

Departmental Summary Table	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Attributable to Department	\$114,714,654	\$115,129,730	\$124,072,244	\$113,127,169	\$130,196,806	\$128,948,088	\$15,820,919
General Fund Support	8,053,355	8,036,121	8,153,964	4,011,859	3,938,912	3,745,491	(\$266,368)
(To)/From Non-GF Fund Balance	(5,409,833)	6,679,310	(941,825)	552,025	0	0	0
Total Revenues	\$117,358,176	\$129,845,161	\$131,284,383	\$117,691,053	\$134,135,718	\$132,693,579	\$15,554,551
Expenditures							
Salaries & Benefits	\$47,963,642	\$55,148,728	\$55,865,123	\$57,129,296	\$63,622,358	\$63,215,395	\$6,086,099
Supplies & Services	34,638,595	44,769,097	40,360,317	44,940,688	42,455,369	47,195,307	\$2,254,619
Other Charges	35,310,888	47,454,198	42,543,000	53,140,499	47,675,749	48,259,844	(\$4,880,655)
Fixed Assets	502,772	594,168	275,144	1,427,038	1,715,818	1,740,818	\$313,780
Expense Transfer	(1,057,721)	(18,121,030)	(7,759,201)	(34,571,081)	(16,607,411)	(23,655,857)	\$10,915,224
General Fund Support	0	0	0	(4,311,540)	(4,726,165)	(4,061,928)	\$249,612
Total Expenditures	\$117,358,176	\$129,845,161	\$131,284,383	\$117,754,900	\$134,135,718	\$132,693,579	\$14,938,679
Allocated Positions	1,106.02	1,160.70	1,163.03	1,231.83	1,191.45	1,183.25	(48.58)
Total Staffing	1,106.02	1,160.70	1,163.03	1,231.83	1,191.45	1,183.25	(48.58)

Health & Human Services

Phillip Crandall, Health & Human Services Director

The Health & Human Services Department includes the following budget units:

Health & Human Services

- 1100 490 Inmate/Indigent Medical Services
- 1100 525 General Relief
- 1160 516 DHHS Administration

Mental Health Branch

Alcohol & Other Drugs Division

- 1180 425 Alcohol & Other Drugs
- 1180 429 Substance Abuse & Crime Prevention Act (Proposition 36)
- 1180 431 Healthy Moms

Mental Health Division

- 1170 424 Mental Health Administration
- 1170 427 Mental Health Jail Programs
- 1170 475 HumWORKs
- 1170 477 Mental Health Services Act
- 1170 495 Sempervirens
- 1170 496 Adult Programs
- 1170 497 Children, Youth & Family Services
- 1170 498 Medication Support
- 1170 507 Children's Center

Public Health Branch

Administration Division

- 1175 400 Public Health Administration
- 1175 403 Medi-Cal Administrative Activities & Targeted Case Management
- 1175 410 Emergency Medical Services
- 1175 413 Children's Health
- 1175 419 Communicable Disease Control Program
- 1175 422 Clinic Services
- 1175 428 Immunization Services
- 1175 434 Outside Agency Support
- 1175 435 Public Health Laboratory
- 1175 455 Emergency Preparedness & Response
- 1175 465 Pharmacy

Environmental Health Division

- 1175 406 Environmental Health
- 1175 411 Hazardous Materials
- 1175 430 Local Agency Enforcement
- 1175 432 Local Oversight Program
- 1175 486 Environmental Health Land Use

Health Education Division

- 1175 407 Childhood Learning Program
- 1175 412 Tobacco Education
- 1175 414 Health Education
- 1175 415 Women, Infants & Children
- 1175 433 Nutrition and Physical Activity

Health & Human Services

Phillip Crandall, Health & Human Services Director

- 1175 437 CARE NorCAP
- 1175 449 Fiscal Agent CARE/HOPWA
- 1175 451 Drug Free Community
- 1175 452 Alcohol & Other Drugs Prevention
- 1175 454 Prevention and Early Intervention (Mental Health Services Act)
- 1175 470 HOPWA NorCAP
- 1175 488 Family Violence Prevention

Maternal, Child & Adolescent Health (MCAH) Division

- 1175 408 Alternative Response Team (ART)
- 1175 416 Public Health Field Nursing
- 1175 418 Child Health & Disability Prevention
- 1175 420 Maternal & Child Health Coordinated Services
- 1175 426 Nurse Family Partnership
- 1175 460 MCAH Personnel
- 1175 493 California Children's Service

Social Services Branch

Employment & Training Development (ETD) Division

- 1190 582 ETD Multi-Project
- 1190 584 Supplemental Displaced Worker
- 1190 586 Rapid Response
- 1190 589 Adult Programs
- 1190 590 Displaced Worker Program
- 1190 597 ETD Operating Staff

Social Services Assistance Division

- 1110 515 Title IV-E Waiver
- 1110 517 Temporary Assistance for Needy Families (TANF)
- 1110 518 Foster Care

Social Services Division

- 1160 273 Public Guardian
- 1160 504 Older Adults
- 1160 505 CalWORKs
- 1160 506 IHSS Public Authority
- 1160 508 Child Welfare Services
- 1160 509 Children's Center
- 1160 511 Social Services Administration
- 1160 599 Veterans Services

In addition, the following budget units, which are no longer in use, are included in summary tables for past years:

- 1160 519 TANF-ECF
- 1170 476 Street Outreach Services Homeless Program
- 1175 402 AIDS Information & Education
- 1175 404 Adolescent Family Life
- 1175 408 Alternative Response Team
- 1175 409 HIV/AIDS Public Health Nursing Program
- 1175 417 Preventative Health Care for the Aging
- 1175 436 Health Project Lean
- 1175 442 Street Outreach
- 1175 447 High Risk Prevention Case Management
- 1175 448 Bridge Project
- 1175 451 Safe and Drug-Free Schools
- 1175 453 Binge Drinking Reduction



Mission

The mission of the Humboldt County Department of Health and Human Services is to reduce poverty and connect people and communities to opportunities for health and wellness.

Vision

People helping people to live better lives.

Program Discussion

Since 1999, Humboldt County has strived to maximize its resources, both fiscal and staffing, towards the “integration” of State Department programs and initiatives, some of which are promising practices towards serving children, families, adults and older adults in the context of their community and culture in a holistic manner. This allows the department to protect economically, emotionally and socially vulnerable populations.

Humboldt County began Phase I of this Health and Human Services Agency assisted Integrated Services Initiative in February 1999 through legislation (AB 1259) introduced by Assemblywoman Virginia Strom-Martin. The purpose of AB 1259 was to allow Humboldt County, with the assistance and participation of the appropriate State departments, to implement an integrated and comprehensive County health and human services system. In 2004, AB 1881, which was authored

by Assemblywoman Patti Berg, authorized continuation of Humboldt County’s transformational work.

As a result of ongoing Integrated Planning across Humboldt County Mental Health, Social Services and Public Health Branches, Humboldt County’s State Health and Human Services Agency liaison/California Department of Social Services representative, State Department of Mental Health liaison, Board of Supervisors, and Health and Human Services Executive Committee Members, that occurred in 2004-05, the Department has established (2005-2009) AB 1881 Goals. These Phase II goals have been formatted in age span “categories” to facilitate the next steps required towards developing critical integration structures and processes. These categories are listed below:

1. Strategic Plan goals that are linked to “Across Age Span” populations.
2. Strategic Plan goals that are primarily targeted at children, youth and family populations.
3. Strategic Plan goals that are primarily targeted at Adult/Older Adult populations.

Goals

1. To design a plan to improve medical and dental access, mental health services access and treatment for all children and youth.

2. To design and implement Integrated services model for Incapacitated General Assistance population across Mental Health/Social Services Branches.
3. To design and implement services for shared In-Home Supportive Services/Adult Protective Services/Mental Health/Public Health Branches.
4. To transition to a fully integrated Children and Family Services system that utilizes multi disciplinary

workforce to provide a wide array of services to youth and their families in Humboldt County.

The above goals create opportunities for improved safety and health. Also allows the department to enforce laws and regulations to protect the emotionally and socially vulnerable populations.

Performance Measures

<i>1. Description of Performance Measure:</i> Percentage of clients served through maximized opportunities under the Patient Protection and Affordable Care Act				
<i>FY 2007-08 Actual</i>	<i>FY 2008-09 Actual</i>	<i>FY 2009-10 Actual</i>	<i>FY 2010-11 Projected</i>	<i>FY 2011-12 Estimate</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>0%</i>	<i>10%</i>
<i>Describe why this measure is important and/or what it tells us about the performance of this budget unit:</i> The Department of Health and Human Services' goal is to implement the Patient Protection and Affordable Care Act (Act), commonly known as health care reform, in the most efficient and optimal manner to maximize federal funding potential and improve the health of our community. The Department will continue to strategically plan for seamless enrollment into Medi-Cal of an estimated 9,000-9,500 low income residents who will be newly eligible for the program in 2014. In the near term, DHHS will work with the County Medical Service Program (CMSP) to transition CMSP clients into the new Low Income Health Program as a bridge to the Act's 2014 expansion on Medi-Cal. DHHS will also work to maximize opportunities under the Act to expand access to mental health and substance use disorder services, and will position to take full advantage of the Act's Public Health Prevention Fund to expand the Department's prevention and wellness activities. This will create opportunities for improved safety, health and enterprise.				

<i>2. Description of Performance Measure: Percentage of General Relief population provided recovery focused services</i>				
<i>FY 2007-08 Actual</i>	<i>FY 2008-09 Actual</i>	<i>FY 2009-10 Actual</i>	<i>FY 2010-11 Projected</i>	<i>FY 2011-12 Estimate</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>5%</i>	<i>50%</i>
<i>Describe why this measure is important and/or what it tells us about the performance of this budget unit: DHHS plan for 2011-2012 is to provide multi-disciplinary services to General Relief (GR) clients. As many of the GR clients have multiple barriers to recovery, a multi-disciplinary service model has been developed to provide holistic services to each client. The integrated service delivery model includes GR eligibility workers, Social Service Social Workers, Mental Health staff and Public Health staff. Proactive case planning and management is provided to improve social, mental and physical outcomes for each client with the goal of moving each client off of aid and to become self-sufficient. This includes ensuring that GR clients are linked to and follow up with mental health treatment and medical treatment when needed. This will provide services for the economically and socially vulnerable populations.</i>				
<i>3. Description of Performance Measure: Percentage of Adult Services population provided services that ensured independence and safety</i>				
<i>FY 2007-08 Actual</i>	<i>FY 2008-09 Actual</i>	<i>FY 2009-10 Actual</i>	<i>FY 2010-11 Projected</i>	<i>FY 2011-12 Estimate</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>0%</i>	<i>10%</i>
<i>Describe why this measure is important and/or what it tells us about the performance of this budget unit: DHHS plan for 2011-12 is to provide multi-disciplinary, integrated services to Adult Protective Services and In-Home Supportive Services clients. The goal of the program is to provide services which enable elders, disabled and/or dependent adults and disabled children to live to their highest personal potential in the least restrictive environment. The multi-disciplinary service model has been implemented to provide holistic services to each client. The integrated service delivery model includes Social Service Social Workers, Mental Health Clinicians and Public Health Nurses. Proactive case planning and case management is provided with the goal of ensuring the individual's right to pursue the highest potential of physical, emotional, social, and environmental wellness, safety, and independence. These services will provide the protection for this economically vulnerable population.</i>				

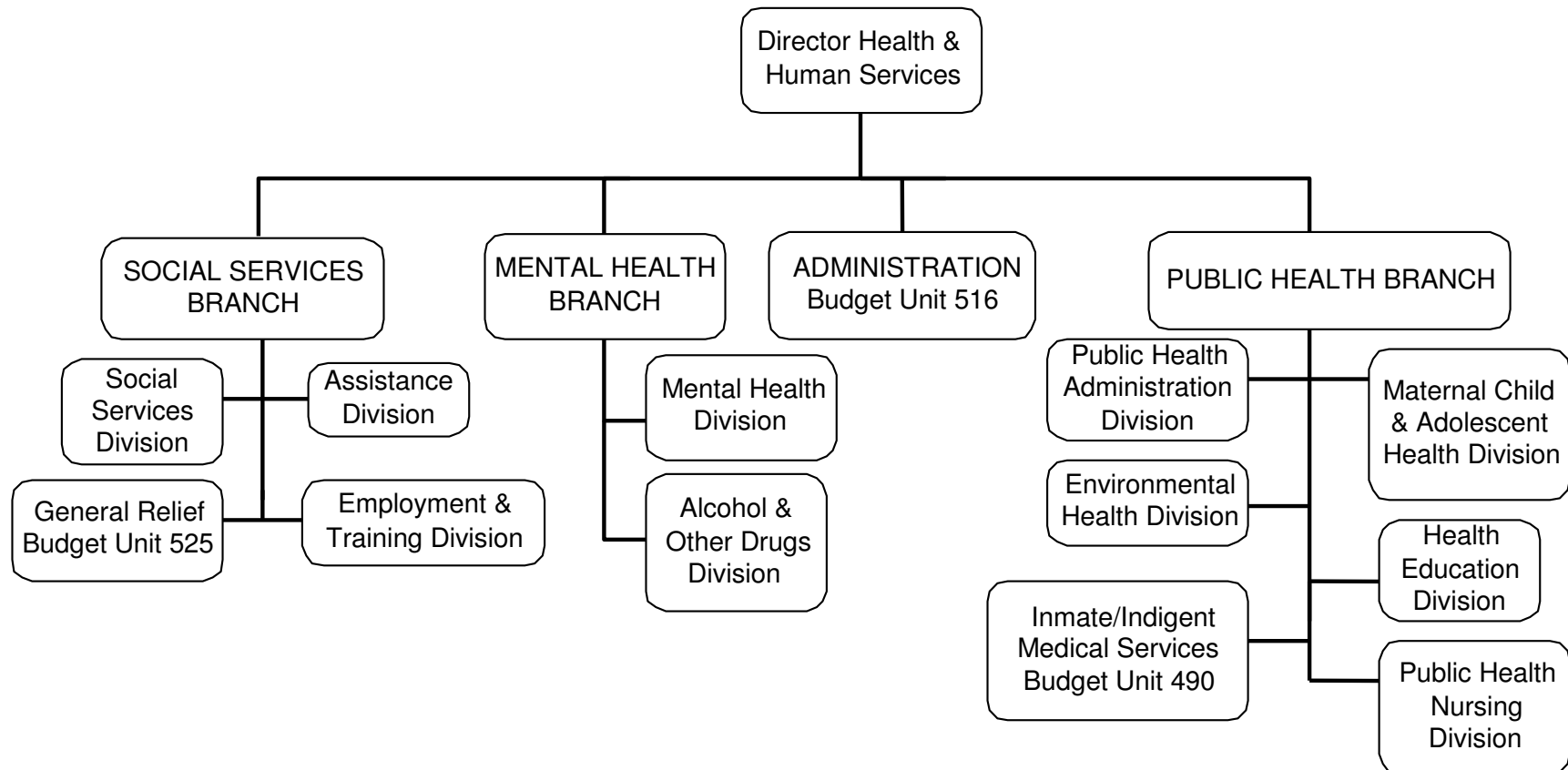
44. Description of Performance Measure: Percentage of children, youth, and families throughout Humboldt County that had access to needed services

<i>FY 2007-08 Actual</i>	<i>FY 2008-09 Actual</i>	<i>FY 2009-10 Actual</i>	<i>FY 2010-11 Projected</i>	<i>FY 2011-12 Estimate</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>25%</i>	<i>80%</i>

Describe why this measure is important and/or what it tells us about the performance of this budget unit: DHHS remains committed to a holistic approach in working with children and youth and their families. In the summer of 2010, DHHS integrated child welfare services and children's mental health services including the children's mental health clinic within a single organizational structure. As integration proceeds, these nurses will be incorporated with this same organizational structure. The integrated structure enables the seamless provision of services to children and youth in out-of-home care (Foster Care Behavioral Health Expansion) as well as children and youth residing in the community with their families. During 2011-12, services will continue to be expanded including access to mental health services throughout the county for children, youth, families; implementing a second home visiting model for parents of young children, and fully implementing a division designed specifically to meet the needs of transition age youth. This will provide the services necessary for the economically, emotionally and socially vulnerable populations.



Operating Divisions Organization Chart:



1160 Social Services Admin	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Other Govt'l Agencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Charges for Services	1,038,910	1,252,044	1,430,381	0	0	0	0
Other Revenues	0	0	0	0	0	0	0
General Fund Support	0	25	5,294	0	0	0	0
Total Revenues	\$1,038,910	\$1,252,069	\$1,435,675	\$0	\$0	\$0	\$0
Expenditures							
Salaries & Benefits	\$1,300,873	\$1,590,525	\$1,838,383	\$1,707,696	\$1,677,126	\$1,677,126	(\$30,570)
Supplies & Services	612,125	675,341	684,739	703,059	699,722	699,722	(3,337)
Other Charges	50,999	102,316	105,761	98,348	97,494	97,494	(854)
Fixed Assets				0	0	0	0
Expense Transfer	(925,087)	(1,116,113)	(1,193,208)	(2,509,103)	(2,474,342)	(2,474,342)	34,761
Total Expenditures	\$1,038,910	\$1,252,069	\$1,435,675	\$0	\$0	\$0	\$0
Staffing							
Allocated Positions	29.00	31.00	31.00	33.00	35.00	35.00	2.00
Temporary (FTE)	0.00	0.00	0.00	5.00	0.00	0.00	(5.00)
Total Staffing	29.00	31.00	31.00	38.00	35.00	35.00	(3.00)

Purpose

The Health and Human Services Administration budget unit provides management and administrative support to the remainder of the Department of Health and Human Services (DHHS).

Recommended Budget

DHHS is an integrated agency and uses federal and State funds to provide services across disciplines. In order to provide services across disciplines, various intra-agency fund transfers occur between the three branches of DHHS. During FY 2009-10 the DHHS Financial Services Unit worked with the Auditor's Office to redefine the intra-agency fund transfers and to update these fund transfers according to the changing requirements from the State Controller's Office. As a result, beginning in FY 2010-11 intra-agency fund transfers are noted under the Expense Transfer series of accounts in related budget units.

On April 12, 2011 the Board approved adding two positions to this budget unit. The positions are Public Education and Information Manager and Graphics Arts Technician.

The FY 2011-12 budget for DHHS Administration is \$2,474,342, a decrease of \$34,761 from FY 2010-11.

Board Adopted

The Board adopted this budget as recommended.

Program Discussion

In August 2000, the Humboldt County Board of Supervisors created DHHS, which combined the formerly separate departments of Social Services, Mental Health, Public Health, Employment and Training, Veterans Services, and Public Guardian. In October 2007 Governor Arnold Schwarzenegger signed Assembly Bill 315 (Berg), making DHHS a permanent agency. Under the concept "Working Together for a Healthy Community," DHHS is committed to working in coordination with public and private providers to:

- Improve administrative functioning;
- Improve service coordination and access to improve individual, family, and community functioning;
- Promote, develop, and maintain a continuum of services that encourage prevention and early intervention activities; and
- Link these activities to more intensive services.

2010-11 Accomplishments

1. Launched the operations of the integrated Children and Family Services through combination of services jointly provided by Social Services, Mental Health, and Public Health branch staff. Improved Department's ability to enforce laws and regulations to protect the emotionally and socially vulnerable populations.
2. Worked jointly with community partners in food scarcity and workforce training projects. Improved Department's ability to enforce laws and regulations to protect the emotionally and socially vulnerable populations.
3. Launched the operations of DHHS Contract Unit to increase contract and procurement process efficiency and accountability. Improved Department's ability to enforce laws and regulations to protect the emotionally and socially vulnerable populations.
4. Launched the implementations of new Evidence Based Practices (EBP) and integrated their performance measurement to the statistical tracking processes of the DHHS Research and Development Unit. Improved Department's ability to enforce laws and regulations to protect the emotionally and socially vulnerable populations.

2011-12 Objectives

1. To continue to develop and implement strategies for increased integration within DHHS to ensure higher service levels to the community through Children and Families Program Integration, and Adult Services Integration. This will continue to improve the department's ability to create opportunities for improved safety, health and enterprise.
2. To launch the operations of the Transition Age Youth Unit, integrating the service capacity of appropriate staff from all of the three branches. This will continue to improve the department's ability to create opportunities for improved safety, health and enterprise.
3. To continue to implement initiatives by the Cultural Competency and Client Diversity Committee and make appropriate training programs available to increase cultural competency within the agency. This will continue to improve the department's ability to create opportunities for improved safety, health and enterprise.
4. To continue to develop fiscal and statistical tools to monitor program outcomes to ensure efficiency and effectiveness. This will continue to improve the department's ability to create opportunities for improved safety, health and enterprise.

5. To continue to evaluate and track EBP outcomes to ensure adherence to program quality standards. This will continue to improve the department's ability to create opportunities for improved safety, health and enterprise.



Alcohol & Other Drugs

Phillip Crandall, Health & Human Services Director

1180-Alcohol & Other Drugs Fund	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Fines, Forfeits & Penalties	\$569,232	\$536,712	\$98,363	\$132,655	\$86,279	\$86,279	(\$46,376)
Other Govt'l Agencies	2,126,746	2,195,082	2,343,017	1,777,038	1,609,789	1,609,789	(167,249)
Charges for Services	263,944	247,060	230,734	12,524	38,330	38,330	25,806
Other Revenues	122,937	100,455	739	940	6,600	6,600	5,660
(To)/From Non GF Fund Balance	(43,549)	67,462	(4,583)	(24,537)	0	0	24,537
Total Revenues	\$3,039,310	\$3,146,771	\$2,668,270	\$1,898,620	\$1,740,998	\$1,740,998	(\$157,622)
Expenditures							
Salaries & Benefits	\$1,381,497	\$1,426,842	\$902,438	\$1,026,347	\$1,297,588	\$1,297,588	\$271,241
Supplies & Services	1,103,209	1,150,025	1,102,630	1,072,956	1,010,389	1,010,389	(62,567)
Other Charges	554,604	666,585	663,202	688,355	455,447	455,447	(232,908)
Fixed Assets	0	0	0	0	0	0	0
Expense Transfer	0	(96,681)	0	(889,038)	(1,022,426)	(1,022,426)	(133,388)
Total Expenditures	\$3,039,310	\$3,146,771	\$2,668,270	\$1,898,620	\$1,740,998	\$1,740,998	(\$157,622)
Allocated Positions	33.45	33.45	33.45	33.45	33.45	33.45	0.00
Temporary (FTE)	0.10	0.50	0.40	1.30	0.00	0.00	(1.30)
Total Staffing	33.55	33.95	33.85	34.75	33.45	33.45	(1.30)

Purpose

The Division of Alcohol and Other Drugs Programs (AODP) in order to protect economically vulnerable populations, provide community-appropriate levels of service, promote self-reliance of citizens, foster transparent, accessible, welcoming and user friendly structures, is comprised of services with the goal of providing assessment, referral, treatment and care coordination for adults and adolescents with substance abuse treatment issues in Humboldt County.

This budget narrative discusses the operations and funding for three budget units: Alcohol and Other Drugs (425), Substance Abuse and Crime Prevention Act (429), and Healthy Moms (431).

Recommended Budget

The budget for the Alcohol and Other Drugs budget grouping is \$1,740,998, a decrease of \$261,272 from FY 2010-11. Alcohol and Other Drugs Programs budget levels have not remained comparable to prior years, as the funding for Substance Abuse and Crime Prevention Act Program (SACPA) or Prop 36, was removed from the State budget starting in FY 2010-11. Revenue for the SACPA program was eliminated from the budget and backfilled with intra-agency fund transfers. The budget decrease is primarily the result of this accounting change; actual reductions to the programs were \$126,680 and are explained below.

Board Adopted

The Board adopted this budget as recommended.

Program Discussion

Within the Alcohol & Other Drugs Fund there are three programs: Adult and Adolescent Alcohol & Other Drugs Treatment Program, the Substance Abuse Crime Prevention Act of 2000 (Proposition 36), and the Healthy Moms program. These programs are operated under various mandates.

1180 425 Adult and Adolescent Alcohol & Other Drug Treatment Program

The purpose of the Adult and Adolescent Alcohol and Other Drug Treatment Program (AODP) is to make treatment available for those with substance abuse disorders, including co-occurring mental health and substance use disorders (COD). Clients are assessed for treatment, and recommendations are made as to the level of services that would benefit them. Staff provides treatment planning sessions and group treatment. In addition, the staff coordinates with other agencies such as Probation and Social Services to assist clients in addressing impairments that have led to intervention by law enforcement, social service agencies, and public health.

The goals and objectives of AODP are to reduce the incidence of alcohol and other drug problems in Humboldt County by

developing, administering and supporting prevention and treatment programs. This involves reducing barriers to treatment and coordinating services within the Mental Health Branch (MHB), Department of Health and Human Services (DHHS) and among contractors, community partners, and other resources in the health and human resource network in order to provide the most effective means to meet these goals and objectives.

Some services provided directly by AODP staff include: assessment of individuals for alcohol/drug problems, outpatient treatment through groups, and individual intervention ranging from reduction of harmful behaviors to full abstinence, services coordination for COD, treatment screening and referrals, prevention through education and information, and consultation with other community providers. Other services that are related to improving client functioning include individual and family counseling, and parent education.

AODP is funded through a variety of sources including: Federal Substance Abuse and Prevention (SAPT) funds, the State General Fund, Stratham and Seymour funds, and Drug Medi-Cal funds. Quarterly reports on the utilization of these funds and an annual cost report are submitted to the State Department of Alcohol and Drug Programs (ADP).

The AODP adopted budget for FY 2011-12 is \$1,739,498. This is a decrease of \$38,043 or 2% from FY 2010-11. Full staffing includes 19.70 FTE permanent positions; of these positions, one Health Education Specialist position will held frozen and unfunded.

1180 429 Substance Abuse and Crime Prevention Act

Funding previously available thru State and federal resources for the Substance Abuse and Crime Prevention Act (SACPA) program has been completely eliminated in the FY 2011-12 budget year. The SACPA program provided for assessment, case management, and referral to treatment of individuals found eligible for services under the Crime Prevention Act and referred to the program by the courts or the California Department of Corrections. The SACPA population will be served to the extent that resources are available.

The SACPA adopted budget for FY 2011-12 is \$136,158, a decrease of \$87,071 from the previous year. The program will be funded thru expense transfers from other DHHS programs. One Substance Abuse Counselor position will be held frozen and unfunded.

1180 431 Healthy Moms Program

The Healthy Moms Program provides perinatal treatment as defined by the State Office of Perinatal Substance Abuse (California Health & Safety Code, Sections 300-309.5). A comprehensive alcohol and other drug treatment program for pregnant and parenting women, Healthy Moms provides assessment, group treatment, and mental health treatment for individuals and families. A parent educator provides parenting classes and supervises the on-site daycare.

The Healthy Moms Program adopted budget for FY 2011-12 is \$681,557. This is a decrease of \$1,566 from FY 2010-11. Full staffing includes 11.75 FTE permanent staff. One Senior Substance Abuse Counselor position will be held frozen and unfunded.

2010-11 Accomplishments

1. Continued efforts to integrate AOD and Mental Health (MH) services into a holistic behavioral health focus so holistic needs for clients with dual issues are served in a consistent and coordinated manner, to the extent that resources allow. This provided for the protection of emotionally and socially vulnerable populations.
2. Promoted through focused educational and supervisory efforts, the identification and appropriate treatment for those with co-occurring mental health and substance use needs. This provided for the protection of emotionally and socially vulnerable populations.
3. Continued to promote integrated treatment services for Probation-referred clients with AOD and/or MH needs. This provided for the protection of emotionally and socially vulnerable populations.
4. Facilitated access and coordinated treatment of criminal justice referred clients by improving communication

with the courts for this population. This provided for the protection of emotionally and socially vulnerable populations.

5. Improved engagement and retention for adult clients in the AOD system. This provided for the protection of emotionally and socially vulnerable populations.

2011-12 Objectives

1. To implement the Dual Recovery Program which serves the needs of severely mentally ill adults with serious substance abuse issues. This program will focus on decreasing the long term deleterious impact of co-occurring disorders that result in utilization of restrictive services, such as jail or inpatient locked treatment, and end in early mortality. The treatment modality selected for this program is Integrated Dual Diagnosis Treatment, which is a practice recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an effective program. This will aid in the protection of emotionally and socially vulnerable populations.

Employment & Training Division

Phillip Crandall, Health & Human Services Director

1190 - Employment Training Fund	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Use of Money & Property	\$0	\$0	\$1,213	\$0	\$0	\$0	\$0
Other Gov't Agencies	2,510,831	2,863,295	4,475	0	0	0	0
Charges for Services	6,168	0	2,798,069	0	0	0	0
Other Revenues	1,200	3,110	224	135	0	0	(135)
(To)/From Non-GF Fund Balance	30,433	(45,386)	59,741	(87,788)	0	0	87,788
Total Revenues	\$2,548,632	\$2,821,019	\$2,863,722	(\$87,653)	\$0	\$0	\$87,653
Expenditures							
Salaries & Benefits	\$1,553,312	\$1,540,407	\$1,462,174	\$1,533,738	\$1,409,203	\$1,409,203	(\$124,535)
Supplies & Services	219,124	239,644	242,123	195,263	240,016	240,016	44,753
Other Charges	1,822,072	2,073,948	2,202,301	2,180,822	1,785,386	1,785,386	(395,436)
Fixed Assets	7,361	0	8,762	2,600	0	0	(2,600)
Expense Transfer	(1,053,237)	(1,032,980)	(1,051,638)	(4,000,076)	(3,434,605)	(3,434,605)	565,471
Total Expenditures	\$2,548,632	\$2,821,019	\$2,863,722	(\$87,653)	\$0	\$0	\$87,653
Staffing							
Allocated Positions	25.00	26.00	29.00	29.00	29.00	29.00	0.00
Temporary (FTE)	0.00	2.00	2.00	1.00	0.00	0.00	(1.00)
Total Staffing	25.00	28.00	31.00	30.00	29.00	29.00	(1.00)

Purpose

The Employment and Training Division (ETD) is the Humboldt County program operator for Workforce Investment Act (WIA) Adult and Dislocated Worker programs. ETD also is a key partner in the Humboldt County One-Stop Career Center, The Job Market, providing full-time staff to the Center, including the One-Stop Manager. In addition, the Division is actively involved with the WIA Rapid Response program coordinated by the County's Economic Development Division of Community Development Services. ETD also provides services to CalWORKs Welfare to Work (WtW) participants referred for specific CalWORKs activities.

The purpose of ETD's provision of WIA and CalWORKs services is to promote an increase in the employment, job retention, earnings, and occupational skills of participants. This, in turn, improves the quality of the workforce, reduces welfare dependency, and improves the productivity and competitiveness of Humboldt County.

ETD maintains six budget units: Multi-Project (582), Supplemental Displaced Worker (584), Rapid Response (586), Adult Programs (589), Dislocated Worker Program (590), and Employment & Training Staff (597).

Recommended Budget

The total Employment and Training Division budget for FY 2011-12 is \$3,434,605 a decrease of \$1,675,476 or 49% from the previous year. This is primarily the result of reduced funding from State and federal sources. Four programs have been eliminated, they are TANF ECF - ARRA, Youth Step Up, Disability Navigator and One Stop.

Board Adopted

The Board adopted this budget as recommended.

Program Discussion

1190 582 ETD Multi-Project

The ETD Multi-Project supports clients in various ways with funding from several grants. These currently include:

- Staff Support for requests from veteran service providers. ETD staff gives technical assistance in order to facilitate correct completion of WIA eligibility and performance requirements;
- An out of school youth service grant – services that provide out of school youth with assistance to return to school or find employment;

- Staff Support for requests from youth program operators. ETD staff gives technical assistance in order to facilitate correct completion of WIA eligibility and performance requirements; and
- Staff Support for the Job Market Services Satellite office located at College of the Redwoods.

The total budget for FY 2011-12 is \$186,775 a reduction of \$254,618, or 58%, from FY 2010-11.

1190 584 Supplemental Funding

The Supplemental Fund provides comprehensive assessment, employment plan development, job search assistance, case management, and supportive services to recently laid-off workers and entry-level workers interested in preparing for an apprenticeship in a skilled trade. Once a participant has obtained employment, follow-up case management services are provided for up to one year. Each year, these funds must be applied for depending on available grants, anticipated layoffs and/or job development in the local area.

Additionally in 2011, ETD applied in partnership with the County Economic Development Office and College of the Redwoods, for funds from the U.S. Department of Labor (DOL) under the Career Pathways Innovation Fund. Career Pathways are a framework for weaving together adult education, workforce training and college programs to meet high demand workforce needs.

In anticipation of decreased Supplemental Dislocated Worker and DOL grant funding for FY 2011-12, the total budget for FY 2011-12 is \$351,169, a decrease of \$288,860, or 45% from FY 2010-11.

1190 586 Rapid Response

Rapid Response is a service for both employees and businesses affected by a significant layoff or complete closure of a business. The purpose of Rapid Response is to assist employees with the layoff or closure process and may include services that are intended to avert the layoff or closure. Affected employees are provided information about the services that are available to help them with their re-employment efforts including unemployment insurance benefits, food stamp programs, Medi-Cal, housing resources, how to register for re-employment services, starting a business, and relocation assistance. There is enhanced focus on services through the One Stop System, and Rapid Response monies support system-wide improvements. Rapid Response action and support is taken in partnership with the Community Development Department's Economic Development Division and the Small Business Development Center.

The total budget for FY 2011-12 is \$84,608, a decrease of \$306,594, or 78%, from FY 2010-11. Most services provided by this budget unit will not be funded for FY 2011-12.

1190 589 Adult Programs

Adult Program Services include comprehensive assessment, employment plan development, job search assistance, case management, training referrals/support, and supportive services for adults who have barriers to employment.

The total budget for FY 2011-12 is \$382,200, a decrease of \$117,800, or 24%, from FY 2010-11.

1190 590 Dislocated Worker Programs

Dislocated Worker (DW) Programs provide comprehensive assessment, employment plan development, job search assistance, case management, training referrals/support, and supportive services to people who have lost their jobs due to companies closing or downsizing.

The total budget for FY 2011-12 is \$366,150, a decrease of \$183,850, or 33%, from FY 2010-11.

1190 597 Employment and Training Division Staff

This is the primary budget unit for the Employment Training Division. It includes all staffing costs associated with provision of WIA Core, Intensive and Training services as provided under the new and fully integrated service model, as well as CalWORKs vocational counseling services and any staff as directed to current competitive grant funds.

Staff provide Core services through the County's one-stop system at The Job Market including labor market information, initial assessment of skill levels, job search and placement assistance, WIA program information, eligibility guidelines and next-step guidance. Intensive services include vocational case management, comprehensive assessments, vocational counseling, career planning, and development of individual service strategies identifying employment goals, achievement objectives and services that are necessary for participants to achieve their goals. Workshops for One-Stop clients are also provided under Intensive services. Training Services are delivered through Individual Training Accounts that are set up for participants who have an approved training plan. Participant progress during training and subsequent job placement/retention is monitored by staff. Participant training costs are reflected in budget units corresponding with the participant's eligibility, i.e., 582, 584, 589 or 590.

CalWORKs-funded services provided by ETD staff include Supervised Job Search activities and job development, placement and case management for On-The-Job Training. These activities help clients meet participation requirements and obtain unsubsidized employment.

The total budget for FY 2011-12 is \$2,063,703, a decrease of \$523,754, or 20% from FY 2010-11.

2010-11 Accomplishments

1. Continued to refine and enhance Integrated Service model with the development of additional workshops to support clients in work readiness and job search skills, new employment networking groups, and enhanced coaching tools.
2. Offered enhanced services to support parolees with re-entry into the workforce via customized training and supportive service dollars for interview clothes and procuring right to work documents.
3. Trained adult and youth participants in “green” construction skills, with each participant gaining building-trades green certifications and work experience.
4. Achieved a 75% entered employment rate across WIA Core, Intensive and Training Services under new Integrated Service Design model.
5. Secured an 82% retention rate for *all* WIA program services one year after employment.

2011-12 Objectives

1. To meet or exceed our negotiated WIA program performance measures.
2. To complete implementation of the refined and enhanced Integrated Service model with additional workshops to support clients in work readiness and job search skills, new employment networking groups, enhanced coaching tools and enhanced case management system.
3. To continue to improve program support for CalWORKs contracted services and help improve the County’s work participation rate.
4. To expand and continue to improve One-Stop satellite services at both the College of the Redwoods main campus and McKinleyville locations, adding workshops, assessments and more one-on-counseling at each site.
5. To extend and expand One-Stop services into remote areas – Weitchpec, Orleans, Hoopa/Willow Creek, Redway, Orick, Lolita and Bridgeville - to meet more rural and tribal population needs, in partnership with the Mobile Engagement Vehicle Outreach Project.

1175 - Public Health Fund	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Licenses & Permits	\$204,117	\$183,801	\$164,422	\$169,818	\$185,760	\$185,760	\$15,942
Other Govt'l Agencies	831,423	836,875	504,584	84,776	649,362	702,362	617,586
Charges for Services	1,502,215	1,607,167	1,782,492	1,778,484	1,929,488	1,961,604	183,120
Other Revenues	58,948	45,169	32,387	34,812	89,201	89,201	54,389
General Fund Contribution	1,728	0	0	1,415	1,728	1,728	313
(To)/From Non-GF Fund Balance	8,948	(95,315)	(22,735)	405,771	0	0	(405,771)
Total Revenues	\$2,607,379	\$2,577,697	\$2,461,150	\$2,475,076	\$2,855,539	\$2,940,655	\$465,579
Expenditures							
Salaries & Benefits	\$631,453	\$652,473	\$667,536	\$665,841	\$731,759	\$731,759	\$65,918
Supplies & Services	502,712	460,594	422,062	352,041	431,312	431,312	79,271
Other Charges	1,466,695	1,464,630	1,371,552	1,429,156	1,694,868	1,779,984	350,828
Fixed Assets	6,519	0	0	24,447	0	0	(24,447)
Intrafund Transfer	0	0	0	3,591	(2,400)	(2,400)	(5,991)
Total Expenditures	\$2,607,379	\$2,577,697	\$2,461,150	\$2,475,076	\$2,855,539	\$2,940,655	\$465,579
Staffing							
Allocated Positions	34.00	33.00	33.00	33.00	33.00	33.00	0.00
Temporary (FTE)	0.63	0.40	0.00	0.00	0.00	0.00	0.00
Total Staffing	34.63	33.40	33.00	33.00	33.00	33.00	0.00

Purpose

The Environmental Health Division's mission is to prevent illness and injury caused by unsafe or unsanitary conditions through inspections, the review of facility plans, and enforcement activities. Authority: Title 17 of the California Health and Safety Code.

This narrative includes discussion of funding and operations of five Environmental Health budget units: Consumer Protection (406), Hazardous Materials Program (411), Local Enforcement Agency (430), Local Oversight Program (432), and Land Use (486).

Recommended Budget

The proposed FY 2011-12 budget for the Environmental Health budget grouping is \$2,853,811, a decrease of \$84,404. This is primarily the result of a decrease in realignment revenue. Four positions will be held frozen and unfunded in budget unit 406. These positions include 3.0 FTE Environmental Health Specialist I/II and 1.0 FTE Vector Control Officer.

Board Adopted

The Board adopted this budget with an increase of \$85,116, due to new grant funding being received for the Hazardous Materials Program budget unit.

Program Discussion

The Environmental Health Division's services include food facility inspections, vector (rodent/insect) control activities, jail inspections, rabies control, household garbage complaint investigations, inspections of pools and spas, monitoring of recreational waters, inspection and consultation to businesses that handle and store hazardous materials, provision of technical and funding advice to first responders at hazardous materials incidents, inspection of solid waste facilities and operations, investigation of complaints of roadside dumping and nuisance dumping sites, inspection and testing of state small water systems, and review and inspection of onsite sewage disposal systems.

The Environmental Health Division programs are organized under three operational units each managed by a Supervising Environmental Health Specialist. The program units include Hazardous Materials, Consumer Protection, and Land Use.

1175 406 Consumer Protection

The Consumer Protection program's mission is to prevent illness and injury caused by unsafe or unsanitary conditions through inspections of food facilities, pools, and substandard housing, the review of food facility and pool construction plans, water system testing, public education, and enforcement activities.

The Consumer Protection program consists of several elements including food facility inspections, substandard housing,

environmental lead assessments, organized camp inspections, vector control activities, jail inspections, rabies control, household garbage complaint investigations, pools and spas, safe drinking water supply, and monitoring of recreational waters.

The adopted FY 2011-12 budget for the Consumer Protection Program is \$919,079, an increase of \$62,294 from the prior year of \$856,785. Of six currently vacant positions only four are being held unfunded for next fiscal year.

1175 411 Hazardous Materials Program

Within the Hazardous Materials Unit is the Certified Unified Program Agency (CUPA) for Humboldt County and cities within the County. The purpose of the CUPA is to prevent or mitigate damage to the health and safety of Humboldt County persons and the environment from the release, or threatened release, of hazardous materials.

The CUPA provides inspection and consultation to businesses that handle hazardous materials, investigates hazardous materials complaints from the public, and provides technical and funding advice to responders at hazardous materials incidents.

In the event of significant noncompliance, the CUPA may enforce hazardous materials laws and regulations through an administrative enforcement procedure under authority of the Health and Safety Code, or refer cases to the District Attorney.

This program is supported through business fees and State grants. In addition, the program applies annually for equipment and training funds through the CUPA Forum Board.

The total adopted FY 2011-12 budget for Hazardous Materials programs is \$859,096, an increase of \$99,971 from its prior-year level of \$759,125.

1175 432 Local Oversight Program

Within the Hazardous Materials Unit is the Local Oversight Program (LOP). The purpose of the LOP is to provide local oversight for the cleanup and closure of contaminated underground petroleum storage tank sites.

The LOP provides guidance to responsible parties for sites in Humboldt County that have been contaminated by petroleum from leaking underground storage tanks. This guidance is to assist responsible parties in complying with the underground storage tank corrective action requirements and becoming eligible for cleanup funding. Local guidance and State funding help expedite site closure.

The LOP is funded through an annual contract with the California Water Resources Control Board. The total adopted FY 2011-12 budget for the Local Oversight Program is \$423,920, a decrease of \$95,781 from the prior-year level of \$519,701.

1175 430 Local Enforcement Agency

Within the Land Use Unit, the Local Enforcement Agency (LEA) program includes mandated activities to assure that solid waste handling and disposal occur in a manner that protects public health, safety and the environment.

This program collaborates and coordinates with local planning agencies including the Department of Resources Recycling and Recovery (known as *CalRecycle* and formerly as the California Integrated Waste Management Board), Humboldt Waste Management Authority, the incorporated cities, the County Public Works Department, waste haulers, the business community, and surrounding counties. In addition to its mandated activities, this program assures efficient operation of solid waste facilities to minimize public health risk and nuisance conditions. It inspects solid waste facilities and operations, including closed, illegal or abandoned landfills. It investigates complaints of roadside dumping and nuisance dumping sites, and works with the Code Enforcement Unit.

The majority of funding for this program is derived through a tipping fee per ton of solid waste disposed at solid waste transfer stations in Humboldt County. In addition, the program receives an annual grant of approximately \$19,000 from CalRecycle. The adopted FY 2011-12 budget for the Local Enforcement Agency program is \$346,697, an increase of \$5,810 from its prior year level of \$340,887.

1175 486 Land Use Program

The Land Use Program protects public health and prevents environmental degradation through the implementation and enforcement of State and local regulations pertaining to onsite wastewater disposal and private water source development. The program works in conjunction with the Building and Planning Divisions of the Community Development Services Department, reviewing a variety of projects to ensure wastewater and water supply requirements are incorporated into development permits issued through each Division.

Staff working in the Land Use Program consults with engineers and contractors to ensure that new onsite wastewater systems are properly designed, installed, and operated. Failing onsite wastewater systems are also addressed through the Land Use Program “Repair Permit” process. The Land Use program collaborates with the North Coast Regional Water Quality Control Board on all commercial development projects that generate a large daily wastewater flow.

The Land Use program is responsible for administering a growing, State-mandated, “Non-Standard Sewage Disposal System” monitoring program which requires billing, issuance of operating permits and periodic inspections of nearly 800 systems.

The construction and destruction of water wells is overseen through a Land Use Program permit process, as is the operation of Septic Pump Trucks. In addition, the Land Use Program responds to sewage spills and complaints from the public.

This program is funded through permit fees and Health Realignment. The adopted FY 2011-12 budget for the Land Use program is \$391,335, a decrease of \$70,382 from its prior-year level of \$461,717.

2010-11 Accomplishments

1. Responded to 667 consumer service requests. Service requests include failing septic, household garbage, food establishments, substandard housing, roadside dumping, rabies, hazardous materials storage and releases, vector problems (mosquitoes, rodents, vermin), drinking water, animal zoning, lead paint, pools and recreational health, methamphetamine labs, and unpermitted dwellings in 2010.
2. Completed 1,081 routine food facility inspections and responded to consumer complaints and food borne illness reports.
3. Completed 128 Non Standard Sewage Disposal System inspections and processed 708 projects in 2010.
4. Managed prolonged wildlife rabies epidemic entailing the intake of 51 animals for rabies testing at the Public Health Laboratory in 2010. Three animals were positive.
5. Completed cleanup and closure of ten Local Oversight Program former underground storage tank sites and

completed 699 routine hazardous materials inspections in 2010.

2011-12 Objectives

1. To complete cleanup and closure of 11 Local Oversight Program former underground storage tank sites..
2. To update the Consumer Protection Program webpage to provide more information to assistance operators and to inform the public on health and safety prevention measures.
3. To incorporate agricultural facilities into the hazardous materials inspection program.
4. To establish a funding source for the clean-up of illegal roadside dump sites in Humboldt County using Supplemental Environmental Projects funds from environmental violators.
5. To improve staff proficiency on new EnvisionConnect database for improved report writing, inspection and permit tracking and time study capabilities.

General Relief (1100 525)

Phillip Crandall, Health & Human Services Director

1100 - General Fund	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Other Revenues	\$785,214	\$647,496	\$658,726	\$656,424	\$600,000	\$600,000	(\$56,424)
General Fund Support	1,810,722	2,126,551	2,211,599	2,308,046	2,314,719	2,083,541	(224,505)
Total Revenues	\$2,595,936	\$2,774,047	\$2,870,325	\$2,964,470	\$2,914,719	\$2,683,541	(\$280,929)
Expenditures							
Other Charges	\$2,595,936	\$2,774,047	\$2,870,325	\$2,964,470	\$2,914,719	\$2,683,541	(\$280,929)
Total Expenditures	\$2,595,936	\$2,774,047	\$2,870,325	\$2,964,470	\$2,914,719	\$2,683,541	(\$280,929)
Allocated Positions	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Temporary (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Staffing	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Purpose

In 1931, with increasing poverty and unemployment brought on by the Depression, the State Legislature amended the Pauper Act of 1901 to provide that "Every county and every city shall relieve and support all paupers, incompetent, poor, indigent persons, and those incapacitated."

Recommended Budget

The General Relief recommended budget for FY 2011-12 includes an 8% reduction totaling \$181,178 for General Fund support, in comparison to FY 2010-11. Recovered funds are estimated to decline by \$100,000 resulting in an overall decrease to the budget of \$281,178.

Board Adopted

The Board adopted this budget as recommended.

Program Discussion

The General Relief (GR) program is mandated under Welfare and Institutions Code Section 17000 and provides repayable aid in cash and in-kind for the subsistence and needs of the County's indigent persons, when such need cannot be met by personal or another resource. While such assistance is reimbursable, employable persons assigned to work-for-relief projects can fulfill their obligation to repay the County to the extent that the number of hours worked at minimum wage equals the amount of aid received. Some of the aid is recovered through liens placed on pending Supplemental Security Income (SSI) – State Supplemental Payment claims. Other recovery methods include intercepting State tax returns and placing liens on real property.

The County General Fund provides 78% of the funding for the GR program. The remaining 22% of annual operating expenses comes from aid that is recovered through liens.

Approximately 17 full-time employees provide staff support for GR through Social Services Administration budget unit 511. The estimated net County cost for FY 2011-12 is \$2,083,541. In November 2006, the County added a Transportation Assistance Program which has successfully provided relocation services for indigent individuals and/or families who may have been eligible for GR or other

government assistance. The Board of Supervisors established maximum monthly GR allowances of \$303 for individuals and \$405 for couples in February 2001.

2010-11 Accomplishments

1. Implemented a Vendor Voucher program for GR.
2. Continued to utilize a multi-disciplinary team approach to ensure that individuals with mental health and medical needs were linked to appropriate providers.
3. Continued to utilize the Transportation Assistance Program (TAP) to assist individuals in relocating to areas outside of Humboldt County in which they had existing support systems or where they had found employment.

2011-12 Objectives

1. To enhance the review process to improve screening of individuals and expedite enrollment for SSI for those who are truly experiencing a long term disability and unable to work.
2. To continue to enhance the linkage between GR and ETD for those individuals who are able to work.
3. To enhance TAP outreach to agencies such as law enforcement.

1175 - Public Health Education	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Other Gov't'l Agencies	\$1,489,128	\$1,406,589	\$1,795,383	\$1,342,979	\$2,743,439	\$2,634,207	\$1,291,228
Charges for Services	708,456	558,831	261,396	183,555	195,043	585,378	401,823
Other Revenues	174,287	207,485	236,194	306,909	74,889	94,889	(212,020)
(To)/From Non-GF Fund Balance	(233,622)	(54,652)	0	910,425	0	0	(910,425)
Total Revenues	\$2,138,249	\$2,118,253	\$2,292,973	\$2,743,868	\$3,013,371	\$3,314,474	\$570,606
Expenditures							
Salaries & Benefits	\$541,003	\$570,333	\$642,404	\$973,683	\$1,248,826	\$1,248,826	\$275,143
Supplies & Services	670,031	508,404	385,444	714,624	867,260	1,058,040	343,416
Other Charges	925,919	1,039,516	1,320,670	1,730,787	1,525,881	1,732,055	1,268
Fixed Assets	5,217	0	0	54,417	0	0	(54,417)
Intrafund Transfer	(3,921)	0	0	(674,393)	(625,081)	(720,932)	(46,539)
General Fund Contribution	0	0	(55,545)	(55,250)	(3,515)	(3,515)	51,735
Total Expenditures	\$2,138,249	\$2,118,253	\$2,292,973	\$2,743,868	\$3,013,371	\$3,314,474	\$570,606
Staffing							
Allocated Positions	34.40	36.40	37.40	50.83	50.83	50.83	0.00
Temporary (FTE)	0.53	0.40	1.00	1.10	1.17	1.17	0.07
Total Staffing	34.93	36.80	38.40	51.93	52.00	52.00	0.07

Purpose

Health Education is a core function of Public Health and is mandated under Title 17 of the California Administrative Code. Health Education creates opportunities for improved safety, health and enterprise and aims to protect economically vulnerable populations. Health Education improves the community's health by providing information, education and outreach services, and includes the federally-funded Women, Infant and Children's (WIC) Program.

This narrative includes discussion on funding and operation of 12 Health Education budget units: Childhood Lead Program (407), Tobacco Education Program (412), Public Health Education (414), Women Infants and Children Supplemental Nutrition Program – WIC (415), Nutrition and Physical Activity (433), Comprehensive AIDS Resources Emergency – Nor-CAP (437), Fiscal Agent (449), Drug Free Communities (451), Alcohol & Other Drug Prevention (452), MHSA-PEI Suicide Prevention and Stigma/Discrimination Reduction (454), Housing Opportunities for People With AIDS (470), and Family Violence Prevention (488).

Recommended Budget

The FY 2011-12 recommended budget for the Health Education budget grouping is \$3,013,371, a decrease of \$1,176,237 or 28% from FY 2010-11. As part of this reduction 11.1 FTE positions will be frozen and unfunded in budget unit 414. The decrease is a result of reduced realignment, federal

Medi-caid Administrative Activities (MAA) and grant revenue. The positions include 1.0 FTE Office Assistant I/II, 1.0 FTE Program Services Coordinator, 1.0 FTE Public Health Nutritionist Supervisor, 0.5 FTE Mental Health Clinician, 1.8 FTE Public Health Nutritionist, 2.8 FTE Health Education Specialist I/II, 2.0 FTE Admin Analyst I/II and 1.0 FTE Community Health Outreach Worker.

Board Adopted

The Board adopted budget is \$3,314,474. The increase is due to additional grant funding for the Youth Driving Program and revised revenue estimates.

Program Discussion

Health Education services include alcohol, tobacco and other drug prevention services; HIV, hepatitis and other communicable disease prevention; chronic disease prevention through WIC nutritious food coupons, nutrition and physical activity education and promotion; family violence and injury prevention and suicide prevention and stigma/discrimination reduction.

1175 407 Childhood Lead Program

The purpose of the Childhood Lead Program is to prevent health problems and cognitive deficits in children through age five caused by exposure to lead in their environments.

Health Education

Phillip Crandall, Health & Human Services Director

The program provides case management services to lead-exposed children, environmental assessments, and educational activities designed to reduce children's exposure to lead and the consequences of exposure to lead. Examples of program activities include: educational outreach to parents at health fairs and other community events, education of health professionals to increase the numbers of children tested for lead exposure, and targeted assessment of children's environments for lead exposure.

The total FY 2011-12 budget for the Childhood Lead Program is \$64,416, an increase of \$9,812 from the prior year level of \$54,604.

1175 412 Tobacco Education Program (TEP)

The Tobacco Education Program implements effective tobacco use prevention, reduction and cessation programs to reduce death and disease related to tobacco abuse.

This program, known as Tobacco-Free Humboldt, includes the following activities: collaboration with local organizations on policies to restrict smoking to designated areas, working with the American Cancer Society to provide monthly tobacco cessation classes and "tobacco quit kits" to medical providers, implementation of evidenced based curriculum in the schools, and coordinating the collaborative workgroup Tobacco Education Network.

The total FY 2011-12 budget for the Tobacco Education Program is \$151,668, an increase of \$1,668 from its prior year

level of \$150,000. The State Tobacco allocation, at \$150,000, has remained flat for over ten years.

1175 414 Health Education

The Health Education Division works to change the community's knowledge, attitudes and behaviors in order to prevent disease and promote health. This program provides the administrative oversight for all Health Education programs. The program supports improved Cultural Competency for Public Health through the work of an Interpreter/Translator and other community collaborative efforts.

The program supports injury prevention efforts which utilize a data driven, collaborative approach to reduce injuries and deaths involving children. Programs focus on education related to young driver safety, proper use of child safety seats, impaired driving prevention, pedestrian and bicycle safety, and water safety.

The program also provides health promotion efforts and harm reduction services for people experiencing addiction, homelessness and/or mental health challenges. Activities focus on HIV, Hepatitis C, and overdose prevention and referral. The program provides coordination with local needle exchange programs and registration of local pharmacies into the "Disease Prevention Demonstration Project (SB1159) to sell syringes over the counter.

The total adopted FY 2011-12 budget for Health Education is

Health Education

\$973,712, an increase of \$29,048 from the prior year level of \$944,664.

1175 415 Women, Infant and Children's Supplemental Nutrition Program (WIC)

The WIC Program's core roles are to provide support to economically vulnerable populations including pregnant women, infants and young children through the issuance of checks for specified nutritious foods and to encourage new markets for local goods and services through the WIC Farmer's Market collaboration.

During FY 2010-11 the program continued successful partnerships utilizing federal one time Stimulus funding (ARRA) with the Well Child Dental Visit clinics co-located at three WIC clinic sites and the Child Passenger Safety Program offering age appropriate car seats and training to WIC clients. Focused outreach activities to recruit and enroll clients throughout the service area began in June of 2010 and continue with special emphasis on the large Family Resource Center network throughout the County.

The WIC Program is planning to establish a mobile WIC clinic utilizing the County-owned Mobile Engagement Vehicles. This effort will target lower income neighborhoods in West Eureka and the communities of Rio Dell, Orick and Blue Lake. With the high cost of gasoline expected to continue and ongoing transportation issues in our rural county this will ensure all eligible residents can access WIC services.

Phillip Crandall, Health & Human Services Director

The total adopted FY 2010-11 budget for the WIC Program was \$1,517,344. This amount included \$235,000 in ARRA funds. The proposed budget for FY 2011-12 is \$1,376,740.

1175 433 Nutrition and Physical Activity

This program promotes improved nutrition and physical activity behaviors through education, advocacy, policy development, and environmental changes. The program supports Humboldt CAN - Community for Activity and Nutrition, a community collaborative promoting physical activity, healthy eating and active public transportation, including Safe Routes to Schools.

Activities are community based with a special focus on youth and the low-income population. Network for a Healthy California funds local nutrition education at retail markets serving low income families and a youth engagement program in middle schools. Additionally, the Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX3) project takes a look at select low-income neighborhoods to measure the nutrition environment and identify opportunities for improvement.

Staff participates with Community Nutrition Action Plan (CNAP) partners and North Coast Growers to provide food demonstrations, tasting and nutrition education at Farmers' Markets and the local food bank.

The total FY 2011-12 budget for Nutrition and Physical

Health Education

Activity is \$69,573, a decrease of \$221,437 from the prior year level of \$291,010.

1175 434 Tobacco Prevention for Youth

This fund is where the California Master Settlement Agreement dollars are deposited. Humboldt County uses these funds to provide services and activities not funded by the California Department of Public Health's Tobacco Grant (Fund 412). We target youth in the classroom with the evidence-based program of TNT (Towards No Tobacco).

The total FY 2011-12 budget for the school based tobacco program is \$23,515, a decrease of \$31,735 from the prior year level of \$55,250.

1175 437 CARE - Nor-CAP Comprehensive AIDS Resources Emergency Act and Program: Case Management

The goal of the CARE Act is to provide medical and support services for unmet and underserved needs of people living with HIV in Humboldt. The purpose of the CARE program is to prolong the health and productivity of people living with HIV and to interrupt the transmission of HIV in Humboldt County. Services include direct (medical), supportive services, case management, health education, risk reduction education, and psychosocial services. North Coast AIDS Project staff provides the health education, case management, and HIV transmission risk reduction to people living with HIV and their HIV negative partners.

Phillip Crandall, Health & Human Services Director

Previously, the CARE – NorCAP budget resided within Budget Units 402, 442, 447, 448, and 470. Due to State reorganization of HIV/AIDS programs this budget unit has been dedicated to support the North Coast AIDS Project.

The total FY 2011-12 budget for CARE is \$203,020, a decrease of 13,524 from prior year level of \$216,544.

1175 449 Fiscal Agent

This budget provides the financial tools needed to monitor and facilitate the HIV- CARE Housing Opportunity for People With AIDS (HOPWA) Programs. The Fiscal Agent acts as the liaison between the State and Local Health Providers. The State allocates funds to support HIV/AIDS program activities, while the Fiscal Agent works at the Community level ensuring program compliance. Humboldt County NorCAP HOPWA applies for and receives funding from this account, which is detailed in 1175-470.

The total FY 2011-12 budget for the Fiscal Agent is \$50,887 a decrease of \$33,048 from prior year level of \$83,935.

1175 451 Drug Free Communities

The goal of the Drug-Free Communities (DFC) Support Program is to reduce substance use among local youth through environmental prevention strategies. DFC staff works in collaboration with members of the Humboldt County Alcohol, Tobacco, and Other Drug Prevention Coalition (ATODPC) to plan and implement grant activities. Prevention efforts focus

Health Education

on reducing youth access to alcohol and other drugs, changing social norms that are permissive of youth substance use, and reducing youth-reported past 30-day use of alcohol and other drugs.

The grant operates on a federal fiscal year and the full project period is 9/30/2010-9/29/2014. The continuation application for year two has been submitted to the funder.

The total FY 2011-12 budget for Drug Free Communities is \$155,000 an increase of \$3,653 from the prior year level of \$151,347.

1175 452 Alcohol and Other Drug Prevention

The Alcohol and Other Drug (AOD) Prevention Programs goal is to improve the health and well being of the community by reducing the abuse of alcohol and other drugs through primary prevention efforts.

Through environmental prevention strategies, the program works to reduce the availability of alcohol to youth and reduce injury and death associated with AOD impaired driving. Prevention efforts are designed to increase youth perceptions of risks associated with alcohol and other drug use and foster resiliency skills. Friday Night Live, another component of the program, is a school based action group for youth that encourages positive youth development.

Phillip Crandall, Health & Human Services Director

The total FY 2011-12 budget for the AOD program is \$185,289, a decrease of \$200 from the prior year level of \$185,489.

1175 454 MHSA-PEI Suicide Prevention and Stigma/Discrimination Reduction

The Suicide Prevention and Stigma/Discrimination Reduction Programs are built around a Public Health approach addressing suicide prevention and stigma/discrimination reduction on a population-wide basis, utilizing universal prevention strategies and selective/indicated prevention strategies.

This program implements State recommended promising practices related to suicide prevention. The program provides workforce training and develops/maintains a system of suicide prevention by strengthening linkages to services.

Elements of the Stigma/Discrimination Reduction program include education for DHHS staff, medical providers, community agencies and the public who have direct contact with mental health consumers.

This program continues in its second year for FY 2011-12 at \$272,898, a decrease of \$227,094 from the prior year level of \$499,565.

Health Education

Phillip Crandall, Health & Human Services Director

1175 470 HOPWA - Nor-CAP Housing Opportunities for People with AIDS Act

The HOPWA program is responsible for assessing the needs of people living with HIV, and assuring that services are provided. The goal of the HOPWA program is to prevent homelessness among people living with HIV/AIDS in Humboldt County. This is one of several organizations that are granted funds out of 1175-449.

This program provides financial assistance with direct housing costs (rent, mortgage, utilities, etc.). Services include case management assistance with housing needs.

The HOPWA – NorCAP budget was previously combined with the Fiscal Agent and the CARE – NorCAP program. Due to State reorganization of HIV/AIDS programs this budget unit has been dedicated to support the North Coast AIDS Project.

The total FY 2011-12 budget for the HOPWA program is \$34,767, an increase of \$16,850 from prior year level of \$17,917.

1175 488 Family Violence Prevention

The Family Violence Prevention Program's (FVPP) goal is to prevent family violence through the education of individuals, organizations, and the community.

The FVPP provides training, coordination, education and other services to CalWORKS/HumWORKS staff and clients. The

program also utilizes Universal Prevention strategies such as The Silent Witness Project to raise awareness about the devastation caused by domestic violence and promote help-seeking behaviors. Additionally, the program emphasizes cultural competency in all activities including especially training for service providers.

The total FY 2011-12 budget for the Family Violence Prevention Program is \$116,664, a decrease of \$15,525 from the prior year of \$132,189.

2010-11 Accomplishments

1. Provided ongoing leadership for Binational Health Week including the 4th annual Festejando Nuestra Salud health fair that served approximately 600 Spanish speakers.
2. Maintained and utilized the Silent Witness project in more than 19 community events to promote awareness related to Family Violence prevention.
3. Convened the Healthy Rural Communities Forum. Engaged 130 people from 5 different counties with information and support related to best practices for promoting healthy communities in a rural context.
4. Provided the Network for a Healthy California's Retail Program - produce tasting opportunities, recipes and new ideas on how to prepare fruits and vegetables in 20

grocery stores throughout Humboldt and Del Norte Counties.

5. Completed implementation of Shifting Gears Pilot Program and engaged 754 County employees related to their behavior around active transportation.

2011-12 Objectives

1. To coordinate a team of trainers to implement three two-day skills based trainings for DHHS workforce and community partners in order to improve capacity of professionals throughout Humboldt County who come into contact with populations at risk for suicide.

2. To raise attendance to include 100% of 12 sector representatives at each quarterly meeting of the Humboldt County Alcohol, Tobacco, and Other Drug Prevention Coalition.
3. To reduce the overall collision rate for the 16-20 year-old population 5% from the 2008 federal fiscal year base year total of 13.3% to 8.3% by September 30, 2011.
4. To reduce the Had Been Drinking (HBD) drivers under age 21 in injury collisions 20% from the 2008 federal fiscal year base year total of 14 to 12 by September 30, 2011.

1100 - General Fund	2006-07 Actual	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues								
Other Govt'l Agencies	\$1,313,762	\$1,398,627	\$1,471,873	\$1,217,253	\$1,173,261	\$1,315,245	\$1,215,245	\$41,984
Other Revenues	0	0	0	880	8,420	4,000	6,500	(1,920)
General Fund Support	1,163,367	862,185	1,261,138	1,616,816	1,703,813	1,624,193	1,661,950	(41,863)
Total Revenues	\$2,477,129	\$2,260,812	\$2,733,011	\$2,834,949	\$2,885,494	\$2,943,438	\$2,883,695	(\$1,799)
Expenditures								
Other Charges	\$2,477,129	\$2,260,812	\$2,733,011	\$2,834,949	\$2,885,494	\$2,943,438	\$2,883,695	(\$1,799)
Total Expenditures	\$2,477,129	\$2,260,812	\$2,733,011	\$2,834,949	\$2,885,494	\$2,943,438	\$2,883,695	(\$1,799)
Allocated Positions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Temporary (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Staffing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Purpose

Inmate medical services are required to be provided by the facility administrator pursuant to Section 1200, Title 15, of the California Administrative Code. The County provides those services via contract with a private firm. Section 17000 of the California Welfare & Institutions Code mandates indigent health care. The County Medical Services Program (CMSP) is the primary system designed to address medical care needs for adult indigent persons in Humboldt County. Adult indigent persons are defined as adults who cannot afford to pay for medical care and have no third party payment provider. The State-legislated CMSP participation fee is funded in this budget unit.

Recommended Budget

The recommended budget for FY 2011-12 is \$2,822,831, a decrease of \$60,500. Costs for California Forensic Medical Group's (CFMG) contract are not estimated to increase. Catastrophic care was increased last fiscal year due to specific medical cases. For FY 2011-12 they are proposed at the base level resulting in a \$64,000 decrease in General Fund support.

Board Adopted

The Board adopted this budget with an increase of \$60,864, or a total budget of \$2,883,695. This change was based on an updated estimate for the CFMG contract for FY 2011-12.

Program Discussion

The Inmate/Indigent Medical Services budget is used to account for expenditures directed toward medical care provided to inmates of the County Jail and Juvenile Hall, and to adult indigent persons residing in the County. Through a contract, CFMG provides these services to Jail inmates.

The County has dedicated its Tobacco Settlement receipts to fund the Inmate/Indigent Medical Care program. Annual Tobacco Settlement revenues fluctuate slightly, but are budgeted at \$1.3 million. Beginning in calendar year 2008 and continuing through 2017, the County will also receive an additional payment from the Tobacco Settlement, known as the "Strategic Contribution Fund" (SCF). This increment is dedicated to tobacco education per Board action in 2008.

On April 13, 2010, the Board of Supervisors approved a discount prescription card program. This program provides a royalty to the County for every prescription filled. Any revenue received from this program is be used to offset the costs of inmate/indigent health care. Projected revenue for FY 2011-12 is \$6,500.

**Maternal, Child & Adolescent Health/
Public Health Nursing**

Phillip Crandall, Health & Human Services Director

1175 - Public Health Fund	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Use of Money & Property	0	0	0	1,750	4,200	4,200	2,450
Other Govt'l Agencies	\$7,994,466	\$6,084,813	\$6,271,303	\$2,888,131	\$4,459,153	\$4,457,957	\$1,569,826
Charges for Services	1,649,581	1,617,226	1,729,454	41,441	37,000	37,000	(4,441)
Other Revenues	151,215	33,783	63,589	92,083	27,200	27,200	(64,883)
(To)/From Non-GF Fund Balance	(796,531)	1,708,714	850,213	2,092,827	0	0	(2,092,827)
Total Revenues	\$8,998,731	\$9,444,536	\$8,914,559	\$5,116,232	\$4,527,553	\$4,526,357	(\$589,875)
Expenditures							
Salaries & Benefits	\$3,076,862	\$3,440,329	\$2,907,645	\$1,483,769	\$965,491	\$965,491	(\$518,278)
Supplies & Services	2,572,706	2,586,339	2,196,839	1,317,130	1,782,970	1,782,970	465,840
Other Charges	3,300,216	3,417,868	3,808,900	3,963,736	4,441,828	4,440,632	476,896
Fixed Assets	48,947	0	1,175	2,484	0	0	(2,484)
Intrafund Transfer	0	0	0	(1,650,887)	(2,662,736)	(2,662,736)	(1,011,849)
Total Expenditures	\$8,998,731	\$9,444,536	\$8,914,559	\$5,116,232	\$4,527,553	\$4,526,357	(\$589,875)
Staffing							
Allocated Positions	114.38	117.38	116.38	104.15	104.15	104.15	0.00
Temporary (FTE)	0.73	0.22	0.70	0.60	1.00	1.00	0.40
Total Staffing	115.11	117.60	117.08	104.75	105.15	105.15	0.40

Maternal, Child & Adolescent Health/ Public Health Nursing

Phillip Crandall, Health & Human Services Director

Purpose

Maternal, Child, and Adolescent Health and Public Health Nursing Division (MCAH/PHN) programs protect economically vulnerable populations and provide prevention and early intervention-based services that are prioritized according to documented population needs. Target populations include women of child-bearing age, fathers, adolescents, children and infants. MCAH/PHN programs provide community-appropriate levels of service and address access to care issues for targeted groups; nursing case management for medically and socially at-risk infants, children, adults and families; support for pregnant women and their families; perinatal and child oral health; perinatal substance use; newborn risk assessment; fetal, infant and child death review; perinatal and child nutrition; and the well-being of infants and children challenged by poverty and substance abuse. MCAH and PHN programs work collaboratively with community partners to address issues and solve problems. Statutory authority comes from Title 17 of the California Health and Safety Code.

This narrative includes discussion on the funding and operation of seven Maternal Child and Adolescent Health/Public Health Nursing budget units:

- Alternative Response Team (ART, 408)
- Public Health Field Nursing Services (416)
- Child Health & Disability Prevention (CHDP, 418)
- Maternal Child & Adolescent Health (MCAH, 420)

- Nurse Family Partnership (426)
- Maternal Health Personnel Program (460)
- California Children's Services (CCS, 493)

Recommended Budget

The proposed FY 2011-12 budget for the Maternal, Child and Adolescent Health grouping is \$4,527,553, a decrease of \$916,854. The department proposes to hold 11.45 FTE positions frozen and unfunded in budget unit 460 for FY 2011-12 due to decreased realignment revenue. The positions are 0.60 FTE Office Assistant I/II, 1.0 FTE Senior Public Health Nurse, 1.75 FTE Physical Therapist, 1.0 FTE Health Program Coordinator, 2.0 FTE Health Client Service Worker, 0.8 FTE Public Health Nutritionist, 1.0 Occupational Therapist, 0.5 Public Health Nurse, 1.0 Program Manager, 0.8 Administrative Analyst I/II, 0.5 Registered Nurse and 0.5 Medical Office Assistant I/II.

Board Adopted

The Board adopted this budget with a decrease of \$1,196 due to a revised estimate for First Five grant revenue.

Program Discussion

Services in this budget grouping include general, prenatal, infant, child and adolescent public health activities and services. Community health status assessment, assuring the

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provision of health services to vulnerable populations through collaborative activities, and policy development related to the health and well-being of women, infants and children are core MCAH/PHN functions. PHN staff participate in Disaster Response as assigned, flu and community immunization clinics and Well Child Dental Visits.

1175 408 Alternative Response Team (ART)

ART provides 6 to 12 months of intensive home-based services to families at risk of child maltreatment. These families are referred to ART by Child Welfare Services (CWS). Services are provided by a team of Public Health Nurses, Community Health Outreach Workers and a Mental Health Clinician. ART is a cornerstone of CWS Differential Response.

The total FY 2011-12 budget for the ART program is \$949,511, a decrease of \$22,767 from the prior year of \$973,278.

1175 416 Public Health Field Nursing Services

Public Health Field Nursing Services include Public Health Nursing case management for medically and socially at-risk infants, children, adults and families, anticipatory guidance for prevention and wellness, sudden infant death syndrome (SIDS) prevention, resource and referral, disaster response, communicable disease control and liaison to family resource centers and community providers. Field Nursing Services staffs and manages two outstation sites to support and provide

community-appropriate levels of service in Garberville and Willow Creek.

The total proposed FY 2011-12 budget for Public Health Nursing is \$2,502,179, an increase of \$70,153 from the prior year level of \$2,432,026.

1175 418 Child Health & Disability Prevention (CHDP)

The CHDP program assures a fully functioning network of pediatric care providers for low-income families, and links families to health insurance products including Medi-Cal, Healthy Families and CalKids. The CHDP Health Care Program for Children in Foster Care works with the Children and Family Services integrated team to assess, provide referrals, and document and evaluate the health status of children in foster care.

The total FY 2011-12 budget for the CHDP program is \$875,775. This includes funding for Social Services Branch – Child Welfare Services. The total adopted FY 2010-11 budget was \$849,624.

1175 420 Maternal Child & Adolescent Health (MCAH)

The MCAH program addresses prenatal, infant, child and adolescent health and safety issues through collaborative work with community partners and direct service. Areas of focus include: access to and early entry into prenatal care, health disparities, preconception care, perinatal substance use,

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perinatal and child oral health, safe sleeping, breastfeeding promotion, and perinatal mood disorders.

The total FY 2011-12 budget for the MCAH program is \$473,525, a decrease of \$22,910 from the prior year of \$496,435.

1175 426 Nurse Family Partnership

Nurse-Family Partnership (NFP) is an evidence-based community health program providing nurse home-visiting service for first time, low-income mothers. Program evidence shows that mothers who work with a nurse are active and involved parents who are present for their children. Reduced child abuse rates, increased maternal self-sufficiency, and better school achievement leading to improved economic well-being are also proven outcomes for these mothers. The program began enrolling clients in July 2009 and is now close to capacity of 100 families. Plans are in place to increase the NFP program to allow enrollment expansion to approximately 120 clients over the next year.

The NFP budget for FY 2011-12 is \$705,753, an increase of \$129,174 from the prior year level of \$576,579.

1175 460 MCAH Personnel Program

This budget serves as a Personnel budget only. It is budgeted for twenty full time employees for FY 2011-12. The total proposed salaries budget is \$1,991,955, a reduction of \$280,450 or 12% from the prior Fiscal Year. Salaries are

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reimbursed from other budget units to this budget unit; therefore the net cost is zero.

1175 493 California Children's Services

California Children's Services (CCS) local administration plays a role in protecting economically vulnerable populations through the provision of care coordination for over 750 eligible children with special health care needs. CCS serves infants, children and youth up to age 21 who have special health care needs, or who are at risk for disabling conditions. Pediatric occupational and physical therapy services for approximately 150 children are provided at the CCS Medical Therapy Unit located at Humboldt County Office of Education (HCOE) Glen Paul School.

The total FY 2011-12 budget for the CCS program is \$1,661,194, a decrease of \$23,462 from its prior year level of \$1,684,656.

2010-11 Accomplishments

1. Strengthened the integrated services roles of the Children and Family Services (C&FS) Nursing Unit. Developed a PHN referral process with a single-point-of-entry for all PHN referrals from Children & Family Services, including Differential Response, Emergency Response, Court, Ongoing Family Reunification & Permanency Planning Units.

2. Assured developmental assessment for all children 0-3 years in substantiated referrals and cases in collaboration with C&FS and community partners. Assured that the necessary referrals and services were completed for children who are identified with early delays.
3. Increased administrative efficiencies in CCS and decreased local costs while maintaining the safety net of medical services for children with handicapping conditions and chronic disease.
4. Participated with First 5 Humboldt in the Hoopa School Readiness Initiative providing Public Health Nursing oversight to support school readiness, health and developmental screening for children 0-5 years in collaboration with Eastern Humboldt community partners.

2011-12 Objectives

1. To continue to enroll NFP clients and monitor for potential growth. Seek additional outside funding including federal funds for evidence based home visiting programs.
2. To transition to an electronic documentation system for nursing services to increase staff efficiency and track measurable outcomes.
3. To improve transition to adult services for youth with chronic disabling health care conditions who exit the CCS system at age 21.
4. To incorporate evidence-based practices or Best Practice techniques within all nurse home visiting programs.

1170-Mental Health Fund	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Other Gov't Agencies	\$16,842,193	\$14,257,135	\$15,770,891	\$12,276,023	\$16,777,995	\$16,777,995	\$4,501,972
Charges for Services	6,401,639	13,366,750	13,368,771	12,068,958	12,161,836	12,161,836	92,878
Other Revenues	552,079	227,169	130,918	52,490	42,474	42,474	(10,016)
General Fund Support	325,952	340,195	341,081	0	0	0	0
(To)/From Non GF Fund Balance	1,392,145	1,007,178	(524,297)	1,142,603	0	0	(1,142,603)
Total Revenues	\$25,514,008	\$29,198,427	\$29,087,364	\$25,540,074	\$28,982,305	\$28,982,305	\$3,442,231
Expenditures							
Salaries & Benefits	\$15,676,804	\$17,800,635	\$18,787,572	\$19,734,983	\$22,191,301	\$22,227,236	\$2,492,253
Supplies & Services	9,151,612	15,048,683	13,651,143	12,942,015	15,764,095	15,423,872	2,481,857
Other Charges	637,975	1,915,593	2,070,533	2,265,409	2,656,251	2,652,978	387,569
Fixed Assets	173,297	36,593	92,471	180,119	210,000	210,000	29,881
Expense Transfer	(125,680)	(5,603,077)	(5,514,355)	(9,256,500)	(11,308,630)	(11,136,882)	(1,880,382)
General Fund Support	0	0	0	(325,952)	(530,712)	(394,899)	(68,947)
Total Expenditures	\$25,514,008	\$29,198,427	\$29,087,364	\$25,540,074	\$28,982,305	\$28,982,305	\$3,442,231
Staffing							
Allocated Positions	299.20	322.70	323.70	323.70	322.70	322.70	(1.00)
Temporary (FTE)	19.60	10.20	17.90	17.90	16.05	15.85	(2.05)
Total Staffing	318.80	332.90	341.60	341.60	338.75	338.55	(3.05)

Purpose

The Department of Health and Human Services, Mental Health Branch, is responsible for overseeing and directing mental health treatment and support services for Humboldt County. To protect economically, emotionally and socially vulnerable populations, the Mental Health Branch provides and coordinates an array of clinical operations for Humboldt County Specialty Mental Health Medi-Cal clients; oversees crisis, acute and disaster related mental health services to all Humboldt County residents regardless of payer status. To provide community appropriate levels of service, the Mental Health Branch administers managed care contracts for mental health services with private for-profit and non-profit agencies and provides a comprehensive system of care for people who have mental illness, to the extent resources are available.

This narrative includes discussion on funding and operation of nine Mental Health Branch budget units: the Mental Health Administration Unit (424), Mental Health Jail Programs (427), HumWORKs (475), Mental Health Services Act (477), Sempervirens/Psychiatric Emergency Services (495), Adult Outpatient Programs (496), Children, Youth, and Family Services (497), Medication Support Services (498), and Mental Health Children's Center (507).

Recommended Budget

The budget for the Mental Health budget grouping is \$28,982,305, a decrease of \$1,650,275 from FY 2010-11. The reduction is due to the impact of reductions to Federal Financial Participation reimbursement for Medicaid eligible services, economic factors that have reduced State Realignment receipts, and State budget redirection of Mental Health Service Act funds.

Board Adopted

The Board adopted this budget with an increase of \$95,023 to the General Fund contribution for Mental Health services to the Jail.

1170 424 Mental Health Administration

The Mental Health Branch Administration Unit is responsible for overseeing and directing mental health treatment and treatment support services for Humboldt County. These activities include:

- Fostering and supporting integrated, holistic, accessible service delivery systems with other DHHS partners
- Interfacing with principal funding sources (e.g., State and federal authorities, third party insurers)

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- Overseeing an array of clinical operations for Humboldt County Specialty Mental Health Medi-Cal clients
- Overseeing crisis, acute and disaster related mental health services to all Humboldt County residents regardless of payer status
- Administering contracts for mental health services with private for-profit and non-profit agencies

Revenues and personnel costs for all the Mental Health programs listed in this narrative are budgeted in the Administration Unit. The Mental Health Branch is primarily funded by Mental Health Realignment Funds, Mental Health Services Act funds, Medi-Cal reimbursement and private insurance. The County General Fund contributes \$394,899 or 1% of the total budget. Full staffing includes 322.70 FTE permanent staff.

The budget for the Administration Unit for FY 2011-12 is \$28,982,305. All other budget units in the Mental Health budget grouping are cost applied to budget unit 424.

1170 427 Mental Health Jail Programs

Mental health clinicians provided a variety of services for County Jail inmates. Staffing allocations and related personnel expenditures for the Jail Mental Health Program are included in the Mental Health Administration budget (424). The following services were provided, to promote self-reliance of

citizens, in addition to mental health evaluation, assessment, and referral:

- Development of treatment plans and follow up progress reports to the court for individuals deemed incompetent to stand trial
- Court ordered evaluation (4011.6 evaluations)
- Psychiatric evaluation and medication support treatment
- Psychiatric nursing services for medication and psychiatric follow up
- Work recommendations: Evaluations to determine inmates' ability/appropriateness for work assignments
- Limited case management services
- Coordination of 5150 transfers to SV /PES
- Suicide prevention and intervention assessments
- Debriefing meetings with emergency personnel and correctional staff following critical events
- Participation and facilitation of yearly training of correctional officers about mental health and suicide prevention/intervention

Total expenditures appropriations for FY 2011-12 are \$25,289, a decrease of \$145,377, or 85%, from the prior fiscal year. This does not include staffing expenses which are contained in the Mental Health Administration budget (424). Staffing for FY 2011-12 is estimated to cost \$417,975.

A portion of the Mental Health Jail Program is financed from the County General Fund. A supplemental budget request was

submitted to restore funding and maintain service levels for jail clients. This request met the Board priority to create opportunities for improved safety and health for inmates and County staff and was partially funded for \$95,023 in the adopted budget.

1170 475 Mental Health - HumWORKS

Behavioral Health Services/HumWORKS (BHS) is a multi-disciplinary program which provides assessment, consultation and treatment services to CalWORKs recipients experiencing mental health, substance abuse and/or domestic violence issues in their lives. The program promotes self-reliance of citizens while protecting economically vulnerable populations, BHS assisted participants in removing/minimizing barriers to employment by teaching a variety of life skills. The use of these skills can open the door to recovery and successful long-term employment. Services are part of each participant's Welfare to Work Activities and are developed in consultation and coordination with Social Services Branch Employment & Training staff.

HumWORKS budget for FY 2011-12 is \$110,271, an increase of \$4,647, or 4% from FY 2010-11.

1170 477 Mental Health Services Act (MHSA)

A number of programs are provided under the County's MHSA plan and are intended to protect economically vulnerable populations, provide community-appropriate levels of service,

promote self-reliance of citizens, foster transparent, accessible, welcoming and user friendly structures. These include:

Rural Outreach Services Enterprise (ROSE) provides mobile access to culturally appropriate services with efforts focused on reducing cultural and ethnic barriers to access that tend to exist in more traditional mental health settings. ROSE links with and provides support to existing community organizations such as Family and Community Resource Centers, community clinics, and Tribal Organizations in order to reach the unserved and underserved populations in rural areas of the County. Three Mobile Engagement Vehicles now serve the integrated health and human services needs of Humboldt County's homeless and the geographically challenged vulnerable populations.

The Hope Center (formerly the Wellness Center) provides a safe, welcoming environment based on recovery self-help principles and the resources necessary for people with a mental health diagnosis who are underserved and their families to be empowered in their efforts to be self sufficient. The Hope Center is client run and provides recovery services including peer-to-peer education and support, system navigation, and linkage to services. Outreach efforts are made by Hope Center peer staff and volunteers to underserved people with serious mental health needs.

Comprehensive Community Treatment (CCT) provides, within DHHS, integrated and holistic intensive community services and support (e.g. housing, medical, educational, social, vocational, rehabilitative, or other needed community services)

as defined by the participant to achieve recovery. Personal Services Coordinators (PSC's), including peer clients and peer family members whenever possible, provide services to partners in the community.

Outpatient Medication Services Expansion provides medication support to people with a serious mental illness residing in remote rural areas utilizing video conferencing equipment. Outpatient Medication Services provides ongoing psychiatric medication support services through a team approach. Each team consists of a psychiatrist/nurse practitioner and a psychiatric registered nurse, and in many cases, a case manager and/or a clinician may also be assigned. It is a service strategy that will enhance existing collaborative efforts for the clients with their local primary health care providers.

Alternative Response Team (ART) Expansion integrates State initiatives including MHSA and Child Welfare system improvements. Initiated in 1996, the ART team is a collaboration between Child Welfare Services (CWS) and Public Health to engage families by strengthening their capacity to nurture and ensure safety of their children. ART provides prevention services in the home for at-risk families with children 0-8 years of age that were referred to CWS but did not meet the criteria for CWS intervention. In 2006, through MHSA funding, a Mental Health Clinician position was added to the interdisciplinary team resulting in a more integrated and holistic service experience to families. Mental health staff provide screening and assessment services,

consultation, parent education, and wellness/recovery/resiliency focused clinical services.

Older Adults and Dependent Adults Program provides both clinic-based and in-home services to disabled adults, at risk adults and older adults. The enhanced adult services team expands an existing collaboration between Social Services, Adult Protective Services, In Home Support Services, Public Health Nursing, and a Mental Health Clinician to provide assessment and treatment planning to older and dependent adults with a serious mental illness who are at risk of abuse or neglect or who are in need of support services to remain in their home.

Crisis Intervention Services (CIS) staff responds to intervene and prevent hospitalizations and incarcerations. CIS provides crisis support during critical incidents or potential critical incidents involving persons who may have a mental illness or co-occurring disorder. Selected staff have undergone hostage negotiation training to assist law enforcement in incidents involving persons with mental illness. Additional mental health staff were added to current programs for the purpose of responding to local hospital emergency rooms to assess, engage, and refer clients to appropriate services and supports; and to develop more direct outreach, engagement, and access strategies. Crisis Intervention Training (CIT) is a national model where partnerships between law enforcement, mental health systems, clients of mental health services, and their family members can help in efforts to assist people who are experiencing a mental health crisis and to help them gain access to the treatment system where they are best served.

The Transition Age Youth (TAY) Partnership Program serves young adult populations at risk of or experiencing onset of serious psychiatric illness to prevent mental illnesses from becoming severe and disabling and to protect economically vulnerable populations while promoting self reliance of citizens. The education component will utilize a universal approach. Humboldt County Transition Age Youth Collaboration (HCTAYC), comprised of local youth and members of statewide youth organizations (many focused on youth exiting from the foster care system) has been working closely with DHHS to provide policy recommendations to create more accessible programs geared toward meeting the housing, educational, medical, psychiatric, and vocational needs of this population. An integrated TAY Division will be launched in FY 2011-12 to more effectively provide seamless services to youth at risk of developing serious mental illness, thereby increasing the likelihood that youth will become more self-reliant in the long term.

Integrated Program & Planning Support Structures is an integration support structure for DHHS designed to facilitate progress toward MHSA and other initiative goals. It includes the following infrastructure enhancements:

- **The Office of Client & Cultural Diversity (OCCD)** provides cross-branch leadership to DHHS in the areas of policy and program development related to culturally competent client and family driven services and the reduction of racial, ethnic, and geographic disparities.

- **The Research and Evaluation (R&E) Unit** includes a full spectrum of evaluation services from data management, data verification, statistical analysis and interpretation, to written progress reports; increasing DHHS capacity for outcomes based program planning and improvement. This data offers a measure of how a program or service affects the community over time.
- **The Training, Education and Supervision Unit (TES)** develops, coordinates, and integrates resources to provide education and training opportunities to staff, clients, parents, families, community partners, and providers. Clients are indirectly served by these structures.
- **Prevention and Early Intervention**
To protect economically vulnerable populations while promoting self reliance of citizens, Mental Health Service Act Prevention and Early Intervention programs have been implemented in an integrated cross-branch approach.

Mental Health Services Act total adopted budget for FY 2011-12 is \$2,885,430, a decrease of \$1,068,647 or 27%, from FY 2010-11. State budget redirection of Mental Health Service Act revenue contributes to this budget reduction.

1170 495 Mental Health-Psychiatric Emergency Services (PES) and Acute Psychiatric Hospitalization-Sempervirens

Mental Health's Emergency Psychiatric Services program provides:

- 24 hour, seven-day crisis intervention services in a psychiatric emergency room setting.
- 23 hour crisis stabilization to prevent the need for inpatient hospitalization.
- Crisis intervention services in the Jail and Juvenile Hall.
- An enhanced outpatient team to identify and respond to those clients in community settings who are at risk of requiring psychiatric intervention.
- Psychiatric inpatient services in a federally certified psychiatric health facility, Sempervirens, the only inpatient psychiatric unit within a 300 mile radius.

These programs are financed primarily from designated State mental health realignment revenue funds; revenues from service billings to Medi-Cal Federal Financial Participation (FFP), Medicare, private insurance, and patient fees.

These programs are staffed with psychiatrists, psychiatric registered nurses, licensed clinical social workers, an activity

therapist, and a host of support staff. Those patients in need of Psychiatric Emergency Services (PES) are provided crisis intervention and/or crisis stabilization services to assess the emergent situation, short-term treatment to stabilize their condition, and arrangements for after-care services necessary to prevent relapse or decomposition of their condition. If the patient's condition cannot be stabilized while in PES, the patient is admitted to Sempervirens or the nearest available inpatient hospital specializing in age-appropriate care.

Sempervirens is a 16 bed locked psychiatric hospital that provides a safe environment for those people who meet the criteria outlined in §5150 of the California Welfare & Institutions Code. These individuals are considered to be in imminent danger to themselves or others, or they are unable to provide for their own food, clothing and shelter, due to mental illness. Sempervirens hospital staff provides psychiatric assessment, medications counseling (individual and family), and recreational activities to assist the individual in learning new ways to cope with his/her illness and assist with his/her recovery. Upon admission, staff develops a multidisciplinary treatment plan with the patient, identifying the problem that led to the hospitalization and the individual goals to assist the person with his/her recovery.

Sempervirens / Psychiatric Emergency Services proposed budget for FY 2011-12 is \$859,680, a decrease of \$88,079, or 9% from FY 2010-11. This budget decrease can be attributed to program strategies to reduce pharmaceutical expenditures.

1170 496 Adult Behavioral Health and Recovery Outpatient Programs

Through County operated programs and contracts with community providers, Adult Behavioral Health and Recovery Services (ABHRS) offers an array of services to severely mentally ill adults and Medi-Cal beneficiaries that meet specialty mental health service criteria.

These programs are financed from designated State mental health realignment funds; revenues from service billings to Medi-Cal Federal Financial Participation, private insurance, patient fees, and grant funding. The following services are provided within a coordinated and integrated System of Care model of service delivery:

- Walk-in and telephone access
- Clinical services including mental health evaluation, assessment, and referral; brief individual and group therapy; case management; mental health rehabilitation; community outreach & education; and client & family education
- Residential placement coordination for those who require skilled levels of care to prevent or transition from acute psychiatric hospitalization, as well as residential care and transitional housing options along a continuum of independence

Services are provided by a multi-disciplinary staff and clinical teams comprised of licensed mental health clinicians, case managers, crisis specialists, peer support counselors, mental health workers, and vocational counselors who work in collaboration with psychiatrists, nurses, and support staff.

Adult Outpatient Programs budget for FY 2011-12 is \$1,753,849, a decrease from prior year of \$49,166 or 3%.

1170 497 Mental Health - Children, Youth & Family Services (CYFS)

CYFS, part of DHHS Children & Family Services (C&FS) since Spring 2010 provides a full array of services to seriously emotionally disturbed children and Medi-Cal beneficiaries who meet specialty mental health service criteria. Coordinated services are provided through County operated programs and community-based contract providers and are delivered through an integrated Children & Family Services System of Care model. Services include assessment; individual, group and family therapy; case management; medication support; therapeutic behavioral services; and crisis intervention.

To enhance accessibility, services are provided at three certified sites in Eureka, in homes and the field, and at a variety of community sites in coordination with the other DHHS Children & Family Services, contract providers and community partners. Some County operated program community sites include Child Welfare Services, Public Health, Juvenile Hall, the Northern California Regional Facility, and the Multiple

Assistance Center. Some community-based contract providers include Changing Tides Family Services, Remi Vista, Redwood Community Action Agency, and Humboldt Family Service Center.

A targeted DHHS integrated focus on assessing and meeting needs for foster care youth began in 2008 and continues in order to impact the poor outcomes seen nationally for this extremely high-risk population.

Also since 2008, a second major initiative united several local and statewide transition age youth organizations into the Humboldt County Transition Age Youth Collaboration (HCTAYC) to assist Humboldt County in improving capacity for welcoming youth-serving programs which integrate health, mental health, housing, vocational and educational components.

The third major initiative, begun in 2010, is the integration of DHHS Mental Health, Public Health, and Social Services programs serving children and families into one integrated Children & Family Services (C&FS) administrative structure. Mental Health CYFS is one component of the new C&FS structure. This integration process will result in greater protection of vulnerable populations through the use of accessible “upstream” (prevention and early intervention) programs and community education.

The total budget for Children Youth and Family Services in FY 2011-12 is \$551,592, an increase of \$125,704, or 30%, from FY 2010-11. Expenditure transfers for supports to C&FS programs contribute to this increase.

1170 498 Mental Health - Medication Support Services

The Mental Health Outpatient Medication Clinics, located at both Wood Street and CYFS, provide ongoing psychiatric medication support services through a team approach. Each team consists of a psychiatrist and a psychiatric registered nurse, and in many cases, a case manager and/or a clinician may also be assigned. Those individuals receiving outpatient medication support services are assigned to a team. The team determines which client(s) are in most need of seeing the psychiatrist in order to prevent the individual from needing a higher level of service, such as Psychiatric Emergency Services. Thus, clients are triaged by the team according to their individual needs. This team approach has allowed the department to continue to provide medication support services to over 2,000 unique individuals annually by having the registered nurse assist those clients who are more stable and the team psychiatrist treating the more complicated cases.

The Outpatient Medication Clinic staff works closely with a vast variety of community providers to identify those clients who have been stable, no longer need specialty mental health services, and could receive their medications from their primary care physician (PCP) or health clinic. Additionally, the Outpatient Medication Clinic has developed a linkage nurse/case manager with each private provider site. The linkage nurse is responsible for assisting the PCP's who may need a consult from a psychiatrist for a client who is having difficulties beyond the PCP's capability. By doing so, the

client is seen sooner by the psychiatrist, preventing the need for a higher level of care or service and maintaining the client in the community setting.

Since the institution of Medicare Part D, Medication Support Services has incurred copayments for those adults and older adults unable to pay due to financial constraints and who are at risk for de-stabilization and hospitalization. In addition, Medication Support Services incurs medication costs for those at risk patients who have reached the Medicare Part D “doughnut hole.” Efforts are made to provide clients with sample medications or drug company indigent medications when applicable. Medi-Cal has changed its formulary to require Treatment Authorization Requests (TAR) and Prior Authorization (PA) for commonly prescribed medications, which the patient may have taken for years, and often times may cause a delay in obtaining medications for patients at risk. These costs have been paid by the Medication Support Services until TAR’s and PA are authorized by Medi-Cal.

In addition, Medication Support Services incurs costs for medications to provide continuity of care for Jail clients released from Humboldt County Correctional Facility, with a limit of a two week supply, until these patients are able to reinstate their Medi-Cal benefits.

The total budget for FY 2011-12 for Medication Support Services is \$226,246, a decrease of \$2,710 or 1% from FY 2010-11.

1170 507 Mental Health - Children’s Center

DHHS Children’s Center provides temporary shelter and treatment services to Humboldt County children, age six to 18, for whom no other safe and appropriate placement is available. The residential care components of the program are administered under Title 22, Division 6 of the Community Care Licensing regulations of the California Department of Social Services. Mental Health services, including assessment; individual, group and family therapy; case management; rehabilitation services; and medication support services are certified by the State Department of Mental Health, and are provided and administered through the Children & Family Services Children, Youth and Family Services Division.

The children placed at the Children’s Center often have multiple and complex needs, and moderate to severe emotional and behavioral problems that require the commitment and flexibility of an integrated and coordinated system of care which includes mental health support, Public Health nurses, Child Welfare Services social workers, and appropriate staff and resources from Probation, education, and other community-based agencies. Children placed at the Center may be dependents of the court, youth in protective custody, or may be voluntarily placed by their families due to abuse, neglect and/or abandonment, or those whose emotional and behavioral status interferes with stable placement. Most children at the Center have experienced trauma.

Mental Health staff assesses the children upon admission and, in coordination with an interdisciplinary and multi-functional integrated team, as well as the children themselves, develops an individualized treatment plan with a set of goals that will prepare them for a return to safe, less restrictive community placements such as with family or foster parents. The program focus is on assessing and addressing the issues that have been barriers to the child's community placement success. Staff also provides after-care services to help make the transition to community placement as seamless as possible for the child and family.

The primary operating budget for the Children's Center is shown in the Social Services budget (509). The Mental Health Children's Center budget unit (507) covers the operating expense costs, insurance, and overhead costs for the Mental Health staff. The total budget for this portion of the Children's Center for FY 2011-12 is \$58,606, an increase of \$11,657 or 25% from FY 2010-11. Rising costs of transportation contributed to this increase.

2010-11 Accomplishments

1. Implemented Children & Families Services to facilitate further integration of all programs and services for these populations. This protected economically vulnerable populations.
2. Initiated a coordinated system for a continuum of placement options for seriously mentally ill adults who

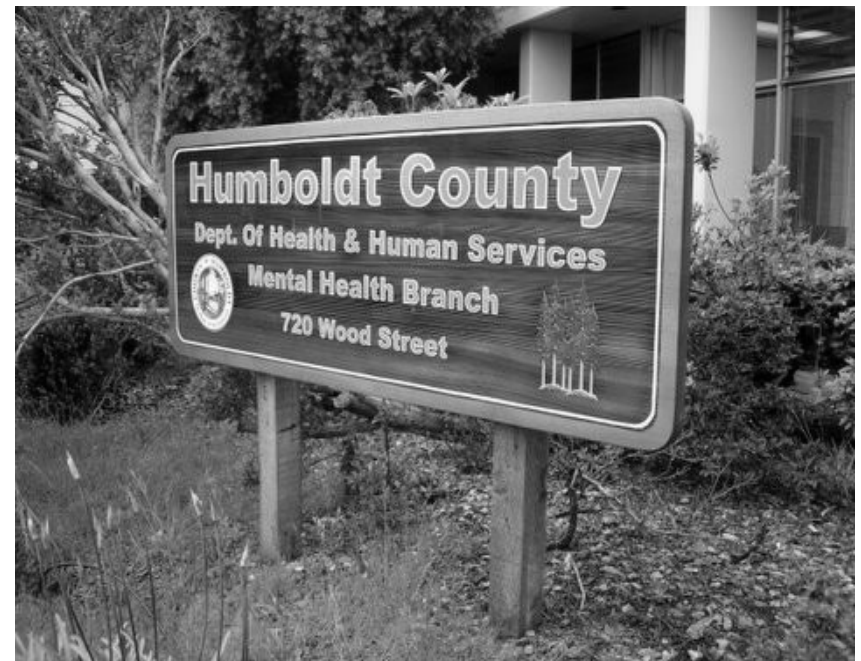
otherwise would be maintained at locked and costly institutions.

3. Completed second full year of HCTAYC including youth leadership development and youth-identified recommendations provided to specific programs (Children's Center, Sempervirens) to foster more youth-friendly and accessible services. This provided community-appropriate levels of service.
4. Increased and enhanced options for housing, including independent, transitional and supportive living environments. This protected economically vulnerable populations.
5. Continued to explore all grant opportunities which would expand services for DHHS and MHB target populations.

2011-12 Objectives

1. To continue to develop a Behavioral Health Care Model of services for adults and children which addresses co-occurring health concerns of mental health, substance misuse and physical health care issues in a timely, seamless and comprehensive manner. Services selected for this will be Evidence Based and informed by the understanding of principles underlying Health Care Reform Movement.

2. To continue to work collaboratively with law enforcement agencies through Crisis Intervention Training promoting the education and cooperation of law enforcement in recovery and clinical goals in working with the mentally ill population. This will assist in enforcing laws and regulations to protect residents and vulnerable populations.
3. To continue to increase and enhance options for housing, including independent, transitional and supportive living environments. This will help protect economically vulnerable populations.
4. To implement Integrated Dual Diagnosis Treatment, which is a practice recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an effective program for the severely mentally ill and adults with serious substance abuse issues.
5. To develop and implement a cross-discipline TAY Division using evidence-based models to holistically serve youth and young adults who are at risk of becoming seriously mentally ill with impaired functioning.



1175 - Public Health Fund	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Licenses & Permits	\$11,788	\$10,929	\$10,946	\$10,782	\$10,455	\$10,455	(\$327)
Use of Money & Property	0	0	23,412	0	4,000	4,000	4,000
Other Govt'l Agencies	4,721,822	3,429,967	5,288,922	5,699,707	4,716,380	4,751,380	(948,327)
Charges for Services	720,503	709,042	634,279	917,573	1,366,481	1,366,481	448,908
Other Revenues	349,649	372,357	40,640	20,485	1,500	1,500	(18,985)
General Fund Contribution	966,087	635,585	645,256	646,376	589,711	589,711	(56,665)
(To)/From Non-GF Fund Balance	(371,710)	1,040,679	(433,339)	(1,273,452)	0	0	1,273,452
Total Revenues	\$6,398,139	\$6,198,559	\$6,210,116	\$6,021,471	\$6,688,527	\$6,723,527	\$702,056
Expenditures							
Salaries & Benefits	\$2,269,219	\$2,214,371	\$2,076,294	\$1,889,648	\$2,092,888	\$2,092,888	\$203,240
Supplies & Services	1,614,892	1,494,046	1,273,484	1,585,629	1,909,469	1,909,469	323,840
Other Charges	1,450,776	1,827,271	2,836,737	2,632,900	3,047,879	3,082,879	449,979
Fixed Assets	100,198	74,600	23,601	240,393	0	0	(240,393)
Intrafund Transfer	(3,033)	(47,314)	0	(327,099)	(361,709)	(361,709)	(34,610)
General Fund Contribution	0	0	0	0	0	0	0
Total Expenditures	\$5,432,052	\$5,562,974	\$6,210,116	\$6,021,471	\$6,688,527	\$6,723,527	\$702,056
Staffing							
Allocated Positions	51.30	52.30	52.30	52.30	52.50	52.50	0.20
Temporary (FTE)	4.90	4.45	2.00	3.00	3.00	3.00	0.00
Total Staffing	56.20	56.75	54.30	55.30	55.50	55.50	0.20

Purpose

Public Health Administration enforces laws and regulations to protect residents, creates opportunities for improved safety and health and protects economically vulnerable populations.

This narrative includes discussion on funding and operation of ten Public Health Administration budget units: Public Health Administration (400), Medi-Cal Administrative Activities and Targeted Case Management Claims Administration (403), Emergency Medical Services (410), Children's Health (413), Communicable Disease Control Program (419), Clinic Services (422) Outside Agency Support (434), Public Health Laboratory (435), Local Public Health Preparedness and Response (455), and Public Health Pharmacy (465).

Recommended Budget

The FY 2011-12 budget for the Public Health Administration budget grouping, proposes to hold 4.0 FTE positions frozen and unfunded in budget units 400 and 435. These positions are 1.0 FTE Laboratory Assistant, 1.0 FTE Office Assistant I/II, 1.0 FTE Fiscal Assistant I/II and 1.0 FTE Office Services Supervisor.

Board Adopted

The Board adopted this budget as recommended.

Program Discussion

1175 400 Public Health Administration

Public Health Administration has overall responsibility for administration of all programs carried out by the Public Health Branch of the Department of Health and Human Services. The Public Health Branch Director and the Public Health Officer are in this budget. The Public Health Branch Director plans, coordinates, and directs the work of the Public Health staff through the Deputy Director and program managers. The Health Officer provides overall medical oversight and direction to Public Health staff.

Public Health Administration also provides support in the areas of epidemiology, data interpretation and health trends. The Vital Statistics program registers all births and deaths occurring in Humboldt County and transmits all required information regarding births and deaths to the State of California's Office of Vital Records. This program also processes permits for disposition of human remains in Humboldt County.

The FY 2011-12 budget for Public Health Administration is \$2,671,217, a decrease of \$175,213 from its prior year level of \$2,846,430.

**1175 403 Medi-Cal Administrative Activities/
Targeted Case Management Claims
Administration**

The Medi-Cal Administrative Activities (MAA)/Targeted Case Management (TCM) Coordination and Claims Administration program provides administrative, programmatic and fiscal oversight and support to MAA and TCM program participants on a countywide basis. The Department of Health and Human Services (DHHS) serves as the Local Governmental Agency (LGA) for MAA and TCM claiming on behalf of Humboldt County. Public Health protects economically vulnerable populations through this funding source.

The LGA draws down Federal Financial Participation revenues for DHHS, and other participating organizations (such as Adult Probation) to decrease local costs for eligible services and assist in maintaining service levels. Services include case management, referrals, and program planning for Medi-Cal services and outreach. These payments help Public Health to work towards improved health and safety of the community.

The FY 2011-12 budget for MAA/TCM program is \$816,256, a decrease of \$3,743 from its prior year level of \$820,000.

1175 410 Emergency Medical Services

The Emergency Medical Services Program protects economically vulnerable populations by assuring payment for their emergency medical care. This fund reimburses

physicians, surgeons and hospitals for patients who do not make payment for emergency medical services and provides funding to North Coast Emergency Medical Services. This program works with emergency care providers, informing them of the Emergency Medical Services Fund, the guidelines to receive reimbursement, and methods used to obtain funds.

The FY 2011-12 budget for the Emergency Medical Services Program is estimated to increase to \$545,155, a difference of \$65,155 from the previous fiscal year of \$480,000.

1175 413 Children's Health

The Children's Health Initiative (CHI) protects the County's most economically vulnerable children, who are from families with incomes below 100% of the Federal Poverty Level. CHI began in August 2005 with a coalition of local agencies whose mission was to create opportunities for improved health by ensuring that all Humboldt County children from birth through age 18 have health insurance and access to medical, dental and mental health care. The CHI assures coverage through Medi-Cal, Healthy Families, and a third insurance product, Cal Kids, which covers children who are not eligible for publicly funded programs.

The CHI Coalition is led by a steering committee made up of organizations with a direct and substantive role in the funding and day-to-day management of the CHI program. Members of the steering committee include: Humboldt County Board of Supervisors, DHHS, First 5 Humboldt, St. Joseph Health System, Humboldt County Office of Education, Humboldt

Area Foundation, the McLean Foundation, United Way and the North Coast Clinics Networks.

All three branches and DHHS Administration are involved in CHI and other children's health coverage and access issues. Public Health staff have been instrumental in outreach, enrollment, utilization and retention of children in health insurance programs, and the management of the One-e-App program, which is a web-based application program that simplifies the health insurance enrollment process. One-e-App now also screens for WIC and Food Stamp eligibility. Staff works with families to help them establish a medical home so there is improved access to preventive healthcare.

The FY 2011-12 budget for the Children's Health program is \$244,592, a decrease of \$703 from its prior year level of \$245,295.

1175 419 Communicable Disease Control Program

Communicable Disease nursing staff creates opportunities for improved safety and health by working closely with the Health Officer and the local medical community to investigate infectious disease outbreaks and to prevent the spread of any communicable disease. Recent incidents include rabies, Chlamydia, meningitis and whooping cough. The Tuberculosis (TB) control program provides Public Health Nursing services to control and prevent the spread of TB in the community.

The budget for FY 2011-12 for Communicable Disease Control is \$357,922, an increase of \$58,936 from its prior year level of \$298,986.

1175 422 Clinic Services

Clinic Services protect economically vulnerable populations and include child and adult immunizations, foreign travel immunizations, flu vaccinations, tuberculosis testing, sexually transmitted disease screening and treatment and lice and scabies diagnosis and treatment.

The FY 2011-12 budget for Clinic Services is \$756,120, an increase of \$62,110 from its prior year level of \$694,010.

1175 428 Immunization Program

The Immunization Program completes county-wide quality assurance oversight for vaccine inventory and accountability, administration and storage. This program also provides free vaccines for children through Public Health's Clinic Services. The Immunization Program Coordinator routinely completes local trainings and is the liaison to the State immunization program.

The FY 2011-12 budget for Immunization Program is \$122,956, a decrease of \$60,818, or 33%, from its prior year level of \$183,774 in FY 2010-11.

1175 434 Outside Agency Support

The Outside Agency Support budget provides assistance to non-County agencies.

Area Agency on Aging

The Area 1 Agency on Aging was established in 1980 as a 501(c) (3) private nonprofit corporation. Humboldt and Del Norte counties had considered and declined a joint powers arrangement as the administrative agency of choice, but committed to provide cash match support to the Agency to guarantee it meets its Federal mandate on behalf of the senior citizen population of Humboldt and Del Norte counties. For FY 2011-12 \$35,000 has been budgeted to support the Agency.

Senior Resource Center

No funding is recommended for the Senior Resource Center in FY 2011-12. In FY 2010-11 \$5,661 was provided to the Senior Resource Center to help offset utility costs.

North Coast Emergency Medical Services

Funds in the Outside Agency Support budget provide a portion of the local match for North Coast Emergency Medical Services (NCEMS). In FY 2006-07, the NCEMS Joint Powers Agreement counties approved a funding augmentation to NCEMS. This augmentation is funded with Public Health Realignment funds. The budget includes base funding for FY

2011-12 of \$20,591 and eliminates augmentation funding of \$13,250.

Hazardous Materials Response Team (HMRT)

HMRT is an important element of the County's ability to effectively manage emergencies involving the discharge of hazardous materials into the North Coast environment, thus improving health and safety to its residents. The team is supported through a Joint Powers Agreement consisting of cities plus Humboldt and Del Norte counties and the Yurok Tribe. The budget proposal includes \$34,732 for support of this program in FY 2011-12.

The FY 2011-12 budget for Outside Agency Support is \$110,323, a decrease of \$69,579, or 39%, from its prior year level of \$179,902.

1175 435 Public Health Laboratory

The Public Health Laboratory creates opportunities for improved safety and health by providing State and federally certified laboratory support for identification of communicable disease organisms and other services related to community health for governmental agencies, citizens and private agencies. In addition, the Public Health Laboratory is part of the Laboratory Response Network (LRN) that has unique resources to handle highly infectious agents and the ability to identify specific agent strains.

The program objectives of the Public Health Laboratory are to:

- Support medical and Public Health Branch professionals in the detection of communicable diseases such as influenza, enteric bacterial diseases, Bordetella, Norovirus, rabies, and a variety of other respiratory viruses and aid in the detection of blood lead in children and the Lyme Disease-causing bacterium in ticks submitted by the public.
- Assist the Environmental Health Division and private citizens in maintaining the safety of domestic drinking water systems. Test and monitor bacteria levels in State Parks, County Parks and Beach waters.
- Support the State of California in monitoring locally produced shellfish to ensure that they are safe for human consumption.
- Enhance the capacity of DHHS to respond effectively to public health emergencies and bioterrorism threats.

The FY 2011-12 budget for the Public Health Laboratory is \$551,673 a decrease of \$43,614 from its prior year level of \$595,287.

1175 455 Local Public Health Preparedness and Response Program

The Public Health Preparedness and Response Program creates opportunities for improved health and safety. It's goals are to plan and prepare for public health emergencies; develop a

seamless response to such emergencies; strengthen the public health system infrastructure capacity needed to accurately and rapidly detect, control and prevent illness and injury resulting from terrorism, infectious disease outbreaks and other health threats and emergencies; and ensure that rapid and secure communications exist between public health and public/private sectors during an event.

The FY 2011-12 budget for the Public Health Preparedness and Response Program is \$695,304, a decrease of \$29,620 from its prior year level of \$724,924.

1175 465 Public Health Pharmacy

The Public Health Pharmacy provides pharmaceuticals to the Mental Health Branch, Sempervirens, Juvenile Hall, the Jail and other County programs at the best possible price. The pharmacist is available for research, education and consultation. Tuberculosis testing kits (for use with staff) are also sold to public school systems.

The FY 2010-11 budget for the Public Health Pharmacy is \$224,601, an increase of \$26,387 from its prior year level of \$198,214.

2010-11 Accomplishments

1. Broadened the Public Health Laboratory's scope of testing and services to respond to local needs and enhance revenues.

2. Improved tribal participation in Emergency Preparedness Planning to 100% of tribes and all are registered in the California Health Alert Network (CAHAN).
3. Assured that children in Humboldt County had access to the health insurance safety net by increasing locations to include Family Resource Centers and rural health clinics and increasing the number of trained users on One-e-App (the web-based application program used to streamline enrollment).

2011-12 Objectives

1. To produce and distribute a Humboldt County community health assessment and complete an internal strategic plan; both required documents for the Public Health Accreditation process.

2. To seek outside funding sources and establish parameters for the Centers for Disease Control (CDC) emergency preparedness activity for 2011-2016.
3. To provide Humboldt County sentinel labs (such as hospital, community, HSU and emergency room labs) training on ruling out and referring possible select agents to the Public Health Laboratory.



Social Services - Assistance Section

Phillip Crandall, Health & Human Services Director

1110 - Social Services Assistance Fund	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Other Gov't Agencies	\$18,672,794	\$17,820,113	\$18,789,240	\$18,983,792	\$22,489,707	\$21,533,420	\$2,549,628
Other Revenues	237,737	254,701	169,330	1,007,158	221,083	221,083	(786,075)
General Fund Contribution	661,068	661,068	661,068	0	0	0	0
(To)/From Non-GF Fund Balance	(326,123)	674,866	0	(103,622)	0	0	103,622
Total Revenues	\$19,245,476	\$19,410,748	\$19,619,638	\$19,887,328	\$22,710,790	\$21,754,503	\$2,134,865
Expenditures							
Other Charges	\$19,245,476	\$19,410,748	\$19,619,638	\$20,548,396	\$23,445,324	\$22,362,685	\$1,814,289
Intrafund Transfer/General Fund Contribution	0	0	0	(661,068)	(734,534)	(608,182)	52,886
Total Expenditures	\$19,245,476	\$19,410,748	\$19,619,638	\$19,887,328	\$22,710,790	\$21,754,503	\$2,134,865

Purpose

The Social Services Assistance Section provides assistance payments to Humboldt County's children and families. This narrative includes discussion on funding and operation of three Social Services budget units: SB 163 Wraparound Program (515), Temporary Assistance to Needy Families (517), and Foster Care (518).

Recommended Budget

The FY 2011-12 budget for the Social Services-Assistance Section is \$22,362,685, an increase of \$984,113 from the previous year. This increase is the result of changes in the State cost rates and does not indicate a change in services.

Three supplemental requests were submitted for the programs in this section. The requests were \$29,709 for the Wraparound Program, \$50,699 for TANF and \$45,944 for Foster Care. These supplemental requests would provide local funds that could be used to leverage State and federal revenues to provide services. These requests met the Board priority of protecting economically vulnerable populations. However they did not achieve a priority level that allowed them to be funded based on the limited available financial resources.

Board Adopted

The Board adopted this budget as recommended.

Program Discussion

1110 515 SB 163 Wraparound Program

The SB 163 Wraparound Program was established in 1999. The Child Welfare Services Division, Children Youth and Family Services Division, and the County Probation Department provide local services and placement options to high-needs children who would otherwise require placement in more costly out-of-County residential treatment facilities. The goal of this program is to provide services to youth in the community that stabilize and re-connect the youth and family to the appropriate community support systems. This way the SB 163 Wraparound program aims to use local resources to ensure continuity for the clients in the program.

The baseline budget for FY 2011-12 is \$865,171. The County General Fund provides \$142,999, or 16.5%, of this amount.

1110 517 Temporary Assistance to Needy Families (TANF)

In 1996, the United States Congress made sweeping changes to national welfare policy and placed new emphasis on the goals of work and personal responsibility. With the passage of this reform, the program formerly known as Aid for Dependent Children was changed to Temporary Assistance to Needy Families (TANF).

The State of California implemented legislation which created the CalWORKs program with the passage of the Welfare-to-Work Act of 1997 (Chapter 270, Laws of 1997). The Act's mandates are outlined in the California Welfare and Institutions Code Sections 11200-11489. The program's primary purpose is to provide cash grants to needy families with dependent children who meet specific income and resource levels. TANF funding also include payments for severely emotionally disabled children.

The baseline budget for FY 2011-12 is \$11,145,342. The County General Fund contributes \$244,033, or 2.0%, of this amount.

1110 518 Foster Care

The Foster Care program provides payments for children placed in foster care. The program is mandated by Section 11400 of the California Welfare and Institution Code. Costs covered by this allocation include both the Foster Care and Aid to Adoption programs, which include placements for both Social Services dependent children as well as Probation wards.

The cost of foster care placements is variable according to the type of placement, the age of the child, where he/she is placed, whether he/she is federally eligible or not, and need. The State sets the rates, and can adjust the rate according to the cost of living.

The Foster Care program provides family homes for children

and youth who are unable to remain with their families. Foster parents, relative caregivers and non-related extended family members provide safe and nurturing homes for these vulnerable children and youth while services are provided to the birth parents to address the concerns that brought the child or youth into the child welfare system.

The Adoption Assistance Program makes payments to the parent who has adopted a child who either was in the Child Welfare System or at risk of being in the Child Welfare System if the adoption did not occur. Children who are in this program are not eligible to return to their biological families. The initial payment rate is determined by State law and cannot exceed the rate the child would receive if in regular foster care.

While the cost of Aid to Adoptions has increased significantly in prior years due to the number of children in the program, they are minor when compared with the costs of maintaining these children in residential treatment facilities with regular foster care payments. The State has made significant efforts to facilitate the adoption of hard-to-place children as many of these children in the past would not have been adopted due to multiple physical, emotional, and developmental problems.

The baseline budget for FY 2011-12 is \$10,352,172, which is an increase of \$2,020,000 from FY 2010-11. This increase is due to the increases in State cost rates and assumes to hold the service levels same as FY 2010-11 without any cuts. The County General Fund contributes \$221,150 or 2.1%, of the baseline amount, and represents an 8% reduction from the FY 2010-11 County General Fund contribution amount.

2010-11 Accomplishments

1. Converted successfully the C-IV electronic case management system for Medi-Cal, CalFresh, CalWORKs and CMSP recipients. This better managed resources to maximize the availability of services.
2. Integrated child welfare services and children's mental health into a single organizational structure named Children and Family Services. This matched service availability with resident's needs.
3. Increased the capacity of the youth oriented programs and increased the collaboration between the Children and Family Services and counterparts in the community. This allowed for protection of economically vulnerable populations.

2011-12 Objectives

1. To increase the work participation rate for the CalWorks program and provide work experience for the qualifying participants. This will match service availability with residents needs.
2. To complete the development of effective outcome measures for the SB 163 Wraparound program to ensure that program integrity is maintained.
3. To develop post-permanency supports for children and their adoptive families and children and their legal guardians. This will improve service and provide for the protection of economically vulnerable populations.

Social Services Branch

Phillip Crandall, Health & Human Services Director

1160 - Social Services Fund	2007-08 Actual	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Request	2011-12 Adopted	Increase/ (Decrease)
Revenues							
Use of Money & Property	\$379,447	\$386,797	\$103,111	\$0	\$0	\$0	\$0
Other Govt'l Agencies	43,321,206	40,871,355	44,556,077	49,971,583	56,887,706	56,887,706	6,916,123
Charges for Services	1,286,447	1,373,714	2,784,102	261,706	207,500	207,500	(54,206)
Other Revenues	147,903	150,834	332,362	524,401	645,000	645,000	120,599
General Fund Contribution	3,049,237	3,011,584	2,678,144	0	0	0	
(To)/From Non-GF Fund Balance	(3,696,928)	3,011,324	(358,360)	(1,210,268)	0	0	1,210,268
Total Revenues	\$44,487,312	\$48,805,608	\$50,095,436	\$49,547,422	\$57,740,206	\$57,740,206	\$8,192,784
Expenditures							
Salaries & Benefits	\$23,085,930	\$25,912,812	\$26,777,337	\$28,113,591	\$32,008,176	\$31,565,278	\$3,451,687
Supplies & Services	18,411,309	22,606,021	20,063,020	26,057,971	24,708,498	24,639,517	(1,418,454)
Other Charges	2,821,479	10,028,665	3,110,189	11,752,626	4,303,068	4,303,068	(7,449,558)
Fixed Assets	168,594	482,975	144,890	922,578	1,530,818	1,530,818	608,240
Intrafund Transfer	0	(10,224,865)	0	(14,621,200)	(1,352,950)	(1,834,582)	12,786,618
General Fund Contribution	0	0	0	(2,678,144)	(3,457,404)	(2,463,893)	214,251
Total Expenditures	\$44,487,312	\$48,805,608	\$50,095,436	\$49,547,422	\$57,740,206	\$57,740,206	\$8,192,784
Staffing							
Allocated Positions	478.10	483.10	643.10	534.10	503.60	495.60	(38.50)
Temporary (FTE)	5.50	6.00	13.40	8.40	6.00	6.00	(2.40)
Total Staffing	483.60	489.10	656.50	542.50	509.60	501.60	(40.90)

Purpose

This narrative includes discussion on funding and operation of eight Social Services budget units: Public Guardian-Conservator (273), Adult Protective Services/Older Adults (504), CalWORKs (505), In-Home Supportive Services Public Authority (506), Child Welfare Services (508), Children's Center (509), Social Services Administration (511) and Veterans Services (599).

Recommended Budget

The recommended FY 2011-12 budget for the Social Services Branch is \$57,740,206. This is a decrease of \$7,536,904 from FY 2010-11. The decrease is primarily the result of the elimination of American Reinvestment and Recovery Act (ARRA) funds.

ARRA funds had been used for subsidized employment and 39 vacant positions are recommended to be disallocated as a result of the program ending. Social Services Administration is proposing to increase staffing by a half time position. The net result is a decrease of 38.5 FTE for FY 2011-12.

Board Adopted

The Board adopted this budget as recommended.

Program Discussion

The Social Services Branch of the Department of Health and Human Services (DHHS) provides three basic types of programs: Income Maintenance Programs, Social Services Programs, and Employment Services. All staff are paid through the Social Services Administration budget unit 511 except for Veterans and Public Guardian.

Income Maintenance Programs

Income Maintenance administers legally mandated public assistance programs on behalf of the federal, State and local governments. These programs include CalFresh (formerly known as Food Stamps), Medi-Cal, Aid to Adoptions, Foster Care Assistance, and the County Medical Services Program. These programs provide financial support for poor, dependent children, needy families and other individuals, as required by regulation, statutes and local resolutions.

Social Services Programs

The Social Services Programs are mandated at the federal and/or State level. Child Welfare Services program components include emergency response, family maintenance, family preservation, and permanent placement. Currently, many programs are working in tandem with the other branches of DHHS to provide a matrix of needed services for children at risk as well as their families. Child Welfare Services continues its commitment to protection of the community's children by

designing programs to prevent family problems from escalating into crisis situations.

Adult Protective Services and In-Home Supportive Services/Personal Care Services Program (IHSS) protect the other vulnerable population in the community: adults at risk due to age or disability. This is a growing population, so costs to the County are anticipated to increase significantly in future years.

Employment Services

The CalWORKs Division includes Employment Services as well as income maintenance for families. This division offers a seamless delivery of services from the day clients apply for aid until they become independent and self-sufficient community members. These programs are mandated at the federal and State level.

1160 273 Public Guardian-Conservator

The Office of the Public Guardian provides two separate basic services to the public. The LPS (Lanterman-Petris-Short) Conservatorship/Probate Guardianship program requires a Superior Court appointment. The Representative Payee program is initiated through the Social Security Administration (SSA). The SSA requires recipients who cannot manage their funds throughout the entire month to have a payee.

Individual persons are referred to the Public Guardian-Conservator through a multitude of local services providers due to a specific disorder or medical condition. Mental Health Conservatorships are reserved for persons requiring mental health treatment at controlled-egress psychiatric facilities. Probate Guardianships are for individuals that have a prominent medical condition that renders the person unable to make daily decisions about his/her care and/or finances. Through the services of Public Guardian-Conservator clients are able to continue to live in their community.

The Public Guardian-Conservator budget unit staffing consists on 8.0 FTE. The budget for FY 2011-12 is \$660,418. The County General Fund contributes \$228,969, or nearly 34.7%, of this amount.

1160 504 Adult Protective Services (APS)

APS is mandated to conduct prompt investigation of all situations involving elders (age 65 or older) and dependent adults (physically or mentally impaired 18-64 years old) who are reported to be endangered by physical, sexual or financial abuse, abandonment, isolation, abduction, neglect or self-neglect, or hazardous living conditions. In the course of the investigation, APS may need to provide temporary shelter, food, clothing, prescription medication, transportation assistance and other services in order to ensure the elder or dependent adult is safe and no longer at risk. Expenditures for APS are cost applied to the Social Services Administration budget (511) on a quarterly basis.

The budget for FY 2011-12 is \$1,035,592, an increase of \$570,380 from FY 2010-11.

1160 505 California Work Opportunity and Responsibility to Kids Program (CalWORKs)

The CalWORKs program began in January 1998 as part of California's Welfare Reform Program. CalWORKs programs are funded through allocations received from the California Department of Social Services. This funding covers the costs of the following programs and services: mental health services, alcohol and drug treatment (provided primarily through the HumWORKs program), Stage One childcare program, and work experience and on-the-job training programs. CalWORKs is currently developing a collaborative project with the local Multiple Assistance Center to provide CalWORKs case management services to homeless families who are welfare to work participants. CalWORKs has set goals for outcomes to meet a standard of self sufficiency and permanent housing for those families enrolled in the program. The program is focused on meeting work participation goals set out in the TANF reauthorization. Further, CalWORKs in Humboldt County has developed a Linkages program and is expanding the scope of that program to provide families with service options to make them successful in CalWORKs as well as Child Welfare Services. The County's programs have been successful in moving CalWORKs recipients off cash assistance and maintaining employment to remain self-sufficient.

Caseloads have either steadily declined or remained static in recent years. Expenditures for CalWORKs are cost applied to

the Social Services Administration budget (511) on a quarterly basis.

The budget for FY 2011-12 is \$7,867,466, a decrease of \$102,900, or 1%, from FY 2010-11. The contract with Redwood Community Action Agency for the Multiple Assistance Center to provide comprehensive housing and life skills training to CalWORKs families will enter its fourth year in FY 2011-12. There are also professional services costs due to the Welfare-to-Work building expansion.

1160 506 In-Home Supportive Services (IHSS) Public Authority

The IHSS program provides services to low-income aged, blind, and/or disabled adults and children who are unable to remain safely in their homes without such services. This may include assistance with meal preparation, laundry, shopping errands, bathing, transportation, etc. The IHSS Quality Assurance component provides review and oversight to ensure IHSS program integrity.

The Public Authority was established as part of a continuum of services. As the employer of record for IHSS care providers, the Public Authority negotiates wages and benefits for IHSS care providers, provides registry services to assist IHSS consumers in finding care providers, and provides access to training for IHSS consumers and care providers.

The budget for FY 2011-12 is \$265,000, a decrease of \$20,623, or 7% less than FY 2010-11.

1160 508 Child Welfare Services

Child Welfare Services' mission is to protect children from abuse, neglect and exploitation, and to promote the health, safety and nurturing of children, recognizing that a caring family is the best and most appropriate environment for raising children. Child Welfare Services responds to reports of many types of abuse to children within the community. This includes general neglect, emotional abuse, severe neglect, physical abuse, exploitation, and sexual abuse. Staff continues to focus on family crisis prevention, as well as protection of the County's children, and seeks to ensure permanency for all children.

Funding for Child Welfare Services is through State and federal allocations. Expenditures for Child Welfare Services are cost applied to the Social Services Administration budget (511) on a quarterly basis.

The budget for FY 2011-12 is \$4,096,040, an increase of \$94,278, or 2% more than FY 2010-11.

1160 509 Children's Center

The Children's Center provides temporary shelter and transitional treatment services for children aged 6 to 17 years who are at risk, and/or are victims of abuse, neglect, exploitation, or are emotionally disturbed. The Children's Center is a facility which provides 24-hour care and supervision to six children while maintaining a structured, safe,

and nurturing environment for this economically, emotionally, and physically vulnerable population.

Funding for the Children's Center will continue to be provided through the Child Welfare Services allocation and includes mental health clinician salaries.

Expenditures for the Children's Center are cost applied to the Social Services Administration budget (511) on a quarterly basis. The budget for FY 2011-12 is \$751,500, a decrease of \$39,882, or 5%, from FY 2010-11.

1160 511 Social Services Administration

The Social Services Administration budget includes staffing and centralized administrative costs for the other programs described above. Costs are then charged out to the individual programs. The administrative cost for income maintenance programs (excluding General Relief) and the department's generic allocated administrative costs are also included in this budget unit.

The majority of all Social Services branch staffing resides in this budget unit. FY 2011-12 staffing level is 484.60 FTE an increase of 0.5 FTE. The staff increase is the result of a Payroll/Personnel Specialist position being increased from 0.5 to 1.0 FTE. This position had been allocated at half time at the request of the employee. The department has determined that the workload requires a full time position and is requesting the 0.5 FTE increase.

The budget for FY 2011-12 is \$58,767,612. The County's General Fund contribution is \$2,215,694 or 3.78% of the budget.

1160 519 Temporary Aid to Needy Families-Emergency Contingency Fund (TANF-ECF)

Pursuant to the passage of the American Recovery and Reinvestment Act (ARRA) the Temporary Aid to Needy Families (TANF) program implemented the Emergency Contingency Fund (ECF) expansion program. This program ended in FY 2010-11 and there are no funds allocated for FY 2011-12. 39.0 FTE unfilled positions are proposed to be eliminated.

1160 599 Veterans Services

The Veterans Service Office (VSO) assists the County's veteran community by providing free claims assistance and information and referral to local, State and Federal programs. The VSO is active in community outreach and refers veterans and their dependents to services and benefits, including homeless and other emergency assistance, disability benefits and entitlements, education, health care, counseling, and rehabilitation services.

The budget for FY 2011-12 is \$206,411, a decrease of \$11,954, or 5.5% less than FY 2010-11. The County General Fund contributes \$145,591, or 70.53%, of that amount.

2010-11 Accomplishments

1. Continued expansion of services to emancipating youth ensuring that youth have access to higher education, housing, employment, financial literacy and permanent, supportive connections as they move into adulthood. This allowed for protection of economically vulnerable populations.
2. Incorporated nutritional information into the CalFresh outreach program in partnership with Public Health staff. This matched service availability with resident's needs.
3. Implemented State mandated migration of computer systems within the basic benefit eligibility programs. This better managed resources to maximize the availability of services.

2011-12 Objectives

1. To launch an integrated Transition Age Youth (TAY) structure with full time staffing dedicated to service delivery to young adults in multiple service areas in coordination with DHHS Mental Health and Public Health staff.

2. To significantly expand the CalFresh nutrition access and education services in Humboldt County through DHHS staff as well as community partners.
3. To upgrade information services and physical infrastructure in various eligibility units to ensure that the demand for services can be met in an expeditious manner.

