<table>
<thead>
<tr>
<th>Departmental Summary</th>
<th>2005-06</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10 Request</th>
<th>2009-10 Adopted</th>
<th>Increase/ (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attributable to Department</td>
<td>$110,289,724</td>
<td>$111,912,205</td>
<td>$114,714,654</td>
<td>$115,129,730</td>
<td>$135,006,908</td>
<td>$134,538,421</td>
<td>$19,408,691</td>
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<td>General Fund Support</td>
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<td>8,053,355</td>
<td>8,036,121</td>
<td>8,383,182</td>
<td>7,904,158</td>
<td>(131,963)</td>
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<tr>
<td>(To)/From Non-GF Fund Balance</td>
<td>(1,590,794)</td>
<td>(2,950,872)</td>
<td>0</td>
<td>6,679,310</td>
<td>3,663,538</td>
<td>3,720,307</td>
<td>(2,959,003)</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$111,986,673</td>
<td>$115,109,423</td>
<td>$122,768,009</td>
<td>$129,845,161</td>
<td>$147,053,628</td>
<td>$146,162,886</td>
<td>$16,317,725</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$50,970,207</td>
<td>$51,680,649</td>
<td>$47,963,642</td>
<td>$55,148,728</td>
<td>$64,430,044</td>
<td>$64,270,182</td>
<td>$9,121,454</td>
</tr>
<tr>
<td>Supplies &amp; Services</td>
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<td>34,004,053</td>
<td>34,638,595</td>
<td>44,769,097</td>
<td>49,547,040</td>
<td>49,089,340</td>
<td>4,320,243</td>
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<tr>
<td>Other Charges</td>
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<td>35,993,809</td>
<td>35,310,888</td>
<td>47,454,198</td>
<td>52,691,763</td>
<td>52,422,583</td>
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<td>1,561,200</td>
<td>1,557,200</td>
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<tr>
<td>Expense Transfer</td>
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<td>(7,007,615)</td>
<td>(1,057,721)</td>
<td>(18,121,030)</td>
<td>(21,176,419)</td>
<td>(21,176,419)</td>
<td>(3,055,389)</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$111,986,673</td>
<td>$115,109,423</td>
<td>$117,358,175</td>
<td>$129,845,161</td>
<td>$147,053,628</td>
<td>$146,162,886</td>
<td>$16,317,725</td>
</tr>
<tr>
<td><strong>Total Staffing</strong></td>
<td>989.05</td>
<td>1,094.76</td>
<td>1,106.02</td>
<td>1,160.70</td>
<td>1,168.80</td>
<td>1,169.30</td>
<td>8.60</td>
</tr>
</tbody>
</table>
The Health & Human Services Department includes the following budget units:

**Health & Human Services**
- 1160 516 Health & Human Services 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

**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

**Health & Human Services**
- 1175 480 Integrated Waste Management
- 1175 486 Environmental Health Land Use

**Health & Human Services**
- 1100 525 General Relief

**Public Health Branch**
**Health Education Division**
- 1175 402 AIDS Information & Education
- 1175 407 Childhood Learning Program
- 1175 412 Tobacco Education
- 1175 414 Health Education
- 1175 433 Nutrition Network
- 1175 436 Project LEAN
- 1175 437 Early Intervention Program
- 1175 442 Street Outreach
- 1175 447 High Risk Prevention Case Management
- 1175 448 Bridge Project
- 1175 449 Pathways Project
- 1175 452 Alcohol & Other Drugs Prevention
- 1175 454 Prevention and Early Intervention (Mental Health Services Act)
- 1175 470 Comprehensive AIDS Resource
- 1175 488 Family Violence Prevention

**Health & Human Services**
- 1100 490 Inmate/Indigent Medical Services

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2009-10 Budget
### Health & Human Services

**Public Health Branch**

**Maternal, Child & Adolescent Health (MCAH) Division**
- 1175 415 Women, Infants & Children
- 1175 418 Child Health & Disability Prevention
- 1175 420 Maternal & Child Health Coordinated Services
- 1175 460 MCAH Personnel
- 1175 493 California Children’s Services

**Mental Health Branch**

**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**
- 1170 400 Public Health Administration
- 1170 403 Medi-Cal Administrative Activities & Targeted Case Management
- 1175 410 Emergency Medical Services
- 1175 413 Children’s Health
- 1175 434 Outside Agency Support

**Public Health Branch**

**Public Health Nursing Division**
- 1175 409 HIV/AIDS Public Health Nursing Program
- 1175 416 Public Health Field Nursing
- 1175 419 Tuberculosis Program
- 1175 422 Clinic Services
- 1175 426 Nurse Family Partnership
- 1175 428 Immunization Services

**Social Services Branch**

**Social Services Assistance Division**
- 1110 515 Title IV-E Waiver
- 1110 517 Temporary Assistance for Needy Families
- 1110 518 Foster Care

**Phillip Crandall, Health & Human Services Director**
- 1175 435 Public Health Laboratory
- 1175 455 Emergency Preparedness
- 1175 465 Pharmacy

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*2009-10 Budget Health & Human Services Page D-3*
### Social Services Branch

#### 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:

- 1170 476 Street Outreach Services Homeless Program
- 1175 451 Safe and Drug-Free Schools
- 1175 453 Binge Drinking Reduction
- 1175 480 Integrated Waste Management
- 1175 404 Adolescent Family Life Program
- 1175 408 Alternative Response Team
- 1175 417 Preventative Health Care for the Aging
Mission

The Humboldt County Department of Health and Human Services is committed to work 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.
- Link these activities to more intensive services.

Vision

Humboldt County is a nurturing, supportive, healthy environment for its children, families, adults and communities.

Goals

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.

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, 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 and Board of Supervisors 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.

In relation to the FY 2009-10 budget, the following goals and outcomes are provided:

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

Performance Measures

<table>
<thead>
<tr>
<th>Description of Performance Measure: Provide outreach and enroll eligible children into the Children’s Health Initiative.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2006-07 Actual</td>
</tr>
<tr>
<td>10%</td>
</tr>
</tbody>
</table>

Describe why this measure is important and/or what it tells us about the performance of this budget unit: One of the Department of Health and Human Services (DHHS) Strategic Plan goals for 2009-2010 continues to be the design of a plan to improve medical and dental access, mental health services access and treatment for all children and youth. In 2008, DHHS continued its enrollment of children in cooperation with other interested stakeholders in the Children's Health Initiative (CHI) to achieve the purpose of ensuring health insurance coverage for all Humboldt County children. In 2008-2009, DHHS intensified its programs to make sure that the children of Humboldt County receive a continuum of services from pre-birth to transition ages of the early twenties. Programs such as Nurse Family Partnership (NFP) and TAY outreach represent this continuity. During the same period DHHS significantly increased the collaboration among its three branches in the area of foster care management.
2. Description of Performance Measure: Percentage of adults and older adults with serious mental health issues identified who have a comprehensive multi-service assessment and treatment plan developed and monitored.

<table>
<thead>
<tr>
<th>FY 2006-07 Actual</th>
<th>FY 2007-08 Actual</th>
<th>FY 2008-09 Estimate</th>
<th>FY 2009-10 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>35%</td>
<td>40%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Describe why this measure is important and/or what it tells us about the performance of this budget unit: The goal for this performance measure remains to be the design and implementation of integrated community based services across the Social Services, Public Health, and Mental Health Branches to support and reinforce maximum independence for all adults and older adults with serious mental health issues. DHHS continues to enhance the already existing collaboration between Social Services and Public Health by integrating Mental Health into a co-located, cross-branch, multi-disciplinary team. During FY 2008-09 DHHS made concrete commitments to the integration of the adult services in Social Services, Public Health, and Mental Health Branches by laying the administrative and program foundation work for the planned co-location within the next five years.

3. Description of Performance Measure: Percentage of the General Relief population with mental health issues will have a comprehensive multi-service assessment and treatment plan developed and monitored.

<table>
<thead>
<tr>
<th>FY 2006-07 Actual</th>
<th>FY 2007-08 Actual</th>
<th>FY 2008-09 Estimate</th>
<th>FY 2009-10 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>30%</td>
<td>50%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Describe why this measure is important and/or what it tells us about the performance of this budget unit: The goal for this performance measure is to design and implement an integrated services model for incapacitated General Relief applicants across Social Services and Mental Health Branches. The branches have worked on the development of co-located, integrated cross-branch team and the strides that have been made in the FY 2008-09 will be expanded in the FY 2009-10.
Operating Divisions Organization Chart:

- Director Health & Human Services
  - SOCIAL SERVICES BRANCH
    - Social Services Division
    - General Relief
      - Budget Unit 525
    - Assistance Division
    - Employment & Training Division
  - MENTAL HEALTH BRANCH
    - Mental Health Division
    - Alcohol & Other Drugs Division
  - ADMINISTRATION
    - Budget Unit 516
  - PUBLIC HEALTH BRANCH
    - Public Health Administration Division
    - Environmental Health Division
    - Inmate/Indigent Medical Services
      - Budget Unit 490
    - Maternal Child
      - & Adolescent Health Division
    - Health Education Division
    - Public Health Nursing Division
### 2009-10 Budget Health & Human Services Page D-9

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Gov't Agencies</td>
<td>$0</td>
<td>$100,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Charges for Services</td>
<td>906,087</td>
<td>1,018,206</td>
<td>1,038,911</td>
<td>1,252,044</td>
<td>1,342,055</td>
<td>1,342,055</td>
<td>90,011</td>
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<td>Other Revenues</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>(To/From Non-GF Fund Balance)</td>
<td>0</td>
<td>0</td>
<td>(1)</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>(25)</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
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<td>$1,128,206</td>
<td>$1,038,910</td>
<td>$1,252,069</td>
<td>$1,342,055</td>
<td>$1,342,055</td>
<td>$89,986</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$1,073,408</td>
<td>$1,328,761</td>
<td>$1,300,873</td>
<td>$1,590,525</td>
<td>$1,660,310</td>
<td>$1,635,773</td>
<td>$45,248</td>
</tr>
<tr>
<td>Supplies &amp; Services</td>
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<td>675,341</td>
<td>695,613</td>
<td>720,150</td>
<td>44,809</td>
</tr>
<tr>
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<td>105,764</td>
<td>105,764</td>
<td>3,448</td>
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<tr>
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<td>(925,087)</td>
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<td>(1,119,632)</td>
<td>(3,519)</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
<td>$946,087</td>
<td>$1,128,206</td>
<td>$1,038,910</td>
<td>$1,252,069</td>
<td>$1,342,055</td>
<td>$1,342,055</td>
<td>$89,986</td>
</tr>
</tbody>
</table>

| Allocated Positions                      | 27.00          | 29.00          | 29.00          | 31.00          | 31.00          | 31.00           | 0.00            |
| Temporary (FTE)                           | 0.00           | 0.00           | 0.00           | 0.00           | 0.00           | 0.00            | 0.00            |
| **Total Staffing**                       | 27.00          | 29.00          | 29.00          | 31.00          | 31.00          | 31.00           | 0.00            |
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).

Budget Reductions

The adopted FY 2009-10 budget for DHHS Administration totals $1,342,055, an increase of $89,986 over FY 2008-09. This increase is due to County salary and benefits adjustments, as well as the increased County IT costs.

The costs of the Administration Department are distributed to the following branches or divisions: Social Services, Mental Health, Public Health, and Employment and Training Division.

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.

2008-09 Accomplishments

1. Directed Social Services branch to work with Redwood Coast Action Agency (RCAA) and started the CalWorks Temporary Housing Assistance program at the Multiple Assistance Center (MAC) in June 2008, which helped numerous families with housing and program completion needs while going through the CalWorks program.

2. Continued the integration among Social Services, Mental Health, and Public Health branches to focus on Adult, Children, and Family based needs in the community.

3. Started to develop a data warehouse system that will streamline the data analysis among various separate programs.
DHHS Administration (1160 516)

Phillip Crandall, Health & Human Services Director

data collection systems within the Agency to ensure accurate feedback to the public.

2009-10 Objectives

1. To continue to develop and implement strategies for increased integration within DHHS to ensure higher service levels to the community.

2. To continue to look for ways to increase cooperation with community partners to reach underserved populations.

3. To continue to implement initiatives and training programs to increase cultural competency within the agency.

4. To continue to develop the Data Warehouse to provide data to stakeholders on service levels provided in the community through the Trends Report.
## Alcohol & Other Drugs

Phillip Crandall, Health & Human Services Director

<table>
<thead>
<tr>
<th>1180 - Alcohol &amp; Other Drugs Fund</th>
<th>2005-06</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2009-10 Increase/ (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fines, Forfeits &amp; Penalties</td>
<td>$772,981</td>
<td>$755,654</td>
<td>$569,232</td>
<td>$536,712</td>
<td>$603,188</td>
<td>$603,188 $66,476</td>
</tr>
<tr>
<td>Other Gov't Agencies</td>
<td>2,022,653</td>
<td>1,913,061</td>
<td>2,126,746</td>
<td>2,195,082</td>
<td>2,421,112</td>
<td>2,382,787 187,705</td>
</tr>
<tr>
<td>Charges for Services</td>
<td>327,667</td>
<td>280,370</td>
<td>263,944</td>
<td>247,060</td>
<td>325,657</td>
<td>325,657 78,597</td>
</tr>
<tr>
<td>Other Revenues</td>
<td>7,558</td>
<td>2,855</td>
<td>122,937</td>
<td>100,455</td>
<td>5,600</td>
<td>5,600 (94,855)</td>
</tr>
<tr>
<td>(To)/From Non-GF Fund Balance</td>
<td>27,540</td>
<td>21,121</td>
<td>(43,549)</td>
<td>67,462</td>
<td>0</td>
<td>0 (67,462)</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$3,158,399</td>
<td>$2,973,061</td>
<td>$3,039,310</td>
<td>$3,146,771</td>
<td>$3,355,557</td>
<td>$3,317,232 $170,461</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$1,341,193</td>
<td>$1,326,272</td>
<td>$1,381,497</td>
<td>$1,426,842</td>
<td>$1,380,316</td>
<td>$1,344,168 ($82,674)</td>
</tr>
<tr>
<td>Supplies &amp; Services</td>
<td>1,407,121</td>
<td>1,331,537</td>
<td>1,103,209</td>
<td>1,150,025</td>
<td>1,320,679</td>
<td>1,318,617 168,592</td>
</tr>
<tr>
<td>Other Charges</td>
<td>438,500</td>
<td>367,618</td>
<td>554,604</td>
<td>666,585</td>
<td>654,562</td>
<td>654,447 (12,138)</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>5,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Expense Transfer</td>
<td>(33,415)</td>
<td>(52,366)</td>
<td>0</td>
<td>(96,681)</td>
<td>0</td>
<td>0 96,681</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$3,158,399</td>
<td>$2,973,061</td>
<td>$3,039,310</td>
<td>$3,146,771</td>
<td>$3,355,557</td>
<td>$3,317,232 $170,461</td>
</tr>
</tbody>
</table>

| Allocated Positions               | 33.25   | 33.45   | 33.45   | 33.45   | 34.45   | 33.45 0.00                  |
| Temporary (FTE)                   | 0.41    | 0.00    | 0.10    | 0.50    | 0.40    | 0.40 (0.10)                 |
| **Total Staffing**               | 33.66   | 33.45   | 33.55   | 33.95   | 34.85   | 33.85 (0.10)                |
Purpose

The Division of Alcohol and Other Drugs Programs (AODP) 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).

Budget Reductions

Standard reductions in workers’ compensation, health insurance, mailroom services and motor pool depreciation have been applied to these budget units.

In addition, additional salary savings is being achieved through vacant positions in budget unit 425.

Program Discussion

Within the Alcohol & Other Drugs Fund, the 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 – operate 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 requested an addition of 1.0 FTE Office Assistant in FY 2009-10 to assist with front office duties and program paperwork. The total adopted budget for FY 2009-10 is $2,133,273, a decrease of $52,270 from the prior fiscal year.

### 1180-429 Substance Abuse and Crime Prevention Act

The Substance Abuse and Crime Prevention Act (SACPA) program is responsible 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.

SACPA is funded through State-allocated funds from the Substance Abuse Treatment Trust Fund and from drug testing funds under the Substance Abuse Treatment and Testing Accountability Program. The Board of Supervisors designated the Humboldt County Department of Health and Human Services (DHHS) as the lead agency in administering the collaboration with law enforcement to fulfill this voter mandate.

Projected roll-over funds from SACPA trust have been included in the adopted budget for FY 2009-10. The total adopted budget is $594,900, a decrease of $11,867 from FY 2008-09.

### 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 total adopted budget for Healthy Moms for FY 2009-10 is $627,384, a decrease of $68,189 from the prior fiscal year.

### 2008-09 Accomplishments

1. Development same day assessment capacity utilizing Network for the Improvement of Addiction Treatment (NIATx) model in order to promote rapid engagement into treatment.

2. Expanded the capacity of AODP treatment program by creating a formal co-occurring (COD) treatment program.

4. Utilized outcome and client demographic information for improved service delivery.

2009-10 Objectives

1. To more fully integrate holistic services which promote utilization of DHHS and community partner resources, including employment, housing, and educational opportunities.

2. To continue development of same day assessment capacity utilizing Network for the Improvement of Addiction Treatment (NIATx) model in order to promote rapid engagement into treatment.

3. To expand capacity and capability of a formal co-occurring treatment and Recovery-oriented program, for adolescents, transition age youth, and adults.

4. To continue to cross-train Mental Health and Substance Abuse staff to promote enhanced co-occurring mental health and substance use disorders (COD) recognition and treatment skills.

5. To track, trend and utilize outcome and client demographic information for improved service delivery and clinical outcomes.
### Employment & Training Division

Phillip Crandall, Health & Human Services Director


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| **Expenditures**     |               |               |               |               |                |                |                  |
| Salaries & Benefits  | $1,415,729    | $1,473,890    | $1,553,312    | $1,540,407    | $1,898,339     | $1,898,339     | $357,932         |
| Supplies & Services  | 280,164       | 262,759       | 219,124       | 239,644       | 339,364        | 339,364        | 99,720           |
| Other Charges        | 1,802,660     | 1,916,560     | 1,822,072     | 2,073,948     | 2,797,103      | 2,797,103      | 723,155          |
| Fixed Assets         | 22,663        | 22,721        | 7,361         | 0             | 32,200         | 32,200         | 32,200           |
| Expense Transfer     | (1,071,523)   | (1,093,857)   | (1,053,237)   | (1,032,980)   | (1,720,655)    | (1,720,655)    | (687,675)        |
| **Total Expenditures** | $2,449,693    | $2,582,073    | $2,548,632    | $2,821,019    | $3,346,351     | $3,346,351     | ($890,397)       |

| Allocated Positions  | 25.00         | 25.00         | 25.00         | 26.00         | 29.00          | 29.00          | 3.00             |
| Temporary (FTE)      | 0.00          | 2.00          | 0.00          | 2.00          | 2.00           | 2.00           | 0.00             |
| **Total Staffing**   | 25.00         | 27.00         | 25.00         | 28.00         | 31.00          | 31.00          | 3.00             |
Employment & Training Division

Purpose

The Employment and Training Division (ETD) is the Humboldt County program operator for Workforce Investment Act (WIA) Adult and Dislocated Worker programs. 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 and Cal-Learn participants to ensure that they complete high school.

The purpose of ETD’s provision of WIA, CalWORKs and Cal-Learn 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)

Budget Reductions

This budget unit will experience an increase in FY 2009-10 as additional funds are made available to combat increasing unemployment throughout the County. Standard reductions in workers' compensation, health insurance, Mailroom and motor pool depreciation have been applied to these budget units.

Overall the budget grouping is increasing due to increased funding for ETD Multi-Project.

Program Discussion

1190-582 ETD Multi-Project

The ETD Multi-Project supports clients in various ways. It supports funding for several grants, including the ETD portion of the county-wide One Stop System - which supports several job market sites throughout the County - and the Disability Navigator Program - which assists disabled persons to access One-Stop Services or any other employment-related services. Beginning in 2009-10, an additional One-Stop Site will be created at the College of the Redwoods Campus. ETD Multi-Project also supports an out of school youth service grant. These services provide out of school youth with assistance to return to school or find employment.

The total adopted budget for FY 2009-10 is $658,484, an increase of $172,484 from FY 2008-09.
1190-584 Supplemental Dislocated Worker

The Supplemental Dislocated Worker program provides comprehensive assessment, employment plan development, job search assistance, case management, and supportive services to recently laid-off workers. 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 anticipated layoffs in the local area. In January 2009 the County secured a grant earmarked for Retail Sales related layoffs to be expended between January 2009 and December 2010.

The total adopted budget for FY 2009-10 is $890,000, the same as the budget for FY 2008-09.

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. This action is being taken in partnership with the Community Development Department’s Economic Development Division and the Small Business Development Center.

The total adopted budget for FY 2009-10 is $103,367, an increase of $167 over the prior fiscal year.

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 adopted budget for FY 2009-10 is $488,500, or $10,000 lower than the previous years allocation.

1190-590 Dislocated Worker Programs

Dislocated Worker 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 adopted budget for FY 2009-10 is $406,000, the same as for FY 2008-09.
Employment & Training Division

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 well as CalWORKs and Cal-Learn services.

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. 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. Cal-Learn-funded case management offered by ETD staff augments assistance provided through the CalWORKS component serving pregnant and parenting participants 19-years of age or younger who have not graduated high school.

The total adopted budget for FY 2009-10 is $800,000, the same as the budget for FY 2008-09. Program year 2008-09 FTE’s equaled 26. The adopted staffing level is 29 FTE’s in FY 2009-10, due to the new One-Stop Site being created at the College of the Redwoods in budget 1190-582.

2008-09 Accomplishments

1. Integrated non-WIA foster youth programs and services into the full scope of WIA Youth and Job Market programs and services.
2. Provided the maximum number of adult and dislocated workers with a priority given to low income adults, veterans and recipients of public assistance.
3. Announced the availability of Business Services at The Job Market.

2009-10 Objectives

1. To implement an Integrated Service Delivery Model in order to provide improved services to more customers of the Job Market.
2. To utilize funding from the American Recovery and Reinvestment Act to the maximum benefit of Humboldt County.

3. To achieve an 86% enter employment rate for program completers.

4. To assure that 88% of program clients remain employed for at least one year after termination.

5. To achieve average quarterly earnings of $15,900 for program completers upon entering employment.

6. To enroll a minimum of 250 clients.
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<td>$2,577,697</td>
<td>$3,019,533</td>
<td>$3,032,325</td>
<td>$454,628</td>
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| Allocated Positions              | 33.00          | 34.00          | 34.00          | 33.00          | 33.00           | 33.00          | 0.00             |
| Temporary (FTE)                  | 0.16           | 0.00           | 0.63           | 0.40           | 0.00            | 0.40           | 0.00             |
| Total Staffing                   | 33.16          | 34.00          | 34.63          | 33.40          | 33.00           | 33.40          | 0.00             |
Environmental Health

Purpose

The Environmental Health Division’s mission is to prevent illness and injury caused by unsafe or unsanitary conditions through inspections, 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 (budget unit 406), Hazardous Materials Program (budget unit 411), Local Agency Enforcement (budget unit 430), Local Oversight Program (budget unit 432), and Land Use (budget unit 486).

Budget Reductions

Standard reductions in workers’ compensation, health insurance, mailroom services and motor pool depreciation will be applied to these budget units.

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, and inspection of tire handling and storage facilities.

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, review of food facility and pool construction plans, public education, and enforcement activities.

The Consumer Protection program consists of several elements including food facility inspections, substandard housing, environmental lead assessments, organized camps, vector control activities, jail inspections, rabies control, household garbage complaint investigations, pools and spas, safe drinking water supply, and monitoring of recreational waters.

The total FY 2009-10 budget for the Consumer Protection Program is $910,792, a decrease of $78,094 from the prior year.
### Hazardous Materials Program

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

CUPA provides inspection and consultation to businesses that handle and store 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. Assembly Bill 1130, which went into effect January 1, 2008, authorizes the Hazardous Materials Program to implement the Aboveground Petroleum Storage Act (APSA). A grant funded by the California Environmental Protection Agency provides $111,194 to support this program from January 1, 2008 through December 31, 2010.

The total adopted FY 2009-10 budget for Hazardous Materials programs is $715,628, an increase of $59,703 from its prior-year level of $655,925.

### Local Enforcement Agency

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

This program collaborates and coordinates with local planning agencies, 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 operation of solid waste facilities that 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 Code Enforcement.

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. The total adopted FY 2009-10 budget for the Local Enforcement Agency program is $515,818, an increase of $99,968 from its prior year level of $415,850.
1175-432  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 be eligible for cleanup funding. Local guidance and State funding help promote more rapid site closure.

The LOP is funded through an annual contract with the California Water Resources Control Board. The total adopted FY 2009-10 budget for the Local Oversight Program is $340,854, a decrease of $23,210 from its prior-year level of $364,064.

1175-486  Land Use Program

The Land Use Program lends support to the Community Development Services Department to ensure that land use permit entitlements granted by the County prevent health hazards and mitigate environmental degradation resulting from improperly planned developments. The Land Use program protects public health through evaluating the proper placement, design, construction and operation of onsite sewage disposal systems. The program reviews adopted land use development projects referred by the Community Development Department’s Planning Division, and construction projects referred by the Building Inspection Division in regards to liquid waste and drinking water supply. The program coordinates with the North Coast Regional Water Quality Control Board for adopted projects with large on-site waste water disposal quantities. The program also reviews and approves the design and construction of new on-site sewage disposal systems and repairs where these systems have failed. It inspects the ongoing operation and maintenance of non-standard onsite sewage disposal systems and provides local response to sewage spills.

This program is funded through permit fees and Health Realignment. The total adopted FY 2009-10 budget for the Land Use program is $536,441, a decrease of $27,425 from its prior-year level of $563,866.

2008-09 Accomplishments

1. Responded to 771 service requests in 2008. Service requests include failing septic, household garbage, food establishments, substandard housing, roadside dumping, rabies, hazardous materials storage and releases, vector (mosquitoes, rodents, vermin) problems, drinking water, animal zoning, lead paint, pools and recreational health, methamphetamine labs, and unpermitted dwellings.

2. Provided local assistance to public swimming and spa pool operators whom are responding to new federal...
standards requiring the elimination of suction and entrapment hazards. We provided plan review, specifications and inspections as required under state law.

3. Processed 877 projects including 120 business license applications, 317 building permit referrals, 167 planning referrals, 152 on-site sewage disposal permit applications, 43 monitoring wells, and 78 water well permits in 2008.

4. Completed 108 “non-standard” sewage disposal system inspections as required under the state-mandated monitoring program.

5. Settled eight CUPA administrative enforcement orders and collected penalties. Six of the eight had spills that are being or have been successfully remediated.


2009-10 Objectives

1. To complete data conversion and implement Envision Connect.

2. To implement the contract integrated web based permit processing database between DHHS Environmental Health Division and Community Development services Department and Public Works Land Use Division.

3. To continue work on Built Environment and Healthy Communities Action and Active Living Plan.

4. To complete cleanup and closure of 11 identified Local Oversight Program sites.
## General Relief (1100 525)

Phillip Crandall, Health & Human Services Director

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<td>$2,188,858</td>
<td>$2,595,936</td>
<td>$2,774,047</td>
<td>$2,872,719</td>
<td>$2,764,719</td>
<td>($9,328)</td>
</tr>
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</table>

| 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.”

Budget Reductions

Standard reductions in workers’ compensation, health insurance, Mailroom and motor pool do not apply to this budget.

For 2009-10 there is a 10% reduction in General Fund support for assistance payments.

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 – State Supplemental Payment claims. Other recovery methods include intercepting State tax returns and placing liens on real property.

The County General Fund provides 75.6% of the funding for the GR program. The remaining 24.4% 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 net County cost for FY 2009-10 is $2,064,719.

In November 2006, the County added a Transportation Assistance Program which has successfully provided relocation services for several 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.

2008-09 Accomplishments

1. Developed infrastructure including technology that will allow for early 2009/2010 program launch of the GR Vendor/Voucher program in an effort to move from a cash system to a system that meets the needs of our clients.
2. Continued on-going Transportation Assistance Program (TAP) presentations to the community in order to foster partnerships at various levels.

3. Integrated a multi-disciplinary team for client services to include SSB, MHB and PHB.
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<th>2009-10 Adopted</th>
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<td><strong>Total Expenditures</strong></td>
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Purpose

Health Education is a core function of Public Health and is mandated under Title 17 of the California Administrative Code. Health Education improves the community’s health by providing information, education and outreach services.

This narrative includes discussion on funding and operation of 16 Health Education budget units: AIDS Information & Education (budget unit 402), Childhood Lead Program (budget unit 407), Tobacco Education Program (budget unit 412), Public Health Education (budget unit 414), Nutrition and Physical Activity (budget unit 433), Project LEAN (budget unit 436), Early Intervention Program (budget unit 437), HIV Street Outreach (budget unit 442), Positive Changes Program (budget unit 447), Bridge Project (budget unit 448), Pathways Program (budget unit 449), Alcohol & Other Drug Prevention (budget unit 452), MHSA-PEI Suicide Prevention and Stigma/Discrimination Reduction (budget unit 454), Comprehensive AIDS Resources Emergency & Housing Opportunities for People With AIDS (budget unit 470), Family Violence Prevention (budget unit 488), and Youth Driving Safety (budget unit 414).

Budget Reductions

Standard reductions in workers’ compensation, health insurance, Mailroom and motor pool depreciation will be applied to these budget units.

Program Discussion

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

1175-402 AIDS Information & Education

The AIDS Information & Education program seeks to increase awareness regarding HIV disease and motivate behavior changes that reduce the risk of contracting or transmitting HIV. Services in this program are street and mobile van based outreach to injection drug users and their sex partners, other substance users, and woman at high risk for HIV. Funding for this program is from a State of California Department of Health Services Office of AIDS grant. The total adopted FY 2009-10 budget for the AIDS Information and Prevention program is $51,160, an increase of $13,693 from its prior year level of $37,467.
**Health Education**

**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.

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 adopted FY 2009-10 budget for the Childhood Lead Program is $54,239, a decrease of $4,025 from its prior year level of $58,264.

**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 use.

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 adopted FY 2009-10 budget for the Tobacco Education Program is $190,000, (this includes an approximate $40,000 rollover from prior year), an increase of $10,324 from its prior year level of $180,324. 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 specific health promotion efforts in the Injury Prevention Program such as Child Passenger Safety, Youth Driving Safety and Water Safety programs as well as provides the administrative oversight for all Health Education programs.

The total adopted FY 2009-10 budget for Health Education is $1,162,765, a decrease of $60,852 from its prior year level of $1,223,617.

**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 provides leadership for community collaboration around and
Health Education

Phillip Crandall, Health & Human Services Director

integration of nutrition, physical activity, and the built environment.

Activities are community based with a special focus on youth and the low-income population. Network for a Healthy California and St. Joseph Health Foundation’s Care for the Poor Initiative fund local nutrition education at retail markets, Family Resource Centers, and other venues serving low income families.

The California Endowment’s Safe Sustainable Transportation Grant supports community collaborative efforts to reduce obesity and increase pedestrian safety. The program identifies barriers that limit people’s use of active modes of transportation and works to reduce those barriers.

The total adopted FY 2009-10 budget for Nutrition and Physical Activity is $285,800, a decrease of $226,200 from its prior year level of $512,000.

1175-436 Project LEAN (Leaders Encouraging Activity and Nutrition)

Project LEAN’s program goals are to promote increased leadership and involvement among youth and adults to improve youth nutrition and physical activity environments; implement a youth advocacy campaign; integrate existing California Project LEAN program materials into low-income schools and communities; educate community members about the importance of nutrition and physical activity and the connection to academic success and overall health; support State Project LEAN efforts, and maintain communication with the State.

The adopted budget for the Project LEAN program for FY 2009-10 is $27,150, an increase of $6,355 from its prior year level of $20,795.

1175-437 Early Intervention Program

The purpose of the Early Intervention Program (EIP) is to prolong the health and productivity of people living with HIV and to interrupt the transmission of HIV in Humboldt and Del Norte counties.

Services provided by this program include case management, health education, and risk reduction education, medical and psychosocial services. Medical and some psychosocial services are subcontracted to community partners. North Coast AIDS Project staff provides the health education, case management, HIV transmission risk reduction, and some psychosocial components of EIP to people living with HIV and their HIV negative partners.

The total adopted FY 2009-10 budget for EIP is $139,316, a decrease of $6,755 from its prior year level of $146,071.

1175-442 Street Outreach HIV

The goal of the Street Outreach HIV program is to reduce HIV and hepatitis C transmission among injection drug users and their sex partners, substance abusers, women at high risk for
Health Education

HIV, and men who have sex with men by providing HIV and hepatitis C testing, referrals and education materials. Staff works to develop a strong working relationship with people at high risk for HIV infection. Activities are provided through street outreach and utilization of a mobile van.

The total adopted FY 2009-10 budget for the Street Outreach HIV Program is $81,788, an increase of $10,011 from its prior year level of $71,777.

1175-447 Positive Changes

The Positive Changes Program aims to reduce HIV transmission by providing counseling services and intensive HIV risk reduction behavior change interventions and support for high risk, HIV-infected individuals enrolled in the EIP who are experiencing difficulty initiating or sustaining practices that reduce or prevent HIV transmission.

The total adopted FY 2008-09 budget for the Positive Changes program is $53,235, a decrease of $36,765 from its prior year level of $90,000.

1175-448 Bridge Project

The Bridge Project provides case management services to people living with HIV who are either at risk of dropping out of HIV services, or who have not previously accessed services.

The program enrolls people living with HIV, many of whom are also living with alcohol and other drug (AOD) issues, into HIV care and treatment and prevention services. Staff works closely with people living with HIV, primarily those with AOD issues, to prevent them from dropping out of HIV care and treatment and prevention services.

The total adopted FY 2009-10 budget for the Bridge Project is $65,422, an increase of $5,266 from its prior year level of $60,156.

1175-449 Pathways

The Pathways Program provides a variety of outpatient mental health and substance abuse services to HIV positive clients diagnosed with substance abuse and/or mental health disorders by a Mental Health Clinician. Example of program services include: screen and assess for the presence of addiction and other mental health issues; assess acute mental health risk and provide crisis or other intervention as needed; provide individual, family, and group counseling for HIV positive clients around topics related to substance abuse and mental health problems; assist with client education and adherence with psychotropic medications; consult with psychiatrists, medical providers, and other service providers as needed to ensure appropriate client care; participate in regular clinical consultation sessions with experienced peers; and assist the interdisciplinary team in developing and implementing an Individual Service Plan for each Pathways client.

The total adopted FY 2009-10 budget for the Pathways program is $48,156, an increase of $3,156 from its prior year level of $45,000.
### Health Education

#### 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 though 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. Evidence based curricula are implemented in schools to increase youth perceptions of risks associated with alcohol 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.

The total adopted FY 2009-10 budget for the AOD program is $187,473, a decrease of $9,482 from its prior year level of $196,955.

#### 1175-454 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 and indicated prevention strategies.

This program implements State recommended promising practices related to suicide prevention. The program provides workforce training and develops and 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 is a new program for FY 2009-10 adopted at $386,185.

#### 1175-470 Comprehensive AIDS Resources Emergency Act and Program: Housing Opportunities for People with AIDS Act

The CARE-HOPWA program is responsible for assessing the needs of people living with HIV, and assuring that services are provided.

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 and Del Norte counties.

The goal of the HOPWA program is to prevent homelessness among people living with HIV/AIDS in Humboldt and Del Norte counties.

Together, these programs provide HIV care and treatment services for people living with HIV in Humboldt and Del Norte counties. Services include direct (medical) and supportive services. The program also assesses the direct and supportive HIV services needs of people living with HIV in Humboldt and
Del Norte counties and works to fill needs that are unmet and/or underserved. Services also include providing financial assistance with direct housing costs (rent, mortgage, utilities, etc.), and indirect housing costs (food/nutrition and transportation costs like gasoline and bus tickets).

The total adopted FY 2009-10 budget for the CARE-HOPWA program is $156,238, an increase of $3,419 from its prior year level of $152,819.

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 promotes, supports, and improves early childhood development from birth through five years of age by training on “How Can I Help? Keeping Children Safe from Abuse and Violence A Training Resource Manual” to childcare providers and other community partners and continue to promote family violence prevention activities throughout the County.

The total adopted FY 2009-10 budget for the Family Violence Prevention Program is $132,189, a decrease of $21,736 from its prior year level of $153,925.

2008-09 Accomplishments

1. Provided support and leadership to DHHS Client and Cultural Competency initiatives. Specifically, a Public Health Branch Translator/Interpreter was hired and incorporated into the division. The Health Education Program Manager continues to serve as Tri-Chair on the Client and Cultural Competency Advisory Committee.

2. Administered 335 HIV tests to people at high risk for HIV.

3. Provided leadership with community partners in implementing environmental and systems change to promote nutrition and physical activity.

2009-10 Objectives

1. To expand outreach services through collaboration with other Department programs including improving outreach services to the Spanish speaking community.

2. To continue to collect relevant data to guide program development. Areas of special interest include: Injury prevention, youth access to alcohol and other drugs, suicide prevention and local health inequities.
### Inmate/Indigent Medical Care (1100 490)

Phillip Crandall, Health & Human Services Director

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### Inmate/Indigent Medical Care (1100 490)

**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.

**Budget Reductions**

This budget unit funds two primary programs – indigent medical care through CMSP and inmate medical care via contract. Both programs have fixed funding levels that are not subject to reduction.

**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.

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.
Maternal, Child, and Adolescent Health (MCAH) Programs are prevention and early intervention-based, prioritized according to documented population needs. The target population is women of child-bearing age, adolescents, children and infants. MCAH programs address access to prenatal care, children’s oral health, prenatal substance use, newborn risk assessment, infant and child death review, prenatal and child nutrition, and the well-being of infants and children in families challenged by...
Maternal, Child & Adolescent Health


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

- Alternative Response Team (ART, budget unit 408)
- Adolescent Family Life Program (AFLP, budget unit 404)
- Women, Infants, and Children (WIC, budget unit 415)
- Child Health & Disability Prevention (CHDP, budget unit 418)
- Maternal Child & Adolescent Health (budget unit 420)
- Maternal Health Personnel Program (budget unit 460)
- California Children’s Services (CCS, budget unit 493)

Budget Reductions

Standard reductions in workers’ compensation, health insurance, Mailroom and motor pool depreciation will be applied to this budget.

Overall, this budget grouping has increased by $1,215,783 due to the assignment of two budget units (404 and 408) to this budget grouping.

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 provision of health services to vulnerable populations, and policy development related to the health and well-being of women, infants and children are core functions of MCAH. In April 2008, two home visitation programs serving pregnant women and families with young children were assigned to the MCAH Division.

1175-404  Adolescent Family Life Program

The Adolescent Family Life Program (AFLP) is provided by a contract with the California Department of Public Health, Maternal Child and Adolescent Health Branch. The goals of the program are to insure healthy pregnancy outcomes to teens age 17 years and under, promote positive parenting, reduce the incidence of repeat pregnancy, promote completion of education goals, and reduce the incidence of child abuse/neglect. Every teen that has given birth in the County receives individual one-to-one outreach with a minimal service of consultation, resources and referral if the client is not interested in committing to AFLP participation. AFLP case management can be provided to the age of 21 years if engaged before the age of 18.

The total FY 2009-10 budget for the AFLP program is $271,338 a decrease of $131,817 from its prior year level of $403,155 due to reduction in State funding.
Maternal, Child & Adolescent Health

1175-408  Alternative Response Team (ART)

ART provides 6 to 12 months of intensive services to families at risk of child maltreatment. These families are referred to ART by Child Welfare Services. Services are provided by a team of Public Health Nurses, Community Health Outreach Workers and a Mental Health Clinician.

The total FY 2009-10 budget for the ART program is $1,049,703 an increase from its prior year level of $944,254 due to additional staff.

1175-415  Women, Infants and Children (WIC)

The WIC program experienced caseload growth of 5 percent in FY 2008-09. The McKinleyville WIC clinic continues to experience caseload expansion. WIC is 100 percent Federally funded. In FY 2009-10, the WIC Eureka clinic will relocate to an existing Public Health leased building that will better accommodate this growing prenatal and early childhood nutrition program for low income families.

The FY 2009-10 budget for the WIC program is $928,222. This includes funds received through the Social Services Branch for collaborative support staff and associated costs for Cal Works clients. The total adopted FY 2008-09 budget was $880,552.

1175-418  Child Health & Disability Prevention

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. This program is 100 percent State and Federally funded.

The total FY 2009-10 budget for the CHDP program is $832,091, this includes funding for Division of Social Services – Child Welfare Services. The total adopted FY 2008-09 budget was $721,906.

1175-420  Maternal Child & Adolescent Health (MCAH)

MCAH Program staff address prenatal and infant health through a network of comprehensive prenatal services providers. Areas of focus include early entry to prenatal care, breastfeeding and postpartum depression. MCAH staff operate the Infant and Child Death Review Team and coordinate multi-agency activities to reduce dental disease in children. MCAH operates using Federal, State and realignment monies.

The total FY 2009-10 budget for the MCAH program is $477,766 a decrease of $168,020 from its prior year level of $645,786. This decrease represents 2 programs moving from BU #420 to Health Ed. (BU #414).
1175-460  **MCAH Personnel Program**

This budget serves as a Personnel budget only. It is budgeted for 32.75 full time employees for FY2009-10, a reduction of 2 positions from last year. Salaries are 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) serves infants, children and youth up to age 21 who have special health care needs, or who are at risk for disabling conditions. CCS local administration provides eligibility determination for over 900 active child clients and their families, medical case management, specialty clinic services, recruitment and support, occupational and physical therapy services for eligible clients and all local program oversight. Fiscal activity includes claims processing for eligible program benefits.

The total adopted FY 2009-10 budget for the CCS program is $1,645,071, a decrease of $21,578 from its prior year level of $1,666,649.

**2008-09 Accomplishments**

1. Provided services supporting the medical, dental and developmental needs of children and youth in the Child Welfare Services System.

**2009-10 Objectives**

1. To support all aspects the new Nurse-Family Partnership Program, including developing needed community partnerships and assuring appropriate referrals.

2. To continue work with Mental Health and Social Services on foster youth services integration with focus on transitional age youth. Increase focus on obtaining and refining outcomes measures.

3. To continue to evolve California Children’s Services to increase administrative efficiencies, and decrease local costs while maintaining the safety net of medical services for children with handicapping conditions and chronic disease.
## Mental Health Division

*Phillip Crandall, Health & Human Services Director*

### 2005-06 2006-07 2007-08 2008-09 2009-10 Increase/

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| **Expenditures**          |                |                |                |                |                 |                 |                   |
| Salaries & Benefits       | $13,724,362    | $15,239,302    | $15,676,804    | $17,800,635    | $21,612,702     | $21,884,549     | $4,083,914        |
| Supplies & Services       | 11,374,578     | 9,957,704      | 9,151,612      | 15,048,683     | 15,499,588      | 15,248,539      | 199,856           |
| Other Charges             | 312,390        | 292,819        | 637,975        | 1,915,593      | 2,104,969       | 2,084,171       | 168,578           |
| Fixed Assets              | 145,008        | 91,083         | 173,297        | 36,593         | 175,000         | 175,000         | 138,407           |
| Expense Transfer          | (61,893)       | (67,547)       | (125,680)      | (5,603,077)    | (6,158,470)     | (6,158,470)     | (555,393)         |

| Allocated Positions       | 272.70         | 290.20         | 299.20         | 322.70         | 322.70          | 322.70          | 0.00              |
| Temporary (FTE)           | 19.86          | 9.60           | 19.60          | 10.20          | 17.90           | 17.90           | 7.70              |
| **Total Staffing**        | 292.56         | 299.80         | 318.80         | 332.90         | 340.60          | 340.60          | 7.70              |
Purpose

The Department of Health and Human Services, Mental Health Branch, is responsible for overseeing and directing mental health treatment and treatment support services for Humboldt County. 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 payor status; administers managed care contracts for mental health services with private for-profit and non-profit agencies; and provides a comprehensive system of care for the mentally ill, to the extent resources are available.

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

Budget Reductions

Standard reductions in workers’ compensation, health insurance, Mailroom and motor pool depreciation will be applied to these budget units.

State and Federal budget strategies are expected to have significant impact to the Department of Health and Human Services, Mental Health Branch for FY 2009-10. These include Realignment revenue estimates which have declined by nearly 10% or $581,000 from the approved budget for FY 2008-09. The Federal government’s American Recovery and Reinvestment Act of 2009 will contribute an estimated 23% in increased Federal Financial Participation for cost reimbursement for Specialty Mental Health services to Medi-Cal beneficiaries. This increase in Federal Financial Participation for the period Oct 1, 2008 to December 31, 2010 is projected to closely off-set the down turn in Realignment revenues. State General Fund revenues for Mental Health Managed Care allocation will, however, be adjusted according to a match formula for Federal Financial Participation; this adjustment is projected to result in a decrease of $250,000 for FY 2009-10 Mental Health Managed Care allocation. Mental Health Services Act funds for Prevention and Early Intervention programs have been approved by the State Department of Mental Health and are included in this adopted budget; the increase from the prior year for Mental Health Services Act revenues is 17% or $590,367. The result of these positive and negative changes in funding streams is a net increase for the branch as a whole of over $4 million.
**Program Discussion**

**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:

- Interfacing with principal funding sources (e.g., state and Federal authorities, third party insurers).
- 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 staffing 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 contributed approximately $614,307 in FY 2008-09, or roughly 2% of the total budget. The adopted full staffing includes 322.70 FTE permanent staff and 17.90 FTE extra help positions. As a result of Federal and State budget impacts, 45.30 FTE are to be held vacant for FY 2009-10.

The total adopted budget for the Administration Unit for FY 2009-10 is $33,276,242, an increase of $1,834,229 or 5.8% from FY 2008-09, primarily due to general salary and benefit adjustments and MHSA projects.

**1170-427  Mental Health Jail Programs**

Mental health clinicians provide a variety of services for County Jail inmates. The following services are provided in addition to a 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
- Participation and facilitation of yearly training of correctional officers about mental health and suicide prevention/intervention.

These programs are financed from designated State mental health realignment funds, and County general funds.
The total adopted budget for Mental Health Jail Programs for FY 2009-10 is $218,931, a decrease of $393,675, or 64% from prior fiscal year. This budget decrease is due to the sunset of State Mentally Ill Offender Crime Reduction funding in September 2008.

1170-475 Mental Health - HumWORKS

Behavioral Health Services/HumWORKS (BHS) is a multi-disciplinary program providing assessment, consultation and treatment services to CalWORK recipients experiencing mental health, substance abuse and/or domestic violence issues in their lives. BHS assists 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.

The total adopted budget for HumWORKS for FY 2009-10 is $147,238, a decrease of $56,588, or 27.8% from FY 2008-09.

1170-477 Mental Health Services Act (MHSA)

A number of programs are provided under the County’s MHSA plan. 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.

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 supports (e.g. housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the partner 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. It is a service strategy that will enhance existing collaborative efforts with primary health care providers.

**Alternative Response Team (ART) Expansion** is a coordinated approach, integrating State initiatives including MHSA and a Child Welfare Improvement Activity. Initiated in 1996, the ART team is a collaboration between Child Welfare Services (CWS) and Public Health to engage families by strengthening and preserving their capacity to protect and nurture 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 September 2006, through MHSA funding, a full time Mental Health Clinician position was added to the interdisciplinary team resulting in a more integrated and holistic service experience to families. Using the evidence based practice, Parent Child Interaction Therapy (PCIT), mental health staff provides 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. Additional mental health staff will be 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 Team (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 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. The education component will utilize a universal approach. A newly formed local initiative, comprised of local and members of statewide youth organizations (many focused on youth exiting from the foster care system) has begun to work closely with DHHS to create more comprehensive programs geared toward meeting the housing, educational, medical, psychiatric, and vocational needs of this population.

**Integrated Program & Planning Support Structures** is a further integration and expansion of a newly developed division at DHHS. To facilitate progress toward MHSA goals,
Integrated Program & Planning Support Structures 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. These data offer a measure of how a program or service affects the community over time.
- **The Training, Education and Supervision Unit (TES)** continues to build system capacity to develop, coordinate, and integrate resources to provide education and training opportunities to staff, clients, parents, families, community partners, and providers. Clients are indirectly served by these structures. Benefits to clients include:
  - Service provision by staff who have received core, ongoing, and continuing training and evidence based practice training through TES.
  - Use of evaluative services provided through R&E to guide service delivery and evidence based practice targeted toward the identified target populations.

The total adopted budget for FY 2009-10 is $1,889,579, an increase of $456,174, or 31.8%, from FY 2008-09.

### 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 psychiatrist/nurse team to identify and respond to those clients 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 decompensation 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.

The total adopted budget for Sempervirens / Psychiatric Emergency Services for FY 2009-10 is $1,179,256, an increase of $156,413, or 15% from FY 2008-09.

1170-496 Adult Behavioral Health and Recovery Outpatient Programs

Through County operated programs and contracts with community providers, Adult Behavioral Health and Recovery Services (ABxHRS) 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.
- Licensed residential care and transitional housing placement coordination.
Institutes for Mental Disease (IMD), and Mental Health Rehabilitation Centers (MHRC) placement coordination for those who require skilled levels of care to prevent or transition from acute psychiatric hospitalization.

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

The total adopted budget for Adult Outpatient Programs for FY 2009-10 is $1,818,870, a decrease of $145,689 or 7.4% from FY 2008-09. Decreases in client placement expenditures contribute to this budget decrease.

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

CYFS provides a full array of services to seriously emotionally disturbed children and Medi-Cal beneficiaries who meet specialty mental health service criteria. Services are provided through County operated programs and through community-based contract providers. The delivery of services is provided through a coordinated and DHHS- integrated System of Care model. Services include assessment; individual, group and family therapy; case management; medication support; therapeutic behavioral services; and crisis intervention. Services are provided at the main clinic site in Eureka and at a variety of outreach sites in coordination with the other DHHS branches, contract providers and community partners. Some

County operated program outreach 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 unmet needs for foster care youth began this year, in order to impact the poor outcomes seen nationally for this extremely high-risk population. A second major initiative began which united several local and statewide transition age youth organizations so Humboldt County develops greater capacity for programs integrating health, mental health, housing, vocational and educational components.

The total adopted budget for Children Youth and Family Services for FY 2009-10 is $534,246, an increase of $2,352 (less than 1%) from FY 2008-09.

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 adult 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, which 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 HCCF, with a limit of a two week supply, until these patients are able to reinstate their Medi-Cal benefits.

The total adopted budget for FY 2009-10 for Medication Support Services is $270,940, a decrease of $297,640 or 52% from FY 2008-09. With program reliance on physician/psychiatrist staff allocations, this decrease is due to reduction in contracted physician services expenditures.

1170-507 Mental Health - Children’s Center

The Department of Health and Human Services Children’s Center provides temporary shelter and treatment services to Humboldt County children, age six or older, 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 provided and administered
Mental Health Division

The children placed at the Children’s Center 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 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 maybe those whose emotional and behavioral status interferes with stable placement. Within a treatment program milieu, they are provided with individualized therapeutic services that are designed to reduce the need for hospitalization or other psychiatric emergency services, as well as maintain and sustain stable relationships and community living arrangements.

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 or transition forward to parents or foster parents. The program focus is on assessing and addressing the issues that have interfered with the child’s placement success. Staff takes solution-focused approaches with an emphasis on maximizing the strengths and abilities that the children and their families already possess, and, on

assisting them in acquiring skills and resources they will need to be more successful in their next placement.

The primary operating budget for the Children’s Center is shown in the Social Services budget (budget unit 509). The Mental Health Children’s Center budget unit (budget unit 507) covers the operating expense costs, insurance, and overhead costs for the Mental Health staff. The total adopted budget for the Children’s Center for FY 2009-10 is $99,410, an increase of $7,673 (less than 1%) from FY 2008-09.

2008-09 Accomplishments

1. Promoted and developed additional holistic and integrated programs for youth, TAY, adults and older adults.

2. Launched Phase 1 of the integration of all DHHS programs and services designed to meet the complex needs of children and families in a holistic manner, beginning with a commitment to assess and provide needed services for all youth in the foster care system, and concluding the year with co-location of all DHHS staff, from all three Branches, who provide services to this high-risk population.

3. Began to restructure the Adult Behavioral Health and Recovery Services to better coordinate achievement of Recovery and clinical goals for service provision and outcomes.

2009-10 Budget

Health & Human Services
4. Began to evaluate strategies for access, engagement and treatment in behavioral health care models to improve timeliness of services and refine treatment protocols.

5. Began to utilize information regarding high cost placement options for intensive mental health services to inform expansion of MHSA program services, and minimize high-cost, hope-depleting out of county and/or out of home placements.

2009-10 Objectives

1. To continue to promote and develop additional holistic and integrated, co-located programs for youth, TAY, adults and older adults.

2. To work, in coordination with DHHS and community stakeholders, to develop alternatives for housing the homeless in our community.

3. To support Phase 1 of the integration of all DHHS programs and services designed to meet the complex needs of children and families in a holistic manner, beginning with a commitment to assess and provide needed services for all youth in the foster care system.

4. To restructure the Adult Behavioral Heath and Recovery Services to better coordinate achievement of Recovery and clinical goals for service provision and outcomes.

5. To develop strategies for access, engagement and treatment in behavioral health care models to improve timeliness of services and refine treatment protocols.

6. To utilize information regarding high cost placement options for intensive mental health services to inform expansion of MHSA program services, and minimize high-cost, hope-depleting out of county and/or out of home placements.
### Public Health Administration

Phillip Crandall, Health & Human Services Director

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(To)/From Non-GF Fund Balance | (1,069,762) | 673,843       | (1,337,797)   | 405,094       | (0)            | (0)             | (405,094)        |

**Total Revenues** | $4,630,568 | $5,155,990 | $5,432,052 | $5,562,974 | $6,191,218 | $6,191,218 | $628,244 |

| **Expenditures** |               |               |               |               |                |                 |                  |
| Salaries & Benefits | $2,378,068   | $2,709,836   | $2,269,219   | $2,214,371   | $2,226,376    | $2,226,376     | $12,005          |
| Supplies & Services | 1,497,138    | 1,431,970    | 1,614,892    | 1,494,046    | 1,671,017     | 1,673,449      | 179,403          |
| Other Charges        | 1,072,504    | 1,471,606    | 1,450,776    | 1,827,271    | 2,281,825     | 2,279,393      | 452,122          |
| Fixed Assets         | 86,104       | 165,210      | 100,198      | 74,600       | 12,000        | 12,000         | (62,600)         |
| Expense Transfer     | (403,246)    | (622,633)    | (3,033)      | (47,314)     | 0             | 0              | 47,314           |

**Total Expenditures** | $4,630,568 | $5,155,990 | $5,432,052 | $5,562,974 | $6,191,218 | $6,191,218 | $628,244 |

| **Allocated Positions** | 45.80 | 51.30 | 51.30 | 52.30 | 52.30 | 52.30 | 0.00 |
| **Temporary (FTE)**     | 0.00  | 4.70  | 4.90  | 4.45  | 4.45  | 4.45  | 0.00 |

**Total Staffing** | 45.80 | 56.00 | 56.20 | 56.75 | 56.75 | 56.75 | 0.00 |
**Public Health Administration**

**Purpose**

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.

This narrative includes discussion on funding and operation of eight Public Health Administration budget units: Public Health Administration (budget unit 400), Medi-Cal Administrative Activities and Targeted Case Management Claims Administration (MAA/TCM, budget unit 403), Emergency Medical Services (budget unit 410), Children’s Health (budget unit 413), Outside Agency Support (budget unit 434), Public Health Laboratory (budget unit 435), Local Public Health Preparedness and Response (budget unit 455), and Public Health Pharmacy (budget unit 465).

**Budget Reductions**

Standard reductions in workers’ compensation, health insurance, Mailroom and motor pool depreciation will be applied to these budget units.

In budget unit 435, 4.0 FTEs are being held vacant due to a 29% decrease in State Health Realignment revenue.

However, in budget unit 403 revenue is increasing by approximately 105% thereby increasing expenditures by as much. This increase in revenue is due to increased Federal reimbursements.

**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. 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.

Information systems support is provided through the Administrative Unit. This unit also provides program planning and support in the area of data interpretation, epidemiology, 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 total adopted FY 2009-10 budget for Public Health Administration is $2,873,678, a decrease of $235,048 from its prior year level of $3,108,725.
The Medi-Cal Administrative Activities (MAA)/Targeted Case Management (TCM) 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 TCM and MAA claiming on behalf of Humboldt County.

The LGA draws down Federal Financial Participation revenues for DHHS, and other participating organizations 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.

The total adopted FY 2009-10 budget for MAA/TCM programs is $900,000, an increase of $621,625 from its prior year level of $278,375.

### Emergency Medical Services

The Emergency Medical Services Program administers the Emergency Medical Services Fund for the County. 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 total adopted FY 2009-10 budget for the Emergency Medical Services Program is $480,000, an increase of $213,282 from its prior year level of $266,718.

### Children’s Health

The Children’s Health Initiative (CHI) first began in August 2005 with a coalition of local agencies whose mission was to ensure that all Humboldt County children from birth through age 18 have health insurance and are able to access primary medical, dental and mental health care. The CHI coordinates 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 coalition represent agencies that play significant roles in the development, administration, outreach, enrollment, retention or funding of this 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, and Community Health Alliance of Humboldt-Del Norte.

All three branches and DHHS administration are involved in CHI and other children’s health coverage and access issues. Public Health staff has been instrumental in the outreach, education, enrollment and utilization effort, as well as the management of the One-e-App program, which is a web-based application program that simplifies the health insurance enrollment process. The Social Services Branch and
Public Health Administration

Women/Infants/Children (WIC) program staff have been instrumental in advising on the customization of One-e-App, as well as advising on processes to expand One-e-App to include a preliminary determination screening tool for Food Stamps and WIC.

The total adopted FY 2009-10 budget for the Children’s Health program is $236,739, a decrease of $16,663 from its prior year level of $253,402.

1175-434 Outside Agency Support

The Outside Agency Support budget provides assistance to non-county agencies, including the Area Agency on Aging, the Senior Resource Center, North Coast Emergency Medical Services and the Hazardous Materials Response Team.

Area Agency on Aging

The Area 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.

The mission, as defined by the Older Americans Act, is to develop a comprehensive and coordinated delivery system of support services, nutrition services, and senior centers for older persons. The system is intended to:

- Assist individuals to attain maximum independence in a home environment by provision of appropriate social services.
- Remove individual and social barriers to economic and personal independence.
- Provide services and care for the vulnerable elderly, thereby preventing premature and inappropriate institutionalization.

Senior Resource Center

The Senior Resource Center was established in 1974 as a 501(c) (3) private nonprofit corporation. Under its articles of incorporation, the specific and primary purposes for which this charitable corporation was formed are:

- To promote the health and welfare of senior citizens.
- To provide funding that supports kitchen and meal services to the elderly.
- To operate and administer direct services and programs that benefit this population.
- To cooperate and assist communities, organizations and other public and private service agencies in their efforts to promote and enhance the general well being of senior citizens.
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 maintain the level of service provided by NCEMS, which has been experiencing budget shortfalls due to funding reductions from the State. The augmentation is funded with Public Health Realignment funds.

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. The team is supported through a Joint Powers Agreement consisting of cities plus Humboldt and Del Norte counties.

The total adopted FY 2009-10 budget for Outside Agency Support is $198,530, a decrease of $4,917 from its prior year level of $203,447. This budget unit also includes $65,000 in tobacco settlement funds.

1175-435 Public Health Laboratory

The Public Health Laboratory provides 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.

The program objectives of the Public Health Laboratory are to:

- Support medical professionals in the detection of communicable diseases such as influenza, enteric bacterial diseases, Bordetella, and rabies. 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 water systems.
- Support the State of California to assure the purity of all locally produced shellfish.
- Support the Public Health Branch (PHB) in the investigation and identification of communicable disease outbreaks.
- Enhance the capacity of the laboratory to respond effectively to public health emergencies and bioterrorism threats.

The total adopted FY 2009-10 budget for the Public Health Laboratory is $578,884, a decrease of $234,442 from its prior year level of $813,326.
The Public Health Preparedness and Response Program’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 communication exists between public health and public/private sectors during an event.

The adopted FY 2009-10 budget for the Public Health Preparedness and Response Program is $713,321 a decrease of $56,146 from its prior year level of $769,467.

**Public Health Pharmacy**

The Public Health Pharmacy provides County departments and programs with up-to-date pharmaceuticals at the best price possible. In addition, the pharmacist is available for research, education and consultation. Preventative health care products are sold to many local entities, including the public school systems.

The adopted FY 2009-10 budget for the Public Health Pharmacy is $210,066, an increase of $52,974 from its prior year level of $157,092.

**2008-09 Accomplishments**

1. Strengthened surveillance capacity and improved planning and communication infrastructure for emergency response between public health and tribal entities as shown by the collaboration during the Summer of 2008 wild fire smoke emergency.

2. Enrolled over 1,500 children in health insurance programs with the One-e-App web-based enrollment system in FY 2008-09. Since January 2009, eleven people from four organizations have been trained to perform enrollments using the One-e-App System; which has been upgraded to include a screening tool for WIC eligibility alongside the original health insurance eligibility tool. Enrollment assistors have also been trained to screen families for Food Stamp eligibility. Eligible families are then referred to DHHS Social Services Branch for face-to-face intake interviews.

3. Worked cross-branch to develop and provide data to identify emerging health trends in our community. The data can be used department wide to aid program development.

**2009-10 Objectives**

1. To continue to strengthen surveillance capacity and improve planning and communication infrastructure for
emergency response between public health and tribal entities.

2. To continue to enroll uninsured children in publicly and locally funded health insurance products and maintain One-e-App as the web-based resource for eligibility determination for children’s health coverage.

3. To strengthen the Public Health Laboratory’s capacity to provide communicable disease testing and other testing related to community health.
## 2009-10 Budget

### Health & Human Services

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Public Health Nursing

Purpose

Public Health Nursing provides prevention and intervention health services to the community, including Skilled Professional Medical Personnel (SPMP) level case management, disease surveillance, home visits, and immunizations.

This narrative includes discussion on funding and operation of six Public Health Nursing budget units: HIV/AIDS Public Health Nursing Programs (budget unit 409), Public Health Nursing Field Services (budget unit 416), TB Control (budget unit 419), Clinic Services (budget unit 422), Nurse Family Partnership (budget unit 426), and Immunization Program (budget unit 428).

Budget Reductions

Standard reductions in workers’ compensation, health insurance, mailroom services and motor pool depreciation will be applied to these budget units.

Program Discussion

Services in this budget grouping include Field Nursing, immunizations, TB skin testing, lice and scabies treatment, sexually transmitted disease screening, diagnosis and treatment, case management for high risk children and families, including medically high risk infants, communicable disease control, HIV/AIDS surveillance, and HIV testing and counseling.

1175-409 HIV/AIDS Programs-Public Health Nursing

Public Health Nursing HIV/AIDS Programs include HIV/AIDS surveillance and investigation, HIV testing and counseling, AIDS Drug Assistance Program, viral load testing, contact tracing/partner notification, investigation/surveillance of acute and chronic hepatitis C, and quality assurance for HIV testing countywide.

The total adopted FY 2009-10 budget for the HIV/AIDS Public Health Nursing Programs is $123,635, a decrease of $5,736 from its prior year level of $129,366 in FY 2008-09.

1175-416 Public Health Nursing Field Services

Public Health Nursing Field Services include: Public Health Nursing case management to medically at risk infants, children, adults and families, lead case management, sudden infant death syndrome, grief counseling, liaison to family resource centers and community providers, disaster response, and communicable disease control.

The total adopted FY 2009-10 budget for Public Health Nursing is $3,194,121, a decrease of $213,378 from its prior year level of $3,407,500 in FY 2008-09.

1175-419 TB Control

The TB control program provides Public Health Nursing services to control and prevent the spread of tuberculosis (TB)
in the community. This program also provides case management Services to those living with TB.

This program previously resided in budget unit 416 but is being separated out for FY 2009-10. The adopted 2009-10 budget is $105,187.

1175-422 Clinic Services

Clinic services include children and adult immunizations, foreign travel immunizations, TB testing, sexually transmitted disease screening and treatment, lice and scabies diagnosis and treatment, flu vaccinations and Wellness Screening for Adults clinics.

The total adopted FY 2009-10 budget for Clinic Services is $868,401, an increase of $120,977 from its prior year level of $747,424 in FY 2008-09.

1175-426 Nurse Family Partnership

Nurse-Family Partnership is an evidence based nurse home visiting program for first time, vulnerable mothers with the proven results of reducing child abuse and increasing maternal self-sufficiency. Nurse-Family Partnership will be part of Field Nursing. Revenue for this new budget unit is being shifted from various budget units.

This is a new program being budgeted at $526,497 for FY 2009-10.

1175-428 Immunization Program

The Immunization Program provides quality assurance for vaccine handling, administration and storage countywide, and provides liaison services to State immunization programs.

The total adopted FY 2009-10 budget for Immunization Program is $160,374, an increase of $50,789 from its prior year level of $109,585 in FY 2008-09.

2008-2009 Accomplishments

1. Received and responded to 835 referrals for Public Health Nurse assessment and case management. Fifty-four percent of these referrals came from hospitals, clinics and medical providers.

2. Gave a total of 6,899 immunizations were given to children and adults to insure community protection from communicable diseases in 2007-08.

3. In the calendar year 2008, Public Health Nursing Clinic Services provided 10,551 individual services directed toward the control of communicable diseases, a core mandated function. This number includes, adult and children immunizations, travel vaccines, TB testing and other services.

4. Investigated, assessed risk, educated and coordinated medical care for 1,027 confirmed cases of communicable disease that require reporting by
the state Confidential Morbidity Reporting system. For every one confirmed case an additional five suspected cases were investigated.

5. Became an implementing agency for the evidence based Nurse-Family Partnership Program.

2009-10 Objectives

1. To provide Public Health Nursing case management, addressing core public health components such as nutrition, safety, and immunizations, to at least 800 families.

2. To implement, promote and provide clinical oversight to the Nurse-Family Partnership Program.

3. To continue to promote community protection from communicable diseases including active surveillance and investigation of all suspected and confirmed cases of 77 reportable communicable diseases and the Administration of Immunizations.

4. To provide specialized Public Health Nursing case management to the most medically fragile infants who have required neonatal intensive care.
## Social Services - Assistance Section

Phillip Crandall, Health & Human Services Director

### 1110 - Social Services Assistance Fund

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2009-10 Budget

Health & Human Services

Page D-64
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 (Budget unit 515), Temporary Assistance to Needy Families (517), and Foster Care (518).

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 adopted budget for FY 2009-10 is $940,000, the same as in FY 2008-09. The County General Fund provides $155,434, 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 §§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 Special Circumstances/Refugee Aid program provides a nonrecurring cash grant to eligible SSI/SSP recipients related to losses from catastrophe. No funding has been received from Special Circumstances since FY 2003-04, but Social Services is mandated to provide the services if funding is made available. Refugee Aid is a mandated allowance program for refugees who have been paroled into the United States by the U.S. Citizenship and Immigration Services agency.

The adopted budget for FY 2009-10 is $12,106,000, and is the same as in FY 2008-09. The County General Fund contributes $265,254, 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 §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.

Some of the children have significant behavioral issues that require 24-hour supervision in costly institutional settings. The Adoption Assistance Program makes payments to the parent who has adopted a child. 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 adopted budget for FY 2009-10 is $8,383,376, which is the same as FY 2008-09. The County General Fund contributes $240,380, or 3.2%, of that amount.

2008-09 Accomplishments

1. Developed strategies to improve CalWORKS Work Participation Rates and decentralize CalWORKS services in the communities.

2. Increased assessments to meet the needs of our highest risk group, foster care youth and their significant supports by increasing Mental and Medical Health services to our foster youth to improve their transition to adulthood and keep them in low level placements.

3. Developed plan to increase the capacity of the Transitional Housing Program Plus for eligible young adults, and to enable them to obtain skills and abilities necessary for self-sufficiency.

2009-10 Objectives

1. To continue to implement strategies to improve CalWORKS Work Participation Rates and decentralize CalWORKS services in the communities.

2. To implement a change management team to prep for CIV migration from one automated system to another.

3. To implement plan to increase the capacity of the Transitional Housing Program Plus for eligible young adults, and to enable them to obtain skills and abilities necessary for self-sufficiency.
## 1160 - Social Services Fund

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Revenues</strong></td>
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<td>Charges for Services</td>
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<td>3,049,237</td>
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<td>3,011,324</td>
<td>360,640</td>
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<td>(To/From Non-GF Fund Balance)</td>
<td>(11,353,106)</td>
<td>(2,308,072)</td>
<td>(3,696,928)</td>
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<td>$41,606,499</td>
<td>$44,873,312</td>
<td>$48,805,608</td>
<td>$56,867,461</td>
<td>$56,496,437</td>
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<td><strong>Expenditures</strong></td>
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<td>Supplies &amp; Services</td>
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<td>Total Expenditures</td>
<td>$35,058,815</td>
<td>$41,606,499</td>
<td>$44,873,312</td>
<td>$48,805,608</td>
<td>$56,867,461</td>
<td>$56,496,437</td>
<td>$7,690,829</td>
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</thead>
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<td>Allocated Positions</td>
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**Social Services Division**

**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).

**Budget Reductions**

Standard reductions in workers’ compensation, health insurance, Mailroom and motor pool depreciation will be applied to this budget. Overall the Social Services Division budgets are increasing by 3.4% due to enhanced Federal funding, particularly in the area of Federal welfare administration. However,

**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 Food Stamps, Medicaid, 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.
Social Services Division

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 has two separate basic services provided to the public. The Conservatorship 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 and often controlled-egress psychiatric facilities. Probate Conservatorships 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.

The total adopted budget for FY 2009-10 is $672,443, an increase of $81,452 and 12% more than FY 2008-09. The County General Fund contributes $99,883, or nearly 15%, 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 total adopted budget for FY 2009-10 is $413,606, the same amount as budgeted for FY 2008-09.
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. CalWORK 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 TANF reauthorization through the DRA of 2005. 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 total adopted budget for FY 2009-10 is $7,193,166. This increase is due to increased services for Mental Health, Alcohol and Other Drug Programs, and child care services. There is a new contract with Redwood Community Action Agency for the Multiple Assistance Center. There are also professional services costs due to the Welfare-to-Work building expansion.

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 Public Authority continues to support the IHSS Advisory Committee in their efforts to recruit providers and educate the public about the issues involved in promoting independent living. Expenditures for the IHSS Public Authority are cost applied to the Social Services Administration budget (511) on a quarterly basis.
The total adopted budget for FY 2009-10 is $328,041, the same as the budget for FY 2008-09.

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 total adopted budget for FY 2009-10 is $3,846,202, an increase of $567,721 from FY 2008-09.

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.

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 total adopted budget for FY 2009-10 is $577,854.

1160-511 Social Services Administration

The Social Services Administration budget includes staffing and centralized administrative costs for the other programs described below. 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 total adopted budget for FY 2009-10 is $55,270,116. The County’s General Fund contribution is $2,445,137 or less than 5% of that amount.
Social Services Division

1160-599  Veterans Services

The Veterans Service Office (VSO) assists the County’s veterans 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 total adopted budget for FY 2009-10 is $193,238, an increase of $28,644 and nearly 15% more than FY 2008-09. The County General Fund contributes $133,124, or 69%, of that amount.

2008-09 Accomplishments

1. Hired Parent Partners in Child Welfare Services to work with staff and families to provide support and promote advocacy and parent partnerships in the Child Welfare Service system.

2. Received zero errors in CMSP audits.

3. Continued integrated adult services providing services to our clients.

4. Integrated Social Services, Mental Health and Public Health around a child, youth and family services system.

2009-10 Objectives

1. To increase services to transition age youth.

2. To increase food stamp outreach to newly eligible families and individuals.

3. To upgrade infrastructure including IT to better monitor and serve.

4. To implement a management team to prep for mandatory migration from old to new CMIPS program in the In Home Support Service Program (IHSS).