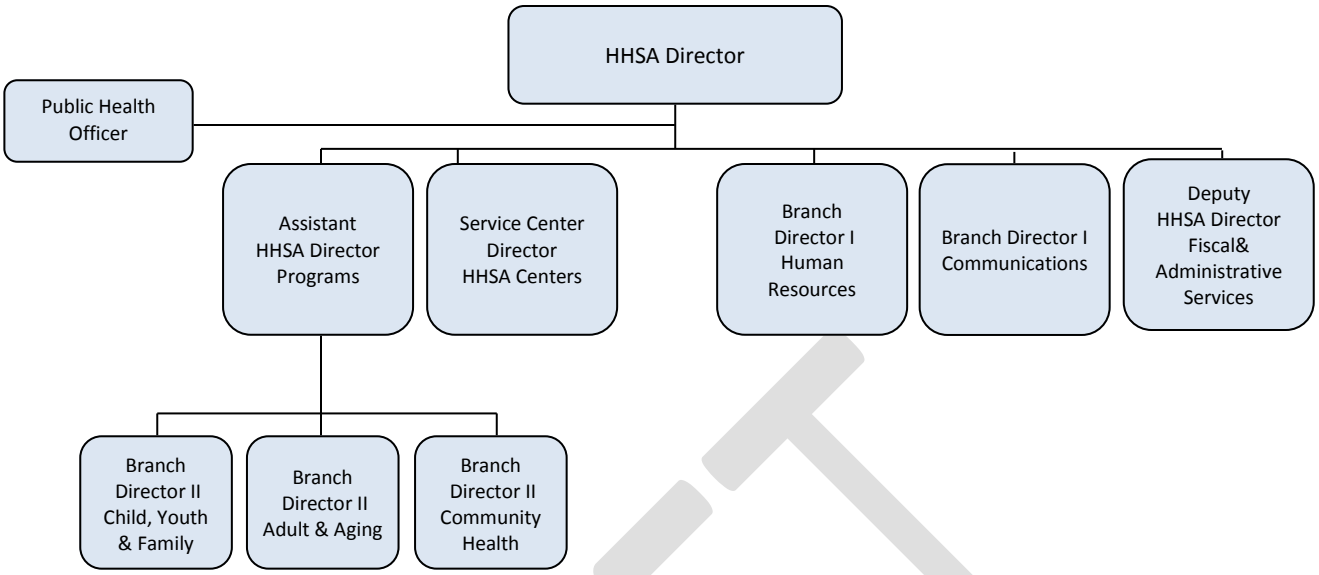
Yolo County
Health and Human Services Agency
Department Operational Plan

April 2016

Organizational Chart: High level department organizational structure.



Mission and Vision Statement: **Short statement that explains the purpose of your department.**

Vision: A safe, healthy and economically stable community **Mission**: We strengthen, protect and empower people to build a thriving community.

Description of Major Services: **Primary activities or services provided by the department**

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

Priorities and Influences: Primary influences and priorities that drive your operations

The vast majority of the work provided by the Health and Human Services Agency falls under the Board goal of Thriving Residents. Approximately 600 staff members work to ensure the health, safety and economic stability of the population, particularly individuals that are vulnerable, through the administration of almost fifty state and federally mandated programs and services. Additionally, non-mandated programs and services that address community needs are provided. The creation of an integrated Health and Human Services Agency in July of 2015 provides a platform for delivering these services in a more collaborative and integrated fashion to improve client outcomes.

The primary influence on HHSA's budget is the ever changing mix of mandates and funding handed down by state and federal government entities. Our mandates come from other levels of government, sometimes with corresponding funding, but usually not enough to adequately meet program mandates or community needs. Leveraging funds is a delicate balancing act; a dollar spent in one area can bring in as much as nine dollars in state or federal funding, or, if spent in the wrong category, can cost the county general fund dollars. Myriad systems for payment further complicate the fiscal picture. Some programs receive a direct annual allocation; others require extensive documentation for reimbursement, which might not occur for several years. Sometimes mandates are entitlements meaning individuals are required to be given the service. Other times the level of service required is vague leaving it to interpretation. Staying current on funding and program expectations, as well as leveraging opportunities and minimizing county general fund risk, is a core function.

While our purpose is always to get the right services to those who need them, our priority now is to do so in a financially sustainable fashion. The Affordable Care Act and growing emphasis on factors such as treating the "whole person" have provided new opportunities to provide services, but those must be balanced against growing costs. Yolo County is not a rich county. Our population requires a relatively high level of service and our state revenues are comparably low, and attracting quality workers requires that we are competitive with larger more well-off counties. Integration efforts will ultimately provide us with mechanisms to leverage funds and better utilize existing resources. However, our ongoing review of the base HHSA fiscal condition is revealing many longstanding issues that need to be addressed before we can be financially sustainable.

HHSA serves tens of thousands of individuals and families every month both directly and indirectly through contracts with partners. For example, fully one quarter of Yolo County's 200,000 residents receive Medi-Cal benefits. A recovering economy has stabilized revenues but demand for services continues to outstrip available resources in nearly all program areas. Yolo County has a relatively high poverty rate (19.5%) compared to California (14%) and the nation (12.5%). Additionally, the Yolo County unemployment rate (6.6%) remains above the state average of 5.7%. Unemployed and underemployed individuals need assistance with food, cash, housing and medical care, exactly the services we provide.

We anticipate that 2016-17 will be spent continuing to improve our fiscal and administrative capacity, create a robust performance management infrastructure and develop our staff so they can best meet the needs of the community.

Health & Human Services Agency Major Services by Branch

Health & Human Services Agency Major Services	Supports Agency Vision for Community		
Adult & Aging Major Services	**Healthy**	**Safe**	**Economically Stable**
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) program determines 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 homelessness individuals	✓	✓	✓
Substance Use Disorder Services provide outreach, prevention, outpatient and residential treatment for persons with substance use disorders	✓	✓	
Child, Youth & Family Major Services	**Healthy**	**Safe**	**Economically Stable**
Child Welfare Services (CWS) provide 7-day/24-hour emergency response to child abuse referrals; out-of-home placements for children at risk of abuse; foster care services; family support meetings; and permanency planning	✓	✓	
Children's Medical Services (includes Child Health & Disability Prevention and California Children's Services) offer health assessments, services and case management for eligible children and youth	✓		
Children's Mental Health Services provide specialty mental health services for emotionally disturbed and mentally ill children and youth	✓		
Community Health Major Services	**Healthy**	**Safe**	**Economically Stable**
Emergency Health Services include public health emergency response, cities readiness program, strategic national stockpile, pandemic flu, and hospital preparedness program	✓	✓	
Maternal, Child & Adolescent Health (MCAH) include nutrition services, health promotion and education, immunization program, injury prevention and chronic disease prevention	✓		
Medical Services include indigent medical care, jail medical services, communicable disease and Tuberculosis Control & Prevention, HIV surveillance, public health laboratory, vital records and medical marijuana identification card program administration	✓		
Public Health Planning include quality management, community health assessment and community health improvement planning	✓		
Service Center Major Services	**Healthy**	**Safe**	**Economically Stable**
Medi-Cal provide federally funded health insurance	✓		✓
CalFresh provide cash assistance for food	✓		✓

CalWORKs provide 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) provide 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 open to the public for job searches, resume review and other employment services; coordinates multiple job fairs each year			✓

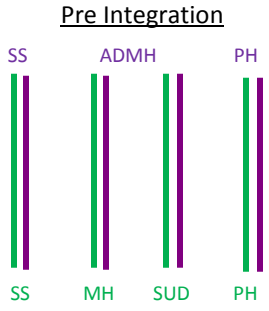
Background

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

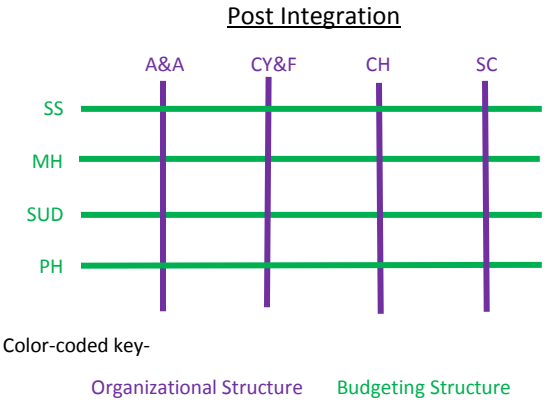
Consistent with this overarching view, with this Annual Report, Health & Human Services will begin shifting to a system of reporting outcomes within the three broad categories of health, safety and economic stability. This is in part a philosophical shift in keeping with the Board's desire to move to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

Summary of Integration changes

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



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



Department 2015-16 Accomplishments: **Identify accomplishments, and where a key initiative was not completed, note why.**

2015-16 Goals & Strategies	Accomplishments/Status
Goal 1: Implement Health & Human Services Agency integration	
	The merge of the departments of Employment & Social Services and Health Services took effect July 1, 2015, creating the Health & Human Services Agency (HHSA).
A. Co-locate administrative personnel and service teams	A. HHSA staff were organized into population-based branches with approximately 60 re-located to be near their new co-workers; the remaining relocations (160) are projected to be complete by late 2016
B. Create framework for Service Centers	B. The framework for the Service Center structure was developed and implementation is underway
C. Engage and support staff through change	C. All staff were trained in Change Management and support efforts continue
Goal 2: Improve access to services	
A. Establish "no wrong door" approach	A. The reorganization was the first step of developing a "no wrong door" approach
B. Increase mental health participation rates for minority populations	B. HHSA continued to experience difficulty in reaching minority populations for mental health services, but has seen an increase in the number served this year due, in part, to a contract with CommuniCare initiated specifically to focus on the Hispanic population (in 2014-15, 719 Hispanic consumers received Behavioral Health services; an increase of 32% from 2013-14)
C. Enhance and sustain home visiting services available to high risk families	C. Home visiting nurse services were expanded to 3 FTEs but staff turnover and budget constraints resulted in 1 FTE not being filled; HHSA will continue with 2 FTEs in 2016-17 though community need remains high
D. Increase outreach and education	D. Friday Night Live outreach efforts were expanded. Additional funding was provided to expand the child development home visiting services offered by Yolo County Children's Alliance Step by Step/Paso a Paso program; Service Center outreach efforts expanded to the Woodland Day Reporting Center, Public Defender's Office and West Sacramento and Davis Mental Health clinics
E. Increase community-based services to keep children/families close to home	E. Child Welfare Services initiated the Voluntary Family Maintenance program to work with families and child support systems to develop a family safety plan to keep families together or to keep children in the community; a new contract for Children Full Service Partnership program was initiated to provide local mental health services to children; Mentally Ill Offender Crime Reduction Wraparound services, initiated this year, expanded HHSA's capacity to provide intensive community-based services for youth involved in the juvenile justice system.

Goal 3: Initiate agency-wide process to measure the effectiveness and efficiency of services	
A. Implement performance measures and quality improvement	A. 115 HHSA staff were trained on Results-Based Accountability, and 15 programs have developed performance measures and begun tracking data Implementing performance measures and quality improvement is the cornerstone of becoming an outcome-oriented agency. It is a multi-year process of teaching staff how to develop and use measures, and beginning the sometimes slow process of collecting data. When performance monitoring indicates areas for improvement, systematic attention through Quality Improvement processes yields the most long-lasting results. We have begun Quality Improvement processes to address challenge areas and will continue to build and train teams as appropriate topics are identified. We look forward to ongoing discussions about our progress.
Goal 4: Reduce homelessness	
A. Establish Housing First model as our vision for the future	A. The Board of Supervisors and the Woodland City Council adopted a Housing First approach; the Bridge to Housing pilot project, utilizing the Housing First model, reduced West Sacramento homelessness by 24% based on 2015 point in time count data
B. Implement community-wide coordinated entry system	B. HHSA has identified a tool that will allow for coordinated entry (VI-SPDAT) and incorporated it into the Homeless Management Information System reporting and tracking process; next steps are to train all providers and develop protocols
C. Create multi-disciplinary Homeless Team	C. The Homeless Team has been created and is fully staffed
D. Continue CalWORKs Housing Program for homeless families	D. The CalWORKs housing program has not only continued but the allocation grew from $813,142 in 2014-15 to $1.4 million in 2015-16; the total number of families who secured permanent housing increased from 109 to 120; in the first 2 quarters of 2015-16, 53 families (88%) retained housing six months after receiving the last rent subsidy
Goal 5: Decrease poverty	
A. Align unemployment efforts with industry demand	A. Through the Workforce Innovation and Opportunities Act, HHSA will continue to fund trainings and other related efforts that align with local industry demand as indicated in the first county-specific report due out in June 2016
B. Partner with the County Office of Education and non-profits	B. Service Center staff and the Woodland Joint Unified School District partnered to identify families eligible, but not currently receiving free or reduced lunch through Medi-Cal enrollment information; 225 families will now receive free and reduced lunch at school
C. Increase participation rates for eligibility programs	C. The average monthly participation rate for eligibility programs increased: Medi-Cal increased 12% (from 45,126 individuals to 50,714); CalWORKs remained steady (from 4,512 individuals to 4,523); CalFresh increased 7% (20,104 individuals to 21,541); and General Assistance increased 9%

	(72 individuals to 78)
Goal 6: Engage community partners in new model of service delivery	
A. Meet with community non-profits and other community partners to develop collaborative services	A. Multiple units are meeting regularly with community partners and stakeholders: Behavioral Health Services hosts a monthly provider stakeholder workgroup focused on improving collaborative services, as well as weekly interdisciplinary psychiatric care coordination meetings; Adult Protective Services convenes a monthly multi-disciplinary team to discuss at risk, vulnerable and dependent adults and older adults; Child Welfare Services, in partnership with Kaiser Permanente, UCD Medical Center, Dignity Health, CommuniCare and Sutter Health, formed the SCAN (Suspected Child Abuse and Neglect) team that meets monthly to discuss Child Welfare referrals by medical providers to ensure the medical needs of those children and their siblings are met
Goal 7: Finalize, implement and monitor Community Health Improvement Plan	
A. Collective impact framework	A. The Health Improvement Plan was finalized in December 2015; implementation is underway and a dashboard system for tracking and reporting outcomes has been purchased; initial results expected to be posted in spring 2016

Health & Human Services Dashboard

Fiscal Year 2014-15 to 2015-16 (estimated); more detail related to the trends below found on next page.

Legend: ⇧⇩ Heading in right direction ⇧⇩ Heading in wrong direction ⊘ No significant change

Healthy

Individuals receiving **Medi-Cal** each month*
12% ⇧ 45,126 to 50,714

Individuals receiving **Women, Infant & Children (WIC)** vouchers each month*
11% ⇩ 5,048 to 4,500

Sales of tobacco to youth
6% ⇩ 11% to 5%
(2013-14 to 2014-15)

Immunizations given
18% ⇧ 849 to 1,100

Communicable Disease cases requiring investigation
16% ⇩ 1,202 to 1,002

Safe

Adult Protective Services recidivism rate
3% ⇩ 17% to 14%

Child Welfare Services placement stability
(# of moves per 1,000 days)
7% ⇩ 4.41 to 4.12

Child Welfare Services referral response time, within:
24 hours: 0% ⊘ 100% to 100%
10 days: 8% ⇧ 89% to 97%

Individuals receiving **In-Home Supportive Services** each month*
3% ⇧ 2,512 to 2,581

Economically Stable

Individuals receiving **CalFresh** each month*
7% ⇧ 20,104 to 21,541

Individuals receiving **CalWORKs** each month*
0% ⊘ 4,512 to 4,523

CalWORKs Work Participation Rate
10% ⇧ 16% to 26%

Workforce Innovation & Opportunities Act clients entering employment or school
Adults: 13% ⇧ 81% to 94%
Dislocated Workers: 0% ⊘ 79% to 79%
Youth: 2% ⇧ 94% to 96%

Mental Health Full Service Partnership clients experiencing circumstances below, compared to year prior to program enrollment:

Hospitalization	Incarceration	Homelessness
⇩ 100%	⇩ 61%	⇩ 11%

CalWORKs Housing Support Program clients who secured permanent housing
10% ⇧ 109 to 120

*Monthly average

Dashboard Narrative

Measure	Change	Narrative
Individuals receiving **Medi-Cal** each month	↑ 12%	As a result of the Affordable Care Act's expansion of Medi-Cal eligibility, 25% of Yolo County residents are enrolled. After two years of growth, this number is expected to stabilize since most eligible residents are now enrolled.
Individuals receiving **Women, Infant & Children (WIC)** vouchers each month	↓ 11%	Statewide enrollment in WIC has also decreased during this time period. Although no clear explanation for the decrease has been identified, there is a notable increase in the number of unissued vouchers to families, meaning that families enroll in WIC but do not pick-up the voucher. WIC staff will continue outreach efforts and develop processes to reduce barriers to service and increase voucher redemption.
Sales of tobacco to youth	↓ 6%	Working through community coalitions, the Tobacco Program shepherded successful adoption of new tobacco policies that limit youth exposure and access to traditional tobacco products and e-cigarettes. The new policies had a positive impact on the decrease in youth sales.
Immunizations administered to children and adults	↑ 18%	In 2015, SB 277 removed exemptions to vaccine requirements for school entry; as a result, the County experienced an increase in immunizations provided to children. In addition, the state increased the number of adult vaccines given to counties this year.
Communicable Disease cases requiring investigation due to public health risk	↓ 16%	The Communicable Disease program responds to outbreaks as they occur. There is a natural ebb and flow to these outbreaks. There is no prediction for next year.
Full Service Partnership (FSP) consumers Hospital readmission rate within 30 day period of hospital release Hospital readmission rate within 7 day period of hospital release Clients experiencing homelessness Clients incarcerated	↓ 11% ↓ 100% ↓ 100% ↓ 11% ↓ 61%	FSP provides specialty mental health services to severely mentally ill consumers. The number of clients decreased from 130 to 116 due to implementation of a Level of Care Utilization System that assists with more appropriate services. The data for hospital readmissions, homelessness and incarceration shows a decrease in the rate of incidence of these occurrences for clients during the first quarter of program participation compared to one year prior to program participation. The number of consumers is expected to increase due to a new contract for FSP children's services. Staff will continue efforts to improve client outcomes.
Adult Protective Services (APS) recidivism rate	↓ 3%	APS recidivism reflects the number of cases that are re-referred during the fiscal year. In 2014-15, of 635 referrals to APS, 110 (17%) clients were re-referred. In 2015-16, of 434 referrals, 62 (14%) have been re-referred. Efforts will continue to further decrease recidivism.
Child Welfare Services (CWS) placement stability (# of moves per 1,000 days)	↓ 7%	CWS placement stability complies with national standards. The data does not distinguish between moves that place children in a lower, more appropriate level of care; for example, if a child is moved out of a group home and into a foster home, that counts as 1 move even though it is a positive move. CWS will continue to appropriately match caregiver with child and provide case management for caregivers and children to reduce the number of moves per 1,000 days.

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

Department Goals and Strategies for 2016-17: Add as many department goals as necessary and list key initiatives for each, noting those that support the 2016-2019 Strategic Plan Goal and/or priority focus area in red)

2016-2019 Strategic Plan Goals	
Thriving Residents	Sustainable Agriculture
Safe Communities	Flourishing Agriculture
(Above supported by Operational Excellence)	
Note: see Strategic Plan for priority focus areas	

Goal 1: Improve outcomes for clients and the community

Strategies for 2016-17

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

Collaborations – Nonprofit community partners, contracted service providers, local school districts, local medical providers and hospitals

Goal 2: Ensure fiscal health (Operational Excellence)

Strategies for 2016-17

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

d. Conduct internal fiscal compliance reviews and work with staff on understanding and implementing corrective actions

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

Collaborations – Contracted service providers

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

Strategies for 2016-17

A) Co-locate Agency staff
   a. Complete planned moves

B) Provide staff development
   a. Use regular HHSA Manager (monthly) and Supervisor (quarterly) meetings to provide ongoing training and development for core areas including performance management and employee engagement
   b. Develop and implement orientation for new supervisors and managers
   c. Develop and implement new employee onboarding program

C) Develop effective internal and external communication strategies, including website
   a. Integrate and update website and intranet and monthly HHSA electronic newsletter
   b. Determine HHSA "brand" and tools (letterhead, signage, etc.)
   c. Take HHSA Dashboard "live" with clickable performance measures

D) Expand staff knowledge of HHSA programs and services
   a. Systematically share information with all managers and supervisors on the array of programs provided within HHSA
   b. Focus internal communications on information sharing

Collaborations – General Service, Human Resources and County Administrator's Office

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

Strategies for 2016-17

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

Collaborations - County Administrator's Office