



## COMMISSIONERS

Francisco Castillo – District 1  
Heidy Kellison – District 4  
Jill Cook – Dept. County  
Administrator (CAO)

Sally Brown – District 2  
Sue Heitman – District 5  
Jim Provenza, Chair -  
Board of Supervisors

Jenn Rexroad – District 3  
Jesse Ortiz – YCOE  
Nichole Arnold – Children  
w/ Special Needs

## AGENDA

*December 13, 2017*

3:00-5:00 pm

First 5 Yolo

502 Mace Blvd. Ste. 15  
Davis, CA 95618

### ADMINISTRATIVE AGENDA

1. Chair Call to Order
2. Chair Roll Call
3. Chair Consider Approval of the Agenda
4. Chair Opportunity for Commissioners to state Conflict and Recusal
5. Public Public Comment
6. Chair Updates and Announcements from the Chair

### CONSENT AGENDA

Executive Director recommends approval of Consent Agenda Items **7-10**

#### General Administrative Function

7. Chair Approve First 5 Yolo Commission Meeting Minutes from **11/8/17**
8. Staff Adopt Calendar for **January 2017**
9. Staff Receive Sponsorship Fund Allocations Report (Krustaceans for Kids Crab Feed)
10. Staff Adopt Policy Revisions to First 5 Yolo Administrative Policies and Procedures Chapters 8, 9, 11, 19, and 20 (County Privacy and Security, Equal Employment Opportunity and Harassment, Exit Interview Program, Smoking Policy and Smoking Cessation, and Breastfeeding Policy) to Align with Updated Yolo County Administrative Policies and Procedures.

**REGULAR AGENDA****Presentation/Discussion/Possible Action**

- |     |                    |   |            |
|-----|--------------------|---|------------|
| 11. | Executive Director | Review and Consider Revised First 5 Yolo Logo to Improve Alignment with the First 5 Statewide Network | 15 minutes |
| 12. | Executive Director | Thrive by Five Update   | 30 minutes |
| 13. | Executive Director | Receive Executive Director Report   | 5 minutes  |
| 14. | Commissioners      | Receive Reports from Commissioners  | 10 minutes |
| 15. | Chair              | Adjournment   |            |

Next meeting scheduled: January 10, 2018 3:00 – 5:00 pm  
First 5 Yolo Children and Families Commission  
502 Mace Blvd. Ste. 15, Davis, California 95618

I declare under penalty of perjury that the foregoing agenda was posted **December 7, 2017** by 5:00 PM at the following places:

- 1) On the bulletin board at the East entrance of the Erwin Meier Administration Center, 625 Court Street, Woodland, California 95695
- 2) On the bulletin board at the First Yolo office, 502 Mace Blvd. Ste. 11, Davis, California 95618  
Lauren Adams, Management Services Officer  
First 5 Yolo Children and Families Commission

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

Attachments ☒

<b>Agenda Item- Commission Meeting Minutes</b>
<b><i>Background</i></b>
Final minutes from the First 5 Yolo Commission Meeting.
<b><i>Executive Director Overview</i></b>
First 5 Yolo Children and Families Commission held a regularly scheduled meeting on November 8, 2017 from 3:00-5:00PM at. First 5 Yolo, 502 Mace Blvd. Ste. 15, Davis, CA 95776.
<b><i>Additional Information</i></b>
The next regularly Commission meeting will be held January 10, 2017 at 502 Mace Blvd. Ste. 15, Davis, CA 95776 from 3:00-5:00PM.
<b><i>Action Requested</i></b>
Approve minutes as submitted or propose edits.

FIRST 5 YOLO  
Commission Meeting Minutes  
November 8, 2017

The First 5 Yolo Children and Families Commission met on the 8th day of November, 2017 at First 5 Yolo located at 502 Mace Blvd. Ste. 11, Davis, CA 95618 at 3:00 p.m.

**Commissioners in Attendance:** Jim Provenza, Francisco Castillo, Nichole Arnold, Sally Brown, Heidy Kellison, and Jill Cook

**Staff in Attendance:** Gina Daleiden, Lauren Adams, and Victoria Zimmerle

**Public in Attendance:** Lana Magness

Item #1: Call to order

J. Provenza called the meeting to order at 3:03 p.m.

Item #2: Roll Call

Absent: Sue Heitman

Late Arrival: Jesse Ortiz and Jenn Rexroad

Item #3: Approval of Agenda

Approved

Chair: J. Provenza deemed it approved.

Item #4: State of Conflict and Recusal

None.

Item #5: Public Comment

J. Provenza welcomed those in attendance and invited the public to address the Commission on any issue not on the agenda.

Public comment: None

Item # 6: Updates and Announcements from the Chair

None

Item # 7-9 Consent Agenda

7. Approve 10/11/17 Commission Meeting Minutes

8. Adopt December 2017 Commission Calendar

9. Receive Sponsorship Fund Allocations Report (YCCA Domestic Violence)

Item 9 Clarification: Receive Sponsorship Fund Allocations Report (YCCA Domestic Violence)

YCCA requested the maximum amount of \$250. First 5 Yolo has received three requests, each for the maximum amount of \$250, since July 2017. A total of \$5,000 was allocated for sponsorship grants for the current fiscal year.

***Approve consent agenda items 7-9.***

**MOTION:** F. Castillo

**SECOND:** N. Arnold

Motion carries unanimously

#### Item #10: Receive and Discuss Strategic Plan Update

G. Daleiden updated the Commission on progress on preliminary staff work for developing the new First 5 Yolo Strategic Plan.

Given the fiscal climate, the skills and abilities of current staffing, and previous discussions with The Commission, the Executive Director will bring much of the development of the next Strategic Plan in-house. It is intended that this Strategic Plan be pragmatically useful to guide the work of the agency and reflect The Commission's commitment to children prenatal to five and their families in Yolo County.

As an initial step, the Community Survey approved by the Commission was sent via email to a wide range of community stakeholders, including representatives of public agencies, community based organizations, healthcare, private business, elected officials, First 5 Yolo Commissioners, First 5 Yolo funded partners, clients of funded services, and others. The Community Survey was also posted to the First 5 Yolo website, and thus available to the general public.

The Commission reviewed a preliminary summary of the results of the Survey. G. Daleiden noted that the survey results will be incorporated into the strategic planning retreat meeting (in February) to help inform Commission decisions. V. Zimmerle provided an overview of the strategic plan survey results. The Strategic Planning Survey was open for approximately three weeks. It was sent to individuals and organizations, many of whom passed the survey along their staff and other contacts. 153 responses were collected across a well distributed mix of individual community members, organization representatives, professional fields, and First 5 Yolo funding status. Respondents were asked to rate the need for additional resources in specific service areas to meet the three goals of First 5 Yolo (ensuring that all children are **healthy, safe, and ready to learn**).

G. Daleiden reported that staff has been working on a draft template for the Strategic Plan, using parts of First 5 Alameda's most recent Strategic Plan. A framework utilizing Friedman Results Based Accountability (RBA) has been developed to align population level indicators, First 5 Yolo agency goals and results, and individual funded program performance measures. Executive Director briefed the Commission on this work, Commissioners asked questions, provided input, and discussed next steps for a strategic planning retreat schedule. Additional work on the specific representative performance measures, indicators, and agency level goals, as well as consideration of strategies will be done at the Strategic Planning Retreat.

J. Cook suggested detailing which County of Yolo Strategic Plan goals match with First 5 Yolo Strategic Plan goals.

The Commission and staff discussed next steps. It was determined that Commissioners will meet for 30 minutes to an hour for an introductory strategic plan session with a facilitator in January, either prior to or after the regularly scheduled Commission meeting. A Strategic Planning Retreat will then be held in February, likely lasting from later morning to later afternoon. Strategic Plan meetings are usually held off-site, where there is space for facilitated discussion and work. G. Daleiden suggested El Macero County Club or a county office as options. Staff will send out a poll to Commissioners to determine a mutually agreeable time and G. Daleiden will investigate location options.

#### Item 11: Accept Q1 Revenue and Expenditure Report

The Business Services Officer presented the Q1 Revenue and Expenditure Report for Commission review and acceptance. V. Zimmerle explained that the Q1 Revenue and Expenditure report includes all funds received and expended from July 1-September 30. Additionally, the August allocation for Prop 10, as well as the Quarter 1 disbursements for funded partners, are included in this summary to provide a full picture of the Commission's activities during this period though funds may have been received and expended after September 30 (funds were received within the period of availability).

V. Zimmerle noted the following items:

1. In the original budget, the Prop. 10 revenue projection was based on a 3% decline from FY15/16 actuals. The January DOF Projections for FY17-18 allocations were substantially lower, and the Commission voted to utilize reserves for any under realization of revenue due to the uncertainty surrounding the impact of Prop 56. On July 28, 2017, the DOF released revised projections that were largely consistent with the January projections. These projections included a one-time decline of approximately \$270K as a result of a delay in backfill from the implementation of Prop 56. Because the impact of Prop 56 is unfolding presently, the actual impact on revenues through FY17/18 remains unclear. At this time, to provide additional clarity in the Commission's financial position and plan, revenue projections are in light with DOF estimates. Unfortunately, it is hard to predict consumer spending and there is tremendous variation month to month in the P10 allocations.
2. The opening Fund balance was updated to reflect the fund balance reported in the Audited Financial Statements which accurately reflects the financial reserves of the Commission as of July 1, 2017.
3. Other Income and Adjustments include a projected income of \$5,628 as the Commission received MAA reimbursement outside of the reporting period but prior to this Commission meeting. Funds received were for the Q1 FY 15/16 submitted claim. It is unclear whether additional MAA reimbursement funds will be received in FY17-18. J. Cook will look into determining whether First 5 submitted MAA claims in any other quarters meaning the potential to receive further reimbursement. V. Zimmerle noted that when we received unanticipated funding or realize cost saving in the budget the reserved required to balance the budget decrease.
4. The Help Me Grow contract was increased by \$25,000 (specifically, the Children's Therapy Center Contract) due to a request for a one-time rollover of a portion of unspent funds from the previous fiscal year. The total amount to CTC remains unchanged.
5. Currently, there is just over \$40,000 in unallocated program funding available to the Commission. These funds can be expended on programs this fiscal year or the Commission can vote to roll a portion or all of the unallocated funds into the next strategic plan.

Staff additionally noted that in an effort to smooth the interface with Yolo County, reduce entry errors, and create additional First 5 Yolo control over its bookkeeping, First 5 Yolo will bring accounting entry in-house. The Business Services Officer is beginning training on the INFOR system at the County, and will be receiving the necessary system components to allow for independent entry into the system.

***Accept Q1 revenue and Expenditure Report***

**MOTION:** H. Kellison      **SECOND:** F. Castillo

Motion carries unanimously

Item #12: Adopt FY 17/17 Budget Revision

Staff presented the request for a FY16/17 Budget Revision. The Budget presented included all previous Commission approved changes (e.g., contractor rollover funds, use of unallocated funds, etc.). Additionally, the following revision were recommended:

1. Adopt DOF Prop. 10 revenue projections. In the original budget, the Prop. 10 revenue projection was based on a 3% decline from FY15/16 actuals. The January DOF Projections for FY17-18 allocations were substantially lower, and the Commission voted to utilize reserves for any under realization of revenue due to the uncertainty surrounding the impact of Prop 56. On July 28, 2017, the DOF released revised projections that were largely consistent with the January projections. These projections included a one-time decline of approximately \$270K as a result of a delay in backfill from the implementation of Prop 56. Because the impact of Prop 56 is unfolding presently, the actual impact on revenues through FY17/18 remains unclear. At this time, to provide additional clarity in the Commission's financial position and plan, adoption of the DOF estimate is recommended, with the continued understanding that any budget deficit will be covered by reserves from the Unassigned Balance of the Fund Balance.
2. Adopt updated Cost Allocations across Admin, Evaluation, and Program. Under the current cost allocation plan, shared costs are allocated based on the current roles and responsibilities of each staff member to accurately reflect the distribution of First 5 Yolo resources across the three cost centers. The allocation percentages were updated to correct for a minor error in the Business Services Officer allocation percentage. This update reduces administrative costs and increase program and evaluation costs.
3. The "Travel, Transportation, and Conferences" and "Staff Training/Development" lines of the budget have been collapsed into a single line item "Travel, transportation, training and conferences" to better align with Yolo County bookkeeping practices. **(No action needed)**

V. Zimmerle noted that this action is solely for budgeted monies and does not impact the projections from the previous agenda item.

The Commission reviewed and asked clarifying questions.

#### ***Adopt FY 17/18 Budget Revision***

**MOTION:** F. Castillo

**SECOND:** N. Arnold

Motion carries unanimously

#### **Item #13: Thrive by Five Update and Direction on Continued Advocacy for Dedicated Funding Stream from Cannabis Revenue**

G. Daleiden briefed the Commission on the status of Thrive by Five discussions.

Thrive by Five highlights the critical importance of investment in early childhood prevention and intervention, and requests that a portion of cannabis-related revenue be dedicated to this purpose. While not every dollar of new revenue will be allocated to early childhood, First 5 advocates that the first dollar is spent 0-5, invested in quality programs at the greatest point of leverage.

G.Daleiden reported that the Thrive by Five Yolo document has been sent to the Board of Supervisors and County Chief Administrative Officer. Executive Director is aware that there are some industry representatives who want to invest in programs with broad based strategies for healthy children and families and are drafting development agreement proposals that dedicate a portion of revenue to early childhood.

G. Daleiden, former State Senator Lois Wolk, former Assemblywoman Helen Thompson, and H. Kellison attended the November Board of Supervisors meeting to introduce and support Thrive by Five concept in public comment.

H. Kellison shared that she spoke on the critical need to invest in young children and families, noting that Thrive by Five is a women's issue as well. She commented that local governments have a real opportunity to not only say that women and children are "first," but to act to put them first when prioritizing investments.

On December 12<sup>th</sup> the BOS will discuss options and perhaps determine a tax or revenue generating mechanism for cannabis-related industry. Executive Director has been asked by CAO to present Thrive by Five on December 12 as an agenda item, as First 5 Yolo is a county agency funding programs for children 0-5. Thrive by Five funding can help scale up effective early childhood prevention and intervention programs in Yolo County. A tax is also likely, over time, to drive down consumption, similar to the goals of Proposition 10.

G. Daleiden mentioned that The Davis City Council will be discussing the addition of a 1% to cannabis-related business for "community benefit" at the meeting on December 5. First 5 Yolo will be advocating for cities to also commit some portion of new revenue to early childhood prevention and intervention.

First 5 Yolo is a partner public agency funded by prop 10 that can serve as a vehicle and potential partner to take on upstream investment focusing on prevention. First 5 Yolo is a county entity that the BOS and voters put trust in to allocate money to aid children 0-5.

***Direction Given: Continue on the current path of presenting Thrive by Five Yolo to both the County and cities.***

**MOTION:** H. Kellison

**SECOND:** J. Ortiz

Motion carries unanimously

Item 15: Receive Executive Director's Report

Executive Director presented the following items:

- First 5 Summit- all three of First 5 Yolo staff (including Executive Director) will be at the Summit 11/13-11/15.
- First 5 CA Annual Meeting is scheduled for April 2018, and Executive Director may attend as part of a panel discussion.

Item 15: Receive Reports from Commissioners

Commissioner reported on activities.

- J. Ortiz –Announced a preschool advocates meeting Tuesday at County Office of Education at 5pm to discuss progress on a preschool initiative for the November 2018 ballot.
- J. Rexroad- The State just released new information on the Emergency Childcare Bridge Program, and counties have the opportunity to opt into the program. The Emergency Childcare Bridge Program will fund childcare vouchers for foster parents, establish a "navigator" to help find the best possible childcare setting for foster children, and provide a small amount of funding for trauma-informed training for preschool providers. Ideally the child will continue to stay in the childcare system, even upon reunification. This may be a chance to collaborate among agencies. The Commission could look at ways to leverage funding if Yolo County opts in. G. Daleiden offered to follow up with Child Welfare.



Item #16: Chair Adjournment

The meeting was adjourned at 4:54 p.m. The next commission meeting will be held December 13, 2017 from 3 to 5 p.m. at First 5 Yolo located at 502 Mace Blvd. Ste. 15, Davis, CA 95618.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

Attachments ☒

**Agenda Item - Commission Calendar: December 2017**

***Background***

Commission Calendar of meetings and events during the month of January 2018

***Executive Director Overview***

Commission Calendar includes dates for upcoming Commission, committee meetings, and other First 5 Yolo trainings and events.

***Additional Information***

Please note that the January Commission Meeting will be held at First 5 Yolo, 502 Mace Blvd. Ste. 15, Davis, CA 95618.

***Action Requested***

Adopt calendar with any needed adjustments.

**First 5 Yolo Children and Families Commission  
Calendar of Meetings & Events**

January 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	<b>1</b> Holiday Office Closed	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b> Commission Meeting 3-5pm 502 Mace Blvd. Ste. 15, Davis, CA 95618	<b>11</b>	<b>12</b>	<b>13</b>
<b>14</b>	<b>15</b> Martin Luther King Day Office Closed	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>			

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

Attachments ☐

<b>Agenda Item- Receive Sponsorship Fund Allocations Report</b>
<b><i>Background</i></b>
<p>The Sponsorship Fund, new for FY17/18, allows First 5 Yolo continued involvement in community activities, public awareness of the mission of First 5 Yolo, and support of a variety of organizations with a limited cost in dollars and staff/commission time. Up to \$250 may be allocated per qualifying event, not to exceed a total of \$5,000 per year.</p> <p>Per the Sponsorship Policy adopted by the Commission in May 10, 2017, the Executive Director and staff review, approve, and process requests on a rolling basis throughout the year. All recent, approved allocations are submitted to The Commission on the Consent Calendar at each regularly scheduled Commission meeting.</p>
<b><i>Executive Director Overview</i></b>
<p>Four sponsorships have been approved since the start date of the Sponsorship Policy July 1, 2017.</p> <p>The name of each event, name of agency, and date of event is as listed below:</p> <ol style="list-style-type: none"><li>1) Community Baby Shower, Yolo County Children's Alliance (YCCA), 9/30/2017</li><li>2) West Sacramento Community Domestic Violence Dialogue, YCCA, 10/11/17</li><li>3) Upstander Carnival, Davis Phoenix Coalition, 10/15/2017</li><li>4) <b>Krustaceans for Kids Crab Feed, Yolo Crisis Nursery, 3/24/18</b></li></ol> <p>Promotional flyers are submitted with the applications when available at time of application. All events are free and open to the public. All applications requested and received the full amount of \$250 for a total allocation in Sponsorships of \$1,000 to date.</p>
<b><i>Additional Information</i></b>
<p>Krustaceans for Kids event is well-attended (over 500 last year), and First 5 Yolo will be included in promotional material.</p>
<b><i>Action Requested</i></b>
<p>Receive list of allocated sponsorships and ask questions or provide comments.</p>

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

Attachments ☒

**Agenda Item- Adopt Policy Revisions to First 5 Yolo Administrative Policies and Procedures Chapters 8, 9, 11, 19, and 20 (County Privacy and Security, Equal Employment Opportunity and Harassment, Exit Interview Program, Smoking Policy and Smoking Cessation, and Breastfeeding Policy) to align with Yolo County Administrative Policies and Procedures.**

***Background***

Annually, the Commission reviews policy and procedures for First 5 Yolo. An ad hoc committee works with staff to edit policies and procedures and brings draft updates to the full Commission for approval.

***Executive Director Overview***

First 5 Yolo, as a component unit of the county, maintains independent authority over its policies and procedures. Additionally, First 5 Yolo utilizes several county services to support its employee and the operation of First 5 Yolo. Most notable of these services are Human Resources (all First 5 Yolo employees are at-will county employees) and fiscal services.

In utilizing Yolo County human resources, First 5 Yolo has chosen to adopt several Yolo County Administrative Policies and Procedures to improve alignment with the County, best practices, and to reflect the practices of First 5 Yolo.

As part of the ongoing review of First 5 Yolo Policies and Procedures, staff recommends that Chapters 8, 9, 11, 17, and 20 (new ordering) be updated to reflect the most current corresponding chapters in the Yolo County Administrative Policy and Procedures manual. It should also be noted that the chapter numbers presented reflect updated Chapter numbers due to the consolidation of three (3) chapters into one as all topics covered fall into one chapter in the Yolo County Administrative Policy and Procedures Manual.

***Additional Information***

The Policy Subcommittee has reviewed the updates to these chapters.

Staff has verified with County HR that these are the most current County of Yolo policies.

***Action Requested***

Adopt Updates to First 5 Yolo Administrative Policy and Procedures Manual: Chapter 8 – County Privacy and Security, Chapter 9 (Attachment A) –Equal Employment Opportunity and Harassment (Attachment B), Chapter 11 Exit Interview Program (Attachment C), Chapter 19 – Smoking Policy and Smoking Cessation (Attachment D), and Chapter 20 – Breastfeeding Policy (Attachment E).

## **First 5 Yolo Children & Families Commission Policies and Procedures**

### **Chapter 8: County Privacy and Security Policies**

#### **INTRODUCTION**

All First 5 Yolo employees are at-will County of Yolo employees. As such, First 5 Yolo has chosen to adopt the County of Yolo Privacy and Security Policy which is in compliance with the criteria of the 1996 Health Insurance Portability Accountability Act (HIPAA).



## County of Yolo

# Administrative Policies and Procedures Manual

TITLE: PRIVACY & SECURITY	DEPARTMENT: COUNTY ADMINISTRATIVE OFFICE
TYPE: <b>POLICY</b>	DATE: SEPTEMBER 13, 2011

### **A. Purpose**

1. In order for Yolo County to meet the compliance criteria of the 1996 Health Insurance Portability Accountability Act (HIPAA), to better serve our clients, to protect our employees from prosecution for failing to meet enforceable federal legislation, and to support the general concept of the public's right to have more control over their personal information, we adopt the following policy.
2. Compliance for HIPAA is promulgated through the national rule-making process. The HIPAA Privacy Rule and Security Rule and the Health Information Technology for Economic and Clinical Health Act (HITECH) apply to this Policy.
3. This policy is written for the purpose of defining what health or health related information is considered private and what constitutes privacy and security within the County, outlining our clients rights regarding privacy, giving a detailed process for reporting violations, identifying the HIPAA Privacy and Security Officer, and providing guidelines for employee training in privacy and security.
4. This Policy applies to the County workforce, including officers, employees, agents, contractors, etc. when acting in the course and scope of their work for the County, and also when acting in a private capacity if that involves any information obtained while working on County-related matters. (For example, if confidential information is obtained in the course and scope of working for the County, it remains confidential, and must be kept confidential, when the individual is otherwise acting in a private capacity (e.g., traveling with County information in computers, CDs, notebooks, etc.; discussions with family members, friends, etc.; internet communications, "blogging," etc.)
5. Nothing in this Policy shall be construed as relieving departments of the responsibility to develop full and complete departmental policies, procedures and practices necessary to expand and tailor this overall County policy to the peculiar needs of their department. A department will not be considered HIPAA-compliant until department-specific policies, procedures and practices are adopted supplemental to this Policy.

### **B. County Privacy and Security Officer**

1. The County Privacy and Security Officer shall oversee and assist Yolo County's efforts to comply with HIPAA and this Policy, including but not limited to assisting Yolo County departments in complying with HIPAA and this Policy; designating the covered health care components of the County's hybrid entity; developing sample notices and forms as required by HIPAA or this Policy; receiving complaints of alleged HIPAA violations at the County-wide level and assisting in the investigation and resolution of such complaints; serving as the County's primary point of contact for the United States Secretary of Health and Human Services regarding HIPAA;



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providing, securing or assisting in the training of members of the County workforce regarding HIPAA and this Policy; assisting department privacy and security liaisons in developing and implementing departmental administrative, physical, and technical safeguards; keeping current with changes in HIPAA legislation and requirements; and performing other functions and tasks as described in this Policy or as otherwise designated by the County Administrative Officer. In fulfilling the duties, responsibilities, obligations, rights and responsibilities as County Privacy and Security Officer, he/she shall be subject to the review, direction and control of the County Administrative Officer (or designee).

2. The County Privacy and Security Officer shall submit and present written activity and compliance reports quarterly to the County Administrative Officer and annually to the Board of Supervisors, and more frequently if necessary under the circumstances.

### **C. Department Privacy and Security Liaison**

1. Every department determined by the County Privacy and Security Officer as engaging in activities covered by HIPAA, shall have a department privacy and security liaison. The head of the department may appoint him or herself, or a staff member within that department, to serve as the department's privacy and security liaison. The department privacy and security liaison shall work with the County Privacy and Security Officer to ensure the department's compliance with HIPAA, including but not limited to assisting his or her department in complying with HIPAA and this Policy; evaluating department activities within the covered health care components of the County's hybrid entity; developing sample notices and forms as required by HIPAA or this Policy for the department's use subject the review and approval of the County Privacy and Security Officer; receiving complaints of alleged HIPAA violations at the department-wide level and assisting in the investigation and resolution of such complaints; serving as the department's primary point of contact for the County Privacy and Security Officer regarding HIPAA; providing, securing or assisting in the training of members of the department's workforce regarding HIPAA and this Policy; developing and implementing departmental administrative, physical, and technical safeguards; keeping current with changes in HIPAA legislation and requirements; and performing other functions and tasks as described in this Policy or as otherwise designated by the County Privacy and Security Officer.

### **D. Definitions**

1. Hybrid Entity.
  - a. A "Hybrid Entity" under HIPAA is also a "Covered Entity" for the purposes of compliance. Yolo County meets the definition of a "Hybrid Entity" under HIPAA because, while the County participates in some activities that meet the definitions of healthcare plan and healthcare provider that are covered by HIPAA, none of those activities is the principal





## County of Yolo

# Administrative Policies and Procedures Manual

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TYPE: <b>POLICY</b>	DATE: SEPTEMBER 13, 2011

business of the County. In addition, some administrative and support services provided to County healthcare plan or healthcare provider activities by County departments (e.g., auditing and accounting, legal, quality assurance and oversight, etc.) would qualify as “business associate” activities if performed by a separate legal entity.

- b. Based upon these activities, some departments or units within departments will be designated as “covered components” for purposes of HIPAA compliance. These designations are meant to reflect the activities that occur within a department and are not intended to restrict any activities. New activities that fall under the definition of covered components, as they are identified, can be added to the list just as other activities that subsequently move outside the scope of HIPAA can be removed.
- c. Subject to the direction and control of the County Administrative Officer or her/his designee (“CAO”), the County Privacy and Security Officer shall designate the operations of all or part of any County department as a covered component or a non-covered component, and revise such designations from time-to-time as may be necessary or appropriate pursuant to HIPAA. The County Privacy and Security Officer shall maintain adequate documentation and explanation of all such designations and the basis of such designations.
- d. Each covered department or component shall implement physical, administrative and technical safeguards, approved by the County Privacy and Security Officer, to prevent the use or disclosure of protected health information within departments, between departments, and within departments that have covered components and non-covered component, except to the extent that such use or disclosure is authorized by law. Safeguards shall reasonably ensure the privacy and security of protected health information, and prevent that information from being obtained, used or disclosed by non-authorized personnel, components and departments.

## 2. Privacy

- a. Privacy includes maintaining the confidentiality of health information that would specifically identify an individual or through the information a reasonable person could deduce whom the information is about, when that information is included with other information that would indicate the past, present or future physical or mental health or condition of the individual; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual. The two pieces of interlocked information are considered Protected Health Information (PHI), which is covered by the HIPAA Privacy Rule; if the PHI is created, collected, used, maintained or transmitted in electronic form Electronic Protected Health Information, “EPHI”, it is covered by the HIPAA Security Rule. The HIPAA Privacy Rule and Security Rules are the focus of this Policy.
- b. Some information may look like PHI, but in fact not be a part of the enforceable section of HIPAA. Given competing interpretations, conflicts in legislation and regulation, and general



## County of Yolo

# Administrative Policies and Procedures Manual

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difficulty in assessing what PHI is in the absence of precedent, Yolo County pursues a conservative approach in the designation of PHI, and will define information as PHI unless it can be clearly demonstrated that said information is outside the scope of PHI as defined by HIPAA.

### 3. Security.

- a. Security is defined as all measures taken by the County and its agents, contractors, officers and employees to ensure that PHI, EPHI, and other sensitive information is reasonably protected, accurate and accessible in a manner that complies with the requirements of HIPAA. This requires the adoption and implementation of administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of PHI, EPHI, and other sensitive information from unauthorized access, alteration, deletion, or transmission
- b. Security includes, but is not limited to, reasonable policies, procedures, practices, directives, manuals, training, and methods that limit improper access to PHI. Security may also include mechanical and technological protections such as locks, secure access rooms and containers, computer hardware and software with security levels and protocols, secure communication devices and settings, and any other method, device or practice that limits improper access to PHI or renders it unusable, unreadable, or indecipherable to unauthorized individuals throughout the use of a technology or methodology.
- c. Cautious consideration must be given to allowing offsite use and access to EPHI. With the advent of technology that allows for easier access to the County's network, the level of risk for loss of devices and hacking from unauthorized users has grown. Need for access must be evaluated to determine risk and management strategies, procedures for safeguarding EPHI, and the level of security awareness and training needed prior to remote access. Remote access to EPHI should only be granted to authorized users based on their role within the organization and their need for access to EPHI and only if they comply with policy and procedures described here and within the County Network Policy.
- d. This includes (but is not limited to):
  - (1.) Administrative Safeguards, such as: Security Management (e.g., Risk Analysis and Management, Network Security Policy), Workforce Security (e.g., Workforce Access Clearance and Termination Procedures), Security Incident Procedures (Response, Reporting, and Remediation), and Contingency Planning (e.g., Data Backup, Disaster Recovery, and Emergency Operations);
  - (2.) Physical Safeguards, such as Workstation Use and Security, and Electronic Device and Media Use, Re-Use and Disposal; and



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(3.) Technical Safeguards, such as Access Control (e.g., Unique User Identification and Authentication), Emergency Access Procedures, and Periodic Audits and Compliance Reviews.

- e. The County Information Technology policies will incorporate necessary HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) Act safeguards and security protections in conformance with this Policy for those systems that are managed by the Department of Information Technology & Telecommunications. Departments managing their own systems must develop their own necessary and appropriate safeguards and security protections that comply with HIPAA and prevent, detect, contain, and correct security violations.

#### 4. Business Associate Designation.

- a. A Business Associate (BA) (under HIPAA) or Qualified Service Organization (QSO) (under 42 Code of Federal Regulations, Part 2) is a person or legal entity that performs a function for a Covered Entity (CE) involving the use, disclosure or creation of PHI. Examples of services that a BA/QSO can provide include: data processing, case management, dosage preparation, laboratory analyses, vocational counseling, patient transportation, medical and health care, and legal, accounting or other professional services. The function performed does not have to be a covered function as defined in HIPAA. As directed by the HITECH Act, Business Associates are required to comply with many aspects of the HIPAA Privacy and Security Rules. This requirement means BAs must develop reasonable physical, technical, and administrative safeguards to protect PHI and must implement written policies and procedures with respect to such safeguards. The County Privacy and Security Officer will develop sample BA/QSO contract language in consultation with County Counsel.

#### 5. Authorization.

- a. Authorization means the execution of a written and legally sufficient document by the client authorizing the County to use or disclose PHI in a fashion not otherwise clearly defined as a "permitted use" or "permitted disclosure" under HIPAA.

### **E. Allowable Uses/Disclosures of PHI (Without Authorization)**

- 1. In general, and subject to the specific limitations outlined below, without an authorization Yolo County, its officers, agents, employees and contractors may not use or disclose PHI except in the circumstances set forth below. However, the application of each of these exceptions is subject to significant qualifications and limitations; consequently, before releasing or using PHI pursuant to any of these exceptions staff must consult with the department privacy and security liaison.
  - a. For Uses/Disclosures that are specified in the Notice of Privacy Practices:



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- (1.) To the individual (no minimum necessary required);  
[45 C.F.R. 164.502(a)(1)(i)]
- (2.) Treatment (no minimum necessary required);  
[45 C.F.R. 164.502(a)(1)(ii)]
- (3.) Payment to another covered entity;  
[45 C.F.R. 164.502(a)(1)(ii)]
- (4.) Health care operations within the County's Hybrid Covered Entity;  
[45 C.F.R. 164.502(a)(1)(ii)]
- (5.) To participants of a organized health care arrangement;  
[45 C.F.R. 164.502(a)(1)(v)]
- (6.) Pursuant to a valid authorization; and  
[45 C.F.R. 164.502(a)(1)(iv)]
- (7.) When required by the United States Secretary of Health and Human Services to investigate compliance (no minimum necessary required).  
[45 C.F.R. 164.502 (a)(2)(ii);
- (8.) In the case that a covered entity uses or maintains an electronic health record with respect to protected health information—
  - a. “(A) the exception under paragraph 164.528 of title 45, Code of Federal Regulations (a)(1)(i) of such section shall not apply to disclosures through an electronic health record made by such entity of such information; and
  - b. “(B) an individual shall have a right to receive an accounting of disclosures described in such paragraph of such information made by such covered entity during only the three years prior to the date on which the accounting is requested.  
[§ 13405(c)(4)(A);
  - b. For uses or disclosures required by law (no minimum necessary required);
    - a. [45 C.F.R. 164.502(a)(2)(v)]
  - c. To a business associate (if safeguarded by a business associate agreement);
    - a. [45 C.F.R. 164.502 (e)]
  - d. To another government agency when administering a public benefit health plan;



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- a. [45 C.F.R. 164.502(e)(1)(ii)(C)]
- e. By whistleblowers if to an oversight agency or attorney based on belief of HIPAA violation;
  - a. [45 C.F.R. 164.502(j)]
- f. If and only if the individual has been given an opportunity to protest in advance, PHI may be disclosed for the following purposes:
  - (1.) Facility directories;  
[45 C.F.R. 164.510(a)]
  - (2.) Family members, other relatives or a close personal friend;  
[45 C.F.R. 164.510(b)]
  - (3.) Directly related PHI in emergency situations;  
[45 C.F.R. 164.510(b)(3)]
  - (4.) Disaster relief purposes;  
[45 C.F.R. 164.510(b)(4)];
- g. To the extent required by law;  
[45 C.F.R. 164.512(a)]
- h. For public health activities authorize by law;  
[45 C.F.R. 164.512(b)]
- i. To report abuse or neglect as authorized by law;  
[45 C.F.R. 164.512 (c)]
- j. To the FDA with respect to regulated product or activities;  
[45 C.F.R. 164.512 (b)(3)]
- k. To a person who may have been exposed to a communicable disease;  
[45 C.F.R. 164.512 (b)(4)]
- l. To an employer if the employer is a covered health care provider of the employee;  
[45 C.F.R. 164.512 (b)(v)]
- m. Public health activities if the covered entity is a public health authority;  
[45 C.F.R. 164.512(a)(ii)]
- n. To a government authority PHI about an individual believe to be a victim of abuse, neglect or domestic violence;  
[45 C.F.R. 164.512 (c)]
- o. To a health oversight agency for activities authorized by law;  
[45 C.F.R. 164.512(d)]



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- p. 16) In the course of any judicial or administrative proceeding, if receive satisfactory assurance, from the party seeking the information, that reasonable efforts have been made by such party to ensure that the individual who is the subject of the requested PHI has been given notice of the request, or the party seeking the information has made reasonable efforts to secure a qualified protective order;  
[45 C.F.R. 164.512(e)]
- q. For law enforcement purposes;  
[45 C.F.R. 164.512(f)]
- r. To a coroner or medical examiner for duties authorized by law;  
[45 C.F.R. 164.512(g)]
- s. To organ procurement organizations;  
[45 C.F.R. 164.512(h)]
- t. For research if authorized by an IRB or privacy board;  
[45 C.F.R. 164.512(i)]
- u. If necessary to avert a serious threat to health or safety;  
[45 C.F.R. 164.512(j)]
- v. For specialized government functions;  
[45 C.F.R. 164.512(k)]
- w. For military and veterans activities;  
[45 C.F.R. 164.512(k)(1)]
- x. For correctional institutions or other law enforcement custodial situations;  
[45 C.F.R. 164.512(k)(5)]
- y. For government programs providing public benefits;  
[45 C.F.R. 164.512(k)(6)]
- z. For worker's compensation;  
[45 C.F.R. 164.512(k)(7)]
- aa. As a limited data set that meets the requirements of law;  
[45 C.F.R. 164.514(e)]
- bb. For fundraising; and  
[45 C.F.R. 164.514(f)]



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cc. For underwriting and related purposes.  
[45 C.F.R. 164.514(g)]

2. No County personnel, business or contractor will use or disclose protected health information for marketing purposes unless specifically authorized by the County Administrative Officer and the covered entity has obtained the patient's authorization prior to sending the marketing communication.

### **F. Authorization**

1. An authorization must be obtained before using or disclosing PHI in a fashion not otherwise clearly defined as a permitted use or disclosure under HIPAA. Authorization must be obtained in advance except for emergency treatment.
2. The authorization must be specific as to the information that may be disclosed, who may disclose and receive that information, the permitted use of that information, and include an expiration date for the authorization. A separate authorization is required to release psychotherapy notes.
3. The County Counsel and County Privacy and Security Officer have developed a sample form for a client to grant authorization. Each individual department will need to develop an authorization form (or forms) appropriate for that department's circumstances and operations in a manner that complies with HIPAA, while also making such modifications as may be necessary to take into account the specific laws and regulations that apply to that department's personnel, operations and circumstances. Each department shall file a copy of its authorization(s) with the County's Privacy and Security Officer, including all revisions.
4. Multiple Disciplinary Teams (MDTs) have the need to share client PHI outside of their individual department, and occasionally outside of the County system entirely. Unless otherwise authorized by HIPAA (as identified by the MDT, and confirmed by the County Privacy and Security Officer), in order to share PHI between MDT members and participants an MDT will have to develop special authorization forms that clearly informs the client of the use and disclosure of information, and complies with HIPAA as well as the specific laws and regulations that apply to that MDT's personnel, operations and circumstances.
5. It should be noted that some programs in the health and human services departments use other types or forms of "authorizations" for program purposes in circumstances in which it is not required by HIPAA, but is required by other applicable laws, regulations or standards or practice. All authorizations must nevertheless meet the County standard.



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### **G. Access to PHI**

1. Each department shall establish reasonable methods of verifying the authority and identity of an individual seeking access to protected health information, and shall establish procedures for documenting that such verification was obtained before each instance of releasing such information. All access requests shall be documented regardless of whether PHI was released or not.
2. Each department must implement and maintain necessary and appropriate means to secure and protect health data, including data transmitted via email, direct connection to county networks, and FAX. Measures may include, but are not limited to encryption, use of closed County networks, and appropriate measures of ensuring privacy while using a computer, smart phone, or FAX machine.
3. No department policy or procedure may subvert minimum and necessary aspects of this County policy or procedure.

### **H. Minimum Necessary**

1. Generally speaking, when using or disclosing protected health information or when requesting protected health information from another covered entity, reasonable efforts must be made to limit the use or disclosure of the protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. This requirement does not apply to disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual or pursuant to an authorization (unless the was initiated at the County's request); disclosures made to the DHHS Secretary in accordance with HIPAA; and some (but not all) uses or disclosures that are required by law.
2. Rules prohibit the sale of Electronic Health Records (EHR) or PHI by a Covered Entity without the individual's expressed consent, however remuneration can be collected for the limited purposes of: (i) public health activities, (ii) research (for cost of preparing and transmitting), (iii) treatment, (iv) sale, transfer, merger, or consolidation with another Covered Entity, (v) providing a business Associate with remuneration under a Business Associate Agreement, and (vi) providing an individual access to his or her PHI as long as the costs do not exceed actual costs of preparing and transmitting the information.

### **I. Internal Review, Assessment and Planning**

1. In order to identify what needs to be included for privacy protection, a department-by-department review and assessment is necessary. The review assessment shall identify and locate all PHI maintained by the department, determine the lawful and appropriate purposes of having the information; determine all legal mandates regarding the collection, use, retention and disposition of the information; determine how the information is currently collected, handled, used, retained and disposed of; and determine how the information is shared with and transmitted to other entities, if at all. Use of records for staff training, privacy breaches, incidents, and authorized





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staff access to PHI will be reviewed. The review and assessment examines and evaluates a department's or departmental unit's entire business process as it relates to or affects PHI.

2. After the initial review and assessment is performed, a second assessment is made to identify any information that will be transmitted electronically ("EPHI"), and then to gather the same information noted above for that EPHI. (The electronic transmission of PHI may also mean that the information is subject to the Transaction and Code Sets Rule.) Any system for collecting, handling, using, transmitting retaining and disposing of the EPHI must comply with HIPAA.
3. The information obtained from each review and assessment must then be documented in writing.
4. Upon completion of all reviews assessments, and documentations, the department privacy and security liaison must then, in conjunction with the County Privacy and Security Officer, combine all information into a Review and Assessment Report and Implementation Plan for the department or unit. The implementation should address how the department or unit will comply with HIPAA as well as other applicable laws and regulations, including any remediation necessary for such compliance. While remediation is intended to eliminate or mitigate County risk, it is not the intention of this Policy to make compliance so difficult as to hinder the County's myriad responsibilities under other laws and regulations. The Review and Assessment Report and Implementation Plan become part of the documentation for compliance with HIPAA and other applicable laws and regulations (including but not limited to audit compliance). The department privacy and security liaison shall periodically repeat the review and assessment, and then update the Report and Plan as necessary and appropriate to comply with HIPAA and other applicable laws and regulations. The department privacy and security liaison shall also forward a copy of the Report and Plan to the County Privacy and Security Officer (including any revisions).

### **J. Notice of Privacy Practices**

1. The County shall develop, update from time-to-time as appropriate, and distribute a "Yolo County Notice of Privacy Practices" that generally specify the uses and disclosures of protected health information that may be made by the County's covered components, the individual's rights and the County's legal duties with respect to protected health information, and the County Privacy and Security Officer's contact information and the method of filing a complaint. Each individual department shall develop, update from time-to-time as appropriate, and distribute a notice (or notices) of privacy practices appropriate for that department's personnel, operations and circumstances in a manner that complies with HIPAA, making such modifications to the County's Notice as may be necessary to take into account the specific laws and regulations that apply to that department's personnel, operations and circumstances. Each department shall file a copy of its notice(s) of privacy practices with the County's Privacy and Security Officer, including all revisions.



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2. Each department program that constitutes a “health care provider” or “health plan” in accordance with HIPAA must give its notice of privacy practice to its clients at the time that services are first provided to the client, or as soon thereafter as is practical under the circumstances. In addition, health plans must also give the notice not less frequently than once each three (3) years.

### **K. Client Rights**

1. County clients have the following rights:
  - a. The right to request restrictions on certain uses and disclosures of protected health information, as provided by Sec. 164.522(a); however, the covered component is not required to agree to a requested restriction; (i) unless it relates to disclosures to a health plan for payment and/or health care operation and (ii) the PHI relates to a health care service or product that for which the individual has paid out of pocket and in full.
  - b. The right to receive confidential communications of protected health information in any reasonable time, place and manner, as provided by Sec. 164.522(b);
  - c. The right to inspect and copy protected health information in a designated record set, as provided by Sec. 164.524;
  - d. The right to seek an amend of protected health information in a designated record set, as provided by Sec. 164.526;
  - e. The right to receive an accounting of certain disclosures of protected health information, as provided by Sec. 164.528;
  - f. The right to obtain a paper copy of the notice of privacy practices from the covered entity upon request including an individual who has previously requested or agreed to receive the notice electronically, as provided by Sec. 164.520;
  - g. The right to file a complaint, as provided by Secs. 160.306 and 164.530; and
  - h. The right to be free from retaliation for filing a complaint, as provided by Sec. 164.530.

### **L. Breach Notification**

1. In the event of a breach of PHI which “poses a significant risk of financial, reputational, or other harm to the individual,” the department must report the breach as soon as possible to the Privacy and Security Officer, completing an Incident Report Form describing the breach no later than 3 business days following the breach. A sample Incident Report Form is attached to this Policy.



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2. In the event of a breach, the Covered Entity must undertake a risk assessment and determine in good faith if it is necessary to notify individuals of the breach. In addition to notifying individuals, the breach must also be reported to the Secretary of the Department of Health and Human Services, and in some instances, the media.
3. In the event of a release of unsecured PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals, the Covered Entity or Business Associates must notify individuals whose unsecured PHI has been or is reasonably believed to have been, acquired, accessed, used, or disclosed in a manner that compromises the security, privacy, or integrity of the PHI.

### **M. Complaints**

1. Any person or entity who believes that the County, any member of the County's workforce, or any County Business Associate, has violated or is otherwise not complying with the Privacy and Security requirements of HIPAA or this Policy may submit a complaint. A complaint may be submitted verbally or in writing, but it is encouraged that a verbal complaint be followed-up by a written complaint. A Sample Complaint Form (written) is attached to this Policy.
2. Any person may submit an anonymous complaint; however, that may limit the ability to thoroughly investigate the complaint. If a complaint is submitted with a request that it be kept confidential, the information provided will remain confidential to the extent feasible; however, in some circumstances information will need to be disclosed in order to properly investigate the complaint.
3. Any such complaint may be submitted to any County supervisor, manager, or administrator, including but not limited to the County Administrative Officer and County department heads. A complaint may also be submitted to any County department privacy and security liaison, or to the County's Privacy and Security Officer
4. Individuals, the public and whistleblowers may also file their complaint with the Secretary of the U.S. Department of Health and Human Services (DHHS) at:  
 Office of Civil Rights  
 U.S. Department of Health and Human Services  
 200 Independence Avenue, SW, HHH Bldg., Room 509H  
 Washington, D.C. 20201  
 Phone: (886) 637-7748 TTY: (996) 78804989  
 Email: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)
5. The specific duties of the County Privacy and Security Officer regarding complaint include, but are not limited to:



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- a. Receiving complaints from individuals concerning violations of HIPAA or this Privacy and Security Policy, or both;
- b. Logging all complaints received and tracks the disposition of the complaints;
- c. Reviewing complaints for allowable uses and disclosures, and summarily disposing of complaints that identify allowable uses and disclosures;
- d. Reviewing complaints for non-HIPAA related issues and referring the individuals to the appropriate organization, if any;
- e. Identifying the type of all HIPAA-related complaints including allegations of: Inappropriate use or disclosure of Personal Health Information (PHI); Inappropriate disposal of PHI; Denial of access to PHI; Denial of amendments to PHI;
- f. Identifying where and against whom complaints have been lodged;
- g. Investigating the complaints;
- h. Conducting a risk assessment to determine the significance of the risk to the individual's finances, reputation, or suffering other harm. The risk assessment will include interviews, examination of facilities, materials, and documentation.
- i. Coordinating and collaborating with department privacy and security liaison and other members of the workforce to investigate complaints and develop proposed resolutions (including but not limited to changes in business practices or information technology changes; personnel actions; contract changes or terminations, etc., where appropriate);
- j. Informing the individual of the proposed resolution of the complaint;
- k. Serving as the County's liaison with the federal and/or state government with respect to any inquiries regarding HIPAA, including but not limited to privacy and security complaints; and
- l. Reporting all actions, decisions, and procedures related to complaints to the County Administrative Office.

### **N. No Retaliation**

1. No person shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual or organization that exercises any rights granted by HIPAA or recognized in this Policy, including but not limited to filing a complaint or assisting in the lawful investigation of such a complaint, or opposing any act or practice made unlawful by HIPAA or



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otherwise prohibited by this Policy, provided the individual or person has a good faith belief that the practice opposed is unlawful or violates this Policy, and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of HIPAA or this Policy.

### **O. Corrections, Sanctions and Penalties**

2. The Corrections and Sanction Process, which is required by HIPAA, is the first defense in protecting the Yolo County workforce from penalties for violating HIPAA. This Process is intended to protect employees and contractors by providing progressive responses proportionate to the nature of the infraction. Enforcement of sanctions may not be used to harass employees, but may be a component of the employee performance review process (as are other violations of County policies and procedures and applicable laws and regulations). The HIPAA Privacy Rule and subsequently the HITECH Act Subtitle D provide the following sanctions and penalties. Note: HIPAA criminal penalties remain in effect and are not affected by changes to the civil penalties described in the HITECH Act; Criminal charges will be prosecuted by State Attorneys General.
  - a. Penalties for Wrongful Disclosures per the Privacy Rule:
    - (1.) Committed knowingly: imprisonment of not more than one (1) year, or both;
    - (2.) Committed under false pretenses: imprisonment of not more than five (5) years, or both; and
    - (3.) Committed with intent to sell, transfer, or use IIHI for commercial advantage, personal gain, or malicious harm: imprisonment of not more than ten (10) years, or both.
3. Civil Penalties range from \$100 to \$50,000 per HIPAA violation and are levied by the Secretary of Health and Human Services
  - a. A violation without knowledge of the violation - \$100 per violation, with an annual maximum amount of \$25,000 in penalties.
  - b. A violation that is due to reasonable cause - \$1,000 per violation, with an annual maximum amount of \$100,000 in penalties.
  - c. A violation that is due to willful neglect-\$10,000 per violation, with an annual maximum amount of \$1,500,000 in penalties.



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4. In addition, the County may impose sanctions for violations of policy, practices or other applicable laws and regulations, including but not limited to the following:
  - a. Failure to Comply;
  - b. Wrongful Use or Disclosure of PHI;
  - c. Violation of relevant state law; or
  - d. Violation of Yolo County's policies and procedures as they relate to privacy and security, including but not limited to HIPAA.
  - e. In the event of a sanctioning event as specified above, the County may impose any or all of the following corrective and/or disciplinary actions:
    - (1.) Informal corrective action, including encouragement and recognition, verbal instruction, and additional training;
    - (2.) Informal counseling and, when appropriate, referral to the Employee Assistance Program;
    - (3.) Corrective interview, documented;
    - (4.) Formal letter of reprimand;
    - (5.) Reduction in pay;
    - (6.) Suspension with or without pay;
    - (7.) Demotion; or
    - (8.) Dismissal.

### **P. Audit and Compliance**

1. While each department is responsible for monitoring its compliance with this Policy, each department shall also report any infraction of this Policy that appears to be systemic or repetitive to the County Privacy and Security Officer for investigation. The County Privacy and Security Officer will assist departments in developing compliance plans and in designing procedures that are HIPAA-compliant.

**HEALTH AND MEDICAL INFORMATION  
HIPAA PRIVACY AND SECURITY  
COMPLAINT FILING FORM**

DATE:

FILE NUMBER:

*The information you provide here will remain confidential to the extent possible, however we may need to divulge some the information to investigate your claim. Anyone may file a complaint. Members of the workforce may use this form to report violations of HIPAA by others in the workforce.*

You may submit your complaint to: any County supervisor, manager or administrator, including but not the County Administrative Officer and County department heads. You may also submit your complaint to any County department privacy and security liaison, or with the County's Privacy and Security Officer, David Nelson Yolo County Privacy & Security Officer, 10 Cottonwood, Woodland, CA 95695, Telephone: (530) 666-8958; FAX: (530) 666- 8975.

**1. YOUR INFORMATION**

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

ADDRESS:

CITY/STATE:

ZIP CODE:

EMAIL ADDRESS:

DAYTIME TELEPHONE  
NUMBER:EVENING TELEPHONE  
NUMBER:

BEST WAY TO REACH YOU:

BEST HOURS TO REACH YOU:

**EMPLOYEES ONLY**

**EMPLOYEES MAY  
FILE COMPLAINTS  
ANONYMOUSLY**

UNIT TITLE:

SUPERVISOR'S NAME:

**2. INFORMATION ABOUT YOUR COMPLAINT**

NAME OF THE  
ORGANIZATION YOUR  
COMPLAINT IS AGAINST:NAME OF PERSON YOUR  
COMPLAINT IS AGAINST:DATE YOU FIRST NOTICED  
ACTION THAT YOU ARE  
COMPLAINING ABOUT:DATE(S) ACTION(S)  
OCCURRED:

## HEALTH AND MEDICAL INFORMATION PRIVACY COMPLAINT FILING

**(Continued)**

### DETAILS OF THE COMPLAINT:

I have reason to believe that one or more of the following has occurred:

- ☐ The organization/person has inappropriately disclosed my personal health information
- ☐ The organization/person has inappropriately used my personal health information
- ☐ The organization/person has inappropriately disposed of my personal health information
- ☐ The organization/person has denied access to my personal health information
- ☐ The organization/person has denied my amendment to my personal health information
- ☐ The organization's privacy policies and procedures violate HIPAA requirements
- ☐ Other: \_\_\_\_\_

Please provide a detailed description of your complaint covering *what, when, who, how, where, and if you know, why* about what happened. Please list any harmful affects you know of from what happened. You may attach additional pages if there is not enough space here.

**DO YOU HAVE WITNESS(ES):** ☐ NO ☐ YES

If yes, please provide the names, addresses and telephone numbers of your witness(s) below (Please attach additional pages if there is not enough space here):

WITNESS NAME:	ADDRESS:	TELEPHONE NUMBER:
WITNESS NAME:	ADDRESS:	TELEPHONE NUMBER:

### 3. REQUESTED RESOLUTION OF YOUR COMPLAINT

PLEASE DESCRIBE HOW YOUR PRIVACY COMPLAINT COULD BE RESOLVED:

### 4. YOUR SIGNATURE

SIGNATURE:	DATE:
------------	-------



## Protected Health Information (PHI) Breach Incident Report Form

Complete this form when security breaches or incidents are suspected. Security breaches or incidents may include detection of viruses, worms, or other malicious code; loss of storage media; or other disclosures of PHI. Contact the Privacy and Security Officer if it is determined that a violation has occurred. File this report.

### Breach Description

1. Date of the breach or incident -
2. Breach or incident location -
3. Persons involved in the breach or incident -
4. Description of breach or incident by the person(s) involved – include how the breach or incident occurred, the data media type, computer system type, malfunctioning symptoms, results, and any other information regarding the breach or incident. (*Attach additional pages as needed.*)

### Breach Investigation

### Investigation Performed by:

1. Was PHI released or compromised that could be used to reasonably identify an individual(s)?
2. Does information released or compromised relate to the past, present, or future medical condition of the individual(s)?
3. Does the information involved in the breach or incident relate to the payment of healthcare for the individual?
4. Did the breach or incident pose “a significant risk of financial, reputational, or other harm to the individual(s)” impacted?
5. Specify the type(s) of information involved in the breach or incident. (**Check all that apply**)

<b>First Name</b>	<b>Last Name</b>	<b>Claims Info</b>	<b>Other Financial info</b>
<b>Address/Zip</b>	<b>Date of Birth</b>	<b>Diagnosis/Condition</b>	<b>Medications</b>
<b>SSN</b>	<b>Driver's License</b>	<b>Lab Results</b>	<b>Other Treatment Info</b>
<b>Other Identifier</b>	<b>Credit Card No.</b>	<b>Other</b>	

Add any other type of information-

6. Specify any safeguards in place prior to or during the incident. (**Check all that apply**)

<b>Firewalls</b>	<b>Packet Filtering</b>	<b>Secure Browser</b>	<b>Strong Authentication</b>
<b>Encryption</b>	<b>Physical Security</b>	<b>Logical Access Control</b>	<b>Anti-virus Software</b>
<b>Intrusion Detection</b>	<b>Biometric Access Equipment</b>	<b>HIPAA Training</b>	<b>Other</b>

Add any other safeguards –

**Data Recovery**

7. Was the data involved in the breach recovered?
  - a. If so, specify what and when it was recovered and who has the media now.
  - b. If not recovered, explain the impact or potential misuse of the data.
  - c. If not recovered, explain what is being done to find or recover the data.
8. What corrective action, mitigation, or notification is being considered at the department level?
9. What recommended action is suggested for consideration by the Privacy and Security Officer?

Was the P&S Officer contacted?:

Date Contacted:

**Report prepared by:**

**Date Prepared:**

## **First 5 Yolo Children & Families Commission Policies and Procedures**

### **Chapter 9: Equal Employment Opportunity and Harassment**

#### **Introduction**

First 5 Yolo is a county agency with certain independent authority and all First 5 Yolo employees are at-will Yolo County employees. Per the MOU between First 5 Yolo and Yolo County, HR responsibilities for First 5 Yolo are shared by the two agencies. As such, First 5 Yolo has chosen to adopt the following two Yolo County Policies that together comprise Yolo County's Equal Employment Opportunity Plan and First 5 Yolo's Equal Employment Opportunity and Harassment Policy.

## County of Yolo

# Administrative Policies and Procedures Manual

TITLE: EQUAL EMPLOYMENT OPPORTUNITY AND HARASSMENT	DEPARTMENT: HUMAN RESOURCES
TYPE: <b>POLICY AND PROCEDURE</b>	DATE: AUGUST 4, 2009

### A. PURPOSE

The purpose of this Policy is to establish a strong commitment to prohibit and prevent unlawful discrimination and harassment in County employment, and to set forth a procedure for investigating and resolving complaints of unlawful discrimination and harassment based on legally protected characteristics.

### B. POLICY

Discrimination and harassment against any individual because of such individual's race, color, religion, gender, national origin, ancestry, disability, medical condition, marital status, age (40 years and over), or sexual orientation is prohibited. This Policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, disciplinary action, layoff, recall, transfer, leave of absence, compensation and training.

Retaliation against any person having filed a complaint of discrimination or charge of harassment is prohibited. Employees found to be retaliating against another employee, or otherwise violating this policy, shall be subjected to disciplinary action up to and including termination.

The right of a person to a prompt and equitable resolution of a complaint filed under this procedure shall not be impaired by the person's pursuit of other administrative remedies such as the filing of a complaint with the appropriate federal agency.

### C. DEFINITIONS

#### 1. Sexual Harassment

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

#### 2. Disability

Disability is: 1) a physical or mental impairment that substantially limits one or more major life activities; or 2) having a record of such an impairment; or 3) being regarded as having such an impairment.

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### a. Physical or Mental Impairments

Physical or mental impairments include, but are not limited to: vision, speech and hearing impairments; emotional disturbance and mental illness; seizure disorders; mental retardation; orthopedic and neuromotor disabilities; learning disabilities; heart disease; nervous conditions; cancer; asthma; Hepatitis B; HIV infection; and drug addiction if the addict has successfully completed or is participating in a rehabilitation program and no longer uses illegal drugs.

### b. Substantial Limitation of Major Life Activities

An individual is disabled if he or she has a physical or mental impairment that (a) renders him or her unable to perform a major life activity, or that (b) substantially limits the condition, manner or duration under which he or she can perform a particular major life activity in comparison to other people.

Major life activities are functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

In determining whether a physical or mental impairment substantially limits the condition, manner or duration under which an individual can perform a particular major life activity the following factors shall be considered:

- 1) the nature and severity of the impairment;
- 2) the duration or expected duration of the impairment; and
- 3) the permanent or long-term impact (or expected impact) resulting from the impairment.

In determining whether a physical or mental impairment substantially limits an individual with respect to the major life activity of “working” the following factors should be considered:

- 1) the geographical area to which the individual has reasonable access;
- 2) the job from which the individual has been disqualified because of an impairment and the number and types of jobs within that geographical area utilizing similar training, knowledge, skills, or abilities from which the individual is also disqualified because of the impairment.

### c. Having a Record of Impairment

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An individual is disabled if he or she has a history of having an impairment that substantially limits the performance of a major life activity; or has been diagnosed as having such an impairment.

d. Regarded as Having a Disability

An individual is disabled if he or she is treated or perceived as having an impairment that substantially limits major life activities (although no such impairment may exist).

3. Qualified Individual with a Disability

A qualified individual with a disability is person who (1) satisfies the job-related requirements of the position, and (2) can perform the essential functions of the position despite their disability, or who (3) with reasonable accommodation can perform the essential functions of the job.

a. Satisfies Job-Related Requirements

The first step is to determine whether the disabled individual satisfies the job-related requirements of the position. Satisfying the job-related requirements of the position means that the disabled individual possesses the appropriate educational background, employment experience, skills, and license required for the position.

b. Essential Factors

The second step is to determine whether the individual can perform the essential functions of the position despite his or her disability. Essential functions are the fundamental duties of a position. (Marginal or peripheral functions of a position are not considered essential).

A function may be essential because:

- 1) the reason the position exists is to perform that function;
- 2) of the limited number of employees available among whom the performance of that job function can be distributed; and
- 3) it is highly specialized and requires specific expertise or skill to perform.

The following factors will be considered in determining whether a function is essential: the agency's judgment as to which functions are essential; written job

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descriptions; the amount of time spent on the job performing the function; the consequences of not performing the function; the terms of a collective bargaining agreement; and the work experience of past and present incumbents in the position.

### c. Reasonable Accommodation

If the individual cannot perform a marginal part of the essential job functions, the third step is to determine whether reasonable accommodation would enable the individual to perform the essential functions of the position without undue hardship on the agency.

Accommodation is any change in the work environment or in the way things are customarily done that enables a disabled individual to enjoy equal employment opportunities. Accommodation may mean modifications or adjustments to:

- 1) a job application process to enable an individual with a disability to be considered for the position;
- 2) the work environment in which a position is performed so that a disabled person can perform the essential functions of the position.

Accommodation includes making existing facilities and equipment used by employees readily accessible to and usable by individuals with disabilities.

Accommodation applies to:

- all employment decisions, the job application process and County provided services.
- facilities provided by the agency to all employees and the public;
- only known disabilities.

Accommodation is not required if:

- It eliminates essential functions of a position (and the agency cannot reasonably accommodate).
- Adjustments or modifications requested are primarily for the benefit of the disabled individual.

### 4. Undue Hardship

The agency will not be expected to provide an accommodation that imposes an undue hardship on the operation of the County's business. Undue hardship means significant difficulty or expense

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incurred in providing the accommodation. Undue hardship includes but is not limited to financial difficulty. Undue hardship refers to any accommodation that would be unduly costly, extensive, substantial or disruptive, or that would fundamentally alter the nature of the operation of the business.

Whether a particular accommodation will impose an undue hardship is determined on a case-by-case basis. The following factors will be considered in determining whether an accommodation would create an undue hardship: the nature and cost of the accommodation; the financial resources of the agency; the number of employees; and the type of operations of the agency, including the composition and functions of its work force.

### a. Determining the Appropriate Accommodation

If a qualified individual with a disability requests the provision of a reasonable accommodation, the agency will informally discuss with the individual the limitations resulting from the disability and the potential accommodations that could overcome those limitations.

The accommodation process will generally involve five steps.

- First, the agency must analyze the job at issue and re-affirm its purpose and essential function.
- Second, the agency should consult with the disabled person to find out the job-related limitation imposed by the individual's disability.
- Third, the agency will consult with the disabled individual to identify potential accommodations if they exist.
- Fourth, the agency will assess each potential accommodation to determine if the individual can perform the essential functions of the job.
- Finally, the agency will consider and implement the best accommodation that is most appropriate for both the employee and the agency.

## 5. Discrimination

For purposes of this policy, discrimination shall mean:

- a. to limit or classify a job applicant, employee or individual in a way that may adversely affect opportunities or standing because of that person's protected status;
- b. to participate in a contract which could subject an applicant, employee or protected individual to discrimination;
- c. to use any standards, criteria or method of administration which could have the effect of discriminating on the basis of a protected classification;
- d. to deny equal jobs or benefits because of a protected classification;
- e. to fail to make reasonable accommodations to known disabilities unless it can be



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shown that the accommodation would impose an undue hardship;

- f. to use selection criteria which excludes protected persons unless the criteria is job-related and consistent with business necessity; and
- g. to fail to use employment tests in a manner that ensures that the test results accurately reflect the applicant's or employee's skills or aptitude for a particular job.

### 6. Discriminatory Harassment

Examples of what might be construed as discriminatory harassment including sexual harassment may include, but are not limited to:

- a. Speech, such as epithets, derogatory comments or slurs on the basis of race, gender, religion, national origin, ancestry, disability, medical condition, marital status, age, or sexual orientation. This might include inappropriate e-mail, notes, or comments on appearance, dress, physical features, stories, or degrading jokes that are based on the above list of protected characteristics. Additionally, sexual harassment includes lewd propositioning on the basis of sex. This might include inappropriate sex-oriented comments on appearance, including dress or physical features, sexually degrading stories and jokes, or sexually suggestive or obscene letters, e-mail, notes, or invitations.
- b. Physical acts, such as assault, impeding or blocking movement, offensive touching, or any physical interference with normal work or movement when directed at an individual on the basis of sex, race, color, gender, religion, national origin, ancestry, disability, medical condition, marital status, age, or sexual orientation. This includes pinching, grabbing, patting, propositioning, leering, or making explicit or implied job threats or promises in return for submission to physical acts.
- c. Visual insults, such as displaying or electronically transmitting derogatory posters, cartoons, drawings or other items of an inappropriate nature related to sex, race, color, gender, religion, national origin, ancestry, disability, medical condition, marital status, age, or sexual orientation.
- d. Threats and Retaliation, or other inappropriate conduct related to race, color, gender, religion, national origin, ancestry, disability, medical condition, marital status, age, or sexual orientation where the conduct is intended to or actually does interfere with an individual's work performance or creates an intimidating, hostile, or offensive working environment.
- e. Unwanted sexual favors or advances, requests for sexual favors and other acts of a sexual nature, threats, or insinuations that refusal to agree to sexual favors or advances- or even the request for a date- will harm an employee's standing in any way.

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TITLE: EQUAL EMPLOYMENT OPPORTUNITY AND HARASSMENT	DEPARTMENT: HUMAN RESOURCES
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### D. COMPLAINT PROCEDURE

1. An employee or job applicant who believes he or she has been discriminated or harassed on the basis of sex, race, color, gender, religion, national origin, ancestry, disability, medical condition, marital status, age, or sexual orientation may make a complaint verbally or in writing no later than thirty (30) days from the date of the alleged harassment with any of the following:
  - a. Immediate supervisor
  - b. Any supervisor or manager within or outside of the department
  - c. Department head
  - d. County Equal Employment Opportunity Coordinator, who shall be the Human Resources Director (or designee).
2. Any supervisor or department head who receives a discrimination or harassment complaint should notify the County Equal Employment Opportunity Coordinator immediately.
3. Upon receiving notification of a discrimination or harassment complaint, the County Equal Employment Opportunity Coordinator shall:
  - a. Authorize the investigation of the complaint by the department, and/or investigate the complaint. Depending on the circumstances the investigation may include interviews with: a) the complainant; b) the accused; and c) any other persons who are believed to have relevant knowledge concerning the complaint. This may include victims of similar conduct.
  - b. Review the factual information gathered through the investigation to determine whether the alleged conduct violates County policy giving consideration to all factual information, the totality of the circumstances, including the nature of the inappropriate conduct and the context in which the alleged incidents occurred
  - c. Report the results of the investigation and the determination as to whether discrimination or harassment occurred to appropriate persons, which may include the complainant, the alleged, the supervisor, and the department head.
4. If a violation of this County Equal Employment Opportunity and Harassment policy has been determined to have occurred, Yolo County will take prompt and effective remedial action. This may include disciplinary action, which will be commensurate with the severity of the offense. Reasonable steps will be taken to protect the complainant from further harassment and any retaliation as a result of communicating the complaint.

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5. If the County Equal Employment Opportunity Coordinator decides not to conduct an investigation or if his/her efforts to settle the problem are unsuccessful, the complainant may file an appeal within (30) days from the date of notification by the County Equal Employment Opportunity Coordinator. The appeal shall be heard by a hearing officer as provided for in Article 22, Section 2-2201 et seq. of the Yolo County Code.
  - a. Exclusion of Frivolous or Vague Appeals and Appeal Therefrom: In the event that the County Counsel determines that the complaint is frivolous, vague, or that the facts alleged in the complaint, even if true, would not substantiate a claim of sexual harassment or discrimination, or that the appeal claims discrimination based upon a factor that is not prohibited by the state or federal law or regulation, he/she shall not schedule the appeal for hearing.
  - b. Hearing of Appeal: The hearing officer shall fully hear the complaint and make written findings of fact and issues a determination as provided for in Article 22, Section 2-2201 et seq. of the Yolo County Code.
6. The County Equal Employment Opportunity Coordinator will maintain the files and records relating to the complaint.

## County of Yolo

# Administrative Policies and Procedures Manual

TITLE: EQUAL EMPLOYMENT OPPORTUNITY	DEPARTMENT: HUMAN RESOURCES
TYPE: <b>POLICY AND PROCEDURE</b>	DATE: SEPTEMBER 14, 2010

### A. PURPOSE

The purpose of this policy is to define the procedures by which the county will ensure that selection, hiring, and advancement of county employees is accomplished on the basis of individual merit and demonstrated abilities without regard to race, color, religion, gender, national origin, political affiliation, age as defined by law, disability, sexual orientation, genetics, or other artificial factors in compliance with Title VII of the Civil Rights Act of 1964 (as amended by the Equal Employment Opportunity Act of 1972) and any subsequent amendments, or any other statute which provides a remedy for discrimination in employment applicable to public employees.

The provisions of this Chapter together with the County Equal Employment Opportunity and Harassment Policy and Procedure, and the current EEO Analysis and Action Plan, shall constitute the complete County of Yolo Equal Employment Opportunity Plan (EEOP).

### B. POLICY

The County of Yolo is committed to ensuring that all qualified individuals have a full and fair opportunity to compete for hiring and promotion, and to enjoy the benefits of employment with the County of Yolo. All employees and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal and state laws. Employment opportunities include, but are not limited to, recruitment, testing, selection, transfer, promotion, compensation, benefits, layoff, leave of absence, and training. The County believes that regular review and reporting of equal opportunity, and developing a proactive and innovative action plan to address underrepresentation will create an organization that achieves excellence and embraces diversity.

### C. APPLICABILITY

The provisions of the County's EEOP are applicable to full-time, part-time and extra help hiring and employment. The policies and principles of equal employment opportunity also apply to the selection and treatment of independent contractors, personnel working on County premises who are employed by temporary agencies, and any other persons or firms doing business for or with the County.

### D. IMPLEMENTATION AND DISSEMINATION OF POLICY

1. The Director of Human Resources serves as the County's Equal Employment Opportunity Officer and, in addition to the responsibilities outlined in the County Equal Employment Opportunity and Harassment Policy and Procedure, shall be responsible for day-to-day implementation of the County EEOP; reviewing and reporting on the diversity of applicants and employees; implementing action plans to correct areas of underrepresentation; directing regular and proactive outreach and marketing efforts to promote and ensure diversity in the organization; providing

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regular training to employees on the equal employment opportunity plan including the county's harassment policy; complying with EEOC requirements for biennial filing of the EEO-4 report; and informing and educating employees, applicants, and the public about the County's EEOP.

2. Every employee at every level of the organization shall be responsible and held accountable for supporting a work environment that embraces diversity, is supportive of equal employment opportunities, and is free from any form of discrimination or harassment. Employees are responsible for reading and understanding County policies and procedures that prohibit discrimination and harassment, and for attending related county-sponsored training.
3. Management and supervisory personnel shall share responsibility for ensuring full and equal treatment in all departmental employment decisions in accordance with the requirements of the EEOP.
4. Department heads and elected officials shall be responsible for making a good faith effort to achieve a diverse workforce; taking positive measures to provide equal employment opportunity within their respective departments; and ensuring that managers, supervisors and other employees in their respective departments understand and comply with the County's EEOP.
5. The County's EEO policy statement shall be published on the County employment opportunities website, and the statement that Yolo County is an Equal Opportunity Employer shall be listed on every Human Resources Department page of the County's internet site, [www.yolocounty.org](http://www.yolocounty.org). The full EEOP shall also be available at all times on the County website to view, print and/or download.
6. The EEOP (including subsequent revisions) shall be distributed as follows:
  - a) A copy shall be provided to each department head and elected official;
  - b) The complete document shall be posted on the County internet site;
  - c) Employees, members of the public and any other interested party may obtain a paper or electronic copy by contacting the Yolo County Human Resources Department directly; and
  - d) An e-mail message shall be sent to County employees on an annual basis with a reminder that the full EEOP is available for review on the County website.
7. Records relating to the County's equal employment opportunity plan shall be kept for a period of at least three years.

### E. COUNTY PRACTICES IN SUPPORT OF EQUAL EMPLOYMENT OPPORTUNITY

The County conducts outreach and targeted recruitment efforts in order to create a pool of individuals with varied backgrounds who can contribute and effectively serve a diverse community.

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Recruitment, testing and selection rules are enforced with equal employment and diversity as the primary goals.

The personnel rules and practices implemented by the County to carry out its commitment to equal employment include:

- a) Displaying posters regarding equal employment opportunity in areas highly visible to employees;
- b) Reviewing job classifications on a regular and ongoing basis to ensure there are no arbitrary barriers to equal employment and sufficient opportunity for entry-level employment;
- c) Reviewing recruitment rules and procedures on a regular and ongoing basis to identify and eliminate barriers to equal employment;
- d) Maintaining an “interest card” and “Application-on-File” system where potential applicants can receive an e-mail alert and apply online when the County begins accepting applications for the position they’ve identified;
- e) Analyzing applicant flow data to assist in determining effective targeted recruitment strategies to attract a candidate pool that is reflective of the diversity of the Yolo County population;
- f) Ensuring that selection examinations are valid, job-related and non-discriminatory;
- g) Training individuals involved in the recruitment, testing and/or selection of personnel on the requirements of equal employment opportunity law, the requirements of federal and state nondiscrimination laws, and the requirements of the County’s EEOP; and
- h) Requiring departments to interview all candidates certified for a vacancy prior to making a final selection and offer of employment.

### F. ANALYSIS OF COUNTY WORKFORCE AND APPLICANT POOL

1. The Human Resources Department shall survey the composition of the County’s workforce and applicants for employment to evaluate the County’s success in implementing this plan and to determine whether any monitored group, as defined in statute, is underrepresented.
2. The survey of the County workforce shall be measured against the available workforce within the geographic boundaries of Yolo County. The data source for the composition of the available workforce shall be the most current U.S. Census statistics.
3. The results of the survey shall be summarized in a written report titled “EEO Analysis and Action Plan.” Contents of the written report shall include, but are not limited to:
  - a) An introduction containing basic information about the County, an overview of its personnel management and operations, the County’s policy statement regarding equal employment opportunity, and the effective date and duration of the EEOP. The personnel management and operations overview shall include a brief summary of the County’s ongoing equal

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- employment opportunity efforts, progress in meeting EEO objectives and the current status of EEO efforts.
- b) A statistical overview of the County's workforce for each EEO job category identified by gender within each racial and national origin group and converted into percentages.
  - c) A statistical overview of the available community workforce for each EEO job category identified by gender within each racial and national origin group and converted into percentages.
  - d) A utilization analysis that compares the County's workforce with that of the available community workforce in order to determine if, and in what job categories, monitored categories are underrepresented in the County workforce. This utilization analysis is obtained by subtracting the percentages of the available workforce from the percentages of the County workforce for all categories.
    - 1) Underrepresentation is determined to exist whenever the percentage of the County's workforce or applicants for any monitored group is less than the percentage of the same group in the available workforce.
    - 2) Significant underrepresentation exists when the percentage of the County's workforce or applicants for any monitored group falls below 80% of the available workforce.
  - e) A narrative that interprets the utilization analysis, identifies areas of underutilization, identifies specific objectives to address underutilization, defines the steps to be taken to meet the identified objectives, and communicates the County's plan to disseminate the EEOP to all personnel and applicants.
4. The EEO Analysis and Action Plan shall be prepared every odd-numbered year using June 30 data of that year and shall be disseminated by following the procedure outlined for the dissemination of the EEOP.

**First 5 Yolo Children & Families Commission  
Policies and Procedures**

**Chapter 11: Exit Interview Program**

**INTRODUCTION**

The following Exit Interview Program Policy has been adopted from the Yolo County Administrative Policies and Procedures Manual. All First 5 Yolo employees are at-will employees of the County of Yolo and the County provides HR support to First 5 Yolo.





## County of Yolo

# Administrative Policies and Procedures Manual

TITLE: EXIT INTERVIEW PROGRAM	DEPARTMENT: HUMAN RESOURCES
TYPE: <b>PROCEDURE</b>	DATE: May 7, 1996 Revised March 17, 2016

### A. **BRIEF DESCRIPTION**

This program outlines procedures for obtaining feedback from employees who are voluntarily separating employment with Yolo County.

### B. **PURPOSE**

The purpose of conducting an exit interview with employees who are voluntarily separating from the County is to gather information that will assist the County to ensure a quality environment through improving our supervision, coaching, management, working conditions, and the work culture. By asking for feedback we hope to determine patterns and identify areas that are successfully creating a positive work environment and areas that will benefit from improvement.

### C. **PROCEDURES**

1. Departments will be responsible for:
  - a. Notifying Human Resources of an upcoming separation as soon as possible after notification of resignation from an employee.
  - b. Emailing the Exit Interview Questionnaire email template and survey link to the voluntarily separating employee.
2. Employees will be responsible for:
  - a. Completing an exit interview questionnaire upon request and prior to separation.  
\*Exception: Seasonal and temporary employees will not be *required* to participate in an exit interview, though a questionnaire may be provided.
  - b. Contacting Human Resources to request an in-person exit interview with a staff person in Human Resources to provide feedback, if preferred.
  - c. Providing contact information in the survey if the employee is open to being contacted by Human Resources regarding their online feedback.



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# Administrative Policies and Procedures Manual

TITLE: EXIT INTERVIEW PROGRAM	DEPARTMENT: HUMAN RESOURCES
TYPE: <b>PROCEDURE</b>	DATE: May 7, 1996 Revised March 17, 2016

### 3. Human Resources will be responsible for:

- a. Scheduling a date and time for an in-person exit interview or conducting survey follow-up if contact information is provided by the employee. The Director of Human Resources or assigned analyst will set a date, notify the employee, and make a follow-up call to confirm the appointment. Human resources staff will work with the employee to find a mutually acceptable appointment date/time.
- b. Ensuring completion of the exit interview questionnaire during the personal interview with the separating employee, if the employee did not fill out the questionnaire prior to the interview. The assigned Human resources staff will review and clarify all responses on the questionnaire with the separating employee.
- c. Interviews will be conducted in private, reviewing responses to facilitate understanding and encourage honest, open answers from separating employees.
- d. All specific content from exit interviews will be held strictly confidential, unless the employee has given permission to the County to share the content immediately. **EXCEPTION:** If the exiting employee reveals information which alleges violations of law or policy and which would require a County investigation, the employee will be informed that such information cannot be held confidential.
- e. Information gathered from exit interviews will be summarized into computerized aggregate data on an anonymous basis. The summarized data will be revealed to County management or other appointed quality teams to resolve problems, improve the working environment, safety practices, supervision and/or management practices, and facilitate a quality culture.

### **D. SUMMARY FEEDBACK**

Summary feedback will be given to department heads, the CAO's Office, and the Board.

**First 5 Yolo Children & Families Commission  
Policies and Procedures**

**Chapter 19: Smoking Policy and Smoking Cessation Policy**

**PURPOSE**

First 5 Yolo, along with First 5 California, is committed to reducing or eliminating the impact of tobacco products and other harmful substances on Yolo County's children, and believes a tobacco free environment plays a vital role in the early childhood development of California's children.

First 5 Yolo has adopted the Yolo County policy regulating smoking in the workplace. Per the policy, each County Department Head (Executive Director) is responsible for implementation and enforcement of the aforementioned smoking policy.



## County of Yolo

# Administrative Policies and Procedures Manual

TITLE: SMOKE-FREE COUNTY PROPERTIES	DEPARTMENT: HEALTH AND HUMAN SERVICES AGENCY
TYPE: <b>POLICY</b>	DATE: AUGUST 3, 2017

### A. **BACKGROUND AND FINDINGS**

Smoking is a dangerous and unhealthy behavior that conflicts with the health and wellness goals upheld by many of the programs across Yolo County, especially among those serving vulnerable populations. Children and youth are especially susceptible to role modeling behavior and are at risk of associating smoking with healthy behavior whenever smoking is allowed at the same sites where these children receive health and wellness services. Policies that restrict smoking at outdoor worksite areas have been shown to reduce secondhand smoke exposure and reduce litter created by tobacco waste on the grounds of the property. Eliminating smoking on the grounds of county properties is the best option for protecting employees and the community from secondhand smoke exposure, for promoting smoking cessation, and for reinforcing the message that smoking is an unhealthy behavior that should be avoided. An additional benefit from smoke-free worksites is often a reduction in daily cigarette use by employees and visitors and improvement in their chances of quitting tobacco for good.

### B. **POLICY**

Section 6-18.003. Prohibition of smoking in county buildings, on county property, and enclosed public places.

(a) Smoking is prohibited in:

- (1) All enclosed areas of all buildings or other structures which are owned or leased by the county or any agency or department thereof; and
- (2) All vehicles which are owned or leased by the county or any agency or department thereof

(b) *Smoking is prohibited in all outdoor areas owned or leased by the county including, but not limited to, parking lots, walkways, and the grounds of all buildings owned or leased by the county. Smoking on county property will be allowed only at the following areas:*

- (1) *At the Day Reporting Center at the designated smoking area*
- (2) *At the Sheriff's Office, Monroe Detention Center, and Juvenile Detention Facility in the designated employee smoking areas*
- (3) *At the Public Defender's Office in all areas located 20 ft. from entrances, exits, windows, and intake vents*
- (4) *At the Yolo Emergency Communication Agency at the designated employee smoking areas*



## County of Yolo

# Administrative Policies and Procedures Manual

TITLE: SMOKE-FREE COUNTY PROPERTIES	DEPARTMENT: HEALTH AND HUMAN SERVICES AGENCY
TYPE: <b>POLICY</b>	DATE: AUGUST 3, 2017

(c) Smoking is prohibited in all those enclosed areas of any public place which are intended to be accessible to or which are customarily used by the general public. Such public places include, but are not limited to the following:

- (1) Buses, taxicabs and other means of public transit which are based in and subject to the authority of the county;
- (2) Public transit stations or depots;
- (3) Retail stores and any other commercial outlets open to all or any segment of the public;
- (4) Restaurants, including those in private clubs;
- (5) Bars, including those in private clubs;
- (6) Aquariums, galleries, libraries and museums;
- (7) Any theater or other facility which is primarily used for exhibiting any motion picture, stage, drama lecture, musical recital or other similar performance, except that actors may smoke as part of a stage production performed therein;
- (8) Sports arenas and convention halls;
- (9) Every room, chamber, or other place used for public meetings or public assembly while a meeting which is open to the general public is in progress and for a period of time preceding such meeting as necessary to ensure that residual smoke is not present during the meeting;
- (10) Waiting rooms, sleeping rooms, hallways, wards and semiprivate and private rooms of private and public health facilities, including, but not limited to, hospitals, clinics, physical therapy facilities, doctors' offices and dentists' offices;
- (11) Malls and other multiple-unit commercial facilities;
- (12) Polling places;
- (13) Bingo parlors;
- (14) Offices when open to the public, including but not limited to attorneys' and other professionals' offices;



## County of Yolo

# Administrative Policies and Procedures Manual

TITLE: SMOKE-FREE COUNTY PROPERTIES	DEPARTMENT: HEALTH AND HUMAN SERVICES AGENCY
TYPE: <b>POLICY</b>	DATE: AUGUST 3, 2017

(15) Banks;

(16) Laundromats;

(17) Hotels and motels, except as provided in Section 6-18.006;

(18) Educational facilities;

(19) Retail service establishments; and

(20) Restaurants, hotel and motel conference or meeting rooms and public or private assembly rooms if one or more employees normally frequent the enclosed area during the course of employment and while the area is being used for private functions.

(d) Without limiting the generality of subsection C of this section, smoking is specifically prohibited in the following areas of any public place:

(1) Waiting areas (only if the public place is enclosed);

(2) Restrooms;

(3) Service lines (only if the public place is enclosed);

(4) Elevators; and

(5) Lobbies, hallways and other common areas.

(e) Notwithstanding any other provision of this section, any owner, operator, manager, or other person who controls any establishment or facility may declare that entire establishment or facility as a nonsmoking establishment, whether enclosed or not.

### **C. SEVERABILITY**

If any section, sub-section, sentence, clause, or phrase of this ordinance is held by a court of competent jurisdiction to be invalid, such decision shall not affect the remaining portions this Ordinance. The Board of Supervisors hereby declares that it would have passed this Ordinance, and each section, sub-section, sentence, clause, and phrase hereof, irrespective of the fact that one or more sections, sub-sections, sentences, clauses, and phrases be declared invalid.

## **First 5 Yolo Children & Families Commission Policies and Procedures**

### **Chapter 20: Breastfeeding Policy**

#### **Introduction**

First 5 Yolo has adopted the following policy of the County of Yolo that supports breastfeeding mothers who return to work after the birth of their baby(ies).



## County of Yolo

# Administrative Policies and Procedures Manual

TITLE: BREASTFEEDING POLICY	DEPARTMENT: HUMAN RESOURCES
TYPE: POLICY	DATE: August 5, 2014

### A) BACKGROUND

**Support for Breastfeeding.** Scientific research overwhelming indicates that breastfeeding is the superior method of infant feeding. Significantly lower rates of diarrhea, ear infections, respiratory illness, and childhood lymphomas occur among breastfed infants and children in the United States. Breastfeeding has also been reported to protect against necrotizing enterocolitis, bacteremia, meningitis, botulism, sudden infant death syndrome, urinary tract infection, early childhood caries, juvenile diabetes, and inflammatory bowel disease. Developmentally, breastfed infants have better visual acuity, and evidence suggests that their cognitive development is superior. For mothers, breastfeeding reduces their risk for developing premenopausal breast, ovarian, and endometrial cancer.

Employers who make it easy for mothers to continue breastfeeding after returning to work have lower absenteeism, higher productivity, higher morale, and lower health care costs. Mothers who continue to breastfeed have lower rates of absenteeism because their babies are sick less frequently.

State law AB 1025 (Sections 1030-1033, California Labor Code) requires that employees be given reasonable break time to express breastmilk for their children. The law also requires employers to provide a private room or other location near the employee's work area in which to express breastmilk.

Recognizing that breastfeeding is a normal part of daily life for mothers and infants and that breast milk promotes optimum health for mothers and infants, Yolo County initiates this breastfeeding in the workplace policy to accommodate mothers who choose to continue breastfeeding after returning to work. This policy assures compliance with State Law AB1025.

### B) THE POLICY

- 1. Identification of Needs.** After a pregnant employee provides the department with notice of her pregnancy, the department will provide the employee with a copy of this policy and the Yolo County Breastfeeding Support Line number, 1-800-663-8685. The department will ensure the employee is aware of her right to reasonable break time to express breastmilk, and will give the employee information on the location and use of the department's designated private location to express breastmilk. If the department needs assistance providing a private breastmilk expression location, they will seek support from the Yolo County WIC Program Breastfeeding Coordinator.
- 2. Reasonable break time will be given to Express Breastmilk While at Work.** Breastfeeding women will be allowed reasonable break time for nursing or pumping breast milk. The time allowed may exceed a normal lunch or other break. Any time in excess of a normal lunch or other break must be made up by using sick leave, annual leave, or an agreed upon adjusted schedule such as coming in earlier or working later.



## County of Yolo

# Administrative Policies and Procedures Manual

TITLE: BREASTFEEDING POLICY	DEPARTMENT: Human Resources
TYPE: POLICY	DATE: August 5, 2014

Typically, a lactating woman needs to express breastmilk about every 2 or 3 hours when she is away from her baby. 15 to 30 minutes is generally needed to express breastmilk. Most women working an 8-hour day will express breastmilk 3 times during their shift.

3. **A Private Area Will Be Made Available for Breastfeeding Employees to Express Their Breastmilk.** A private, secure room with an electrical outlet, table and chair will be made available where the breastfeeding employee can express breastmilk. This space must be reasonably near the employee's normal work area, and must not be a toilet stall or bathroom. An employee may express breastmilk in her normal work area if it meets the above requirements.
4. **Additional Services Provided Beyond the Minimum Requirements of the Law, if available.** A breastfeeding education packet will be provided to every new employee at orientation. This packet will include a copy of this policy, and the Yolo County Breastfeeding Support Line number for further breastfeeding resources. A hospital grade pump may be made available, based on availability, for staff to use in the lactation accommodation room. Staff are responsible for purchasing their own pump kit. Staff who need help to develop a breastfeeding plan before returning to work after a leave or prior to their start date can call the Breastfeeding Support Line at 1-800-663-8685 or contact the Yolo County Breastfeeding Coordinator at the Health Department.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

Attachments ☒

**Agenda Item- Review and Consider Revised First 5 Yolo Logo to Improve Alignment with the First 5 Statewide Network**

***Background***

First 5 Yolo belongs to a statewide network consisting of all 58 local county commissions, First 5 CA, and The First 5 Association. Each county commission retains local control and allocates funding responsive to community needs, while working within this statewide system.

After the passage of Proposition 10 establishing First 5, each local commission selected a logo. Currently, the majority of local commissions use a logo aligned with the child's hand design similar to the First 5 CA logo. Others, including First 5 Yolo, have more unique and divergent logos.

***Executive Director Overview***

The Association, in collaboration with all 58 First 5's and First 5 CA, is launching a First 5 Network Project to improve communication and coordination across counties, The Association, and First 5 CA. It is expected that the next 20 years of First 5 will emphasize bringing the work of the first 20 years to scale, leveraging more funding to early childhood as the First 5 years are increasingly recognized as foundational, and providing more comprehensive support to children and families across California.

This work will also include a "re-branding" of First 5 to highlight the strength of the network and the recognition and understanding of First 5 across sectors. While it is possible to retain different logos, typical branding or marketing often involves a clearly recognized logo. For most First 5 commissions, this involves the child's hand logo used by First 5 CA. Given this, First 5 Yolo Staff is bringing some options to the Commission to consider whether or not the Commission would like to move toward a more similar logo.

Attachment A shows some options for a First 5 Yolo logo that more closely align with the First 5 "brand" incorporating the child's hand, while retaining the signature First 5 Yolo shade of blue or teal.

***Additional Information***

Attachment B shows the current logos of other county commissions and First 5 CA.

There would be no cost to changing the logo more immediately on the website and in social media. As new printed materials are needed, a new logo could be incorporated.

***Action Requested***

Review and consider revising the First 5 Yolo logo to more closely align with the First 5 network.

Option 1: Teal + Left



Option 2: Teal + Right



Option 3: Teal + Middle













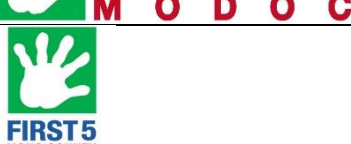




Option 4: Blue + Uppercase




















County	Logo
Alameda	
Alpine	
Amador	
Butte	
Calaveras	
Colusa	
Contra Costa	
Del Norte	
El Dorado	
Fresno	
Glenn	
Humboldt	
Imperial	

Inyo	
Kern	
Kings	
Lake	
Lassen	
Los Angeles	
Madera	
Marin	
Mariposa	
Mendocino	
Merced	
Modoc	
Mono	
Monterey	
Napa	

Nevada	 CHILDREN AND FAMILIES FIRST COMMISSION
Orange	 Children & Families Commission of Orange County
Placer	
Plumas	 Children and Families Commission
Riverside	 Riverside County Children & Families Commission
Sacramento	
San Benito	
San Bernardino	
San Diego	
San Francisco	 CHILDREN AND FAMILIES COMMISSION
San Joaquin	
San Luis Obispo	
San Mateo	
Santa Barbara	

Santa Clara	
Santa Cruz	
Shasta	
Sierra	
Siskiyou	 CHILDREN & FAMILIES COMMISSION Read. Sing. Play Everyday!
Solano	 CHILDREN AND FAMILIES COMMISSION
Sonoma	
Stanislaus	 Children & Families Commission
Sutter	
Tehama	 Tehama County Children & Families Commission
Trinity	
Tulare	
Tuolumne	
Ventura	 CHILDREN & FAMILIES FIRST COMMISSION OF VENTURA COUNTY
Yuba	 Children and Families Commission

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

Attachments ☐

**Agenda Item- Thrive by Five Update**

***Background***

With the passage of Proposition 64, voters in California legalized recreational marijuana use. This changes the landscape of public policy around the issue. And it raises concerns for unintended impacts on the community, young children prenatal to five, in particular.

Across California, it is First 5's position that any discussion about revenues should keep the youngest children and prevention efforts at the forefront. Local jurisdictions (County and cities) have an opportunity to allocate funding to support prevention and early intervention programs aimed to support young children and families at the most critical stage of brain development, and at the point of greatest leverage, prenatal to five.

Some precedent is already being set by local governments. For example, a share of the Humboldt cannabis tax will be directed toward early childhood services, and Santa Cruz County has established a "Thrive by Three Fund" that will help support home visiting and other strategies with a portion of cannabis revenue. The City of Santa Cruz is establishing a Children's Fund along similar lines. First 5 Mendocino is involved in an effort to dedicate a cannabis revenue funding stream to children 0-18.

At previous meetings, the Commission has affirmed the importance of seeking funding from new revenues generated by cannabis for early childhood prevention and intervention. At the October Commission Meeting, Commissioners requested that the Executive Director produce a written document(s) to guide the discussion about dedicated revenue for early childhood prevention and intervention. That document is entitled, "Thrive by Five."

***Executive Director Overview***

Creating a dedicated funding stream would make a bold and definitive statement about the County's commitment to true prevention and intervention by investment in the youngest and most vulnerable. The document offers First 5 Yolo as a vehicle and a potential funding partner to assist the County or other local jurisdictions to move forward with a Thrive by Five initiative.

On December 5, the Davis City Council considered Thrive by Five in the context of their decision to establish a 1% fee on cannabis retail for community benefit. All five members of the Council expressed their support for early childhood prevention and intervention. With direction to staff, the Council made clear their intention to fund early childhood and youth programs with the 1% community benefit. Executive Director of First 5 Yolo will work with staff on next steps and possible collaborations.

On December 12, First 5 Yolo will be presenting Thrive by Five as an informational agenda item at the Board of Supervisors.

As this issue is rapidly unfolding, further updates will be provided at the meeting.

<b><i>Additional Information</i></b>
<p>Dedicated funding could be generated by a cannabis tax, development agreement, or other mechanism available to cities and County. At least two industry-proposed development agreements for a Yolo County pilot program have included dedicated funding to early childhood. These are in the initial phases of process, and are not yet finalized nor approved.</p> <p>Statewide, the First 5 Association is supporting a Thrive by Five approach (using that title) to funding from new revenue from the emerging cannabis industry.</p>
<b><i>Action Requested</i></b>
<p>Receive updates.</p>



**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

Attachments ☐

<b>Agenda Item- Executive Director's Report</b>
<b><i>Background</i></b>
The Executive Director updates the Commission on activities and developments.
<b><i>Executive Director Overview</i></b>
Updates: <ul style="list-style-type: none"><li>○ First 5 Association Summit Attended by Staff in November</li><li>○ Strategic Plan and February Retreat</li><li>○ Child Care Bridge Program</li></ul>
<b><i>Additional Information</i></b>
<b><i>Action Requested</i></b>
Receive Executive Director's Report.

**First 5 Yolo Children and Families Commission  
Agenda Item Cover Sheet**

*Attachments* ☐

<b>Agenda Item- Commissioner Reports</b>
<b><i>Background</i></b>
Commissioners have the opportunity to provide updates on activities and events relating to their role as First 5 Yolo Commissioner and/or professional capacity in the County.
<b><i>Executive Director Overview</i></b>
<b><i>Additional Information</i></b>
<b><i>Action Requested</i></b>
Receive Commissioner reports.