

County of San Diego

Health and Human Services Agency

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Health and Human Services Agency Summary

Agency Description

The Health and Human Services Agency (HHS) is committed to *Building Better Health, Fostering Safe Communities and Promoting Thriving Families* through its *Live Well, San Diego!* initiative. Its services include preventive health care, access to publicly funded health care coverage and self-sufficiency services, and mental health and substance abuse programs. Additionally, protective services are provided to abused and neglected children and vulnerable adults, including seniors, the disabled and indigent adults. The Agency also works to reduce the burden of chronic diseases and contributing factors, such as childhood obesity, and helps the community prepare to respond to health emergencies and disasters.

Through six geographic regions, the Agency provides services through a public-private partnership of County staff and more than 900 contracts representing over 470 community-based providers. Although the six regions are geographically and socially diverse, business continuity is assured through the administrative support divisions.

HHS Departments

- Regional Operations
- Strategic Planning and Operational Support
- Aging and Independence Services
- Behavioral Health Services
- Child Welfare Services
- Public Health Services
- Public Administrator / Public Guardian
- Administrative Support

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2010-11 Accomplishments

Implemented phase 1 of *Live Well, San Diego!*: Building Better Health to achieve the vision of healthy, safe and thriving communities by:

- Building a better service delivery system that is innovative and outcome-driven, emphasizing quality, efficiency, cost savings, and large-scale population-based improvements.



- Implemented additional pathways to eligibility for public assistance through online applications, 2-1-1 San Diego, and video interviewing resulting in increased enrollment of 21,863 (for a total two-year increase of 52,333) children and seniors in CalFresh (formerly Food Stamps), achieving three-year Nutritional Security Plan goal to enroll 50,000 children and seniors one year early.
- Integrated CalFresh application assistance and prescreening at 12 Earned Income Tax Credit sites.
- Implemented In-Home Supportive Services (IHSS) reform recommendations, including program integrity case reviews and unannounced home visits to protect taxpayer dollars and ensure appropriate level of care for consumers.
- Partnered with San Diego Unified School District to promote CalFresh as a healthy, nutrition assistance program for low-income families.
- Promoting positive choices that empower residents to take responsibility for their own health and well-being.
 - Launched an anti-obesity campaign and new website to educate and empower residents to make healthy choices (year 1 of the 2-year Communities Putting Prevention to Work (CPPW) initiative).
 - Implemented a chronic disease self-management program using peer educators to empower patients to take an active role in their health care.
 - Administered with Sharp Hospital a program that empowers older adults to assert an active role in their own health care.
- Pursuing policy and environmental changes that make it easier for people to engage in healthy and safe behaviors.

- Partnered with San Diego Association of Governments (SANDAG) to include health perspective in local and regional transportation and land use planning documents.
- Worked with six school districts to enhance school wellness policies that promote and increase physical activity and healthy nutrition.
- Increased safety and physical activity in the region by implementing Safe Routes to Schools and Project Safeway, promoting active commuting and bikeway signage.
- Improving the culture from within by increasing employee knowledge about what it means to build better health, foster safe communities and promote thriving families.
 - Began planning for *Live Well, San Diego! Fostering Safe Communities* by conducting four educational sessions to increase employee knowledge about safety and creating design teams to identify protection, prevention, and preparedness priorities.
 - Partnered with Department of Human Resources in starting up the Employees Wellness SharePoint site for all County employees.
 - Supported employee-driven activities that promote healthy eating and physical activity in the workplace.

Required Discipline – Fiscal Stability

- Implemented economic reality plans and management control initiatives to align with revenues supporting fiscal responsibility and operational integrity.

Required Discipline – Customer Satisfaction

- Increased capacity to meet unprecedented demand in public assistance by partnering with 2-1-1 San Diego to support the ACCESS Customer Service Center to respond to customer needs.
- Integrated Welfare-to-Work, Refugee Employment Services and Child Care under one contract to align programs and provide a one-stop service that promotes self-sufficiency.

Required Discipline – Regional Leadership

- Received recognition as regional leaders in various disciplines for implementation of innovative projects such as Network of Care website, development of disaster CalFresh protocol, procurement financial evaluation, high-tech mental health solutions and H1N1 vaccine distribution.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Increased worker knowledge about performance excellence by introducing and discussing the Baldrige National Quality Program criteria.

Required Discipline – Accountability/Transparency

- Reengineered support activities to monitor and track implementation of *Live, Well, San Diego!* and ensure decisions are data-based and outcome-driven.
- Led the nation in the movement toward national public health accreditation by completing the beta test process of the Public Health Accreditation Board.

Required Discipline – Continuous Improvement

- Implemented Lean Six Sigma program (a management strategy), certifying staff as Black, Green, Yellow and White Belts to develop organizational capacity for applying these principles to eliminating waste, improving speed, and ensuring consistency.
- Continued to perform business process reengineering to improve service delivery in various programs such as Child Welfare Services and Self-Sufficiency (CalFresh, Medi-Cal and CalWORKs).

Required Discipline – Information Technology

- Opened a Centralized Imaging Center to improve efficiency, assure consistency and respond to customer needs related to public assistance programs.

2011-13 Objectives

Continue implementation of *Live Well, San Diego!* to achieve the Agency's vision of healthy, safe and thriving communities by:

- Building a better service delivery system that recognizes the importance of safety in achieving healthy people, healthy communities and thriving families.
- Supporting positive choices that integrate healthy and safe living and encourage financial stability.
- Pursuing policy and environmental changes that make it easier to be healthy, enhance safety, and support communities that thrive.
- Improving the culture from within by introducing Agency staff to recognize that traumatic events impact individual health, community safety and financial stability.

- Advancing operational excellence by ensuring fiscal stability, customer service, leadership, accountability and transparency, continuous improvement and workforce excellence.

Budget Changes and Operational Impact: 2010-11 to 2011-12

Overview

The Health and Human Services Agency's Fiscal Year 2011-12 plan includes appropriations of \$1.9 billion, an increase of \$63.5 million.

Adjustments to the Operational Plan include increased appropriations to address the implementation of the Low Income Health Program (LIHP), which is reflected under Strategic Planning and Operational Support, increases in Behavioral Health contracted services, as well as negotiated labor agreements and increases in County retirement contributions, offset by decreases in In-Home Supportive Services based on caseload trends and reductions in immunization services due to State cuts.

The Agency reduced 26.00 staff years. A decrease of 5.00 staff years in Administrative Support is the result of consolidation and centralization of Countywide background investigation services. A total of 21.00 staff years were reduced in Child Welfare Services, of which 5.00 staff years were non-case-carrying positions with no impact to client services, and 16.00 staff years were eliminated as a result of the Fiscal Year 2010-11 contracting out of Early Periodic Screening, Diagnosis and Treatment (EPSDT) services due to reengineering efforts at Polinsky Children's Center.

A major goal in the development of the Agency's operational plan is to advance the *Live Well, San Diego!* initiative. As part of this endeavor, the Agency leveraged existing resources and created the Office of Health Systems Innovation and the Office of Business Intelligence. These offices will assist the Agency in strengthening operational excellence through continued integration and

alignment of services, community engagement and advancing the use of data and information to increase efficiency.

The Agency faces over \$40 million in funding challenges associated with State budget cuts, the ending of the federal economic stimulus funding, and continued increased demand for services. The Agency is mitigating these challenges by leveraging local resources, maximizing the use of State and federal dollars, and continuing efforts to consolidate and integrate services.

There continues to be tremendous uncertainty with the State's financial situation. The State recently passed legislation with cuts and program changes which will impact HHSA clients and service delivery. The full impact of these changes is dependent on additional State action and on the on-going economic unrest. Moving forward, HHSA will return to the Board and adjust its operational plan as needed to align ongoing funding with core, essential services. HHSA will continue to work with advisory boards and other key stakeholders in these efforts.

Tobacco Settlement Funds

Tobacco settlement payments were first securitized in Fiscal Year 2001-02 to allow a stable funding stream for health and human services programs. The Special Revenue fund reflects \$27.5 million for Fiscal Year 2011-12. There is no change between years.

Budget Changes and Operational Impact: 2011-12 to 2012-13

Net decrease of \$29.6 million is primarily the result of a decrease of \$35.1 million in Services and Supplies primarily due to elimination of one-time projects from prior year, offset by an increase of \$5.3 million in Salaries and Benefits associated with an increase in County retirement contributions and a negotiated benefit increase.



Health and Human Services Agency Summary

Group Staffing by Department

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Regional Operations	2,262.00	2,277.00	2,277.00
Strategic Planning & Operational Support	200.00	202.00	202.00
Aging and Independence Services	292.50	292.50	292.50
Behavioral Health Services	840.50	837.50	837.50
Child Welfare Services	744.50	703.50	703.50
Public Health Services	479.75	480.75	480.75
Public Administrator / Public Guardian	34.00	34.00	34.00
Administrative Support	303.00	303.00	303.00
Total	5,156.25	5,130.25	5,130.25

Group Expenditures by Department

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Regional Operations	\$ 446,832,917	\$ 462,888,866	\$ 463,727,125	\$ 449,184,601	\$ 464,314,986	\$ 467,241,726
Strategic Planning & Operational Support	160,415,486	161,411,948	186,940,789	188,609,481	225,162,212	225,633,803
Aging and Independence Services	303,908,390	335,194,757	314,451,361	304,611,832	309,757,401	316,689,178
Behavioral Health Services	364,627,453	405,914,153	409,648,683	373,690,616	427,734,706	418,299,678
Child Welfare Services	239,131,854	263,321,003	262,081,800	226,655,143	258,626,410	259,593,086
Public Health Services	98,129,974	102,193,095	108,272,203	102,988,758	103,380,590	95,269,374
Public Administrator / Public Guardian	4,397,273	4,472,416	4,472,416	4,498,351	4,591,551	4,185,165
Administrative Support	52,411,778	93,525,329	99,767,704	56,517,718	98,816,209	75,896,039
Tobacco Settlement Funds	24,200,000	27,500,000	27,500,000	24,371,225	27,500,000	27,500,000
Total	\$1,694,055,124	\$1,856,421,567	\$1,876,862,081	\$1,731,127,722	\$1,919,884,065	\$1,890,308,049

Regional Operations

Department Description

The Health and Human Services Agency's service delivery system is organized into six geographic service regions, using a public-private partnership model to meet the needs of families and individuals in San Diego County. As outlined in Appendix D, core regional operations include: Public Health Services, Family Resource Centers/Public Assistance Payments and Child Welfare Services.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2010-11 Accomplishments – All Regions

Strategic Initiative – Kids

- Improved health outcomes for newborns by ensuring that 99% (282 of 286) of pregnant women received the recommended number of prenatal care visits, above target of 96%.
- Reduced the onset of preventable illness or disease by immunizing 99% (9,751 of 9,834) of children age 0-4 years, above target of 93%.
- Reduced onset of preventable illness or disease by immunizing 97% (9,383 of 9,662) of children and adolescents age 11-18 years, above target of 93%.
- Improved access to health care by achieving a 6% (an additional 15,301; from 263,177 to 278,478) increase in children receiving Medi-Cal or Healthy Families, exceeding target of 1%.
- Protected and supported the well-being of children at risk of entering the foster care system by increasing Team Decision Making (TDM) meetings by 4.8% (from 2,055 to 2,153), slightly below target of 5%.
- Protected children and supported reunification by identifying the most appropriate service using Structured Decision Making (SDM) when assessing 82.8% (2,535 of 3,062) of child welfare families, above target of 81%.
- Supported stability of children in foster care (between 8 days and 12 months) by ensuring that 80.8% (1,482 of 1,834) had fewer than three placements, just below target of 81%.



Strategic Initiative – Safe and Livable Communities

- Improved access to nutritional services by providing outreach and enrolling an additional 21,863 (a total two-year increase of 52,333, from 83,851 to 136,184) children and seniors in CalFresh (formerly Food Stamps), reaching the three-year target to enroll 50,000 children and seniors one year ahead of schedule due to the increased efforts of staff and community partners.

2011-13 Objectives – All Regions

Strategic Initiative – Kids

- Improve birth outcomes by ensuring 98% (245 of 250) of pregnant women served by public health nurses receive the recommended number of prenatal care visits.
- Reduce the onset of preventable illness or disease by immunizing 98% (4,900 of 5,000) of children age 0-4 years.
- Reduce the onset of preventable illness or disease by immunizing 98% (3,920 of 4,000) of children and adolescents age 11-18 years.
- Improve access to health care by enrolling an additional 1% (from 278,478 to 281,262) of children in Medi-Cal and Healthy Families programs.
- Improve outcomes for children as measured by family participation in joint case planning and meetings by 33% (2,001 of 6,265).
- Support stability of foster youth by placing 44% (1,429 of 3,249) with a relative or nonrelated extended family member.
- Support stability of children in foster care (8 days or more, but less than 12 months) by ensuring 81% (1,573 of 1,942) have fewer than three placements.

Strategic Initiative – Safe and Livable Communities

- Improve access to nutritional services by enrolling 25,000 (136,184 to 161,184) children and seniors in CalFresh.
- Promote collaboration and transparency by developing region-specific community engagement plans that seek input and action for *Live Well, San Diego!*

Central Region

The Central Region encompasses San Diego city's urban core consisting of 50 neighborhoods with a multitude of diverse culture and population. Central Region is bordered to the North by Interstate 8, extending eastward to the cities of Lemon Grove and La Mesa, continuing south to National City, and westward to the San Diego Bay. Agency staff from the Central Region provide regional services and lead countywide efforts such as the Community Action Partnership and a pilot on eliminating disparities in Child Welfare and key initiatives on improving access and outcomes for the homeless population. Effective Fiscal Year 2011-12, the domestic violence prevention activities will be included with Child Welfare Services.

2010-11 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Improved access and pathways to prevention, treatment and care services for City Heights residents by developing a community engagement plan in partnership with the Building Healthy Communities initiative.
- Assisted families out of poverty by expanding existing *Thrive San Diego* partnerships. *Thrive San Diego* is a partnership between the County of San Diego, San Diego State University and California State University, San Marcos to help screen low-income people for CalFresh eligibility.
- Assisted families to maximize their tax returns by expanding countywide Earned Income Tax Credit (EITC) public-private coalition. The EITC tax dollars for the 2011 campaign increased from \$7.1 million in 2010 to \$8.1 million in 2011.

2011-13 Objectives

Strategic Initiative – Kids

- Address over representation of African-American foster children in the Central Region by establishing a Child Protection Team and developing a communitywide framework to improve child protection.

- Strengthen culturally appropriate service delivery in the Child Welfare System by piloting a program that is responsive to cultural diversity.

Strategic Initiative – Safe and Livable Communities

- Enhance care management for homeless individuals and reduce costs by decreasing hospital inpatient readmissions and frequent users by 10% (from 74 to 67).

East Region

The East Region is a mixture of urban, suburban and rural communities, including several Native American reservations and a large Iraqi refugee population. East Region was the first to administer Nurse Family Partnership (NFP), an evidence-based program helping first-time, low-income mothers succeed, which has now been implemented countywide. East Region also administers Neighborhoods for Kids, an initiative that strives to keep abused and neglected children in safe, familiar environments and in their same schools.

2010-11 Accomplishments

Strategic Initiative – Kids

- Supported stability of children coming into protective custody by placing 69% (213 of 309) with a relative or family friend, above target of 65%.
- Supported stability and educational growth of children coming into protective custody by placing 61% (61 of 99) in a home where they can attend their school of origin; target of 65% not met due to child having to move schools in order for him/her to be placed with a relative or someone that he/she knows.
- Prevented illness and disease by immunizing 98% (130 of 133) of NFP graduates' children by 24 months of age, meeting target.
- Improved health outcomes for children by ensuring that 94% (502 of 532) of NFP participants initiated breast feeding, meeting target.

2011-13 Objectives

Strategic Initiative – Kids

- Support stability and educational growth of children coming into protective custody by placing 65% (54 of 82) in a home where they can attend their school of origin.

- Promote family stability by ensuring that 75% (166 of 221) of children are reunified with their parents within 12 months.
- Improve health outcomes for children by ensuring that 91% (108 of 120) of NFP participants initiate breast feeding.
- Promote healthy living by ensuring that 32% (11 of 32) of NFP parents decrease smoking.
- Promote self-sufficiency by linking culturally appropriate service providers to refugee families.

- Improve health outcomes for infants by establishing a baseline for NFP participants who initiate breast feeding.
- Ensure timely service to clients by maintaining wait times of 30 days or less for County Medical Services eligibility appointments.
- Support military families by building effective community relationships that promote safe and healthy living.

North Central Region

The North Central Region is located within the City of San Diego and is comprised of 38 diverse communities including Miramar Air Base and other military communities. With a large military population, Agency staff from the North Central Region support the unique needs of military families through the Agency's "Military Initiative." In Fiscal Year 2010-11, North Central Region implemented the Nurse Family Partnership (NFP) program to help its first-time, low-income mothers succeed.

North Coastal Region

The North Coastal Region consists of six cities, Camp Pendleton and more than a dozen communities. The region's northern border is the Orange County line. In addition to providing core regional services, Agency staff from the North Coastal Region facilitates HealthLink North County and North County Cares. HealthLink North County is a school health-focused, public-private partnership to improve health and education outcomes for North County's school children. North County Cares is a collaboration of the Agency, community partners, resource families, and child welfare services working together to improve outcomes for North County children.

2010-11 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Reduced wait time to 29 days for County Medical Services eligibility appointments for eligible clients, meeting goal of maintaining wait times at 30 days or less.
- Supported healthy choices by developing four Community Action Plans supporting the Communities Putting Prevention to Work initiative (*Healthy Works*SM), above target of three plans:
 - Educated the public about healthy choices by launching the *Healthy Works*SM media campaign.
 - Promoted nutrition by introducing healthy Breakfast/Summer Meal Programs within school districts.
 - Promoted healthy eating by changing policies that favor healthier food service options at senior meal sites.
 - Supported improved health outcomes for infants by implementing Breastfeeding/Lactation Worksite Policy Actions.

2010-11 Accomplishments

Strategic Initiative – Kids

- Strengthened safety and healthy living through the Military Strategic Plan by increasing services by 76% (from 322 to 567) to military families, exceeding the 5% target due to targeted promotion, community involvement and collaboration at Camp Pendleton.
- Supported stability of foster children by placing 69% (85 of 122) with relatives or family friends, above target of 68%.

2011-13 Objectives

Strategic Initiative – Safe and Livable Communities

- Reduce onset of illness and disease by establishing a baseline for NFP graduates' children that are fully immunized by 24 months of age.

2011-13 Objectives

Strategic Initiative – Kids

- Support health and well being of military families by providing 576 public health nurse contacts.
- Improve health outcomes for vulnerable children by establishing immunization baselines and performance outcomes of NFP graduates' children by 24 months of age.

North Inland Region

The North Inland Region includes four cities, remote desert communities, historic mountain towns, rural homes and farms, and numerous Indian reservations. The region's



eastern border is the Imperial County line. In addition to providing core regional services, North Inland Region facilitates the Rural Health Network and North County Cares. The Rural Health Network is a forum that brings together government and community service providers to collaborate and leverage health resources for rural San Diego County communities. North County Cares is a collaboration of the Agency, community partners, resource families, and child welfare services working together to improve outcomes for North County children.

2010-11 Accomplishments

Strategic Initiative – Kids

- Supported stability of children in protective custody by placing 54% (88 of 161) with relatives or family friends, above target of 53%.

Required Discipline – Customer Satisfaction

- Improved access to public assistance programs through video interviewing and increased by 35% (from 96 to 130) the number of clients served at initial pilot site, exceeding the target of 10%. Expansion efforts resulted in a total of 446 clients served at 5 sites.

2011-13 Objectives

Strategic Initiative – Kids

- Improve health outcomes for vulnerable children by establishing immunization baselines and performance outcomes of NFP graduates' children by 24 months of age.

Required Discipline – Customer Satisfaction

- Improve access to public assistance programs through video interviewing by increasing the number of clients served by 15% (from 446 to 513).

South Region

The South Region has four cities and seven communities and is bordered in the south by Mexico. Agency staff from the South Region provide regional services, lead the Healthy Eating Active Communities (HEAC) project, and manage the South Region Nurse Family Partnership Program (NFP), and Families as Partners (FAP). HEAC aims to prevent childhood obesity and ensure healthy adulthood

by reducing health risks associated with obesity. NFP is an evidence-based program that helps first-time, high-risk, low-income mothers. FAP is a public-private partnership that will provide a community safety net for South Region's children and youth who are at risk of entering foster care or who are currently in the system.

2010-11 Accomplishments

Strategic Initiative – Kids

- Improved health outcomes of infants by ensuring that 60% (21 of 35) of NFP mothers breastfed their infant up to 6 months of age, exceeding target of 45% due to targeted perinatal counseling.
- Strengthened the family and promoted stability by increasing the number of FAP children who were diverted from protective custody by 94% (from 283 to 550), above target of 10% due to the streamlining of the referral assignment process and enhanced tracking and monitoring.

2011-13 Objectives

Strategic Initiative – Kids

- Strengthen the family and promote stability by increasing the number of FAP children who are diverted to prevention services by 20% (from 550 to 660).

Strategic Initiative – Safe and Livable Communities

- Improve nutrition and access to CalFresh benefits by implementing a video interview process.
- Enhance care coordination and access for pregnant and post-partum women by deploying a referral pathway tool with at least 10 partners (internal and external).

Related Links

For detailed information about the health and characteristics of the people living in each Region, go to <http://www.sdhealthstatistics.com/>.

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcounty.ca.gov/hhsa/>.

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Actuals	2011-12 Adopted	2012-13 Approved
Expectant mothers visited by Public Health Nurses through delivery that complete recommended number of prenatal care visits	98% of 401	96% of 450	99% of 286	98% of 250	98% of 250
Children age 0-4 years receive age-appropriate vaccines	99% of 25,866	93% of 15,000	99% of 9,834	98% of 5,000	98% of 5,000
Children age 11-18 years receive age-appropriate vaccines	97% of 16,191	93% of 12,000	97% of 9,662	98% of 4,000	98% of 4,000
Children enrolled in Medi-Cal and Healthy Families health care coverage	5% (enrolled 12,562 for a total of 263,177)	1% (enroll 2,632 for a total of 265,809)	6% (enrolled 15,301 for a total of 278,478)	1% (enroll 2,784 for a total of 281,262)	1% (enroll 2,784 for a total of 281,262)
Family participation in joint case planning and meetings ¹	N/A	N/A	30.8% of 6,265	33% of 6,265	33% of 6,265
Children in foster care that are in kin placements ¹	N/A	N/A	42.5% of 3,249	44% of 3,249	44% of 3,249
Children in foster care for less than 12 months have fewer than 3 placements during that period	81.9% of 1,896	81% of 1,947	80.8% of 1,834	81% of 1,942	81% of 1,942
Eligible children and seniors enrolled in CalFresh ²	30,470 (from 83,851 to 114,321) ²	20,000 (from 114,321 to 134,321)	21,863 (from 114,321 to 136,184) ²	25,000 (from 36,184 to 161,184)	25,000 (from 136,184 to 161,184)
Increase in TDM meetings held countywide ³	19.1% (from 1,725 to 2,055)	5% (from 2,055 to 2,157)	4.8% (from 2,055 to 2,153)	N/A	N/A
Completion of SDM assessments on new child welfare cases ³	76.3% of 1,752	81% of 3,450 ³	82.8% of 3,062	N/A	N/A

Table Notes

¹ Effective Fiscal Year 2011-12, the measure has been included in the Operational Plan to reflect strategic priorities.

² CalFresh is California's name for the Federal Supplemental Nutrition Assistance Program (SNAP) program, formerly called Food Stamps. In March 2009, the Board of Supervisors adopted a 3-year goal to enroll 50,000 children and seniors by 2012. In Fiscal Year 2009-10, the program enrolled 30,470 children and seniors. The original numbers reported for Fiscal Year 2009-10 were revised to reflect the baseline of 83,851 for March 2009. In Fiscal Year 2010-11, the program enrolled 21,863 children and seniors. The total for the two fiscal years was 52,333. The goal was achieved one-year ahead of schedule.

³ Effective Fiscal Year 2011-12, this measure will no longer be reported in the Operational Plan, but will continue to be monitored internally.



Budget Changes and Operational Impact: 2010-11 to 2011-12 – All Regions

Staffing

Net increase of 15.00 staff years.

- Transfer in 20.00 staff years from County Child Welfare Services to support Regional Child Welfare Services activities.
- Transfer in 2.00 staff years from Strategic Planning and Operational Support (SPOS) to support the Centralized Imaging and Family Resource Center operations.
- Transfer in 1.00 staff year from Administrative Support to assist high need populations applying for Medi-Cal disability and other services.
- Transfer out 5.00 staff years to SPOS to support operations in the Office of Business Intelligence, SPOS Administration and Health Care Policy Administration.
- Transfer out 2.00 staff years to Administrative Support. The additional positions are part of First Five's reorganization needs which included data collection, reporting and overall accountability of the Commission's contracts.
- Transfer out 1.00 staff year to Public Health to support services associated with the *Healthy Works*sm Initiative.

Expenditures

Net increase of \$1.4 million.

- Salaries and Benefits — increase of \$5.4 million reflects negotiated labor agreements as well as increases in County retirement contributions and the addition of 15.00 staff years.
- Services and Supplies — decrease of \$4.0 million.
 - Decrease of \$2.5 million in contracted services associated with the completion of one-time self-sufficiency projects funded by the American Recovery and Reinvestment Act of 2009 (ARRA), offset by alignment for projected contract needs. This completes the projects for the preservation and creation of jobs, to promote economic recovery, and to provide emergency food and housing to those most impacted by the recession.
 - Decrease of \$0.2 million in the Juvenile Diversion program. This will reduce services to approximately 215 youth annually who demonstrate behaviors typically associated with delinquency and which are likely to result in involvement and re-involvement with the juvenile justice system.

- Decrease of \$1.3 million associated with the transfer of domestic violence contracts to Child Welfare Services. This will have no impact on services.

Revenues

Net increase of \$1.4 million.

- Licenses, Permits & Franchise Fees — decrease of \$1.3 million in marriage license fees associated with the transfer of domestic violence services to Child Welfare Services.
- Revenue From Use of Money & Property – decrease of \$0.3 million for lease income for employment services offices.
- Intergovernmental Revenues — net increase of \$2.0 million.
 - Increase of \$3.8 million in Realignment revenue.
 - Increase of \$1.0 million due to new federal Medicaid Coverage Expansion funding for Low Income Health Program.
 - Decrease of \$2.7 million of ARRA funding associated with completion of one-time projects.
 - Decrease of \$0.1 million due to Communities Putting Prevention to Work Initiative ending in March 2012.
- Miscellaneous Revenues — decrease of \$0.2 million to align to historical actuals.
- Use of Fund Balance — increase of \$0.3 million. A total of \$2.0 million is budgeted for:
 - \$0.8 million to fund a one-time negotiated salary adjustment.
 - \$1.2 million of one-time funding for the Juvenile Diversion program.
- General Purpose Revenue Allocation — increase of \$0.9 million.
 - Increase of \$0.6 million to cover operating costs.
 - Increase of \$0.3 million to fund 2-1-1 San Diego. This information and referral service assists customers in accessing health and social services, including homeless shelter bed referral and free tax preparation sites.

Budget Changes and Operational Impact: 2011-12 to 2012-13 – All Regions

Net increase of \$2.9 million is the result of an increase of \$4.1 million in Salaries and Benefits due to an increase in County retirement contributions and a negotiated benefit increase offset by a reduction of \$1.2 million in Services and Supplies due to the elimination of one-time projects from prior year.

Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Regional Self Suffic Elig	1,081.00	1,089.00	1,089.00
Regional Child Welfare Svcs	618.00	637.00	637.00
Central Region	157.00	148.00	148.00
East Region	93.50	93.50	93.50
North Central Region	109.00	108.00	108.00
North Coastal Region	63.00	62.00	62.00
North Inland Region	65.00	64.00	64.00
South Region	75.50	75.50	75.50
Total	2,262.00	2,277.00	2,277.00

Budget by Program

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Regional Self Suffic Elig	\$ 72,863,094	\$ 331,552,068	\$ 328,552,068	\$ 324,915,894	\$ 334,344,484	\$ 336,862,498
Regional Child Welfare Svcs	52,896,901	55,502,534	55,502,534	51,219,847	58,246,726	59,651,914
Central Region	94,237,063	25,607,022	29,088,587	25,710,178	21,648,759	20,546,130
East Region	90,682,688	11,485,439	11,531,434	11,525,410	11,837,916	11,853,548
North Central Region	26,984,487	11,210,385	11,275,244	10,017,661	10,535,081	10,618,441
North Coastal Region	24,053,581	8,544,889	8,644,809	7,999,561	8,654,872	8,640,818
North Inland Region	31,108,751	7,914,093	7,929,908	7,410,340	8,131,653	8,145,240
South Region	54,006,352	11,072,436	11,202,542	10,385,710	10,915,495	10,923,137
Total	\$ 446,832,917	\$ 462,888,866	\$ 463,727,125	\$ 449,184,601	\$ 464,314,986	\$ 467,241,726

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Salaries & Benefits	\$ 173,170,647	\$ 175,537,747	\$ 175,537,747	\$ 167,877,697	\$ 180,982,823	\$ 185,107,296
Services & Supplies	37,107,696	34,257,266	38,095,525	33,873,108	30,238,310	29,040,577
Other Charges	236,554,574	253,093,853	250,093,853	247,434,757	253,093,853	253,093,853
Expenditure Transfer & Reimbursements	—	—	—	(961)	—	—
Total	\$ 446,832,917	\$ 462,888,866	\$ 463,727,125	\$ 449,184,601	\$ 464,314,986	\$ 467,241,726



Budget by Categories of Revenues						
	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Licenses Permits & Franchises	\$ 872,153	\$ 1,254,000	\$ 1,174,000	\$ 1,174,000	\$ —	\$ —
Fines, Forfeitures & Penalties	35,665	50,000	50,000	40,000	50,000	50,000
Revenue From Use of Money & Property	290,442	311,113	311,113	33,496	—	—
Intergovernmental Revenues	374,513,356	434,765,577	434,833,917	434,976,932	436,792,077	435,656,409
Charges For Current Services	1,609,524	4,874,145	4,874,145	3,339,692	4,897,111	4,897,111
Miscellaneous Revenues	236,343	1,382,758	1,382,758	387,812	1,159,365	1,159,365
Fund Balance Component Decreases	—	—	—	—	—	5,170,312
Use of Fund Balance	48,780,447	1,700,000	2,549,919	(9,318,603)	1,982,904	—
General Purpose Revenue Allocation	20,494,987	18,551,273	18,551,273	18,551,273	19,433,529	20,308,529
Total	\$ 446,832,917	\$ 462,888,866	\$ 463,727,125	\$ 449,184,601	\$ 464,314,986	\$ 467,241,726

Strategic Planning and Operational Support

Department Description

Strategic Planning and Operational Support (SPOS) provides planning, policy direction, and operational and administrative support to Agency regions and programs. SPOS promotes access to health care, advances individual self-sufficiency through public assistance programs, including refugee programs, and safeguards program integrity by partnering with regional operations, the District Attorney and the State. The Commission on Children, Youth and Families, an advisory body to help strengthen children and families, is staffed by SPOS. The Office of Business Intelligence focuses on integrating and analyzing data from a variety of systems to connect agency employees with the timely information needed to make data-informed decisions.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2010-11 Accomplishments

Strategic Initiative – Kids

- Supported families in pursuit of self-sufficiency by issuing 99% (49,735 of 50,055) of child care payments within 10 calendar days, meeting target.
- Moved Welfare to Work participants closer to self-sufficiency by ensuring 16% (2,185 of 13,657 individuals per month) had paid employment, below target of 30%, which is attributed to high unemployment across the nation.
- Encouraged families to achieve self-sufficiency by ensuring that 24% (2,592 of 10,803 cases per month) of Welfare to Work cases had participants in State approved work activities, below target of 45% due to contract transition activities.

Strategic Initiative – Safe and Livable Communities

- Assisted indigent adults through the Advocacy Program to secure financial and medical support by ensuring that 90% (126 of 140) successfully obtained Supplemental Security Income (SSI), meeting target.
- Improved access to care and treatment by increasing the network of medical specialty care providers serving indigent consumers by 32% (from 244 to 321), exceeding target of 10% due to increased recruiting efforts.



- Monitored the health of indigent adults in diabetes case management by ensuring that 92% (978 of 1,062) received an annual blood test. Semi-annual data not available as a result of data conversion issues.

Required Discipline – Customer Satisfaction

- Assisted in providing timely and accurate public assistance benefits by responding to 93% (13,110 of 13,994) of urgent CalWIN help desk calls within 48 hours, below the target of 95%.

Required Discipline – Accountability/Transparency

- Strengthened program integrity by establishing a baseline (120 per month) for In-Home Supportive Services reviews.

Required Discipline – Continuous Improvement

- Mitigated risks and advanced strategic priorities by completing six Agency-level continuous improvement projects, above target of four. Projects include improvements within Child Welfare Services and Public Assistance programs.

2011-13 Objectives

Strategic Initiative – Kids

- Promote self-sufficiency by issuing 99% (41,580 of 42,000) of child care payments within 10 calendar days.
- Move Welfare to Work participants closer to self-sufficiency by ensuring 30% (3,300 of 11,000 individuals per month) have paid employment.
- Encourage families to achieve self-sufficiency by ensuring 45% (4,050 of 9,000 cases per month) of Welfare to Work cases have participants in State approved work activities.

Strategic Initiative – Safe and Livable Communities

- Secure financial and medical support through SSI for 96% (144 of 150) of indigent adults assisted by the Advocacy Program.
- Secure financial and medical support for indigent adults by serving an additional 33% (from 109 to 144) through the Advocacy Program.
- Strengthen care and treatment by providing case management services to an additional 10% (from 1,020 to 1,122) of indigent adults.
- Enhance quality and coordination of care to Medicaid Coverage Expansion (MCE) patients by ensuring 91% (6,384 of 7,016) receive treatment from their assigned medical home.
- Ensure access to hot meals by enrolling 90% (18,900 of 21,000) of eligible participants in the CalFresh Restaurant Meals Program.

Required Discipline – Accountability, Transparency and Ethical Conduct

- Support program integrity and ensure services are accurately authorized by conducting 1,920 unannounced In-Home Supportive Services home visits.

- Identify community level outcomes to monitor child, adult and older adult well-being by developing the *Live Well, San Diego!* initiative evaluation framework.

Required Discipline – Customer Satisfaction

- Assist with timely and accurate benefit issuance by responding to 95% (16,150 of 17,000) of urgent CalWIN help desk calls within 48 hours.

Required Discipline – Continuous Improvement

- Mitigate risks and advance strategic priorities by completing four Agency-level continuous improvement projects.
- Increase efficiencies and optimize resources by establishing performance standards and targets for the ACCESS Customer Service Center.

Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcounty.ca.gov/hhsa>.

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Actuals	2011-12 Adopted	2012-13 Approved
Child care payments issued within 10 days	N/A	99% of 40,000	99% of 50,055	99% of 42,000	99% of 42,000
Welfare to Work participants have paid employment	N/A	30% of 37,500 ¹	16% of 13,657 ¹	30% of 11,000	30% of 11,000
Welfare to Work participants participating in work activities	N/A	45% of 30,000 ¹	24% of 10,803 ¹	45% of 9,000	45% of 9,000
SSI applicants who complete the application process through the SSI Advocacy program and obtain SSI	96% of 160	90% of 150	96% of 150	96% of 150	96% of 150
Indigent health care enrollees who are diabetic and on insulin, 50+ years old who fill 3 prescriptions to reduce cardiac events and strokes ²	N/A	N/A	N/A	33% (from 109 to 144)	33% (from 144 to 192)
Indigent health care enrollees receiving management services ²	N/A	N/A	N/A	10% (from 1,020 to 1,122)	10% (from 1,122 to 1,234)
Hospital in-patient readmissions of the top 50 homeless frequent users in Central Region, 30 days or less after discharge ²	N/A	N/A	N/A	10% decrease (from 74 to 67)	10% decrease (from 67 to 60)
MCE patients who received treatment from assigned medical home ²	N/A	N/A	N/A	91% of 7,016	91% of 7,016
Unannounced home visits in the In-Home Supportive Services program ²	N/A	N/A	N/A	1,920	1,920
Urgent help desk calls responded to within 48 hours	87% of 10,898	95% of 17,000	93% of 13,944 ³	95% of 17,000	95% of 17,000
Agency-level continuous improvement projects ⁴	5	4	6 ⁵	N/A	N/A
Increase in medical specialty care doctors for indigent clients ⁶	26% (from 193 to 244)	10% (from 244 to 268)	32% (from 244 to 321)	N/A	N/A
Indigent adult diabetics enrolled in diabetes case management that receive blood tests ⁶	79% of 986	85% of 800	92% of 1,062 ⁷	N/A	N/A

Table Notes

¹ Effective Fiscal Year 2011-12, the Welfare to Work performance measures will be reported as a monthly average to remove the variation in caseload that occurs throughout the year and the duplicative counting that occurs when some individuals rotate in and out of the program due to circumstances.

² Effective Fiscal Year 2011-12, measure was added to better reflect strategic priorities.

³ The target for this measure was not met due to assignment of other priority tasks such as assisting the ACCESS Customer Service Center with overflow calls and processing of online applications for CalFresh and Medi-Cal.

⁴ Effective Fiscal Year 2011-12, this measure will be reported in the HHSA Summary section to avoid duplicate reporting.



⁵ The six continuous improvement projects are: Co-Executive lead for Lean Six Sigma at HHS Training and 90/90 Plan aimed to increase timely processing of public assistance applications. Executive lead for two Six Sigma Black Belt projects: Decrease Overpayment for Failure to Act on Reported Information and Ensuring Accurate Benefits. Staff conducted two business processing reengineering (BPR) projects: CWS – Transforming Residential Treatment BPR and Transportation BPR.

⁶ Effective Fiscal Year 2011-12, these measures were replaced with other performance measures that better reflect strategic priorities.

⁷ The data available at fiscal year-end for 2010-11 is an annual number. Due to technical difficulties, the data for semi-annual blood tests for diabetes is not available.

Budget Changes and Operational Impact: 2010-11 to 2011-12

Staffing

Net increase of 2.00 staff years.

- Transfer in 5.00 staff years from Regional Operations to support operations in Office of Business Intelligence, Health Care Policy Administration and SPOS Administration.
- Transfer out of 2.00 staff years to Regional Operations to support the Centralized Imaging and Family Resource Center operations.
- Transfer out 1.00 staff year to Administrative Support to support emergency preparedness activities.

Expenditures

Increase of \$63.8 million.

- Salaries and Benefits — increase of \$0.8 million due to negotiated labor agreements as well as increases in County retirement contributions, and the increase of 2.00 staff years.
- Services and Supplies — increase of \$62.9 million.
 - Increase of \$55.9 million due to the implementation of the Low Income Health Program (LIHP).
 - Increase of \$2.8 million in contracts associated with Refugee Employment and Supportive Services.
 - Increase of \$1.5 million due to a technical adjustment to employment service contracts with no impact to services.
 - Increase of \$1.1 million in rents and leases for lease income for employment services offices.
 - Increase of \$0.8 million for 2-1-1 San Diego contract to support the ACCESS Center.
 - Increase of \$0.4 million to support the CalWIN automation system.

- Increase of \$0.4 million for a cost applied associated with Public Assistance Fraud Division and mailing costs.

Revenues

Net increase of \$63.8 million.

- Revenue from Use of Money and Property – increase of \$1.0 million associated with rental of property sub-leased by CalWORKs contractors.
- Intergovernmental Revenues — net increase of \$63.2 million.
 - Increase of \$57.8 million of Coverage Initiative revenues associated with implementation of the LIHP.
 - Increase of \$2.8 million of Refugee Employment and Supportive Services revenues to align with allocations.
 - Increase of \$1.3 million in Child Care Stage 1 revenues to align with allocation.
 - Increase of \$1.2 million in Realignment revenues associated with the 2-1-1 contract, ACCESS Center and Office of Business Intelligence.
 - Increase of \$1.0 million of CalWIN revenues to align with allocation.
 - Increase of \$0.3 million of Cal Learn revenues to align with allocation.
 - Increase of \$0.3 million in Community-Based Child Abuse Prevention revenues previously realized in Charges for Current Services.
 - Decrease of \$1.3 million in Coverage Initiative due to the loss of American Recovery and Reinvestment Act of 2009 funding.
 - Decrease of \$0.1 million in Case Management Information and Payrolling System II project to align with allocation.
- Charges for Current Services — decrease of \$0.3 million of Community-Based Child Abuse Prevention revenues now realized in Intergovernmental Revenues.

- Miscellaneous Revenues — decrease of \$0.3 million due to lower projected interest earnings.
- Use of Fund Balance — increase of \$0.2 million. A total of \$0.2 million budgeted to fund a one-time negotiated salary adjustment.

Budget Changes and Operational Impact: 2011-12 to 2012-13

Increase of \$0.5 million includes contracted cost for CalWIN and Cost Applied for Public Assistance Fraud Division, and an increase in County retirement contributions and a negotiated benefit increase.



Strategic Planning and Operational Support

Staffing by Program						
		Fiscal Year 2010-11 Adopted Budget			Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Administration		79.00			81.00	81.00
Health Care Administration		36.00			37.00	37.00
Self Sufficiency Services and Support		85.00			84.00	84.00
Total		200.00			202.00	202.00

Budget by Program						
	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Administration	\$ 24,891,172	\$ 25,933,008	\$ 25,936,713	\$ 24,892,059	\$ 27,023,353	\$ 27,510,194
Health Care Administration	104,165,994	98,723,293	120,723,293	122,832,989	154,895,654	154,922,437
Child Care Planning Council	1,076,384	1,113,810	1,113,810	796,758	1,123,783	1,123,783
Self Sufficiency Services and Support	30,281,937	35,641,837	39,166,973	40,087,674	42,119,422	42,077,389
Total	\$ 160,415,486	\$ 161,411,948	\$ 186,940,789	\$ 188,609,481	\$ 225,162,212	\$ 225,633,803

Budget by Categories of Expenditures						
	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Salaries & Benefits	\$ 18,294,149	\$ 17,250,921	\$ 17,250,921	\$ 16,976,141	\$ 18,084,933	\$ 18,109,645
Services & Supplies	141,903,572	144,161,027	169,689,868	171,633,340	207,077,279	207,524,158
Other Charges	210,331	—	—	—	—	—
Capital Assets Equipment	7,435	—	—	—	—	—
Total	\$ 160,415,486	\$ 161,411,948	\$ 186,940,789	\$ 188,609,481	\$ 225,162,212	\$ 225,633,803

Budget by Categories of Revenues

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Fines, Forfeitures & Penalties	\$ 3,308,072	\$ 3,349,216	\$ 3,349,216	\$ 3,168,573	\$ 3,349,216	\$ 3,349,216
Revenue From Use of Money & Property	—	—	—	1,072,182	1,019,083	1,019,083
Intergovernmental Revenues	132,806,759	117,043,172	120,043,172	104,917,104	180,234,894	180,581,161
Charges For Current Services	14,597,102	11,960,573	11,960,573	14,717,029	11,657,982	11,657,982
Miscellaneous Revenues	1,090,789	458,987	458,987	350,672	100,000	100,000
Other Financing Sources	17,600,000	17,600,000	17,600,000	17,600,000	17,600,000	17,600,000
Fund Balance Component Decreases	—	—	—	—	—	326,361
Use of Fund Balance	(19,987,235)	—	22,528,841	35,783,920	201,037	—
General Purpose Revenue Allocation	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000
Total	\$ 160,415,486	\$ 161,411,948	\$ 186,940,789	\$ 188,609,481	\$ 225,162,212	\$ 225,633,803



Aging & Independence Services

Department Description

Aging & Independence Services (AIS) improves the lives of seniors and adults with disabilities. Programs and services include protection and advocacy, health independence, information and assistance, home and community-based services and enrichment programs. This division serves seniors, disabled adults, and abused, elderly and dependent adults, as well as others requiring home-based care to prevent institutionalization.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2010-11 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Protected seniors and dependent adults from abuse and neglect by conducting 96% (6,905 of 7,175) of face-to-face contacts within 10 days of receiving Adult Protective Services (APS) referral, above target of 95%.
- Ensured safety and well-being of adults referred to APS by ensuring that 92% (6,588 of 7,175) were not re-referred within six months, above target of 91%.
- Ensured that disabled individuals were able to remain safely in their home by completing 96% (21,587 of 22,494) of In-Home Supportive Services (IHSS) reassessments timely, meeting target.
- Fostered independent living and secured maximum funds by maintaining 95% (587 of 618) participation in the Multipurpose Senior Services Program (MSSP) case management program, meeting target.
- Supported older adults to be connected and active in their community by increasing participation in volunteer opportunities by 1% (from 2,207 to 2,222), below target of 4% due to resource constraints
- Assisted veterans and their families to utilize financial education opportunities by notifying 99% (5,915 of 5,954) within 14 days of the status of their college tuition waiver application, above target of 95%.

Required Discipline – Information Technology

- Due to an adjustment in the State timeline, failed to implement the IHSS statewide case management computer system Case Management Information and Payrolling System (CMIPS II), not meeting target.



2011-13 Objectives

Strategic Initiative – Safe and Livable Communities

- Protect seniors and dependent adults from abuse and neglect by conducting 98% (7,350 of 7,500) of face-to-face contacts within 10 days of receiving referral.
- Ensure safety and well-being of APS adults by ensuring that 95% (7,125 of 7,500) are not re-referred within six months.
- Assist veterans and their families to utilize financial education opportunities by notifying 98% (4,750 of 5,000) within 14 days of the result of their college tuition waiver application.

Required Discipline – Customer Satisfaction

- Foster independent living and maximize revenue by maintaining 98% (605 of 618) participation in the MSSP case management program.
- Promote *Live Well, San Diego!* through active living by connecting 2,295 older adults with volunteer opportunities.
- Ensure IHSS clients receive the appropriate level of care to remain safely in their own home by recertifying 98% (16,170 of 16,500) of reassessments timely.

Required Discipline – Information Technology

- Better manage recipient and provider data by implementing the IHSS statewide case management computer system, CMIPS II.

Related Links

A resource guide for seniors, adults with disabilities and professionals is available through Network of Care at <http://sandiego.networkofcare.org/>.

■ ■ ■ Aging & Independence Services

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcounty.ca.gov/hhsa/>.

For additional information on the programs offered by Aging & Independence Services, refer to the website at <http://www.sdcounty.ca.gov/hhsa/programs/ais>.

Performance Measures

	2009-10 Actuals	2010-11 Adopted	2010-11 Actuals	2011-12 Adopted	2012-13 Approved
Face-to-face APS investigations within 10 days	95% of 6,319	95% of 7,500	96% of 7,175	98% of 7,500	98% of 7,500
APS cases not re-referred within 6 months of closing	93% of 6,319	91% of 7,500	92% of 7,175	95% of 7,500	95% of 7,500
IHSS reassessments recertified timely	98% of 19,914	96% of 16,500	96% of 22,494	98% of 16,500	98% of 16,500
Notification response rate within 14 days for customers applying for the college fee waiver	97% of 5,817	95% of 5,000	99% of 5,954	98% of 5,000	98% of 5,000
Average monthly number of MSSP case management slots filled	N/A	95% of 618	95% of 618	98% of 618	98% of 618
Maintain the number of older adults linked with RSVP and Intergenerational volunteer opportunities ¹	N/A	4% increase (from 2,207 to 2,295)	1% increase (from 2,207 to 2,222)	2,295	2,295

¹ Effective Fiscal Year 2011-12, this performance measure has been revised to “maintain” the number of older adults linked with the Retired Senior Volunteer Program (RSVP) and Intergenerational volunteer opportunities instead of “increase.”

Budget Changes and Operational Impact: 2010-11 to 2011-12

Staffing

No change in staffing.

Expenditures

Net decrease of \$25.4 million.

- Salaries and Benefits — increase of \$0.5 million due to negotiated labor agreements as well as increases in County retirement contributions.
- Services and Supplies — net decrease of \$25.9 million.
 - Decrease of \$26.0 million for IHSS Individual Provider (IP) payments to align with caseload trend.
 - Decrease of \$0.3 million in information technology application services to align to available CMIPS II implementation funding.
 - Increase of \$0.4 million for senior nutrition program associated with one-time funding.

Revenues

Net decrease of \$25.4 million.

- Intergovernmental Revenues — net decrease of \$25.6 million.
 - Decrease of \$34.0 million associated with anticipated IHSS program caseload trend and loss of American Recovery and Reinvestment Act of 2009 (ARRA) funding.
 - Decrease of \$0.4 million in various revenues to align to allocation.
 - Decrease of \$0.3 million in IHSS to align to available CMIPS II implementation funding.
 - Decrease of \$0.1 million in one-time Aging and Disability Resource Center funding.
 - Increase of \$8.4 million in Realignment revenue.
 - Increase of \$0.4 million in Adult Protective Services to align to projected allocation level.
 - Increase of \$0.4 million in one-time senior nutrition program funding.

- Use of Fund Balance — increase of \$0.3 million. A total of \$0.3 million budgeted to fund a one-time negotiated salary adjustment.
- General Purpose Revenue Allocation — decrease of \$0.1 million associated with IHSS caseload trend.

Budget Changes and Operational Impact: 2011-12 to 2012-13

Increase of \$6.9 million due to an increase in IHSS IP payments and an increase in County retirement contributions and a negotiated benefit increase.



■ ■ ■ Aging & Independence Services

Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
In-Home Supportive Services	151.00	151.00	151.00
Veterans Services	8.00	8.00	8.00
Senior Health and Social Services	43.00	42.00	42.00
Protective Services	69.50	69.00	69.00
Administrative and Other Services	21.00	22.50	22.50
Total	292.50	292.50	292.50

Budget by Program

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
In-Home Supportive Services	\$ 278,377,341	\$ 308,220,269	\$ 287,036,779	\$ 279,623,985	\$ 281,600,550	\$ 288,516,571
Veterans Services	927,251	937,523	937,523	861,223	948,368	956,455
Senior Health and Social Services	13,289,682	13,732,726	13,672,308	13,259,349	13,952,326	13,933,676
Protective Services	7,033,289	8,306,872	8,320,384	7,007,680	8,785,070	8,793,924
Administrative and Other Services	4,280,828	3,997,367	4,484,367	3,859,595	4,471,087	4,488,552
Total	\$ 303,908,390	\$ 335,194,757	\$ 314,451,361	\$ 304,611,832	\$ 309,757,401	\$ 316,689,178

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Salaries & Benefits	\$ 24,345,615	\$ 25,862,782	\$ 25,862,782	\$ 24,223,298	\$ 26,326,593	\$ 26,557,747
Services & Supplies	267,622,433	295,527,795	274,784,399	268,038,838	269,626,628	276,327,251
Other Charges	22,998	5,000	5,000	18,373	5,000	5,000
Operating Transfers Out	11,917,344	13,799,180	13,799,180	12,331,323	13,799,180	13,799,180
Total	\$ 303,908,390	\$ 335,194,757	\$ 314,451,361	\$ 304,611,832	\$ 309,757,401	\$ 316,689,178

Budget by Categories of Revenues

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Fines, Forfeitures & Penalties	\$ 243,322	\$ 185,660	\$ 185,660	\$ 176,472	\$ 185,660	\$ 185,660
Intergovernmental Revenues	294,292,501	326,142,860	326,279,860	295,114,278	300,478,458	307,306,108
Miscellaneous Revenues	4,727,093	95,457	95,457	5,162,094	112,199	46,710
Other Financing Sources	133,265	100,000	100,000	111,716	100,000	100,000
Fund Balance Component Decreases	891,189	—	—	—	—	458,176
Use of Fund Balance	(5,049,760)	—	(20,880,396)	(4,623,508)	288,560	—
General Purpose Revenue Allocation	8,670,780	8,670,780	8,670,780	8,670,780	8,592,524	8,592,524
Total	\$ 303,908,390	\$ 335,194,757	\$ 314,451,361	\$ 304,611,832	\$ 309,757,401	\$ 316,689,178





Behavioral Health Services

Department Description

Behavioral Health Services (BHS) provides a range of mental health, alcohol and other drug programs, promoting recovery and well-being through prevention, treatment and interventions. Services are integrated for clients with co-occurring mental illness and alcohol and drug issues. BHS works in partnership with the community to provide evidence-based services to achieve effective outcomes. Inpatient Health Services are offered at the San Diego County Psychiatric Hospital (SDCPH) and at the Edgemoor Distinct Part Skilled Nursing Facility, which operates under the licensure of the SDCPH. Beginning Fiscal Year 2011-12, BHS Accomplishments and Objectives will be reported in whole to reflect the full integration of Alcohol and Drug Services, Mental Health Services, and Inpatient Health Services.

Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2010-11 Accomplishments

Strategic Initiative – Kids

- Supported educational growth and overall well-being of adolescents who completed alcohol and drug treatment by ensuring that 96% (683 of 715) either completed high school (or the equivalent) or were enrolled in an educational setting, above the target of 90%.
- Improved access to nonresidential alcohol and drug treatment for adolescents by ensuring that 88% (1,198 of 1,369) were admitted within 14 days, above the target of 85%.
- Maintained access for outpatient mental health assessment to children and youth by ensuring an average wait time of 5 days, meeting the target of 5 days or less.
- Strengthened care and treatment for children with complex developmental, behavioral, and/or mental health issues through KidSTART, a multidisciplinary mental health program, by serving 214 children, surpassing the target of 100 children served.



Strategic Initiative – Safe and Livable Communities

- As part of building a better service delivery system, integrated physical health and behavioral health services by launching two pilot programs testing different service delivery models (East Region Mental Health Clinic and San Ysidro Comprehensive Health Clinic), surpassing the target of one pilot program.
- Enhanced the Behavioral Health Quality Management Plan to improve alcohol, drug and mental health services for clients with co-occurring disorders and revised outcome measures, meeting target.
 - Increased system capacity for co-occurring programs by utilizing Mental Health Services Act funding.
 - Reduced duplication of Mental Health site visits
- Supported healthy and safe living by ensuring 45% (4,956 of 11,046) of participants completed alcohol and drug treatment, exceeding the target of 35%.
- Improved access for outpatient mental health assessment to adults by reducing average wait time to 4 days, surpassing the target of 8 days or less.
- Improved access to outpatient mental health services and treatment by increasing the number of older adults served by 5% (from 5,137 to 5,393), meeting target.

Required Discipline – Accountability/Transparency

- Maintained full accreditation with Joint Commission Standards Compliance for SDCPH demonstrating commitment to patient care and accountability, meeting target.
- Maintained rating of substantial compliance for Edgemoor DPSNF, a rating issued by State licensing, confirming standards for health, safety and quality of life for the patients were met, meeting target.

- Promoted quality of care and a safer environment for patients and staff by averaging 1.38 occurrences per 1,000 patient days for the use of mechanical or manual restraints at SDCPH, surpassing the target national benchmark of 1.78 occurrences.

Required Discipline – Information Technology

- Enhanced customer service and improved operational effectiveness and efficiency by continuing the implementation of the Electronic Mental Health Record by the following and meeting performance targets:
 - Trained 2,500 clinicians and completed implementation of the assessment portion of the Electronic Health Record.
 - Completed planning for the enhanced treatment plan and progress notes component of the Electronic Health Record in June 2011.
 - Completed planning for the deployment of the doctor's home portion of the Electronic Health Record, including an electronic prescribing feature.

2011-13 Objectives

Strategic Initiative – Kids

- Support educational growth and overall well-being of adolescents who complete alcohol and drug treatment by ensuring 90% (833 of 925) either complete high school (or the equivalent) or are enrolled in an educational setting.
- Provide timely intervention to children who have complex behavioral/emotional needs through the KidSTART program by serving 100 children ages 0-5 years.

Strategic Initiative – Safe and Livable Communities

- Improve quality and efficient care by integrating physical and behavioral health services with two modified service delivery system pilot programs.
- Support healthy and safe living by ensuring that 35% (4,550 of 13,000) of participants complete alcohol and drug treatment.

Required Discipline – Customer Satisfaction

- Ensure access to outpatient mental health assessments for at-risk children and youth by maintaining an average wait time of 5 days.
- Ensure access and care and treatment into non-residential alcohol and drug treatment for adolescents by admitting 85% (1,224 of 1,440) within 14 days.
- Improve access to outpatient mental health services to older adults by serving an additional 5% (from 5,393 to 5,662).
- Increase utilization and efficiency at outpatient mental health clinics by reducing the number of adults who cancel or failures to show by 10%.

Required Discipline – Accountability, Transparency and Ethical Conduct

- Demonstrate accountability and commitment to outstanding patient care by:
 - Maintaining full accreditation with the Joint Commission Standards Compliance for SDCPH.
 - Maintaining State rating of substantial compliance for Edgemoor DPSNF.
 - Meeting the national benchmark (1.78 occurrences or less per 1,000 patient days) for the use of mechanical or manual restraints at SDCPH.

Required Discipline – Information Technology

- Improve operational effectiveness and efficiency by completing implementation of the Electronic Health Record for BHS providers and clients.

Related Links

For information about the Network of Care for Behavioral Health, go to <http://sandiego.networkofcare.org>.

For additional information on the programs offered by the Health and Human Services Agency, refer to the website <http://www.sdcountry.ca.gov/hhsa/>.

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Actuals	2011-12 Adopted	2012-13 Approved
Adolescents discharged from alcohol and drug treatment who complete high school or the equivalent, or are enrolled in an educational setting	96% of 627	90% of 925	96% of 715	90% of 925	90% of 925
Adolescents admitted timely (within 14 calendar days) to nonresidential alcohol and drug treatment	91% of 1,234	85% of 1,440	88% of 1,369	85% of 1,440	85% of 1,440
Participants in alcohol and drug treatment who complete treatment	45% of 4,513	35% of 13,000	45% of 11,046	35% of 13,000	35% of 13,000
Wait time for children's mental health outpatient treatment	5 days	5 days	5 days	5 days	5 days
Children 0-5 years served in KidSTART program	N/A	100	214	100	100
Wait time for adult mental health outpatient treatment	5 days	8 days	4 days	N/A ¹	N/A
Increase in number of older adults receiving mental health services	11% (from 4,628 to 5,137)	5% (from 5,137 to 5,393)	5% (from 5,137 to 5,393)	5% (from 5,393 to 5,662)	5% (from 5,662 to 5,945)
Decrease the number of adult clients who cancel or fail to show for outpatient mental health appointment ²	N/A	N/A	N/A	10% (Quarterly)	10% (Quarterly)
Compliance rating of Edgemoor DPSNF ³	D	D	D	D	D

Table Notes

¹ Effective Fiscal Year 2011-12, this measure will no longer be reported in the Operational Plan. Due to reengineering of San Diego County Psychiatric Hospital Crisis Walk-In Clinic and regionalizing walk-in and urgent capacity to outpatient mental health clinics, the wait times have decreased to well under 5 days and cannot realistically be reduced further.

² Effective Fiscal Year 2011-12, this measure has been included to reflect strategic priorities.

³ The rating of "D" is the highest possible rating. The rating comes from an annual survey, in adherence to Title 22 statute, and looks at over 2,000 requirements. It indicates substantial compliance as defined by the California Department of Public Health Services Licensing and Certification Program, which means there are no widespread deficiencies and minimal physical, mental and/or psychological discomfort to the residents. There are no facilities (out of 91) with a zero deficiency in San Diego County.

Budget Changes and Operational Impact: 2010-11 to 2011-12

Staffing

Decrease of 3.00 staff years in BHS due to the transition of staff to Administrative Support for the Office of Health Systems Innovation (OHSI).

Expenditures

Net increase of \$21.8 million.

- Salaries and Benefits — net increase of \$3.6 million reflects negotiated labor agreements as well as increases in County retirement contributions, offset by the transfer of 3.00 staff years.



- Services and Supplies — increase of \$17.5 million.
 - Increase of \$10.5 million in Alcohol and Drug Services (ADS) contracted services for continued Behavioral Health program integration and enhanced drug court programs.
 - Increase of \$5.0 million in Mental Health Services contracted services for planned implementation of additional Proposition 63, *Mental Health Services Act* (MHSA), components and program transformation.
 - Increase of \$2.0 million in Inpatient Services for institutional services and other services and supplies.
- Other Charges — increase of \$0.8 million in Support and Care of Persons to cover additional contracted beds and increased rates for state hospital expenses.
- Capital Assets Equipment — decrease of \$0.1 million due to completion of one-time prior year purchases.
- Increase of \$2.1 million in Early Periodic Screening, Diagnosis and Treatment (EPSDT) funding.
- Decrease of \$5.9 million in revenues due to the discontinuance of ARRA funding and adjustments in revenues.
- Decrease of \$3.8 million in Managed Care due to continued program reengineering.
- Decrease of \$0.2 million due to reduced Medi-Cal Administrative Activities (MAA) revenue.
- Charges for Current Services — increase of \$1.9 million.
 - Increase of \$1.5 million in Institutional Care reimbursement at Edgemoor DPSNF to align to the current Medi-Cal rate.
 - Increase of \$0.4 million in other charges for services provided to the Superior Court by Adult Forensic program staff.

Revenues

Net increase of \$21.8 million.

- Intergovernmental Revenue — net increase of \$18.6 million.
 - Increase of \$24.2 million in MHSA revenue due to planned implementation of additional MHSA components and program transformation.
 - Increase of \$2.2 million in ADS due to \$3.4 million in new funding from the California Department of Corrections and Rehabilitation, Senate Bill (SB) 678, *California Community Corrections Performance Incentive Act*, California Emergency Management Agency and Substance Abuse and Mental Health Services Administration, offset by a reduction of \$1.2 million discontinued funding from Justice Assistance Grant Program under the American Recovery and Reinvestment Act (ARRA) for Offender Treatment Program.
- Miscellaneous Revenues — increase of \$0.4 million due to one-time anticipated recovered expenditures offset by a technical adjustment in which revenue is being reclassified as intergovernmental revenue.
- Use of Fund Balance — increase of \$0.9 million. A total of \$0.9 million budgeted to fund a one-time negotiated salary adjustment.

Budget Changes and Operational Impact: 2011-12 to 2012-13

Net decrease of \$9.4 million reflects a reduction of \$10.0 million in Services and Supplies due to the completion of one-time contracted services, partially offset by an increase of \$0.6 million in Salaries and Benefits due to an increase in County retirement contributions and a negotiated benefit increase.

Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Alcohol and Other Drug Services	24.00	25.00	25.00
Mental Health Services	297.50	296.50	296.50
Inpatient Health Services	464.25	462.25	462.25
Behavioral Health Svcs Administration	54.75	53.75	53.75
Total	840.50	837.50	837.50

Budget by Program

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Alcohol and Other Drug Services	\$ 40,336,420	\$ 43,484,633	\$ 44,699,742	\$ 38,201,365	\$ 54,346,304	\$ 54,308,399
Children's Mental Health Services	3,157	—	—	(5)	—	—
Mental Health Services	255,288,730	294,445,966	296,560,392	267,128,528	302,969,599	293,129,240
Inpatient Health Services	60,886,597	59,796,981	60,143,671	60,489,177	62,167,691	62,603,690
Behavioral Health Svcs Administration	8,112,549	8,186,573	8,244,879	7,871,551	8,251,112	8,258,349
Total	\$ 364,627,453	\$ 405,914,153	\$ 409,648,683	\$ 373,690,616	\$ 427,734,706	\$ 418,299,678

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Salaries & Benefits	\$ 78,844,499	\$ 80,949,413	\$ 80,953,349	\$ 77,988,949	\$ 84,607,218	\$ 85,243,838
Services & Supplies	282,554,225	322,709,056	326,439,650	292,900,166	340,190,406	330,118,758
Other Charges	3,105,738	2,174,314	2,174,314	2,830,882	2,980,506	2,980,506
Capital Assets Equipment	166,414	100,000	100,000	—	—	—
Expenditure Transfer & Reimbursements	(43,424)	(18,630)	(18,630)	(29,381)	(43,424)	(43,424)
Total	\$ 364,627,453	\$ 405,914,153	\$ 409,648,683	\$ 373,690,616	\$ 427,734,706	\$ 418,299,678



Budget by Categories of Revenues						
	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Intergovernmental Revenues	\$ 315,628,313	\$ 355,778,509	\$ 356,099,458	\$ 319,196,409	\$ 374,365,812	\$ 369,038,514
Charges For Current Services	30,495,824	31,756,911	31,756,911	35,671,909	33,670,855	34,566,474
Miscellaneous Revenues	1,182,453	4,880,591	4,880,591	7,084,733	5,240,614	891,000
Other Financing Sources	6,016,871	6,000,000	6,000,000	6,014,310	6,000,000	6,000,000
Fund Balance Component Decreases	—	—	—	—	—	305,548
Use of Fund Balance	233,872	—	3,413,581	(1,774,888)	959,283	—
General Purpose Revenue Allocation	11,070,121	7,498,142	7,498,142	7,498,142	7,498,142	7,498,142
Total	\$ 364,627,453	\$ 405,914,153	\$ 409,648,683	\$ 373,690,616	\$ 427,734,706	\$ 418,299,678

Child Welfare Services

Department Description

Child Welfare Services (CWS) delivers culturally competent, family-centered and child-focused protective services. CWS investigates reports of suspected child abuse and neglect and intervenes with families who do not meet the minimum community standards of health and safety as required by law. In addition to these services, CWS administers the Polinsky Children's Center (PCC), a 24-hour temporary emergency shelter for children; and San Pasqual Academy, a first-in-the-nation residential education campus for adolescent foster youth.



Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2010-11 Accomplishments

Strategic Initiative – Kids

- Promoted stability in the child's living situation by placing children with family, relative or other foster care settings, in less than 24 hours, diverting 60% (309 of 513) from PCC, exceeding target of 48% due to staff efforts.
- Promoted stability for youth enrolled in the intensive, wraparound program by placing 65% (112 of 171) in a family-like setting, above target of 60%. This program is for foster youth at risk of being placed in a group home setting or who are transitioning to a lower level of care from a group home placement.
- Strengthened families by ensuring that 26% (118 of 460) of children were adopted within 24 months of entering child welfare services, above target of 20%.
- Supported educational achievement of foster youth in the 12th grade, including children in San Pasqual and other residential settings, by ensuring 82% (157 of 191) earned a high school diploma or equivalent, meeting target.

2011-13 Objectives

Strategic Initiative – Kids

- Promote stability for children by placing them with family, relative or other foster care setting by diverting 65% (390 of 600) of children entering PCC in less than 24 hours.
- Promote stability for youth enrolled in the intensive, wraparound program by placing 65% (90 of 139) into a family-like setting.
- Strengthen families by ensuring that 30% (193 of 644) of children are adopted within 24 months of entering child welfare services.
- Support educational achievement of foster youth in the 12th grade, including children in San Pasqual and other residential settings, by ensuring that 85% (162 of 190) earn a high school diploma or equivalent.
- Improve response for children exposed to domestic violence by building a trauma informed system of care.

Related Links

For information about San Diego County Adoptions, go to <http://www.iadoptu.org> and for San Pasqual Academy, go to <http://www.sanpasqualacademy.org>.

For additional information on the programs offered by the Health and Human Services Agency, refer to the Web at <http://www.sdcountry.ca.gov/hhsa/>.

Performance Measures ¹	2009-10 Actuals	2010-11 Adopted	2010-11 Actuals	2011-12 Adopted	2012-13 Approved
Polinsky Children’s Center assessment center entries placed in family, relative or other foster care settings in less than 24 hours	54% of 566	48% of 598	60% of 513	65% of 600	65% of 600
Youth in intensive, wraparound program in a family-like setting	63.3% ³ of 138	60% of 139	65% of 171	65% of 139	65% of 139
Foster children in 12 th grade who achieve high school completion (diploma, certificate, or equivalent)	85.2% of 189	82% of 190	82% of 191	85% of 190	85% of 190
Children who were adopted from the child welfare system were adopted within 24 months ¹	N/A	20% of 644	26% of 460	30% of 644	30% of 644
Children who were adopted are placed with their new family within 24 months of entering child welfare services ²	21.8% of 595	N/A	N/A	N/A	N/A

Table Notes

¹ For more Child Welfare Services performance measures, go to the HHSA Regional Operations section.

² Effective Fiscal Year 2010-2011, the measure “Children who were adopted are placed with their new family within 24 months of entering child welfare services” has been rewritten to “Children who were adopted from the child welfare system were adopted within 24 months” for clarity. The 24 months begins from the latest removal date from the home and ends with a finalized adoption.

Budget Changes and Operational Impact: 2010-11 to 2011-12

Staffing

Decrease of 41.00 staff years.

- Decrease of 16.00 staff years reflects Fiscal Year 2010-11 contracting out of Early Periodic Screening, Diagnosis and Treatment (EPSDT) services as a result of reengineering efforts at Polinsky Children’s Center.
- Decrease of 5.00 staff years in Adoptions and Foster Care in non-case-carrying positions with no impact to client services.
- Transfer out 20.00 staff years to Regional Operations to support Regional CWS activities.

Expenditures

Net decrease of \$4.7 million.

- Salaries and Benefits — decrease of \$3.2 million due to the decrease of 41.00 staff years, offset by the negotiated labor agreements as well as increases in County retirement contributions.
- Services and Supplies — net increase of \$0.3 million.
 - Increase of \$1.2 million associated with Domestic Violence contracts for prevention services that transferred from Regional Operations.
 - Decrease of \$0.4 million in contracts funded by First Five Commission of which \$0.5 million was for the KidSTART Center one-time start up costs, offset by \$0.1 million to fund one-year Rady Children’s Hospital contract increase with Polinsky Children’s Center.
 - Decrease of \$0.5 million for various services and supplies.
- Other Charges — net decrease of \$1.8 million.
 - Decrease of \$2.4 million in foster care aid payments to align with caseload trends.
 - Increase of \$0.6 million in Aid for Adopted Children to align with caseload trends.

Revenues

Net decrease of \$4.7 million.

- Licenses Permits and Franchises — increase of \$1.3 million to fund Domestic Violence contracts for prevention services that transferred from Regional Operations.
- Intergovernmental Revenues — net decrease of \$4.9 million.
 - Decrease of \$5.4 million in Realignment revenue as these dollars are being allocated to other realigned program to maximize State and federal revenue.
 - Decrease of \$5.2 million in foster care and adoptions revenue due to the loss of American Recovery and Reinvestment Act of 2009 (ARRA) funding and to reflect projected case levels.
 - Increase of \$5.2 million in State and federal CWS administrative revenues.
 - Increase of \$0.5 million for Family Integrated Treatment (FIT) grant, previously realized in Miscellaneous Revenues.
- Charges For Current Services — net decrease of \$0.4 million from the First Five Commission.
- Miscellaneous Revenues — decrease of \$0.5 million for FIT grant, now realized in Intergovernmental Revenues.
- Fund Balance Component Decreases — net decrease of \$0.4 million to align to actuals.
- Use of Fund Balance — increase of \$0.3 million. A total of \$0.3 million budgeted to fund a one-time salary adjustment.

Budget Changes and Operational Impact: 2011-12 to 2012-13

Net increase of \$1.0 million is the result of \$1.1 million increase in Salaries and Benefits due to an increase in County retirement contributions and a negotiated benefit increase, offset by a decrease of \$0.1 million in Rady Children's Hospital contract.



Child Welfare Services

Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Child Welfare Services	496.50	471.50	471.50
Foster Care	97.00	93.00	93.00
Adoptions	151.00	139.00	139.00
Total	744.50	703.50	703.50

Budget by Program

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Child Welfare Services	\$ 70,982,762	\$ 71,444,496	\$ 70,001,109	\$ 66,906,681	\$ 69,297,401	\$ 69,852,851
Foster Care	152,731,888	176,493,916	176,693,424	145,386,992	174,714,167	174,859,748
Adoptions	15,417,203	15,382,591	15,387,268	14,361,470	14,614,842	14,880,487
Total	\$ 239,131,854	\$ 263,321,003	\$ 262,081,800	\$ 226,655,143	\$ 258,626,410	\$ 259,593,086

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Salaries & Benefits	\$ 61,038,431	\$ 62,493,011	\$ 62,493,011	\$ 57,043,197	\$ 59,235,850	\$ 60,343,390
Services & Supplies	31,668,546	31,178,560	29,739,850	31,992,292	31,514,166	31,366,721
Other Charges	146,318,140	169,649,432	169,848,940	137,619,654	167,876,394	167,882,975
Capital Assets/Land Acquisition	106,737	—	—	—	—	—
Total	\$ 239,131,854	\$ 263,321,003	\$ 262,081,800	\$ 226,655,143	\$ 258,626,410	\$ 259,593,086

Budget by Categories of Revenues						
	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Licenses Permits & Franchises	\$ —	\$ —	\$ 80,000	\$ —	\$ 1,254,000	\$ 1,254,000
Revenue From Use of Money & Property	617,576	681,211	681,211	621,052	681,211	681,211
Intergovernmental Revenues	280,732,406	242,636,436	242,636,436	263,875,241	237,698,399	238,034,330
Charges For Current Services	3,065,302	5,173,372	5,173,372	5,309,547	4,796,684	4,643,372
Miscellaneous Revenues	1,211,908	859,072	859,072	507,784	366,450	366,450
Other Financing Sources	2,220	—	—	—	—	—
Fund Balance Component Decreases	—	4,431,710	4,431,710	4,431,710	4,000,000	5,074,521
Use of Fund Balance	(56,036,760)	—	(1,319,203)	(57,629,393)	290,464	—
General Purpose Revenue Allocation	9,539,202	9,539,202	9,539,202	9,539,202	9,539,202	9,539,202
Total	\$ 239,131,854	\$ 263,321,003	\$ 262,081,800	\$ 226,655,143	\$ 258,626,410	\$ 259,593,086





Public Health Services

Department Description

Public Health Services (PHS) promotes wellness, healthy behaviors and access to quality care; prevents injuries, disease, disabilities and epidemics; and protects against environmental hazards, disasters, and other public health threats. Providing public health protection for all County residents is a multidisciplinary and collaborative effort, involving other County Groups, as well as the private health care provider network, schools, businesses, communities and individuals.



Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2010-11 Accomplishments

Strategic Initiative – Kids

- Ensured preventive health examinations were performed to identify and correct health issues for 87% (2,602 of 2,976) of children in out-of-home placement, above target of 80%.
- Expedited California Children Services (CCS) referrals and improved accuracy by receiving 46% (30,236 of 65,223) of referrals electronically, below target of 50%.

Strategic Initiative – Safe and Livable Communities

- Reduced spread of disease by investigating 100% (72) of reported selected communicable disease cases within 24 hours, above target of 99%.
- Prevented transmission of tuberculosis (TB) by ensuring that 96% (207 of 216) of cases were reported within one working day from start of treatment, above target of 95%.
- Increased access to health care by connecting 98% (1,029 of 1,046) of new case management clients with an HIV primary care provider within 90 days, above target of 95%.
- Ensured preparedness to respond to public health hazards by activating the public health emergency response system seven times during the fiscal year, above target of five drills or exercises.

2011-13 Objectives

Strategic Initiative – Kids

- Ensure preventive health examinations are performed to identify and correct health issues for 85% (2,550 of 3,000) of children in out-of-home placement.
- Expedite California Children Services (CCS) referrals and improve accuracy by receiving 60% (21,000 of 35,000) of referrals electronically.

Strategic Initiative – Safe and Livable Communities

- Reduce spread of disease by investigating 100% (80) of reported selected communicable disease cases within 24 hours.
- Prevent transmission of TB by ensuring 98% (196 of 200) of cases are reported within one working day from start of treatment.
- Increase access to health care by connecting 98% (980 of 1,000) of new case management clients with an HIV primary care provider within 90 days.
- Ensure preparedness for response during a disaster or public health threat by activating the public health emergency response system a minimum of five times.

Related Links

For health statistics that describe health behaviors, diseases and injuries for specific populations, health trends and comparison to national targets, go to <http://www.sdhealthstatistics.com/>.

For additional information about the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcounty.ca.gov/hhsa/>.



Performance Measures ¹	2009-10 Actuals	2010-11 Adopted	2010-11 Actuals	2011-12 Adopted	2012-13 Approved
Children in out-of-home placements who receive preventive health examinations in accordance with CHDP guidelines	87% of 3,081	80% of 3,300	87% of 2,976	85% of 3,000	85% of 3,000
Number of eQuest referrals to CCS	36% of 64,031	50% of 35,000	46% of 65,223	60% of 35,000	60% of 35,000
Selected communicable diseases cases contacted/investigations initiated within 24 hours ²	100% of 56	99% of 80	100% of 72	100% of 80	100% of 80
TB cases reported to PHS within one working day from start of treatment ²	93% of 218	95% of 300	96% of 216	98% of 200	98% of 200
New clients enrolled with an HIV primary care provider within 90 days ²	100% of 1,813	95% of 1,500	98% of 1,046	98% of 1,000	98% of 1,000
Activation of public health emergency response system for drills, exercises and actual responses	N/A	5	7	5	5

Table Notes

¹For more Public Health Services performance measures, go to the HHSA Regional Operations section.

²The estimated numbers of cases listed in the Adopted and Approved columns are based on an average and may vary from year to year since these measures are based on incidents that have not yet happened and cannot be predicted.

**Budget Changes and Operational Impact:
2010-11 to 2011-12**

Staffing

Increase of 1.00 staff year.

- Transfer in 1.00 staff year from Regional Operations to support Maternal, Child and Family Health Services.

Expenditures

Net increase of \$1.2 million.

- Salaries and Benefits — increase of \$1.2 million reflects negotiated labor agreements as well as increases in County retirement contributions, and the addition of 1.00 staff year.
- Services and Supplies — no net change.
 - Increase of \$1.7 million in contracts related to the *Healthy Works*sm Initiative.
 - Increase of \$0.5 million in costs for Ambulance Services in County Service Areas (CSAs) 17 and 69 for the administration of billing services.

- Increase of \$0.3 million in contracts related to the Minority AIDS Initiative.
- Decrease of \$2.0 million in contracts related to immunization services in the Community Health Centers, due to reductions in State and federal immunization funding.
- Decrease of \$0.5 million in medical, dental and lab supplies due to a decline of H1N1 preparedness activity.
- Capital Assets Equipment — decrease of \$0.05 million primarily due to completion of prior year one-time purchases.

Revenues

Net increase of \$1.2 million.

- Taxes Current Property — decrease of \$0.2 million in CSAs 17 and 69 due to reduction in property values as a result of the economy.

- Intergovernmental Revenues — increase of \$0.1 million.
 - Increase of \$1.7 million in federal funding for the Communities Putting Prevention to Work (CPPW) program.
 - Increase of \$0.6 million due to additional revenue for ambulance transport fees (CSAs 17 and 69).
 - Increase of \$0.4 million in Realignment revenue.
 - Decrease of \$1.3 million in state and federal revenue which primarily supported immunization services.
 - Decrease of \$0.9 million in federal Bioterrorism revenue.
 - Decrease of \$0.4 million in Medi-Cal Administrative Activities revenue.
- Charges for Current Services — increase of \$0.6 million due to additional fees and reimbursements for the Black Infant Health Program and the Childhood Obesity Initiatives, the Tuberculosis Control unit, and from a rate increase in Special Benefit Taxes for CSAs 17 and 69.
- Miscellaneous Revenues — increase of \$0.1 million primarily in Vital Records.
- Use of Fund Balance — increase of \$0.7 million. A total of \$0.7 million budgeted to fund a one-time negotiated salary adjustment and contract costs for Maternal, Child and Family Health services.

Budget Changes and Operational Impact: 2011-12 to 2012-13

Net decrease of \$8.1 million as a result of a decrease of \$0.7 million in Salaries and Benefits due to the elimination of a one-time salary adjustment and a decrease of \$7.6 million in Services and Supplies due to the elimination of CPPW funding, offset by increases in County retirement contributions, negotiated benefits, and \$0.2 million in Capital Assets Equipment for equipment in the Bioterrorism program.



Staffing by Program						
		Fiscal Year 2010-11 Adopted Budget			Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Administration and Other Services		26.00			26.00	26.00
Bioterrorism / EMS		50.00			50.00	50.00
Infectious Disease Control		108.25			108.25	108.25
Surveillance		84.00			83.00	83.00
Prevention Services		70.50			72.50	72.50
California Childrens Services		141.00			141.00	141.00
Total		479.75			480.75	480.75

Budget by Program						
	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Administration and Other Services	\$ 4,340,815	\$ 4,866,019	\$ 4,865,551	\$ 4,679,502	\$ 5,025,879	\$ 5,014,826
Bioterrorism / EMS	13,034,213	12,964,360	15,264,181	13,709,548	12,363,187	12,722,916
Infectious Disease Control	27,118,249	25,781,115	26,783,051	26,760,002	26,558,430	26,663,154
Surveillance	11,321,639	10,948,097	11,645,624	11,000,610	11,098,908	11,352,505
Prevention Services	14,789,998	19,898,960	21,978,288	18,707,984	19,665,831	10,429,862
California Childrens Services	19,707,443	19,529,877	19,530,620	20,108,305	19,954,422	20,078,185
Ambulance CSA's - Health & Human Services	7,817,617	8,204,667	8,204,888	8,022,807	8,713,933	9,007,926
Total	\$ 98,129,974	\$ 102,193,095	\$ 108,272,203	\$ 102,988,758	\$ 103,380,590	\$ 95,269,374

Budget by Categories of Expenditures						
	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Salaries & Benefits	\$ 47,503,338	\$ 48,417,319	\$ 48,417,319	\$ 47,627,685	\$ 49,645,234	\$ 48,902,321
Services & Supplies	45,100,960	49,163,076	53,316,619	48,019,780	49,169,586	41,632,283
Other Charges	5,478,081	4,575,000	4,575,000	5,659,242	4,585,000	4,585,000
Capital Assets Equipment	260,784	233,000	2,158,565	1,878,328	176,070	345,070
Expenditure Transfer & Reimbursements	(213,189)	(195,300)	(195,300)	(196,277)	(195,300)	(195,300)
Total	\$ 98,129,974	\$ 102,193,095	\$ 108,272,203	\$ 102,988,758	\$ 103,380,590	\$ 95,269,374

Budget by Categories of Revenues

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Taxes Current Property	\$ 1,454,097	\$ 1,865,357	\$ 1,865,357	\$ 1,422,253	\$ 1,626,585	\$ 1,649,346
Taxes Other Than Current Secured	11,422	43,949	43,949	9,820	43,949	43,949
Licenses Permits & Franchises	164,845	177,957	177,957	175,457	157,039	157,039
Fines, Forfeitures & Penalties	2,242,433	2,273,805	2,273,805	2,166,765	2,263,805	2,263,805
Revenue From Use of Money & Property	41,190	81,000	81,000	38,159	104,000	104,000
Intergovernmental Revenues	82,995,422	85,855,113	88,587,839	85,583,700	85,897,311	76,749,308
Charges For Current Services	6,789,379	6,495,469	6,607,069	6,488,560	7,087,264	7,236,238
Miscellaneous Revenues	851,154	764,507	764,507	1,985,394	870,107	822,607
Other Financing Sources	500,000	500,000	500,000	500,835	500,000	500,000
Fund Balance Component Decreases	—	—	—	—	—	1,657,144
Use of Fund Balance	(1,005,905)	50,000	3,284,782	531,876	744,592	—
General Purpose Revenue Allocation	4,085,938	4,085,938	4,085,938	4,085,938	4,085,938	4,085,938
Total	\$ 98,129,974	\$ 102,193,095	\$ 108,272,203	\$ 102,988,758	\$ 103,380,590	\$ 95,269,374





Public Administrator / Public Guardian

Department Description

Public Administrator/Public Guardian protects and manages the estates of decedents and at-risk individuals who are unable to make decisions. The Public Administrator (PA) administers estates of persons who die with no will or without an appropriate person to act as an administrator; protects the decedent's property from waste, loss or theft and ensures the estate is administered according to the decedent's wishes. The Public Guardian (PG) serves as the legally appointed guardian or conservator for persons found by the Courts to be unable to take care of themselves or their assets — generally older, frail and vulnerable adults who are at risk or have been a victim of abuse or neglect.



Mission Statement

To make people's lives safer, healthier and self-sufficient by delivering essential services in San Diego County.

2010-11 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Supported emergency planning, response and recovery services by mapping client and real property locations, achieving 100% (176) accuracy, meeting target.
- Ensured safety and well-being of conservatorship customers by initiating 100% (162) of investigations within two business days of referral, meeting target.

Required Discipline – Customer Satisfaction

- Safeguarded the financial independence and assets of PG estate cases by submitting 100% (8) of inventory and appraisal (I&A) reports within 90 days of appointment, meeting target.
- Protected the decedent's property from waste, loss or theft by submitting 100% (17) of inventory and appraisal reports for formal PA probate cases within 120 days of appointment, meeting target.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Ensured knowledgeable workforce and met State criteria by certifying 100% (19) of Deputy PA/PG staff and supervisors, above target of 95%.

2011-13 Objectives

Strategic Initiative – Safe and Livable Communities

- Support emergency planning, response and recovery services by accurately mapping 100% (210) of clients and real property.
- Safeguard and protect the assets and resources of clients by initiating 90% (441 of 491) of bank inquiries within 2 business days.
- Safeguard and protect the assets and resources of clients by initiating 100% (135) of conservatorship investigations within 2 business days.

Required Discipline – Customer Satisfaction

- Safeguard the financial independence and assets of PG estate cases by submitting 100% (20) of inventory and appraisal reports within 90 days of appointment.
- Protect the decedent's property from waste, loss or theft by submitting 100% (20) of inventory and appraisal reports for formal PA probate cases within 120 days of appointment.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Ensure knowledgeable workforce and meet State criteria by certifying 100% (19) of Deputy PA/PG staff and supervisors.

Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcountry.ca.gov/hhsa>.

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Actuals	2011-12 Adopted	2012-13 Approved
Client and real property accurately mapped	100% of 181	95% of 210	100% of 176	100% of 210	100% of 210
All bank inquiries begin within 2 business days ¹	N/A	N/A	N/A	90% of 491	90% of 491
Conservatorship investigations begin within 2 business days of referral	N/A	95% of 135	100% of 162	100% of 135	100% of 135
PG Estate cases submit I&A reports to Probate Court within 90 days	100% of 5	95% of 20	100% of 8	100% of 20	100% of 20
PA formal probate cases submit I&A reports to Probate Court within 120 days	100% of 28	85% of 20	100% of 17	100% of 20	100% of 20
Deputy PA/PGs certified by California State PA/PG Association	100% of 19	95% of 19	100% of 19	100% of 19	100% of 19

Table Notes

¹ Effective Fiscal Year 2011-12, this measure has been included to reflect strategic priorities.

**Budget Changes and Operational Impact:
2010-11 to 2011-12**

Staffing

No change in staffing.

Expenditures

Increase of \$0.12 million for negotiated labor agreements as well as increases in County retirement contributions and a minor increase in services and supplies.

Revenues

Increase of \$0.12 million is the result of an increase of \$0.4 million in one-time Use of Fund Balance to mitigate the projected decline in revenues offset by a decrease of \$0.28

million due to lower projected interest earnings, declining estate values and reduced Medi-Cal Administrative Activities funding.

**Budget Changes and Operational Impact:
2011-12 to 2012-13**

A net decrease of \$0.4 million is the result of the anticipated reorganization of PA/PG warehouse functions offset by an increase in County retirement contributions and a negotiated benefit increase.

Staffing by Program

	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Public Administrator/ Guardian	34.00	34.00	34.00
Total	34.00	34.00	34.00

Budget by Program

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Public Administrator/ Guardian	\$ 4,397,273	\$ 4,472,416	\$ 4,472,416	\$ 4,498,351	\$ 4,591,551	\$ 4,185,165
Total	\$ 4,397,273	\$ 4,472,416	\$ 4,472,416	\$ 4,498,351	\$ 4,591,551	\$ 4,185,165

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Salaries & Benefits	\$ 3,413,580	\$ 3,427,029	\$ 3,427,029	\$ 3,496,954	\$ 3,538,664	\$ 3,243,059
Services & Supplies	807,037	795,387	795,387	828,014	802,887	692,106
Other Charges	176,656	250,000	250,000	173,382	250,000	250,000
Total	\$ 4,397,273	\$ 4,472,416	\$ 4,472,416	\$ 4,498,351	\$ 4,591,551	\$ 4,185,165

Budget by Categories of Revenues

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Licenses Permits & Franchises	\$ 46,806	\$ 46,000	\$ 46,000	\$ 48,966	\$ 46,000	\$ 46,000
Revenue From Use of Money & Property	85,000	160,000	160,000	90,000	100,000	100,000
Intergovernmental Revenues	39,940	60,000	60,000	73,021	35,500	35,500
Charges For Current Services	1,231,467	1,474,751	1,474,751	1,100,823	1,272,000	1,272,000
Miscellaneous Revenues	28,970	30,000	30,000	30,842	30,000	30,000
Use of Fund Balance	263,425	—	—	453,034	406,386	—
General Purpose Revenue Allocation	2,701,665	2,701,665	2,701,665	2,701,665	2,701,665	2,701,665
Total	\$ 4,397,273	\$ 4,472,416	\$ 4,472,416	\$ 4,498,351	\$ 4,591,551	\$ 4,185,165





Administrative Support

Department Description

The Health and Human Services Agency's (HHS) support divisions provide financial, administrative, planning and policy direction to the Agency's regions and divisions. Support divisions include: Financial Services and Support, Human Resources, Management Support, Agency Contract Support, and Agency Executive Office. The Compliance Office, Office of Government and Public Affairs can be found within the Agency Executive Office. The Office of Health Systems Innovation was established to ensure integration of the *Live Well, San Diego!* initiative.



Mission Statement

To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

2010-11 Accomplishments

Required Discipline – Fiscal Stability

- Ensured accountability of public funds by performing 22 comprehensive financially-focused compliance reviews of HHS contractors, above target of 20.
- Maximized external revenue by reducing by 28% (from 11% in Fiscal Year 2009-10 to 7.9% in Fiscal Year 2010-11) returned/denied Medicare claims, above target of 10% reduction.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Developed knowledge workers by utilizing electronic training.
 - Increased from 3 to 16 the number of divisions that developed electronic trainings, exceeding the target of 4, through the focused efforts of training staff.
 - Ensured knowledge of regulations remained current and relevant by providing job specific compliance training to four divisions, meeting target.

Required Discipline – Information Technology

- Improved efficiency and access to services by increasing Web-based referrals from 26% to 31% (from 40,558 of 155,994 to 44,758 of 145,894), above target of 30%.
- Improved records management and increased efficiency by reducing records storage space by 22% (from 23,893 to 18,528 boxes), above target of 20%.

2011-13 Objectives

Strategic Initiative – Safe and Livable Communities

Ensure integration and achievement of *Live Well, San Diego!* strategies.

- Building a better service delivery system by:
 - Supporting successful implementation of *Building Better Health* strategy by identifying areas for integration and innovation.
 - Improving access to services through increased Web-based referrals from 34% to 40% of the 156,000 referrals received annually.
 - Increasing efficiency and improving records management through the reduction of records storage space by 10% (from 19,114 to 17,203 boxes).
- Promoting positive choices by:
 - Educating the public to make positive health choices.
- Pursuing policy and environmental changes that support healthy, safe and thriving communities by:
 - Proactively pursuing a legislative agenda that supports *Live Well, San Diego!*
- Improving the culture from within by:
 - Engaging employees to embrace and apply the role they play in supporting healthy, safe and thriving residents.
 - Implementing a succession plan that incorporates advancement of *Live Well, San Diego!*
 - Supporting knowledge workers by increasing from four to five the number of divisions that develop electronic trainings.

Administrative Support

- Ensuring that knowledge of regulations remains current and relevant by providing job specific compliance training to five Agency divisions.

Required Discipline – Fiscal Stability

- Ensuring accountability of public funds by completing 20 comprehensive financially focused compliance reviews of contractors.
- Maximizing external revenue by decreasing returned/denied Medicare claims by 10%.

Required Discipline – Accountability, Transparency and Ethical Conduct

- Track, monitor and report progress in implementing the County Health Strategy: *Building Better Health*.

Required Discipline – Continuous Improvement

- Advance operational excellence by making data-driven decisions that focus on successful outcomes.

Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at <http://www.sdcountry.ca.gov/hhsa/>.

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Actuals	2011-12 Adopted	2012-13 Approved
Completed comprehensive fiscal-compliance reviews ¹	20	20	22	20	20
Decrease in returned/denied Medicare claims ²	69% (from 36% [676 of 1,873] to 11% [158 of 1,417])	10% over Fiscal Year 2009-10	28% (from 11% [158 of 1,417] to 7.9% [36 of 456])	10% over Fiscal Year 2010-11	10% over Fiscal Year 2011-12
LMS training capacity among Agency regions and divisions	3	4	16	5	6
Job specific compliance training, via LMS, among Agency regions and divisions	3	4	4	5	6
Increase average use of Web-based referral systems	26% of 155,994	30% of 155,994	31% of 145,894	40% of 156,000	45% of 156,000
Reduction in records storage space	15% (from 28,109 to 23,893 boxes)	20% ³ (from 23,893 to 19,114 boxes)	22% (from 23,893 to 18,528 boxes)	10% ³ (from 18,528 to 16,675 boxes)	10% ³ (from 16,675 to 15,007 boxes)

Table Notes

¹ A comprehensive financial focused compliance review consists of testing financial material, review of contractor financial systems and controls, and observation of contractor systems, activities and processes. A review can range from one month to nine months to complete.

² The number of Medicare claims is not known at the beginning of a fiscal year since it is based on events yet to happen.

³ The increase in capacity among regions and divisions for developing their own electronic training from 4 to 16 was due to the focused efforts of the centralized training staff.

⁴ The target for this measure is aligned to required record retention periods.

Budget Changes and Operational Impact: 2010-11 to 2011-12

Staffing

No net change in staffing.

- Transfer in 3.00 staff years from Behavioral Health Services to establish the Office of Health Systems Innovation (OHSI) to ensure alignment and integration of Agency programs to *Live Well, San Diego!* initiative.
- Transfer in 2.00 staff years from Regional Operations to First Five Administration. The additional positions are part of First Five's reorganization needs which included data collection, reporting and overall accountability of the Commission's contracts.
- Transfer in 1.00 staff year from Strategic Planning and Operational Support (SPOS) to support emergency preparedness activities.
- Decrease of 5.00 staff years as a result of consolidation and centralization of Countywide employee background investigation services with the Department of Human Resources.
- Transfer out 1.00 staff year to Regional Operations to assist high need populations apply for Medi-Cal disability and other services.

Expenditures

Increase of \$5.3 million.

- Salaries and Benefits — increase of \$1.5 million due to negotiated labor agreements as well as increases in County retirement contributions.
- Services and Supplies — increase of \$3.8 million.
 - Increase of \$1.6 million for one-time information technology costs to support Agency operations.
 - Increase of \$1.0 million for one-time major maintenance for the Family Resource Centers.
 - Increase of \$0.5 million for Bioterrorism reserves.
 - Increase of \$0.4 million for Public Liability insurance.
 - Increase of \$0.3 million in various Services and Supplies, primarily in rents and leases.

Revenues

Net increase of \$5.3 million.

- Intergovernmental Revenues — net increase of \$2.0 million.
 - Increase of \$1.8 million in Realignment revenue.
 - Increase of \$0.5 million in Tobacco Settlement revenue to reflect the Bioterrorism reserves.
 - Decrease of \$0.3 million in Medi-Cal Administrative revenue.
- Charges for Current Services — increase of \$0.2 million for support services for the First Five Commission.
- Use of Fund Balance — net increase of \$3.1 million. A total of \$38.6 million is budgeted for:
 - \$20.0 million in management reserves due to the uncertainty of the economy and the State budget issues.
 - \$5.0 million to transition from any future State enacted cuts.
 - \$5.0 million for innovation projects which support the *Live Well, San Diego!* initiative.
 - \$4.0 million for major maintenance projects.
 - \$2.5 million for the relocations related to the County Operations Center capital project.
 - \$1.6 million to fund one-time information technology costs.
 - \$0.5 million for one-time negotiated salary adjustment.

Budget Changes and Operational Impact: 2011-12 to 2012-13

Net decrease of \$22.9 million is the result of a reduction of \$23.1 million in Services and Supplies due to the elimination of one-time projects from prior year, partially offset by an increase of \$0.2 million in Salaries and Benefits due to an increase in County retirement contributions and a negotiated benefit increase.



Administrative Support

Staffing by Program						
		Fiscal Year 2010-11 Adopted Budget			Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Agency Executive Office		22.00			23.00	23.00
Agency Contract Support		18.00			18.00	18.00
Office of Health Systems Innovation		—			4.00	4.00
Financial Services Division		157.00			155.00	155.00
Human Resources		78.00			72.00	72.00
Management Support		9.00			10.00	10.00
Proposition 10		19.00			21.00	21.00
Total		303.00			303.00	303.00

Budget by Program						
	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Agency Executive Office	\$ 4,019,001	\$ 44,772,260	\$ 44,420,312	\$ 5,391,998	\$ 46,151,264	\$ 25,348,542
Agency Contract Support	3,066,716	3,527,599	3,528,220	3,393,719	3,633,770	3,670,436
Office of Health Systems Innovation	—	—	—	225,094	771,829	779,716
Financial Services Division	23,848,261	25,209,086	31,591,468	24,749,014	26,559,583	25,862,144
Human Resources	8,036,807	8,279,818	8,280,298	7,685,129	8,074,997	8,228,082
Management Support	11,469,362	9,648,131	9,858,971	13,106,290	11,393,411	9,764,268
Proposition 10	1,971,630	2,088,435	2,088,435	1,966,468	2,231,355	2,242,851
Strategy and Planning Division	—	—	—	6	—	—
Total	\$ 52,411,778	\$ 93,525,329	\$ 99,767,704	\$ 56,517,718	\$ 98,816,209	\$ 75,896,039

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Salaries & Benefits	\$ 27,478,465	\$ 27,580,365	\$ 27,580,365	\$ 26,867,863	\$ 29,036,624	\$ 29,205,242
Services & Supplies	24,888,060	45,944,964	51,556,405	29,014,814	49,759,985	26,612,397
Other Charges	4,521	—	—	—	—	—
Capital Assets Equipment	40,732	—	630,934	639,726	—	—
Expenditure Transfer & Reimbursements	—	—	—	(4,685)	—	—
Fund Balance Component Increases	—	—	—	—	19,600	78,400
Management Reserves	—	20,000,000	20,000,000	—	20,000,000	20,000,000
Total	\$ 52,411,778	\$ 93,525,329	\$ 99,767,704	\$ 56,517,718	\$ 98,816,209	\$ 75,896,039

Budget by Categories of Revenues

	Fiscal Year 2009-10 Actuals	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2010-11 Amended Budget	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Approved Budget
Revenue From Use of Money & Property	\$ —	\$ —	\$ —	\$ 19,600	\$ —	\$ —
Intergovernmental Revenues	15,323,847	55,574,135	55,574,135	18,239,840	57,588,671	52,588,671
Charges For Current Services	2,262,355	2,425,194	2,425,194	2,232,258	2,620,568	2,632,064
Miscellaneous Revenues	1,172,690	26,000	26,000	565,803	26,000	26,000
Other Financing Sources	1,518	—	—	255,385	—	—
Fund Balance Component Decreases	—	—	—	—	—	570,904
Use of Fund Balance	33,651,369	35,500,000	41,742,375	35,204,833	38,580,970	20,078,400
Total	\$ 52,411,778	\$ 93,525,329	\$ 99,767,704	\$ 56,517,718	\$ 98,816,209	\$ 75,896,039

