

County of San Diego

Health and Human Services Agency

Health and Human Services Agency Summary	179
Regional Operations	185
Strategic Planning & Operational Support	195
Aging and Independence Services	227
Behavioral Health Services	207
Child Welfare Services	215
Public Health Services	221
Public Administrator / Public Guardian	227
Administrative Support	231

Health and Human Services Agency Summary

Agency Description

The Health and Human Services Agency (HHS) is committed to building better health, fostering living safely, 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.

2011-12 Accomplishments

Implemented second year 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.

- Revised the phone number for the Access and Crisis Line to reflect the seven days a week, twenty-four hours a day service to (888) 724-7240, making it easier for people seeking help on issues such as mental health, alcohol or drug abuse, and suicide prevention.
- Received the Community Transformation Grant (CTG), a multi-year grant from the U.S. Department of Health and Human Services to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and decrease health care costs. This grant will continue the work begun with the Communities Putting Prevention to Work (CPPW) grant.
- Received funding from the Beacon Community Project to develop and administer evidence-based Care Transition services in three hospitals in the San Diego County region (Scripps Mercy, Sharp Memorial and UCSD Medical Center), building upon the successful AIS Care Transitions pilot program at Sharp Memorial. This program will target patients with complex needs and chronic health conditions who are at high risk for readmissions and will provide them with assistance in improving their ability to manage their own medications, learn how to recognize "red flags" associated with their condition and arrange follow-up care with primary care providers and specialists. This program is expected to continue through March 2013.
- Implemented the Low Income Health Program (LIHP) that funds medical care for uninsured adult county residents. LIHP uses a network of community health centers along with hospitals, community physicians, and mental health providers throughout San Diego County to provide health care services.

- After the passage and implementation of Assembly Bill 12, the *California Fostering Connections to Success Act*, which extends foster care to the age of 21, created a separate team within Child Welfare Services to case manage all youth over the age of 17 that remain active to CWS. The team will ensure that these youth have the tools and resources they need to successfully exit from foster care at the appropriate time.
- Supporting positive choices that integrate healthy and safe living and encourage financial stability.
 - Received a Community Nutrition Education Program (CNEP) multi-year State grant to increase access and nutrition education for CalFresh eligible or potentially eligible clients.
 - Continued to promote self-sufficiency by serving eligible recipients on public assistance programs; more than 76,000 people per month in CalWORKs, more than 251,000 per month in CalFresh, and more than 354,000 per month in Medi-Cal. CalWORKs is a State program designed to transition people from welfare to work by providing temporary cash assistance. CalFresh is the State program for the federal Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) which helps eligible families supplement their food budget. Medi-Cal is the State program for the federal Medicaid program which provides health insurance for eligible families at little or no cost.
- Pursuing policy and environmental changes that make it easier to be healthy, enhance safety, and support communities that thrive.
 - Completed year two of the two-year CPPW grant. The grant worked closely with residents, businesses and community leaders to develop and implement policies, systems and environmental approaches that make healthy living easy, safe and affordable. Efforts included partnering local farmers with local schools to bring fresh fruits and vegetables to students, creating a 'safe routes to school' countywide coalition, and completing draft framework for integrating public health goals into the 2050 Regional Transportation Plan and Regional Comprehensive Plan.
 - Improving the culture from within by introducing Agency staff to recognize that traumatic events impact individual health, community safety, and financial stability.
- Rolled out an employee training based on Behavioral Health Services' "It's Up to Us" campaign to increase understanding of mental illness, to reduce stigma, and to encourage people to help others or seek help for themselves.
- Advancing operational excellence by ensuring fiscal stability, customer service, leadership, accountability and transparency, continuous improvement, and workforce excellence.
 - Received a Supplemental Nutrition Assistant Program Participation (SNAP) multi-year federal grant to implement a system for electronic documents conversion and tracking, and to help reduce processing time and minimize lost documents.
 - Completed phase one of the Knowledge Integration Project (KIP). This is a multi-year project to develop the foundation for information exchange across multiple disciplines to improve the information available and coordinate services for shared clients. Completed the readiness assessment in fall 2011 and system requirements in spring 2012.

2012-14 Objectives

Continue implementation of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time by:

- Building a better service delivery system that is innovative and outcome-driven.
 - Implement year 1 of the Community Transformation Grant (CTG) support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and decrease health care costs.
 - Implement the Community Based Care Transition program to reduce readmissions to hospitals by Medicare recipients.
 - Evaluate data from the two pilot programs integrating physical and behavioral health services.
 - Establish Extended Foster Care program, an outcome from Assembly Bill 12, the *California Fostering Connections to Success Act*, to extend foster care to 21 years of age.
- Supporting positive choices that empower residents to take responsibility for their own health and well-being.
 - Implement year 1 of the Community Nutrition Education Program (CNEP) grant to increase access and nutrition education for CalFresh eligible or potentially eligible clients.

- Pursuing policy and environmental changes that make it easier for people to engage in healthy and safe behaviors.
 - Complete and document community input to the six regional *Live Well, San Diego!* plans by using the Mobilizing for Action through Planning and Partnership (MAPP) process from the National Association of County and City Health Officials.
- Improving the culture from within by increasing employees' knowledge on how to incorporate health and safety.
 - Implement second phase of the succession plan to advance *Live Well, San Diego!*
- Advancing operational excellence by ensuring fiscal stability, customer service, leadership, accountability and transparency, continuous improvement, and work-force excellence.
 - Begin improvements to Family Resource Centers and ACCESS (a public benefits transaction call center), including increasing accuracy of payment, and technological enhancements to improve customer service.
 - Implement year 1 of SNAP grant to implement a system for electronic documents conversion and tracking, and to help reduce processing time and minimize lost documents.
 - Begin phase 2 of KIP to develop the foundation for information exchange across multiple disciplines to improve the information available and coordinate services for shared clients.
 - Complete co-location of Public Administrator/Public Guardian with Mental Health Conservatorship to improve service coordination.

(2011), which fundamentally changed the State and County responsibilities for the management of criminal offenders. To best serve and assist in reducing the recidivism rate of this population, the Agency is partnering with Probation and the community in the provision of mental health and substance abuse services. A total of \$9.0 million in appropriations was added as recommended by the Executive Committee of the Community Corrections Partnership.

The State has shifted the administrative and financial responsibility for the provision of Educationally Related Mental Health Services (ERMHS) from the counties to the school districts. HHSA decreased appropriations in Mental Health Services contracts, and in Child Welfare Services, for room and board care, due to the San Diego County Office of Education (SDCOE) assuming these responsibilities.

HHSA increased appropriations for In-Home Supportive Services (IHSS) associated with the sunset of a State imposed 3.6% hour reduction of monthly services to IHSS recipients, pursuant to AB 1612, *Human Services*. Additional appropriations are included for Aid to Adoptive Children payments, due to projected case increases, and for the Transitional Housing Program, to expand services to emancipated youth.

HHSA decreased appropriations in Public Health Services due to the completion of the Communities Putting Prevention to Work (CPPW) initiative, as well as decreased CalWORKs Assistance payments, and Foster Care payments to align with projected caseload costs.

HHSA includes an increase of 176.00 staff years. These positions are added to support the Family Resource Centers, ACCESS (a public benefits transaction call center), and quality control in eligibility services, as well as the management and coordination of data and information analysis. In addition, there were transfers between divisions based on operational needs including increased recruitment and training needs, especially in frontline positions, and to support child welfare and public health programs.

A major goal in the development of the Agency's operational plan is to advance the *Live Well, San Diego!* initiative. In that endeavor, HHSA has pursued and acquired grants that will help improve the health and well-being of San Diego's communities and citizens. Some of the grants include the multi-year Community Transformation Grant, the Community Nutrition Education Program (CNEP) grant and the Supplemental Nutrition Assistance Program Participation (SNAP) grant. Appropriations are added for the Low Income Health Program (LIHP) which provides health care for low-income individuals. In addition, San Diego County

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

Overview

The Health and Human Services Agency's Fiscal Year 2012-13 plan includes appropriations of \$1.9 billion, an increase of \$9.0 million.

Significant changes to the Operational Plan include the implementation of Assembly Bill (AB) 118, *Local Revenue Fund 2011*, which shifts State financial responsibility of various services to counties, funded with a dedicated portion of sales tax. Over \$200 million of State funding in HHSA was re-categorized to 2011 Realignment, and the State Administration has indicated the potential realignment of additional programs in the future. Last fiscal year also saw the implementation of AB 109, *Public Safety Realignment*

has been selected as one of four initial dual eligible (Medicare/Medi-Cal) demonstration sites. This new program seeks to integrate health and social services benefits and services (including IHSS, MSSP and skilled nursing care) into a seamless system.

As a County, we are required to administer the State's programs. However, the State continues to look at cuts and program changes to deal with the instability and uncertainty in their financial situation. The full impact of any changes is dependent on additional State action and on the ongoing economic situation. 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 2012-13. There is no change from Fiscal Year 2011-12.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Net decrease of \$7.9 million due to a \$22.8 million decrease in Services and Supplies due primarily to the elimination of one-time projects from the prior year, offset by an increase of \$12.8 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions and an increase of \$2.1 million in Other Charges for Aid to Adopted Children.

Group Staffing by Department

	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Regional Operations	2,277.00	2,432.00	2,432.00
Strategic Planning & Operational Support	202.00	211.00	211.00
Aging and Independence Services	292.50	291.50	291.50
Behavioral Health Services	837.50	829.50	829.50
Child Welfare Services	703.50	717.50	717.50
Public Health Services	480.75	483.75	483.75
Public Administrator / Public Guardian	34.00	34.00	34.00
Administrative Support	303.00	307.00	307.00
Total	5,130.25	5,306.25	5,306.25

Group Expenditures by Department

	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Regional Operations	\$ 449,184,601	\$ 464,314,986	\$ 464,729,090	\$ 425,717,725	\$ 467,713,267	\$ 471,967,479
Strategic Planning & Operational Support	188,609,481	225,162,212	247,426,248	247,444,685	235,222,731	234,408,045
Aging and Independence Services	304,611,832	309,757,401	307,349,227	300,959,318	312,514,970	313,187,286
Behavioral Health Services	373,690,616	427,734,706	432,364,165	381,396,291	431,072,490	433,581,666
Child Welfare Services	226,655,143	258,626,410	253,782,611	222,813,488	248,498,925	252,210,994
Public Health Services	102,988,758	103,380,590	107,889,758	101,791,485	101,441,269	104,549,881
Public Administrator / Public Guardian	4,498,351	4,591,551	4,591,551	4,513,622	4,457,052	4,052,887
Administrative Support	56,517,718	98,816,209	94,945,939	59,335,561	100,483,108	79,946,593
Tobacco Settlement Funds	24,371,225	27,500,000	27,500,000	24,329,478	27,500,000	27,500,000
Total	\$1,731,127,722	\$1,919,884,065	\$1,940,578,590	\$1,768,301,653	\$1,928,903,812	\$1,921,404,831





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, Child Welfare Services and Family Resource Centers/Public Assistance Payments.

Mission Statement

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

2011-12 Accomplishments – All Regions

Strategic Initiative – Kids

- Improved birth outcomes by ensuring 96% (168 of 175) of pregnant women served by public health nurses received the recommended number of prenatal care visits, below target of 98%.
- Reduced the onset of preventable illness or disease by immunizing 99% (2,262 of 2,263) of children age 0-4 years, above target of 98%.
- Reduced the onset of preventable illness or disease by immunizing 99% (1,488 of 1,493) of children and adolescents age 11-18 years, above target of 98%.
- Enrollment decreased by 0.03% (from 278,478 to 278,402) for children in Medi-Cal and Healthy Families programs, below target of 1% increase. The decrease is in alignment with State numbers which reflect a strong decrease in enrollment.
- Improved outcomes for children as measured by having 41% (2,329 of 5,675) of families participate in joint case planning and meetings, above target of 33%.
- Supported stability of foster youth by placing 45% (1,397 of 3,079) with a relative or nonrelated extended family member, above target of 44%.
- Supported stability of children in foster care (8 days or more, but less than 12 months) by ensuring 81% (1,710 of 2,101) had fewer than three placements, meeting target.

Strategic Initiative – Safe and Livable Communities

- Improved access to nutritional services by enrolling an additional 9,720 (from 136,184 to 145,904) children and seniors in CalFresh, the State of California's name for the federal Supplemental Nutrition Assistance Pro-



gram, formerly known as Food Stamps, below target of 25,000. Program staff is working with community partners to identify how to enroll the hard-to-reach children and seniors.

- Promoted collaboration and transparency by developing region-specific community engagement plans that seek input and action for *Live Well, San Diego!* The Agency's six regions are using the *Mobilizing for Action through Planning and Partnerships (MAPP)* as the model of business improvement to formalize and document community engagement. These plans will include priority strategies, action plans and performance measures. Currently, the six regions are at various stages in the MAPP process. *Live Well, San Diego!* is the Agency's roadmap to making people's lives healthier, safer and self-sufficient by delivering the right services, to the right people, at the right time. For more information about MAPP, go to http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf.

2012-14 Objectives – All Regions

Ensure integration and achievement of *Live Well, San Diego!* strategies for the right services, to the right people, at the right time.

Strategic Initiative – Safe Communities

- Build a better service delivery system by providing protection, permanency and stability to children who are at risk or have been abused and neglected.
 - Improve outcomes for children by having 34% (3,842 of 11,300) of families participate in joint case planning and meetings.
 - Support stability of foster youth by placing 44% (1,320 of 3,000) 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% (1,544 of 1,907) have fewer than three placements.

Strategic Initiative – Healthy Families

- Build a better service delivery system to maximize the health and well-being of at-risk children and families.
 - Promote healthy outcomes by ensuring 40% (220 of 550) of women in the Maternal Child Health and Nurse Family Partnership programs continue to breastfeed their infant at 6 months of age.
 - Reduce the onset of preventable illness or disease by immunizing 98% (3,920 of 4,000) of children age 0-4 years and 98% (3,920 of 4,000) of children and adolescents age 11-18 years served at Public Health Centers and clinics.
 - Enroll an additional 1% (from 278,402 to 281,186) of children in Medi-Cal and Healthy Families programs.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service through technology, timely processing and improved accuracy.
 - Implement technological enhancements to improve customer experience at the Family Resource Centers.
 - Execute a plan to reduce wait times at ACCESS call center, a public benefits transaction center.
 - Ensure clients eligible for CalFresh receive and maintain their benefits through 90% timely processing of CalFresh applications (approximately 10,800 of 12,000 per month) at the Family Resource Centers and ACCESS.
 - Implement plan to improve accuracy of payment and valid decisions of CalFresh benefits.

Central Region

The Central Region encompasses City of San Diego'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 provides regional services and lead countywide efforts such as a pilot on eliminating disparities in Child Welfare and key initiatives on improving access and outcomes for the homeless population.

2011-12 Accomplishments

Strategic Initiative – Kids

- Delayed implementation to develop a communitywide framework and established a Child Protection Team to address over representation of African-American foster children in Central Region, due to Central Child Welfare Services planning for countywide practice consideration of differential response.
- Strengthened culturally appropriate service delivery in the Child Welfare System by providing 136 Central Region families with prevention services through the Cultural Broker Services pilot, a program that provides services that are responsive to cultural diversity.

Strategic Initiative – Safe and Livable Communities

- Enhanced care management for homeless individuals and reduced costs by decreasing hospital inpatient readmissions and frequent users by 19% (from 74 to 60), more than the target of a 10% decrease.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Support positive choices by ensuring pregnant and parenting foster youth are receiving proper care vital to their safety and well-being, including their children, by establishing a referral process and tracking system.

Strategic Initiative – Healthy Families

- Build a better service delivery system by supporting the health of the children who seek routine immunizations at the 'Vaccines are Important for Preschoolers' clinic, by promoting access to routine health care.

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 region to administer Nurse Family Partnership (NFP), an evidence-based program helping first-time, low-income mothers succeed. 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.

2011-12 Accomplishments

Strategic Initiative – Kids

- Supported stability and educational growth of children coming into protective custody by placing 52% (193 of 371) in a home where they can attend their school of origin, below target of 65%. An educational liaison has been assigned to work with the schools and the social worker to facilitate same school placement at the time of removal when appropriate. In an effort to maintain placement in a familiar environment, 71% (230 of 326) of children in out-of-home care were placed with relatives.
- Promoted family stability by ensuring that 74% (140 of 190) of children who were reunified with their parents did so within 12 months, below target of 75%.
- Improved health outcomes for children by ensuring that 94% (614 of 652) of NFP participants initiated breast feeding, above target of 91%.
- Promoted healthy living by ensuring that 28% (29 of 40) of NFP parents decreased smoking, below target of 32%.
- Promoted self-sufficiency by linking culturally appropriate service providers to refugee families. Collaborated with internal and external stakeholders to minimize gaps in services, build language capacity and address service demands.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system that promotes stability and permanency of at-risk children through the Neighborhood for Kids initiative.
 - 75% (242 of 322) of children will be placed in a familiar environment, such as protective custody with a relative or family friend, or a school.
 - 75% (129 of 172) of children will be placed with their parents within 12 months.

Strategic Initiative – Sustainable Environments

- Support positive choices by linking culturally appropriate service providers to refugee families to promote self-sufficiency.

Strategic Initiative – Healthy Families

- Support positive choices for healthy living of NFP participants and their children.
 - 91% (531 of 583) of NFP participants will initiate breast feeding.

- 32% (11 of 35) of NFP parents will decrease smoking.

North Central Region

The North Central Region comprises the central-western portions of the County, 38 diverse communities that extend from coastal to inland, stretching from Del Mar in the north, to Point Loma in the south, and east to Scripps Ranch and Mira Mesa. Interstate 8 marks the regions southern border. Also within the region are three military installations and two major universities. Agency staff support the large military population found in North Central Region by participating in efforts through multiple venues and access points, such as engaging in efforts through the Healthy Start Military Cluster and San Diego Military Family Collaborative including the North Central *Live Well, San Diego!* initiative.

2011-12 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Enrolled 56 children during the first year of the NFP program. Data is collected after the participants have received services for 24 months. Therefore, a baseline has not been established for the number of children immunized by 24 months of age. NFP staff educated clients during home visits on the importance of timely immunizations to reduce onset of illness and disease.
- Enrolled 87 NFP participants to improve health outcomes for their infants. 96% (86 of 89) of participants have successfully initiated breast feeding.
- Ensured timely service to clients by maintaining an average wait time of 11 days or less for County Medical Services eligibility appointments, well within the target of 30 days or less.
- Supported military families by building effective community relationships that promote safe and healthy living. Worked with the Military Family Collaborative and the annual Military Services Providers Conference to promote *Live Well, San Diego!*

2012-14 Objectives

Strategic Initiative – Healthy Families

- Build a better service delivery system through NFP, resulting in healthy outcomes for children of NFP participants.
 - 90% (30 of 77) of NFP participants will initiate breast feeding.



- 90% (37 of 41) of children enrolled in the NFP program will receive their required immunizations by 6 months of age.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence through customer service.
- Ensure timely service to clients by maintaining wait times of 30 days or less for County Medical Services eligibility appointments.
- Promote safe and healthy living by supporting military families through effective community relationships. Representatives for military families will be involved with North Central Region’s upcoming strategic planning efforts.

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 schoolchildren. 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.

2011-12 Accomplishments

Strategic Initiative – Kids

- Supported health and well-being of military families by providing 887 public health nurse contacts, above the target of 576 contacts. The 54% increase is attributed to the implementation of the Nurse Family Partnership program.
- Improved health outcomes for vulnerable children by establishing immunization baselines and performance outcomes of NFP graduates’ children by 24 months of age.
 - 96% (22 of 23) NFP children were fully immunized.
 - 95% (81 of 85) of NFP mothers initiated breastfeeding.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system by providing public health nurse (PHN) services and implementing Neighborhood for Kids.
 - Providing at least 600 monthly PHN service contacts to military families, building effective community relationships for the safety and protection of children and military families.
 - Implement Neighborhood for Kids which will support stability and educational growth of children coming into protective custody by placing children in a home where they can attend their school of origin.

Strategic Initiative – Healthy Families

- Build a better service delivery system through NFP, improving health outcomes for NFP children.
 - 91% (21 of 23) of NFP graduates’ children will be immunized by 24 months of age.
 - 91% (77 of 85) of NFP participants will initiate breast feeding.

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.

2011-12 Accomplishments

Strategic Initiative – Kids

- Improved health outcomes for vulnerable children by establishing immunization baselines and performance outcomes of NFP graduates’ children by 24 months of age.
 - 90% (47 of 52) NFP children were fully immunized.
 - 96% (88 of 92) NFP mothers initiated breastfeeding.

Required Discipline – Customer Satisfaction

- Improved access to public assistance programs through video interviewing by increasing the number of clients served by 42% (from 446 to 635), above the target of 15%, due to successful expansion to two additional sites and expansion of services.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system for vulnerable children through implementation of Neighborhoods for Kids which will support stability and educational growth of children coming into protective custody by placing children in a home where they can attend their school of origin.

Strategic Initiative – Healthy Families

- Build a better service delivery system through NFP, improving health outcomes for NFP children.
 - 91% (47 of 52) of NFP graduates' children will be immunized by 24 months of age.
 - 91% (84 of 92) of NFP participants will initiate breast feeding.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service by improving access to public assistance programs by increasing the number of video interview clients by 5% (from 635 to 667).

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 provides 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.

2011-12 Accomplishments

Strategic Initiative – Kids

- Strengthened the family and promoted stability for children by increasing the number of FAP children who were diverted from protective custody to prevention services by 43% (from 550 to 789), exceeding the target of 20%. Target exceeded due to the inclusion of the Emergency Response children for FAP services.

Strategic Initiative – Safe and Livable Communities

- Improved nutrition and access to CalFresh benefits by establishing a video interview process in collaboration with community partners.
- Enhanced care coordination and access for pregnant and post-partum women through deployment of a referral pathway tool to improve home visitation services with 30 partners (internal and external), above target of 10 partners. Tool was introduced to the community partners at the Healthy Community South Region forums.

2012-14 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system by improving care coordination and communication.
 - Deploy a referral tool to the Info Line 2-1-1 San Diego Web directory for pregnant and post partum women.
 - Create a referral and communication process for families served through South Region Child Welfare System, Public Health Maternal Child Health Program and Nurses Family Partnership Program.
 - Strengthen the community safety net to support stability for children at risk of entering protective custody by increasing service providers participating in FAP from 30 to 42.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service by improving access to public assistance programs by increasing the number of video interview clients by 5% (from 789 to 828).



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	2010-11 Actuals	2011-12 Adopted	2011-12 Actuals	2012-13 Adopted	2013-14 Approved
Family participation in joint case planning and meetings	30.8% of 6,265	33% of 6,265	41% of 5,675	34% of 11,300	34% of 11,300
Children in foster care that are in kin placements	42.5% of 3,249	44% of 3,249	45% of 3,079	44% of 3,000	44% of 3,000
Children in foster care for less than 12 months have fewer than 3 placements during that period	80.8% of 1,834	81% of 1,942	81% of 2,101	81% of 1,907	81% of 1,907
Mothers who continue to breastfeed their infant at 6 months of age ¹	N/A	N/A	N/A	40% of 550	40% of 550
Children age 0-4 years receive age-appropriate vaccines	99% of 9,834	98% of 5,000	99% of 2,263 ²	98% of 4,000	98% of 4,000
Children age 11-18 years receive age-appropriate vaccines	97% of 9,662	98% of 4,000	99% of 1,493 ²	98% of 4,000	98% of 4,000
Children enrolled in Medi-Cal and Healthy Families health care coverage ³	6% (enrolled 15,301 for a total of 278,478)	1% (enroll 2,784 for a total of 281,262)	-0.3% (decrease from 278,478 to 278,402)	1% (enroll 2,784 for a total of 281,186)	1% (enroll 2,811 for a total of 283,997)
Timely processing of CalFresh applications per month ¹	N/A	N/A	N/A	90% of 12,000	90% of 12,000
Eligible children and seniors enrolled in CalFresh ⁴	21,863 (from 114,321 to 136,184)	25,000 (from 136,184 to 161,184)	9,720 (from 136,184 to 145,904)	N/A ⁵	N/A
Expectant mothers visited by Public Health Nurses through delivery that complete recommended number of prenatal care visits	99% of 286	98% of 250	96% of 175	N/A ⁵	N/A

Table Notes

¹ New measure effective Fiscal Year 2012-13 to reflect Agency's priorities.

² The numbers for the immunization measures are lower than projected due to staff efforts encouraging clients to use their insurance if they have it.

³ In Fiscal Year 2010-11, the increased enrollment in Medi-Cal and Healthy Families was attributed to the economic environment, resulting in an additional 15,301 enrolled instead of the projected 2,632. For Fiscal Year 2011-12, the target remained as a 1% increase over Fiscal Year 2010-11 Actuals; however, the resulting decrease is in alignment with State numbers which reflected a strong decrease in enrollment also. This measure is based on a continuous growth in enrollment, not a static number.

⁴ CalFresh is California's name for the federal Supplemental Nutrition Assistance Program (SNAP), 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.

⁵ Effective Fiscal Year 2012-13, this measure will no longer be reported in the Operational Plan, but will continue to be monitored internally by program staff.

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

Staffing

Net increase of 155.00 staff years and transfers between divisions based on operational needs.

- Increase of 166.00 staff years due to the addition of staff in Regional Self Sufficiency Eligibility to support Family Resource Center and ACCESS operations.
- Increase of 4.00 staff years due the transfer of 3.00 staff years from Behavioral Health Services and 1.00 staff year from Aging and Independence Services to support Health Promotion operations.
- Increase of 1.00 staff year due to the transfer of staff from Strategic Planning & Operational Support to support Family Resource Center centralized imaging operations.
- Decrease of 15.00 staff years due to the transfer of staff to County Child Welfare Services primarily to support Extended Foster Care Program.
- Decrease of 1.00 staff year due to the transfer of staff to Human Resources to support increased recruitment and training needs.

Expenditures

Net increase of \$3.4 million.

- Salaries and Benefits — increase of \$9.5 million due to negotiated labor agreements, an increase in retirement contributions, and an increase of 155.00 staff years.
- Services and Supplies — increase of \$2.4 million primarily for rents and leases, facility management and basic supplies for the additional 155.00 staff years, including computers, phones and other basic office supplies.
- Other Charges — decrease of \$8.6 million for CalWORKs assistance payments to align with caseload trend due to changes in State law.

Revenues

Net increase of \$3.4 million.

- Intergovernmental Revenues — net increase of \$6.0 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Funds 2011*, the State's realignment of various programs to counties, \$101.8 million of State revenue was recategorized to 2011 Realignment, with no net variance and no impact to client services.
 - Increase of \$11.5 million in Social Services administrative revenue for increased costs.
 - Increase of \$2.4 million in 1991 Realignment for various social service programs.
 - Increase of \$0.4 million in grants to support regional health activities.
 - Decrease of \$8.3 million of CalWORKs assistance payments revenue to align with caseload trend due to changes in State law.
- Charges for Current Services — decrease of \$3.0 million associated with the ending of First Five funding for the Early Childhood Program which will be funded with Realignment revenue.
- Miscellaneous Revenues — decrease of \$0.4 million in General Relief overpayments to align with current collection levels.
- Use of Fund Balance — increase of \$0.4 million. Total of \$2.4 million budgeted for:
 - \$1.2 million to fund one-time negotiated salary adjustments.
 - \$1.2 million of one-time funding for the Juvenile Diversion program.
- General Purpose Revenue Allocation — increase of \$0.4 million associated with increased costs noted above.



Budget Changes and Operational Impact: 2012-13 to 2013-14 – All Regions

Net increase of \$4.3 million is the result of an increase of \$5.5 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions, offset by a decrease of \$1.2 million in Services and Supplies due to the elimination of one-time projects.

Staffing by Program

	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Regional Self Suffic Elig	1,089.00	1,272.00	1,272.00
Regional Child Welfare Svcs	637.00	621.00	621.00
Central Region	148.00	147.00	147.00
East Region	93.50	94.50	94.50
North Central Region	108.00	94.00	94.00
North Coastal Region	62.00	61.00	61.00
North Inland Region	64.00	66.00	66.00
South Region	75.50	76.50	76.50
Total	2,277.00	2,432.00	2,432.00

Budget by Program

	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Regional Self Suffic Elig	\$ 324,915,894	\$ 334,344,484	\$ 334,363,984	\$ 304,851,702	\$ 337,995,218	\$ 341,028,992
Regional Child Welfare Svcs	51,219,847	58,246,726	58,246,726	52,697,721	56,948,047	58,501,682
Central Region	25,710,178	21,648,759	21,892,458	20,580,765	21,911,769	21,031,625
East Region	11,525,410	11,837,916	11,845,525	11,989,140	12,423,214	12,646,649
North Central Region	10,017,661	10,535,081	10,581,591	9,339,359	9,686,781	9,896,314
North Coastal Region	7,999,561	8,654,872	8,679,056	8,044,471	8,844,055	8,870,359
North Inland Region	7,410,340	8,131,653	8,151,336	7,793,269	8,714,183	8,639,269
South Region	10,385,710	10,915,495	10,968,412	10,421,299	11,190,000	11,352,589
Total	\$ 449,184,601	\$ 464,314,986	\$ 464,729,090	\$ 425,717,725	\$ 467,713,267	\$ 471,967,479

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Salaries & Benefits	\$ 167,877,697	\$ 180,982,823	\$ 180,982,823	\$ 175,928,586	\$ 190,512,587	\$ 196,009,926
Services & Supplies	33,873,108	30,238,310	30,652,414	29,487,227	32,679,533	31,436,406
Other Charges	247,434,757	253,093,853	253,093,853	220,305,284	244,521,147	244,521,147
Expenditure Transfer & Reimbursements	(961)	—	—	(3,372)	—	—
Total	\$ 449,184,601	\$ 464,314,986	\$ 464,729,090	\$ 425,717,725	\$ 467,713,267	\$ 471,967,479



Regional Operations

Budget by Categories of Revenues						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Licenses Permits & Franchises	\$ 1,174,000	\$ —	\$ —	\$ 4,000	\$ —	\$ —
Fines, Forfeitures & Penalties	40,000	50,000	50,000	36,655	50,000	50,000
Revenue From Use of Money & Property	33,496	—	—	—	—	—
Intergovernmental Revenues	434,976,932	436,792,077	436,938,213	409,629,403	442,765,258	442,172,021
Charges For Current Services	3,339,692	4,897,111	4,897,111	5,169,690	1,901,051	1,901,051
Miscellaneous Revenues	387,812	1,159,365	1,159,365	565,443	771,235	771,235
Other Financing Sources	—	—	—	153	—	—
Fund Balance Component Decreases	—	—	—	—	—	5,675,935
Use of Fund Balance	(9,318,603)	1,982,904	2,250,872	(9,121,149)	2,371,157	—
General Purpose Revenue Allocation	18,551,273	19,433,529	19,433,529	19,433,529	19,854,566	21,397,237
Total	\$ 449,184,601	\$ 464,314,986	\$ 464,729,090	\$ 425,717,725	\$ 467,713,267	\$ 471,967,479

Strategic Planning and Operational Support

Department Description

Strategic Planning and Operational Support (SPOS) supports implementation of self-sufficiency programs, ensures program integrity, and in collaboration with the community, delivers essential services including eligibility, enrollment and indigent health care in order to advance Live Well, San Diego! Additionally, SPOS provides strategic planning and support for continuous improvement throughout the Agency.

Mission Statement

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

2011-12 Accomplishments

Strategic Initiative – Kids

- Promoted self-sufficiency by issuing 99% (57,819 of 57,929) of child care payments within 10 calendar days, meeting target.
- Moved Welfare to Work participants closer to self-sufficiency by ensuring 20% (2,242 of 11,102 individuals per month) had paid employment, below target of 30%, which is attributed to the high unemployment across the nation. California's Welfare to Work is a program designed to assist welfare recipients to obtain or prepare for employment.
- Encouraged families to achieve self-sufficiency by ensuring 41% (3,558 of 8,693 cases per month) of Welfare to Work cases had participants in State approved work activities, below the target of 45%.

Strategic Initiative – Safe and Livable Communities

- Secured financial and medical support through Supplemental Security Income (SSI) for 94% (114 of 121) of indigent adults assisted by the Advocacy Program, below target of 96%.
- Secured financial and medical support for indigent adults by serving an additional 27% (from 109 to 138) of indigent health program beneficiaries who are diabetic and on insulin who fill three prescriptions to reduce cardiovascular issues, below target of 33%.
- Strengthen care and treatment by providing case management services to an additional 83% (from 1,020 to 1,868) of indigent adults, above target of 10% due to



active case management to assist clients in their health care needs and to connect them to appropriate resources.

- Enhanced quality and coordination of care to Medicaid Coverage Expansion (MCE) patients by ensuring 97% (19,891 of 20,485) received treatment from their assigned medical home, above target of 91%.
- Delayed enrollment of eligible CalFresh participants into the CalFresh Restaurant Meals Program. Unforeseen issues have pushed implementation into Fiscal Year 2012-13.

Required Discipline – Accountability, Transparency and Ethical Conduct

- Supported program integrity and ensured services were accurately authorized by conducting 2,166 unannounced In-Home Supportive Services home visits, above target of 1,920.
- Identified community level outcomes to monitor child, adult and older adult well-being by developing the *Live Well, San Diego!* initiative evaluation framework. The outcome categories include health, knowledge, standard of living, social and community.

Required Discipline – Customer Satisfaction

- Assisted with timely and accurate benefit issuance by responding to 97% (97,330 of 100,125) of urgent CalWIN help desk calls within 48 hours, above target of 95%.

Required Discipline – Continuous Improvement

- Mitigated risks and advanced strategic priorities by completing four Agency-level continuous improvement projects related to health, technology and operational efficiency.



- Established performance standards and targets for ACCESS, a public benefits transaction call center, to increase efficiencies and optimize resources. Implementation of standards is scheduled to begin in Fiscal Year 2012-13 and will be reported in the Regional Operations section.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system to support self-sufficiency among clients eligible for public assistance programs.
 - 30% (3,300 of 11,000 individuals per month) of Welfare to Work participants will have paid employment, moving them closer to self-sufficiency.
 - 85% (1,105 of 1,300) of enrollees referred for case management will participate in case management services, strengthening care and treatment for the indigent health program enrollees.
 - 70% (1,470 of 2,100) of Low Income Health Program (LIHP) enrollees, who have entered the program through a LIHP Mental Health Clinic, will access physical health care services through a LIHP community clinic.

- Support positive choices among eligible participants in CalFresh, a public assistance nutrition program, by enrolling 90% (18,900 of 21,000) of eligible participants in the CalFresh Restaurant Meals Program.

Required Discipline for Excellence – Accountability, Transparency and Ethical Conduct

- Advance operational excellence through accountability by supporting program integrity and ensuring services are accurately authorized by conducting 2,000 unannounced In-Home Supportive Services home visits.

Required Discipline for Excellence – Continuous Improvement and Innovation

- Advance operational excellence by enhancing Agency capability to measure, analyze, review and improve processes and performance, while ensuring these improvements are aligned with priorities.

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 ¹	2010-11 Actuals	2011-12 Adopted	2011-12 Actuals	2012-13 Adopted	2013-14 Approved
Welfare to Work participants have paid employment	16% of 13,657 ²	30% of 11,000	20% of 11,102	30% of 11,000	30% of 11,000
Enrollees referred for case management participate in case management services ³	N/A	N/A	N/A	85% of 1,300	85% of 1,300
Low Income Health Program enrollees access physical health care services ³	N/A	N/A	N/A	70% of 2,100	70% of 2,100
Unannounced home visits in the In-Home Supportive Services program ³	N/A	1,920	2,166	2,000	2,000
Child care payments issued within 10 days	99% of 50,055	99% of 42,000	99% of 57,929	N/A ⁵	N/A
Welfare to Work participants participating in work activities	24% of 10,803 ¹	45% of 9,000	41% of 8,693	N/A ⁵	N/A
SSI applicants who complete the application process through the SSI Advocacy program and obtain SSI	96 % of 150	96% of 150	94% of 121	N/A ⁵	N/A
Indigent health care enrollees who are diabetic and on insulin, 50+ years old who fill 3 prescriptions to reduce cardiac events and strokes	N/A	33% (from 109 to 144)	27% (from 109 to 138)	N/A ⁵	N/A
Indigent health care enrollees receiving management services ⁴	N/A	10% (from 1,020 to 1,122)	83% (from 1,020 to 1,868)	N/A ⁵	N/A
Hospital in-patient readmissions of the top 50 homeless frequent users in Central Region, 30 days or less after discharge ⁴	N/A	10% decrease (from 74 to 67)	19% decrease (from 74 to 60)	N/A ⁵	N/A
MCE patients who received treatment from assigned medical home ⁴	N/A	91% of 7,016	97% of 20,485	N/A ⁵	N/A
Urgent help desk calls responded to within 48 hours	93% of 13,944	95% of 17,000	97% of 100,125 ⁶	N/A ⁵	N/A

Table Notes

¹ For Strategic Planning and Operational Support measures that are cross threaded measures with the Regions, go to the HHSA Regional Operations section.

² 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.

³ Effective Fiscal Year 2012-13, measure was added to better reflect strategic priorities.

⁴ Effective Fiscal Year 2011-12, measure was added to better reflect strategic priorities and cross threaded with Central Region.

⁵ Effective Fiscal Year 2012-13, measure will no longer be reported in the Operational Plan; however, it will continue to be monitored by program managers.



⁶ The increase in the total number of calls responded to was due to the return of the Automation staff to their core functions. These staff had been previously redeployed to assist with the high volume of ACCESS transaction calls as a result of the economy.

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

Staffing

Net increase of 9.00 staff years and transfers between programs based on operational needs.

- Increase of 6.00 staff years in Administration to the Office of Business Intelligence (OBI) to advance operational excellence in program services through data and information analysis and coordination.
- Increase of 4.00 staff years in Self Sufficiency and Support Services to enhance quality control in eligibility services (Medi-Cal, CalFresh, CalWORKs).
- Increase of 1.00 staff year in Administration due to a transfer in of 1.00 staff year from Behavioral Health Services to SPOS Administration to support program improvement efforts.
- Decrease of 2.00 staff years in Self Sufficiency and Support Services due to a transfer of 1.00 staff year to Regional Operations to assist in the Family Resource Centers centralized imaging section and a transfer of 1.00 staff year to Administrative Support to support recruitment and training efforts.

Expenditures

Increase of \$10.1 million.

- Salaries and Benefits — increase of \$1.1 million due to negotiated labor agreements, an increase in retirement contributions, and the increase of 9.00 staff years.
- Services and Supplies — net increase of \$9.0 million.
 - Increase of \$7.5 million in contracts primarily in Health Care Administration for hospital payments, an increase in the pharmaceutical contract and Primary Care Services (PCS).
 - Increase of \$1.6 million in information technology and postage costs to support the CalWIN automation system.
 - Increase of \$0.3 million due to the implementation of Supplemental Assistance Nutrition Program (SNAP) grants.
 - Increase of \$0.2 million for a cost applied associated with Public Assistance Fraud Division.

- Decrease of \$0.6 million in various other services and supplies including rents and leases.

Revenues

Net increase of \$10.1 million.

- Intergovernmental Revenues — increase of \$7.8 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Funds 2011*, the State's realignment of various programs to the counties, \$0.9 million of State revenue was recategorized to 2011 Realignment, with no net variance and no impact to client services.
 - Increase of \$4.7 million of Low Income Health Program (LIHP) federal revenue.
 - Increase of \$1.7 million in Medi-Cal and CalFresh Administrative revenue to align with the allocations.
 - Increase of \$0.8 million in CalWIN revenues to align with the allocation.
 - Increase of \$0.6 million in 1991 Realignment revenue to fund increased costs.
- Charges for Current Services — decrease of \$0.5 million in Third Party Reimbursement and Child Abuse prevention fees.
- Miscellaneous Revenues — decrease of \$0.1 million due to lower projected interest earnings.
- Other Financing Sources — increase of \$3.0 million of Tobacco Securitization revenue related to the increase in hospital payments and the pharmaceutical contract.
- Use of Fund Balance — decrease of \$0.1 million. A total of \$0.05 million is budgeted to fund one-time negotiated salary adjustments.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Decrease of \$0.8 million is the result of a decrease of \$1.3 million primarily related to reduced refugee funding, offset by an increase of \$0.5 million due to negotiated labor agreements and an increase in retirement contributions.

Staffing by Program

	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Administration	81.00	89.00	89.00
Health Care Administration	37.00	36.00	36.00
Self Sufficiency Services and Support	84.00	86.00	86.00
Total	202.00	211.00	211.00

Budget by Program

	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Administration	\$ 24,892,059	\$ 27,023,353	\$ 27,515,904	\$ 24,837,020	\$ 30,511,519	\$ 30,732,277
Health Care Administration	122,832,989	154,895,654	171,011,654	176,194,301	162,175,130	162,025,832
Child Care Planning Council	796,758	1,123,783	1,191,566	719,482	725,326	725,326
Self Sufficiency Services and Support	40,087,674	42,119,422	47,707,124	45,693,881	41,810,756	40,924,610
Total	\$ 188,609,481	\$ 225,162,212	\$ 247,426,248	\$ 247,444,685	\$ 235,222,731	\$ 234,408,045

Budget by Categories of Expenditures

	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Salaries & Benefits	\$ 16,976,141	\$ 18,084,933	\$ 18,084,933	\$ 17,326,137	\$ 19,188,107	\$ 19,666,920
Services & Supplies	171,633,340	207,077,279	229,341,315	229,987,934	216,034,624	214,741,125
Other Charges	—	—	—	130,614	—	—
Total	\$ 188,609,481	\$ 225,162,212	\$ 247,426,248	\$ 247,444,685	\$ 235,222,731	\$ 234,408,045



Strategic Planning and Operational Support

Budget by Categories of Revenues						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Fines, Forfeitures & Penalties	\$ 3,168,573	\$ 3,349,216	\$ 3,349,216	\$ 3,261,052	\$ 3,349,216	\$ 3,349,216
Revenue From Use of Money & Property	1,072,182	1,019,083	1,019,083	1,110,661	1,019,083	1,019,083
Intergovernmental Revenues	104,917,104	180,234,894	181,055,001	158,990,422	187,993,662	186,319,421
Charges For Current Services	14,717,029	11,657,982	11,657,982	15,074,799	11,201,118	11,209,014
Miscellaneous Revenues	350,672	100,000	100,000	271,531	5,000	5,000
Other Financing Sources	17,600,000	17,600,000	17,600,000	17,600,000	20,600,000	20,600,000
Fund Balance Component Decreases	—	—	—	—	—	906,311
Use of Fund Balance	35,783,920	201,037	21,644,966	40,136,220	54,652	—
General Purpose Revenue Allocation	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000
Total	\$ 188,609,481	\$ 225,162,212	\$ 247,426,248	\$ 247,444,685	\$ 235,222,731	\$ 234,408,045

Aging & Independence Services

Department Description

Aging & Independence Services (AIS) provides services to older adults, people with disabilities and their family members, help keep clients safely in their homes, promote healthy and vital living, and publicize positive contributions made by older adults and persons with disabilities.

Mission Statement

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

2011-12 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Protected seniors and dependent adults from abuse and neglect by conducting 96% (7,238 of 7,537) of face-to-face contacts within 10 days of receiving referral, below target of 98%.
- Ensured safety and well-being of Adult Protective Services (APS) adults by ensuring that 91% (6,844 of 7,537) were not re-referred within six months, below target of 95%.
- Assisted veterans and their families to utilize financial education opportunities by notifying 100% (7,241) within 14 days of the result of their college tuition waiver application, above target of 98%.

Required Discipline – Customer Satisfaction

- Fostered independent living and maximized revenue by maintaining 99% (549 of 550) participation in the Multi-purpose Senior Services Program (MSSP) case management program, above target of 98%.
- Promoted *Live Well, San Diego!* through active living by connecting 1,962 older adults with volunteer opportunities, below target of 2,295.
- Ensured In-Home Supportive Services (IHSS) clients received the appropriate level of care to remain safely in their own home by recertifying 93% (18,815 of 20,242) of reassessments timely, below target of 98%.

Required Discipline – Information Technology

- Managed recipient and provider data by beginning the implementation of the IHSS statewide case management computer system, Case Management Information and Payrolling System (CMIPS II), which is scheduled for completion in Fiscal Year 2012-13.



2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system to protect seniors and dependent adults from abuse and neglect, and improve quality and efficient care.
 - 95% (7,125 of 7,500) of face-to-face contacts will be conducted within 10 days of receiving an APS referral.
 - 91% (6,825 of 7,500) of APS cases will not be re-referred within six months of case closing.
 - Implement the Community Based Care Transitions Program to reduce readmissions to hospitals for Medicare recipients. Public Health Nurses in AIS will receive referrals from hospital staff for individuals who will benefit from short-term assistance to proactively manage their chronic medical conditions.
- Support positive choices that foster independence among seniors and educational opportunities for veterans and their families.
 - Connect 2,295 older adults with volunteer opportunities, promoting *Live Well, San Diego!* through active living.
 - Maintain 95% (523 of 550) participation in the MSSP case management program helping to avoid, delay or remedy inappropriate placement in nursing facilities.
 - Notify 98% (4,900 of 5,000) of customers assisted by Veteran's Services within 14 calendar days of the result of their college tuition waiver application.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service by ensuring 96% (15,840 of 16,500) of annual IHSS reassessments are recertified timely so that clients receive the appropriate level of care to remain safely in their own home.

Related Links

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

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

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	2010-11 Actuals	2011-12 Adopted	2011-12 Actuals	2012-13 Adopted	2013-14 Approved
Face-to-face APS investigations conducted within 10 days of referral	96% of 7,175	98% of 7,500	96% of 7,537	95% ¹ of 7,500	95% of 7,500
APS cases not re-referred within 6 months of closing	92% of 7,175	95% of 7,500	91% of 7,537	91% ¹ of 7,500	91% of 7,500
Number of older adults linked with RSVP and Intergenerational volunteer opportunities ²	1% increase (from 2,207 to 2,222)	2,295	1,962	2,295	2,295
Average monthly number of MSSP case management slots filled	95% of 618	98% of 618	99% of 550	95% ³ of 550	95% of 550
Notification response rate within 14 days for customers applying for the college fee waiver	99% of 5,954	98% of 5,000	100% of 7,241	98% of 5,000	98% of 5,000
IHSS reassessments recertified timely	96% of 22,494	98% of 16,500	93% of 20,242	96% ⁴ of 16,500	96% of 16,500

Table Notes

¹ Effective Fiscal Year 2012-13, the target has been revised to better accurately reflect staffing capacity and efforts. In the past year, the number of reports to APS have increased by over 10% despite a reduction in staff due to budget constraints. There has been an overall workload increase for APS investigators of 13% since staffing was reduced. All efficiencies have been explored and staff are working at the highest level possible without placing the County and clients at risk.

² Effective Fiscal Year 2011-12, this measure has been revised to “maintain” the number of older adults linked with the Retired Senior Volunteer Program (RSVP) and Intergenerational volunteer opportunities.

³ Effective Fiscal Year 2012-13, the target for monthly number of MSSP case management slots has been revised to reflect the State contract obligation of 95%.

⁴ Effective Fiscal Year 2012-13, the target has been revised to better accurately reflect staffing capacity and efforts. The State mandated target for IHSS reassessments recertified timely is 90%.

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

Staffing

A decrease of 1.00 staff year and transfers between programs based on operational needs.

- A decrease of 1.00 staff year due to the transfer of staff from In-Home Support Services (IHSS) to Regional Operations to support health promotion activities.

Expenditures

Net increase of \$2.8 million.

- Salaries and Benefits — increase of \$0.03 million due to negotiated labor agreements, an increase in the County retirement contributions, offset by the decrease of 1.00 staff year.
- Services and Supplies — increase of \$3.3 million.
 - Increase of \$3.8 million in IHSS Individual Provider (IP) payments related to an anticipated increase resulting from the reinstatement of 3.6% hour reduction (approximately \$9.0 million) pursuant to Assembly Bill 1612, *Human Services* (sunset June 30, 2012), offset by savings associated with IHSS reform efforts.
 - Decrease of \$0.4 million in one-time costs for the senior nutrition program associated with one-time funding.
 - Decrease of \$0.1 million in various services and supplies.
- Operating Transfer Out – decrease of \$0.6 million related to a technical adjustment in how expenditures are classified for the Public Authority with no impact to services.

Revenues

- Net increase of \$2.8 million.

- Intergovernmental Revenues — increase of \$3.1 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Funds 2011*, the State's realignment of various programs to counties, \$4.3 million of State revenue was recategorized to 2011 Realignment revenue, with no net variance and no impact to client services.
 - Increase of \$3.6 million in State and federal revenue associated with a projected increase in the IHSS program.
 - Increase of \$0.5 million in 1991 Realignment to support IHSS.
 - Decrease of \$0.6 million in various revenues to align with allocations.
 - Decrease of \$0.4 million in one-time funding for the senior nutrition program.
- Use of Fund Balance — decrease of \$0.2 million. A total of \$0.1 million budgeted to fund one-time negotiated salary adjustments.
- General Purpose Revenue Allocation — decrease of \$0.1 million associated with the increased use of Realignment and the transfer of general purpose revenue to other divisions within the Health and Human Services Agency.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Increase of \$0.7 million is the result of an increase of \$0.8 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions, offset by a decrease of \$0.1 million in Services and Supplies due to completion of one-time contracted services.



■ ■ ■ Aging & Independence Services

Staffing by Program						
		Fiscal Year 2011-12 Adopted Budget			Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
In-Home Supportive Services		151.00			150.00	150.00
Veterans Services		8.00			8.00	8.00
Senior Health and Social Services		42.00			44.00	44.00
Protective Services		69.00			66.50	66.50
Administrative and Other Services		22.50			23.00	23.00
Total		292.50			291.50	291.50

Budget by Program						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
In-Home Supportive Services	\$ 279,623,985	\$ 281,600,550	\$ 277,820,565	\$ 274,650,062	\$ 284,713,146	\$ 285,054,488
Veterans Services	861,223	948,368	948,368	949,908	947,256	946,734
Senior Health and Social Services	13,259,349	13,952,326	14,450,302	13,274,426	14,405,024	14,542,222
Protective Services	7,007,680	8,785,070	9,349,616	7,634,926	8,353,562	8,561,883
Administrative and Other Services	3,859,595	4,471,087	4,780,377	4,449,997	4,095,982	4,081,959
Total	\$ 304,611,832	\$ 309,757,401	\$ 307,349,227	\$ 300,959,318	\$ 312,514,970	\$ 313,187,286

Budget by Categories of Expenditures						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Salaries & Benefits	\$ 24,223,298	\$ 26,326,593	\$ 26,651,325	\$ 25,351,277	\$ 26,355,581	\$ 27,120,768
Services & Supplies	268,038,838	269,626,628	266,893,722	263,141,959	272,957,956	272,865,085
Other Charges	18,373	5,000	5,000	44,206	5,000	5,000
Operating Transfers Out	12,331,323	13,799,180	13,799,180	12,421,876	13,196,433	13,196,433
Total	\$ 304,611,832	\$ 309,757,401	\$ 307,349,227	\$ 300,959,318	\$ 312,514,970	\$ 313,187,286

Budget by Categories of Revenues

	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Fines, Forfeitures & Penalties	\$ 176,472	\$ 185,660	\$ 185,660	\$ 286,629	\$ 185,660	\$ 185,660
Intergovernmental Revenues	295,114,278	300,478,458	300,830,096	291,890,620	303,535,138	303,303,688
Miscellaneous Revenues	5,162,094	112,199	112,199	514,951	111,333	86,333
Other Financing Sources	111,716	100,000	100,000	123,360	100,000	100,000
Fund Balance Component Decreases	—	—	—	—	—	1,015,264
Use of Fund Balance	(4,623,508)	288,560	(2,471,252)	(448,766)	86,498	—
General Purpose Revenue Allocation	8,670,780	8,592,524	8,592,524	8,592,524	8,496,341	8,496,341
Total	\$ 304,611,832	\$ 309,757,401	\$ 307,349,227	\$ 300,959,318	\$ 312,514,970	\$ 313,187,286





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 (DPSNF), which operates under the licensure of the SDCPH.

Mission Statement

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

2011-12 Accomplishments

Strategic Initiative – Kids

- Supported educational growth and overall well-being of adolescents who completed alcohol and drug treatment by ensuring 97% (766 of 790) either completed high school (or the equivalent) or were enrolled in an educational setting, above target of 90%.
- Provided timely intervention to children who have complex behavioral/emotional needs through the KidSTART program by serving 384 children ages 0-5 years, above target of 100 children. The projected number of children assessed was exceeded because the program continues to work toward an optimal assessment and treatment procedure to fit the network of services offered.

Strategic Initiative – Safe and Livable Communities

- Improved quality and efficient care by integrating physical and behavioral health services with two modified service delivery system pilot programs. A pilot was initiated at the Family Health Centers of San Diego focusing on integration of care resources for Medi-Cal and uninsured patients. The second pilot was initiated at Vista Hill focusing on the effectiveness of embedding behavioral health specialists within the primary care team at three clinics in rural San Diego County. Pilot data were reviewed quarterly to ensure that Primary Care Initiative outcomes were met.



- Supported healthy and safe living by ensuring that 43% (5,146 of 11,891) of participants completed alcohol and drug treatment, above target of 35%.

Required Discipline – Customer Satisfaction

- Ensured access to outpatient mental health assessments for at-risk children and youth by maintaining an average wait time of 5 days, meeting the target of 5 average days.
- Ensured access and care and treatment into nonresidential alcohol and drug treatment for adolescents by admitting 92% (1,195 of 1,296) within 14 days, above target of 85%.
- Improved access to outpatient mental health services to older adults by serving an additional 9% (from 5,398 to 5,899), above target of 5% increase.
- The 10% reduction (from 20,152 to 18,137) in adults who cancelled or failed to show was not met because the no-show rate at outpatient mental health clinics remained constant. The combination of increased BHS staff education efforts and the introduction of an automatic client phone reminder system are expected to result in lower no-show rates in Fiscal Year 2012-13.

Required Discipline – Accountability, Transparency and Ethical Conduct

- Demonstrated 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

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

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system for children and adults with behavioral and physical health needs.
 - Provide timely intervention to children who have complex behavioral/emotional needs through the KidSTART program by serving 100 children ages 0-5 years.
 - Improve quality and efficient care by integrating physical and behavioral health services with two modified service delivery system pilot programs. Pilot data will be reviewed quarterly to ensure that Primary Care Initiative outcomes are being met.
- Support positive choices among participants in alcohol and drug treatment programs.
 - 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.
 - Support healthy and safe living by ensuring that 35% (4,550 of 13,000) of participants complete alcohol and drug treatment.
- Pursue policy and environmental changes by increasing utilization and efficiency at outpatient mental health clinics by reducing the number of adults who cancel or fail to show by 10% (from 18,137 to 16,323).

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service through timely and improved access to services.
 - 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 nonresidential 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 5,662 to 5,945).

Required Discipline for Excellence – Accountability, Transparency and Ethical Conduct

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

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.sdcounty.ca.gov/hhsa/>.

Performance Measures	2010-11 Actuals	2011-12 Adopted	2011-12 Actuals	2012-13 Adopted	2013-14 Approved
Children 0-5 years served in KidSTART ¹ program	214	100	384 ²	100 ²	100
Adolescents discharged from alcohol and drug treatment who complete high school or the equivalent, or are enrolled in an educational setting	96% of 715	90% of 925	97% of 790	90% of 925	90% of 925
Participants in alcohol and drug treatment who complete treatment	45% of 11,046	35% of 13,000	43% of 11,891	35% of 13,000	35% of 13,000
Decrease the number of adult clients who cancel or fail to show for outpatient mental health appointment ³	N/A	10%	0% (the rate remained constant)	10% (from 20,152 to 18,137)	10% (from 18,137 to 16,323)
Wait time for children's mental health outpatient treatment	5 days	5 days	5 days	5 days	5 days
Adolescents admitted timely (within 14 calendar days) to nonresidential alcohol and drug treatment	88% of 1,369	85% of 1,440	92% of 1,296	85% of 1,440	85% of 1,440
Increase in number of older adults receiving mental health services	5% (from 5,137 to 5,398)	5% (from 5,398 to 5,668)	9% (from 5,398 to 5,899)	5% (from 5,899 to 6,193)	5% (from 6,193 to 6,502)
Compliance rating of Edgemoor DPSNF ⁴	D	D	D	D	D

Table Notes

¹ KidSTART is a multidisciplinary program with Child Welfare Services and funded by the First 5 Commission. The program provides screening, triage, assessment, referral and treatment.

² The target of 100 was exceeded in Fiscal Year 2011-12 due to conservative projections on how many children would be assessed and provided mental health treatment. However, the target was not increased for Fiscal Year 2012-13 due to funding concerns.

³ Effective Fiscal Year 2011-12, this measure has been included to reflect strategic priorities and is calculated on a quarterly basis. The rate remained constant for Fiscal Year 2011-12. However, the rate is expected to decline due to increased staff education efforts and the introduction of an automatic phone reminder system.

⁴ 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 wide-spread 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: 2011-12 to 2012-13

Staffing

Decrease of 8.00 staff years in BHS and transfers between programs based on operational needs.

- Decrease of 5.00 staff years in Mental Health Services (MHS) due to the transfer of 3.00 staff years to Public Health Services, 1.00 staff year to Strategic Planning and Operational Support and 1.00 staff year to Administrative Support. These 5.00 staff years are no longer needed in MHS due to the discontinuance of the agreement with the San Diego County Office of Education (SDCOE) for Educationally Related Mental Health Services (ERMHS). Effective July 1, 2011, the Special Education Students program (Assembly Bill 3632, *Mental Health Services for Special Education Pupils*) was permanently transferred from the counties to the local schools. SDCOE has assumed responsibility for this program with a small amount being contracted with MHS.
- Decrease of 3.00 staff years in Inpatient Health Services due to transfer of staff years to Regional Operations to support health promotion activities.

Expenditures

Net increase of \$3.3 million.

- Salaries and Benefits — increase of \$0.8 million due to negotiated labor agreements and an increase in retirement contributions, offset by a decrease due to a reduction of 8.00 staff years.
- Services and Supplies — increase of \$11.3 million.
 - Increase of \$7.9 million in Mental Health Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) contracts to maximize use of one-time Proposition 63, *Mental Health Services Act* (MHSA), funding.
 - Increase of \$3.0 million in Alcohol and Other Drug Services contracts for the Narcotics Treatment Program.
 - Increase of \$9.0 million in services and supplies, contracted services, as recommended by the Executive Committee of the Community Corrections partnership. This program will provide contracted mental health and substance abuse treatment services to offenders referred per Assembly Bill (AB) 109, *Public Safety Realignment (2011)*.
 - Decrease of \$8.4 million in Mental Health Services in contracted services due to the discontinuance of the agreement with SDCOE for ERMHS.

- Decrease of \$0.2 million in various services and supplies.
- Expenditure Transfer and Reimbursements — increase of \$9.0 million associated with the reimbursement for services under AB 109 through the Probation Department. Since this is a reimbursement for services, it has the effect of decreasing expenditures by \$9.0 million.
- Capital Assets Equipment — increase of \$0.2 million in Inpatient Health Services to purchase patient lifts.

Revenues

Net increase of \$3.3 million.

- Intergovernmental Revenue — increase of \$8.8 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Fund 2011*, the State's realignment of various programs to counties, \$7.9 million of State revenue was recategorized to 2011 Realignment revenue, with no net variance and no impact to client services.
 - Increase of \$7.9 million in MHSA revenue due to planned enhancements of CSS and PEI contracts to use prior year unexpended funds.
 - Increase of \$4.9 million of 2011 Realignment in Mental Health for increased costs and due to the reduction in Securitized Tobacco Settlement funding.
 - Increase of \$1.5 million of 2011 Realignment in Alcohol and Drug Services associated with the Narcotics Treatment Program.
 - Increase of \$1.5 million in Alcohol and Drug Services federal revenue associated with the Narcotics Treatment Program.
 - Increase of \$1.0 million in Managed Care to offset increased costs.
 - Increase of \$0.8 million in various state and federal revenues.
 - Decrease of \$8.4 million in ERMHS revenues due to the discontinuance of the agreement with SDCOE.
 - Decrease of \$0.4 million in American Recovery and Reinvestment Act (ARRA) funding in Edgemoor Distinct Part Skilled Nursing Facility due to discontinuance of funding.
- Charges for Current Services — increase of \$1.0 million for Inpatient Health Services.
- Miscellaneous Revenues — decrease of \$2.7 million.
 - Decrease of \$4.4 million in Recovered Expenditures from prior year one-time funding.
 - Increase of \$1.7 million in Mental Health Services for contracts with the school districts.
- Other Financing Sources — decrease of \$3.0 million in Securitized Tobacco Settlement funding.

- Use of Fund Balance — decrease of \$0.8 million. A total of \$0.2 million budgeted to fund one-time negotiated salary adjustments.

well as an increase of \$0.3 million in Services and Supplies, offset by a decrease of \$0.1 million in Other Charges and Capital Assets Equipment.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Net increase of \$2.5 million is the result of an increase of \$2.3 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions as

Behavioral Health Services

Staffing by Program						
		Fiscal Year 2011-12 Adopted Budget			Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Alcohol and Other Drug Services		25.00			25.00	25.00
Mental Health Services		296.50			284.25	284.25
Inpatient Health Services		462.25			459.25	459.25
Behavioral Health Svcs Administration		53.75			61.00	61.00
Total		837.50			829.50	829.50

Budget by Program						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Alcohol and Other Drug Services	\$ 38,201,365	\$ 54,346,304	\$ 57,638,152	\$ 50,240,303	\$ 59,483,556	\$ 59,569,476
Adult/Older Adult Mental Health Services	—	—	3	—	—	—
Children's Mental Health Services	(5)	—	—	—	—	—
Mental Health Services	267,128,528	302,969,599	304,122,658	263,969,309	299,301,560	300,939,189
Inpatient Health Services	60,489,177	62,167,691	62,352,240	59,718,022	63,488,189	64,061,916
Behavioral Health Svcs Administration	7,871,551	8,251,112	8,251,112	7,468,657	8,799,185	9,011,085
Total	\$ 373,690,616	\$ 427,734,706	\$ 432,364,165	\$ 381,396,291	\$ 431,072,490	\$ 433,581,666

Budget by Categories of Expenditures						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Salaries & Benefits	\$ 77,988,949	\$ 84,607,218	\$ 84,607,218	\$ 78,249,753	\$ 85,452,776	\$ 87,757,452
Services & Supplies	292,900,166	340,190,406	347,804,865	302,440,756	351,462,632	351,772,132
Other Charges	2,830,882	2,980,506	2,980,506	2,461,578	3,030,506	3,005,506
Capital Assets Equipment	—	—	15,000	13,371	170,000	90,000
Expenditure Transfer & Reimbursements	(29,381)	(43,424)	(3,043,424)	(1,769,168)	(9,043,424)	(9,043,424)
Total	\$ 373,690,616	\$ 427,734,706	\$ 432,364,165	\$ 381,396,291	\$ 431,072,490	\$ 433,581,666

Budget by Categories of Revenues

	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Intergovernmental Revenues	\$ 319,196,409	\$ 374,365,812	\$ 377,503,831	\$ 329,856,738	\$ 383,194,071	\$ 385,603,805
Charges For Current Services	35,671,909	33,670,855	33,670,855	36,298,807	34,624,144	34,925,146
Miscellaneous Revenues	7,084,733	5,240,614	5,240,614	6,625,387	2,554,573	2,554,573
Other Financing Sources	6,014,310	6,000,000	6,000,000	6,007,305	3,000,000	3,000,000
Use of Fund Balance	(1,774,888)	959,283	2,450,723	(4,890,088)	201,560	—
General Purpose Revenue Allocation	7,498,142	7,498,142	7,498,142	7,498,142	7,498,142	7,498,142
Total	\$ 373,690,616	\$ 427,734,706	\$ 432,364,165	\$ 381,396,291	\$ 431,072,490	\$ 433,581,666





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.

2011-12 Accomplishments

Strategic Initiative – Kids

- Promoted stability for children by placing them with family, relative or other foster care setting by diverting 64% (98 of 152) of children entering PCC in less than 24 hours, below target of 65%. The number of children projected to enter PCC was less than the estimated 600 due to the efforts of regional staff.
- Promoted stability for youth enrolled in the intensive, wraparound program by placing 73% (162 of 223) into a family-like setting, above target of 65%.
- Strengthened families by ensuring that 24% (108 of 447) of children were adopted within 24 months of entering child welfare services, below target of 30%.
- Supported educational achievement of foster youth in the 12th grade, including children in San Pasqual and other residential settings, by ensuring 79% (157 of 199) earned a high school diploma or equivalent, below target of 85%.
- Improved response for children exposed to domestic violence by training 661 staff, thereby building a trauma informed system of care.
- PCC hosted its 2nd annual health fair with over 400 guests in attendance. This year's fair "Six Dimensions of Health" supports the Agency's *Live Well, San Diego!* initiative by promoting programs aimed at creating a healthy, safe and thriving community.



Strategic Initiative- Safe and Livable Communities

- PCC implemented a food waste composting program to reduce its carbon footprint and help prolong the life of local landfills saving approximately 130 pounds per day of food waste.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system for vulnerable children and youth by promoting stability, strengthening families, and supporting activities for a successful transition to adulthood.
 - Place 65% (390 of 600) of children entering Polinsky Children's Center in less than 24 hours with a family, relative or other foster care setting.
 - Strengthen families by ensuring that 30% (193 of 644) of children are adopted within 24 months of entering child welfare services.
 - Place 65% (90 of 139) of youth in an intensive, wrap-around program that provides a family-like setting.
 - Support educational achievement of foster youth in the 12th grade, including children in San Pasqual and other residential settings, by ensuring that 85% (161 of 190) earn a high school diploma or equivalent.
 - Establish the Extended Foster Care program to promote successful transition of former foster youth, ages 18 through 21 years.

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 website at <http://www.sdcounty.ca.gov/hhsa/>.

Performance Measures ¹	2010-11 Actuals	2011-12 Adopted	2011-12 Actuals	2012-13 Adopted	2013-14 Approved
Polinsky Children’s Center assessment center entries placed in family, relative or other foster care settings in less than 24 hours	60% of 513	65% of 600	64% of 152	65% of 300	65% of 300
Children who were adopted from the child welfare system were adopted within 24 months	26% of 460	30% of 644	24% of 447	30% of 644	30% of 644
Youth in intensive, wraparound program in a family-like setting	65% of 171	65% of 139	73% of 223	65% of 139	65% of 139
Foster children in 12 th grade who achieve high school completion (diploma, certificate, or equivalent)	82% of 191	85% of 190	79% of 199	85% of 190	85% of 190

Table Notes

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

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

Staffing

Net increase of 14.00 staff years and transfers between divisions based on operational needs.

- Increase of 14.00 staff years due to the move of the Court Unit staff from Regional Child Welfare Services.
- Increase of 1.00 staff year due to transfer of staff from Regional Child Welfare Services for programmatic needs.
- Decrease of 1.00 staff year due to transfer of staff to Human Resources to support increased recruitment and training needs.

Expenditures

Net decrease of \$10.1 million.

- Salaries and Benefits — increase of \$1.8 million due to negotiated labor agreements, increase in retirement contributions and the increase of 14.00 staff years.
- Services and Supplies — net increase of \$1.4 million.

- Increase of \$1.7 million for the expansion of the Transitional Housing Program to serve emancipated youth, ages 18 to 24 years.
- Increase of \$0.9 million in various services and supplies, including rents and leases and internal service funds charges, and due to the move of appropriations from Other Charges.
- Decrease of \$0.6 million in domestic violence services contracts due to declining revenue. CWS will be working with stakeholders to reengineer provision of services.
- Decrease of \$0.4 million in Family Integrated Treatment (FIT) contracts due to the expiration of a grant.
- Decrease of \$0.2 million in the KidSTART and Developmental Screening and Enhancement Program (DSEP) contracts to align to projected spending.
- Other Charges — net decrease of \$13.3 million.
 - Decrease of \$10.8 million in Seriously Emotionally Disturbed (SED) due to the State shifting responsibility to the San Diego County Office of Education.
 - Decrease of \$5.5 million in Foster Care to align with caseload trend.

- Decrease of \$0.4 million in Other Charges due to moving the appropriations under Services and Supplies.
- Increase of \$3.4 million in Aid for Adopted Children to align with caseload trend.

Revenues

Net decrease of \$10.1 million.

- Licenses, Permits and Franchises — decrease of \$0.6 million to align to projected available revenue from the Domestic Violence Trust Fund.
- Intergovernmental Revenues — net decrease of \$6.8 million.
 - Due to the passage of Assembly Bill (AB) 118, *Local Revenue Funds 2011*, the State's realignment of various programs to counties, \$76.9 million of State revenue was recategorized to 2011 Realignment, with no net variance and no impact to client services.
 - Increase of \$2.2 million in federal funding for Aid for Adopted Children to align with caseload trend.
 - Increase of \$4.5 million in federal Child Welfare services revenue to align with the allocations.
 - Decrease of \$10.8 million associated with reductions in SED.
 - Decrease of \$2.3 million associated with the reduction in Foster Care payments.
 - Decrease of \$0.4 million in FIT grant due to a decrease in funding.

- Charges for Current Services — decrease of \$0.2 million in funding from the First Five Commission due to the reduction of the KidSTART and DSEP contracts.
- Miscellaneous Revenues — net increase of \$1.4 million. Increase of \$1.7 million of CWS Wrap Trust Fund for the planned expansion of Transitional Housing Program, offset by a decrease of \$0.3 million in various miscellaneous revenues.
- Fund Balance Component Decreases — decrease of \$4.0 million used as one-time funding in Fiscal Year 2011-12.
- Use of Fund Balance — increase of \$0.1 million. A total of \$0.4 million is budgeted to fund a one-time negotiated salary adjustment.
- General Purpose Revenue Allocation — decrease of \$0.1 million.

Budget Changes and Operational Impact: 2012-13 to 2013 -14

Increase of \$3.7 million is the result of an increase of \$1.6 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions, and an increase of \$2.1 million in Other Charges for Aid for Adopted Children to align with caseload.



Child Welfare Services

Staffing by Program						
		Fiscal Year 2011-12 Adopted Budget			Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Child Welfare Services		471.50			485.50	485.50
Foster Care		93.00			94.00	94.00
Adoptions		139.00			138.00	138.00
Total		703.50			717.50	717.50

Budget by Program						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Child Welfare Services	\$ 66,906,681	\$ 69,297,401	\$ 69,453,602	\$ 70,130,711	\$ 72,092,486	\$ 73,198,804
Foster Care	145,386,992	174,714,167	169,714,167	138,514,770	161,814,273	164,086,468
Adoptions	14,361,470	14,614,842	14,614,842	14,168,007	14,592,166	14,925,722
Total	\$ 226,655,143	\$ 258,626,410	\$ 253,782,611	\$ 222,813,488	\$ 248,498,925	\$ 252,210,994

Budget by Categories of Expenditures						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Salaries & Benefits	\$ 57,043,197	\$ 59,235,850	\$ 59,235,850	\$ 57,295,068	\$ 60,988,821	\$ 62,605,822
Services & Supplies	31,992,292	31,514,166	31,670,367	31,868,200	32,878,758	32,878,758
Other Charges	137,619,654	167,876,394	162,876,394	133,650,220	154,631,346	156,726,414
Total	\$ 226,655,143	\$ 258,626,410	\$ 253,782,611	\$ 222,813,488	\$ 248,498,925	\$ 252,210,994

Budget by Categories of Revenues

	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Licenses Permits & Franchises	\$ —	\$ 1,254,000	\$ 1,254,000	\$ 1,146,281	\$ 654,000	\$ 654,000
Revenue From Use of Money & Property	621,052	681,211	681,211	638,240	681,211	681,211
Intergovernmental Revenues	263,875,241	237,698,399	237,698,399	262,107,525	230,913,784	232,850,534
Charges For Current Services	5,309,547	4,796,684	4,796,684	4,010,301	4,615,622	4,615,622
Miscellaneous Revenues	507,784	366,450	366,450	4,758,652	1,791,450	1,791,450
Other Financing Sources	—	—	—	3,565	—	—
Fund Balance Component Decreases	4,431,710	4,000,000	4,000,000	—	—	2,163,314
Use of Fund Balance	(57,629,393)	290,464	(4,553,335)	(59,390,279)	387,995	—
General Purpose Revenue Allocation	9,539,202	9,539,202	9,539,202	9,539,202	9,454,863	9,454,863
Total	\$ 226,655,143	\$ 258,626,410	\$ 253,782,611	\$ 222,813,488	\$ 248,498,925	\$ 252,210,994





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. PHS seeks to identify and address root causes of priority health issues to achieve health equity among all San Diegans. Providing public health protection for County residents and visitors 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.

2011-12 Accomplishments

Strategic Initiative – Kids

- Ensured preventive health examinations were performed to identify and correct health issues for 87% (2,553 of 2,932) of children in out-of-home placement, above target of 85%.
- Expedited California Children Services (CCS) referrals and improved accuracy by receiving 47% (30,732 of 65,379) of referrals electronically, below target of 60% due to unforeseen challenges of bringing on smaller-size providers.

Strategic Initiative – Safe and Livable Communities

- Reduced the spread of disease by investigating 99% (101 of 102) of reported selected communicable disease cases within 24 hours, below target of 100%.
- Prevented transmission of tuberculosis (TB) by ensuring 97% (251 of 259) of cases was reported within one working day from start of treatment, below target of 98%.
- Increased access to health care by connecting 96% (1,276 of 1,333) of new case management clients with an HIV primary care provider within 90 days, below target of 98%.
- Ensured preparedness for response during a disaster or public health threat by activating the public health emergency response system six times during the fiscal year, above target of five.



- Postal Plan Tabletop with federal participation (June 2012)
- Three-day, three-part Golden Guardian 2012 full-scale exercise involving operational areas including Office of Emergency Services and Medical Operations Center activation (May 2012)
- Statewide Medical Health Full Scale Exercise (November 2011)
- Statewide Medical Health Tabletop (October 2011)
- Mass Care Health Tabletop (September 2011)
- Power outage event (September 2011)

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Safe Communities

- Build a better service delivery system through implementation of programs to protect the health of the public.
 - Reduce spread of disease by investigating 100% (estimate 80) of reported selected communicable disease cases within 24 hours.
 - Prevent transmission of tuberculosis (TB) by ensuring 95% (estimate 260) 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.

Strategic Initiative – Healthy Families

- Build a better service delivery system for vulnerable children.
 - 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 55% (35,750 of 65,000) of referrals electronically.
- Promote positive choices by changing at least one procurement practice within one unified school district to increase fruits and vegetables or decrease sodium content in school meals, part of the Community Transformation Grant activities.

Required Discipline for Excellence – Continuous Improvement and Innovation

- Advance operational excellence by conducting a minimum of six quality improvement projects.

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	2010-11 Actuals	2011-12 Adopted	2011-12 Actuals	2012-13 Adopted	2013-14 Approved
Selected communicable diseases cases contacted/investigations initiated within 24 hours ²	100% of 72	100% of 80	99% of 102	100% of 80	100% of 80
TB cases reported to PHS within one working day from start of treatment ²	96% of 216	98% of 200	97% of 259	95% of 260	95% of 260
New clients enrolled with an HIV primary care provider within 90 days ²	98% of 1,046	98% of 1,000	96% of 1,333	98% of 1,000	98% of 1,000
Activation of public health emergency response system for drills, exercises and actual responses	7	5	6	5	5
Children in out-of-home placements who receive preventive health examinations in accordance with CHDP ³ guidelines	87% of 2,976	85% of 3,000	87% of 2,932	85% of 3,000	85% of 3,000
Number of eQuest referrals to CCS	46% of 65,223	60% of 35,000	47% of 65,379	55% ⁴ of 65,000	55% of 65,000

Table Notes

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

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

³ CHDP stands for Child Health and Disability Prevention program.

⁴ Effective Fiscal Year 2012-13, the target has been lowered to reflect the challenges of bringing on smaller-sized community partners who face technology hurdles.

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

Staffing

Increase of 3.00 staff years.

- Increase of 3.00 staff years due to the transfer of staff from Behavioral Health Services to support frontline activities in Epidemiology, Emergency Medical Services, and Maternal, Child and Family Health Services to promote wellness, healthy behaviors and access to quality care.

Expenditures

Net decrease of \$1.9 million.

- Salaries and Benefits — increase of \$0.7 million due to negotiated labor agreements, an increase in County retirement contributions, and the increase of 3.00 staff years.
- Services and Supplies — decrease of \$2.6 million.
 - Decrease of \$7.3 million in contracts related to the completion of the Communities Putting Prevention to Work (CPPW) Initiative.
 - Decrease of \$0.3 million in contracts funded by federal bioterrorism revenue.
 - Increase of \$1.8 million in contracts related to HIV Prevention and Care services and Minority AIDS Initiative.
 - Increase of \$1.5 million in contracts related to the Community Transformation Grant (CTG).
 - Increase of \$1.3 million in services and professional and specialized services in County Service Areas (CSA) 17 and 69.
 - Increase of \$0.4 million for information technology costs, additional lab services provided to the Sheriff's Department and various other services and supplies.

Revenues

Net decrease of \$1.9 million.

- Intergovernmental Revenues — decrease of \$1.9 million.

- Decrease of \$8.8 million in federal revenue for the CPPW Initiative.
- Decrease of \$0.7 million in federal bioterrorism revenue.
- Decrease of \$0.2 million in State Proposition 99, *Tobacco Tax and Health Protection Act of 1988*, revenue for the Tobacco Control Resource Program.
- Increase of \$2.6 million in federal funding for the Community Transformation Grant (CTG).
- Increase of \$2.5 million in federal HIV Prevention and Care funding and Ryan White revenue for the Minority AIDS Initiative.
- Increase of \$1.3 million in 1991 Realignment revenue.
- Increase of \$0.9 million due to additional revenue for ambulance transport fees (CSAs 17 and 69).
- Increase of \$0.5 million in federal revenue for the Pandemic Flu grant, the Public Health Infrastructure project and for the Supplemental Nutrition Assistance Program Education (SNAP-Ed) project.
- Charges for Current Services — increase of \$0.4 million due to additional revenue for nonresident transport fees for CSA 17.
- Miscellaneous Revenues — increase of \$0.2 million in revenues for lab services provided for the Sheriff's Department.
- Use of Fund Balance — decrease of \$0.6 million. A total of \$0.1 million budgeted to fund one-time negotiated salary adjustments and the Childhood Obesity Initiative.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Net increase of \$3.1 million as a result of an increase of \$1.6 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions and an increase of \$1.5 million in Services and Supplies primarily associated with contract in the CSAs, Maternal Child and Family Health and HIV, STD and Hepatitis Branch.



Staffing by Program						
		Fiscal Year 2011-12 Adopted Budget			Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Administration and Other Services		26.00			27.00	27.00
Bioterrorism / EMS		50.00			48.00	48.00
Infectious Disease Control		108.25			108.25	108.25
Surveillance		83.00			84.00	84.00
Prevention Services		72.50			75.50	75.50
California Childrens Services		141.00			141.00	141.00
Total		480.75			483.75	483.75

Budget by Program						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Administration and Other Services	\$ 4,679,502	\$ 5,025,879	\$ 5,044,402	\$ 4,296,897	\$ 5,476,625	\$ 5,569,773
Bioterrorism / EMS	13,709,548	12,363,187	14,165,237	11,335,469	11,822,371	11,647,852
Infectious Disease Control	26,760,002	26,558,430	27,828,859	27,612,505	28,943,895	29,821,742
Surveillance	11,000,610	11,098,908	11,100,626	10,857,719	11,415,770	12,005,482
Prevention Services	18,707,984	19,665,831	20,041,779	19,248,138	13,837,019	14,682,064
California Childrens Services	20,108,305	19,954,422	19,958,117	19,654,708	19,896,224	20,352,612
Ambulance CSA's - Health & Human Services	8,022,807	8,713,933	9,750,738	8,786,049	10,049,365	10,470,356
Total	\$ 102,988,758	\$ 103,380,590	\$ 107,889,758	\$ 101,791,485	\$ 101,441,269	\$ 104,549,881

Budget by Categories of Expenditures						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Salaries & Benefits	\$ 47,627,685	\$ 49,645,234	\$ 49,645,234	\$ 48,057,486	\$ 50,335,517	\$ 51,960,382
Services & Supplies	48,019,780	49,169,586	53,367,168	48,747,639	46,570,982	48,054,729
Other Charges	5,659,242	4,585,000	4,585,000	5,109,271	4,585,000	4,585,000
Capital Assets Equipment	1,878,328	176,070	487,656	74,808	145,070	145,070
Expenditure Transfer & Reimbursements	(196,277)	(195,300)	(195,300)	(197,720)	(195,300)	(195,300)
Total	\$ 102,988,758	\$ 103,380,590	\$ 107,889,758	\$ 101,791,485	\$ 101,441,269	\$ 104,549,881

Budget by Categories of Revenues

	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Taxes Current Property	\$ 1,422,253	\$ 1,626,585	\$ 1,626,585	\$ 1,436,386	\$ 1,602,726	\$ 1,642,726
Taxes Other Than Current Secured	9,820	43,949	43,949	11,248	26,784	26,784
Licenses Permits & Franchises	175,457	157,039	157,039	183,009	179,039	179,039
Fines, Forfeitures & Penalties	2,166,765	2,263,805	2,263,805	1,914,347	2,263,805	2,263,805
Revenue From Use of Money & Property	38,159	104,000	104,000	29,128	79,000	79,000
Intergovernmental Revenues	85,583,700	85,897,311	87,438,504	87,402,519	84,000,021	84,298,933
Charges For Current Services	6,488,560	7,087,264	8,015,171	6,795,431	7,480,303	8,074,761
Miscellaneous Revenues	1,985,394	870,107	870,107	2,055,989	1,096,303	1,097,520
Other Financing Sources	500,835	500,000	500,000	503,107	500,000	500,000
Fund Balance Component Decreases	—	—	—	—	—	2,251,375
Use of Fund Balance	531,876	744,592	2,784,660	(2,625,617)	127,350	50,000
General Purpose Revenue Allocation	4,085,938	4,085,938	4,085,938	4,085,938	4,085,938	4,085,938
Total	\$ 102,988,758	\$ 103,380,590	\$ 107,889,758	\$ 101,791,485	\$ 101,441,269	\$ 104,549,881





Public Administrator / Public Guardian

Department Description

Public Administrator/Public Guardian provides services to protect and manage the estates of decedents and at-risk individuals who are unable to make decisions for themselves. 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 healthier, safer and self-sufficient by delivering essential services in San Diego County.

2011-12 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Achieved 100% (192) accuracy in mapping of all clients and real property under the purview of PA/PG for emergency planning, response and recovery services, meeting target.
- Ensured 100% (754) of all bank inquiries began within 2 business days to safeguard and protect the assets and resources of PA/PG clients, meeting target.
- Initiated 99% (225 of 226) of conservatorship investigations began within two business days of receiving a referral for conservatorship, as mandated by the Omnibus Conservatorship and Guardianship Act, below target of 100%.

Required Discipline – Fiscal Stability

- Completed procurement of Personal Property Auction and Warehouse services which will result in potential future cost savings from no longer needing a warehouse.

Required Discipline – Customer Satisfaction

- Submitted 100% (10) of Inventory and Appraisal of all estate cases in the PG Program to the Court within 90 days of receiving letters of Conservatorship, meeting target.



- Submitted 100% (21) of Inventory and Appraisal of all formal probate cases in the PA Program within 120 days of receiving letters of Administration, meeting target. A formal probate case is an estate valued over \$150,000 and is under the supervision of the court.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Certified 100% (19) of Deputy PA/PG staff and supervisors in accordance with the mandated California State PA/PG certification program, meeting target.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Safe Communities

- Build a better service delivery system by safeguarding and protecting vulnerable adults from financial, physical and emotional abuse.
 - Ensure that 100% (180) of conservatorship investigations are begun within two business days of referral being assigned to an investigator as mandated by the Omnibus Conservatorship and Guardianship Reform Act.
 - Complete 85% (107 of 127) of face-to-face visits with conservatees living in San Diego County within 30 days of previous date of face-to-face visit.
 - Begin 95% (466 of 491) of all bank inquiries within two business days to safeguard and protect the assets and resources of clients.
 - Submit 100% (10) of Inventory and Appraisal reports of all estate cases in the PG Program within 90 days of receiving letters of conservatorship to the Court.

- Ensure 80% (844 of 1,056) of PA investigations are begun within two business days of a referral being assigned for investigation.
- Submit 100% (20) Inventory and Appraisal reports of all formal probate cases in the PA Program within 120 days of receiving letters of Administration to the Court. A formal probate case is an estate valued over \$150,000 and is under court supervision.

Required Discipline for Excellence – Skilled, Adaptable and Diverse Workforce

- Advance operational excellence of a skilled workforce by maintaining 100% (19) mandated California State PA/PG certification for applicable PA/PG staff in order to improve services to conservatees and families of decedents.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence through service coordination by completing co-location with the Mental Health Conservator Office to improve coordination of services with shared clients.

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/programs/papg>.

Performance Measures	2010-11 Actuals	2011-12 Adopted	2011-12 Actuals	2012-13 Adopted	2013-14 Approved
Conservatorship investigations begin within 2 business days of referral being assigned	100% of 162	100% of 135	99% of 226	100% of 180	100% of 180
Face to face visits with conservatees completed within 30 days of previous visit ¹	N/A	N/A	N/A	85% of 127	85% of 127
All bank inquiries begin within 2 business days ²	N/A	90% of 491	100% of 754	95% of 491	95% of 491
PG Estate cases submit I&A reports to Probate Court within 90 days of receipt of Letters of Conservatorship	100% of 8	100% of 20	100% of 10	100% of 10	100% of 10
PA investigations begin within 2 days of referral	N/A	N/A	N/A	80% of 1,056	80% of 1,056
PA formal probate cases submit I&A reports to Probate Court within 120 days of receiving Letters of Administration	100% of 17	100% of 20	100% of 21	100% of 20	100% of 20
Deputy PA/PGs certified by California State PA/PG Association	100% of 19	100% of 19	100% of 19	100% of 19	100% of 19
Client and real property accurately mapped	100% of 176	100% of 210	100% of 192	N/A ³	N/A

Table Notes

- ¹ Effective Fiscal Year 2012-13, this is a new measure to reflect strategic priorities.
- ² Effective Fiscal Year 2011-12, this measure has been included to reflect strategic priorities.
- ³ Effective Fiscal Year 2012-13, this measure will no longer be reported in the Operational Plan.

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

Staffing

No change in staffing.

Expenditures

- Salaries and Benefits: net decrease of \$0.1 million due to savings associated with anticipated vacant positions, partially offset by an increase due to negotiated labor agreements and an increase in County retirement contributions.

Revenues

- Revenue From Use of Money & Property — decrease of \$0.06 million due to lower projected interest earnings.
- Intergovernmental Revenue — decrease of \$0.04 million due to a decrease in federal revenue associated with Targeted Case Management.

- Charges for Current Services — decrease of \$0.4 million due to declining estate values.
- Use of Fund Balance — Total budget of \$0.4 million for one-time use to mitigate the projected decline in revenues and the continued reorganization of warehouse functions.
- General Purpose Revenue Allocation — increase of \$0.4 million to mitigate the projected decline in revenues stated previously.

Budget Changes and Operational Impact: 2012-13 to 2013-14

A net decrease of \$0.4 million is the result of the anticipated reorganization of PA/PG warehouse functions partially offset by an increase in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions.



Public Administrator / Public Guardian

Staffing by Program						
		Fiscal Year 2011-12 Adopted Budget			Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Public Administrator/ Guardian		34.00			34.00	34.00
Total		34.00			34.00	34.00

Budget by Program						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Public Administrator/ Guardian	\$ 4,498,351	\$ 4,591,551	\$ 4,591,551	\$ 4,513,622	\$ 4,457,052	\$ 4,052,887
Total	\$ 4,498,351	\$ 4,591,551	\$ 4,591,551	\$ 4,513,622	\$ 4,457,052	\$ 4,052,887

Budget by Categories of Expenditures						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Salaries & Benefits	\$ 3,496,954	\$ 3,538,664	\$ 3,538,664	\$ 3,410,913	\$ 3,404,165	\$ 3,000,000
Services & Supplies	828,014	802,887	802,887	896,438	802,887	802,887
Other Charges	173,382	250,000	250,000	206,272	250,000	250,000
Total	\$ 4,498,351	\$ 4,591,551	\$ 4,591,551	\$ 4,513,622	\$ 4,457,052	\$ 4,052,887

Budget by Categories of Revenues						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Licenses Permits & Franchises	\$ 48,966	\$ 46,000	\$ 46,000	\$ 50,566	\$ 46,000	\$ 46,000
Revenue From Use of Money & Property	90,000	100,000	100,000	50,000	40,000	40,000
Intergovernmental Revenues	73,021	35,500	35,500	69,734	—	—
Charges For Current Services	1,100,823	1,272,000	1,272,000	1,098,249	893,838	893,838
Miscellaneous Revenues	30,842	30,000	30,000	39,225	30,000	30,000
Use of Fund Balance	453,034	406,386	406,386	504,184	404,165	—
General Purpose Revenue Allocation	2,701,665	2,701,665	2,701,665	2,701,665	3,043,049	3,043,049
Total	\$ 4,498,351	\$ 4,591,551	\$ 4,591,551	\$ 4,513,622	\$ 4,457,052	\$ 4,052,887

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 activities for compliance, legislation, media and strategy integration can be found within the Agency Executive Office.

Mission Statement

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

2011-12 Accomplishments

Strategic Initiative – Safe and Livable Communities

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

- Building a better service delivery system:
 - Supported successful implementation of *Building Better Health* strategy by identifying areas for integration and innovation by facilitating the development of region-specific community health improvement plans.
 - Improved access to services through increased Web-based referrals from 31% (44,758 of 145,894) to 35% (41,917 of 118,208) of referrals received annually, below target of 40%.
 - Increased efficiency and improved records management through the reduction of records storage space by 9% (from 20,751 to 18,865 boxes), below the target of 10%.
- Promoting positive choices:
 - Educated the public to make positive health choices through numerous press releases, media advisories, and press conferences such as *Tips for Dealing with Holiday Loneliness, Anxiety and Depression* in November 2011 and the *Love Your Heart* campaign in February 2012.
- Pursuing policy and environmental changes that support healthy, safe and thriving communities:



- Proactively pursued a legislative agenda that supported *Live Well, San Diego!* by recommending support positions on bills in alignment with *Live Well, San Diego!*, including bills to expand medical coverage and increase protections for children.
- Improving the culture from within:
 - Engaged employees to embrace and apply the role they play in supporting healthy, safe and thriving residents through participation on the County Wellness Committee which initiated the *10,000 Steps* program and other programs such as “Lunch and Learn” programs on smoking cessation. Monthly email blasts were also sent to Agency employees that covered various health and wellness themes such as depression and mental health, cholesterol awareness, diabetes, and the Great American Smoke Out.
 - Completed a gap analysis during the first phase of an Agency employee succession plan that incorporates advancement of *Live Well, San Diego!*
 - Supported knowledge workers by completing the training of the remaining divisions on how to develop electronic training. The application of knowledge has resulted in activities such as the recent “It’s Up to Us” training to help increase staff understanding of mental illness.
 - Ensured that knowledge of regulations remains current and relevant by providing job specific compliance training to five Agency divisions, meeting target.

Required Discipline – Fiscal Stability

- Ensured accountability of public funds by completing 20 comprehensive financially focused compliance reviews of contractors, meeting target.



- The 10% decrease in returned/denied Medicare claims not met due to the temporary loss of subject matter expertise.

Required Discipline – Accountability, Transparency and Ethical Conduct

- Tracked, monitored and reported progress in implementing the County Health Strategy: *Building Better Health*. Issued the *2010-2011 Live Well, San Diego! Building Better Health Annual Report* on November 8, 2011, and a status update memo to the Board of Supervisors in spring 2012.

Required Discipline – Continuous Improvement

- Advanced operational excellence by making data-driven decisions that focus on outcomes for programs such as public assistance and customer service in Family Resource Centers.
- Completed transition of Background Unit to the County Department of Human Resources, streamlining operations.

2012-14 Objectives

Ensure integration and achievement of *Live Well, San Diego!* strategies to provide the right services, to the right people, at the right time.

Strategic Initiative – Healthy Families

- Build a better service delivery system.
 - Support successful implementation of *Building Better Health* strategy by identifying areas for integration.
 - Increase efficiency and improving records management through the reduction of records storage space by 5% (from 18,865 to 17,921 boxes).
- Promote positive choices by educating the public to make positive choices in physical and mental health.

Required Discipline for Excellence – Regional Leadership

- Advance operational excellence by pursuing policy and environmental changes that support healthy, safe and thriving communities by identifying appropriate legislation that supports *Live Well, San Diego!*

Required Discipline for Excellence - Accountability, Transparency and Ethical Conduct

- Advance operational excellence by monitoring how public funds are spent and the results achieved.
 - Complete 20 comprehensive financially focused compliance review of contractors. 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 take from one month to nine months to complete.
 - Complete 28 quality assurance reviews of Region/ Divisions to ensure adherence to contracting policies and procedures.

Required Discipline for Excellence – Information Services

- Advance operational excellence through technology by supporting improvements in the Agency's technological framework to help the Agency build a better service delivery system.
 - Begin the process of enhancing or replacing legacy information technology (IT) systems so they will be capable of interfacing with the Enterprise Information Exchange (EIE) technology. EIE will allow various IT systems that could not interact to be able to exchange information.
 - Ensure any new IT systems meet criteria for interface with the Enterprise Information Exchange.

Required Discipline for Excellence – Skilled, Adaptable and Diverse Workforce

- Advance operational excellence through a skilled workforce by implementing the second phase of the succession plan to advance the *Live Well, San Diego!* initiative.

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	2010-11 Actuals	2011-12 Adopted	2011-12 Actuals	2012-13 Adopted	2013-14 Approved
Completed comprehensive fiscal-compliance reviews ¹	22	20	20	20	20
Completed quality assurance reviews ²	N/A	N/A	N/A	28	28
Reduction in records storage space	20% (from 23,893 to 19,114 boxes)	10% ³ (from 19,114 to 17,202 boxes)	9% ³ (from 20,751 to 18,865 boxes)	5% (from 18,865 to 17,921 boxes)	5% (from 18,865 to 17,921 boxes)
Decrease in returned/denied Medicare claims ³	28% (from 11% [158 of 1,417] to 7.9% [36 of 456])	10% ⁴ over Fiscal Year 2010-11	See table note ⁴	N/A ⁶	N/A
Learning Management System (LMS) training capacity among Agency regions and divisions	16 ⁵	5 ⁵	N/A ⁵	N/A ⁶	N/A
Job specific compliance training, via LMS, among Agency regions and divisions	4	5	5	N/A ⁶	N/A
Increase average use of Web-based referral systems	31% of 145,894	40% of 156,000	35% of 118,208	N/A ⁶	N/A

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 New measure effective Fiscal Year 2012-13.

³ The target for this measure is aligned to required record retention periods.

⁴ The total number of Medicare claims is not known at the beginning of the fiscal year since it is based on events yet to occur. The target decrease of 10% unknown due to the temporary loss of subject matter expertise.

⁵ 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. This objective was met during the last quarter of Fiscal Year 2010-11. Therefore, the target of increasing capacity is not applicable for Fiscal Year 2011-12.

⁶ Effective Fiscal Year 2012-13, this measure will no longer be reported in the Operational Plan, however, it will be monitored internally.



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

Staffing

Increase of 4.00 staff years and transfers between divisions based on operational needs.

- Increase of 4.00 staff years in Human Resources to meet increased recruitment and training needs, especially in frontline positions such as eligibility and child welfare services. These 4.00 staff years are the result of 1.00 staff year transferred from Child Welfare Services, 1.00 staff year from Regional Operations, 1.00 staff year from Strategic Planning and Operational Support, and 1.00 staff year from Behavioral Health Services.
- The Agency Executive Office (AEO) has assumed the responsibilities previously assigned to the Office of Health Systems Innovation (OHSI).

Expenditures

Net increase of \$1.7 million.

- Salaries and Benefits — increase of \$0.3 million due to negotiated labor agreements, an increase in retirement contributions, and the increase of 4.00 staff years.
- Services and Supplies — increase of \$1.3 million.
 - Increase of \$1.0 million in major maintenance to support planned facility projects.
 - Increase of \$0.5 million in information technology associated with increased rates and one-time projects.
 - Increase of \$0.1 million in public liability insurance.
 - Decrease of \$0.3 million in various services and supplies.
- Fund Balance Component Increases – increase of \$0.1 million to commit interest received from sale of Grand Avenue clinic.

Revenues

Net increase of \$1.7 million.

- Revenue From Use of Money & Property – increase of \$0.1 million for interest on sale proceeds of Grand Avenue clinic.
- Intergovernmental Revenues — increase of \$1.5 million in 1991 Realignment revenue and Social Services Administrative revenue.
- Charges for Current Services — increase of \$0.1 million for support services for the First Five Commission.
- Use of Fund Balance — Total budget 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 technological advancements which support the *Live Well, San Diego!* initiative.
 - \$5.0 million for major maintenance projects.
 - \$2.5 million for the relocations related to the County Operations Center capital project.
 - \$1.0 million to fund one-time information technology costs.
 - \$0.1 million to commit Grand Avenue clinic sale proceeds and to fund one-time negotiated salary adjustments.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Net decrease of \$20.5 million is the result of a reduction of \$21.5 million in Services and Supplies due to the elimination of one-time projects from prior year, partially offset by an increase of \$1.0 million in Salaries and Benefits due to negotiated labor agreements and an increase in retirement contributions.

Staffing by Program						
		Fiscal Year 2011-12 Adopted Budget			Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Agency Executive Office		23.00			27.00	27.00
Agency Contract Support		18.00			18.00	18.00
Office of Health Systems Innovation		4.00			—	—
Financial Services Division		155.00			155.00	155.00
Human Resources		72.00			76.00	76.00
Management Support		10.00			10.00	10.00
Proposition 10		21.00			21.00	21.00
Total		303.00			307.00	307.00

Budget by Program						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Agency Executive Office	\$ 5,391,998	\$ 46,151,264	\$ 34,889,271	\$ 6,446,845	\$ 45,881,394	\$ 25,487,622
Agency Contract Support	3,393,719	3,633,770	3,655,354	3,644,001	3,729,099	3,795,385
Office of Health Systems Innovation	225,094	771,829	775,736	840,959	—	—
Financial Services Division	24,749,014	26,559,583	33,627,631	27,056,833	27,833,283	28,277,851
Human Resources	7,685,129	8,074,997	8,131,720	7,784,975	8,851,359	9,075,829
Management Support	13,106,290	11,393,411	11,634,873	11,307,610	11,854,399	10,889,876
Proposition 10	1,966,468	2,231,355	2,231,355	2,254,338	2,333,574	2,420,030
Strategy and Planning Division	6	—	—	—	—	—
Total	\$ 56,517,718	\$ 98,816,209	\$ 94,945,939	\$ 59,335,561	\$ 100,483,108	\$ 79,946,593

Budget by Categories of Expenditures						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Salaries & Benefits	\$ 26,867,863	\$ 29,036,624	\$ 29,036,624	\$ 27,948,386	\$ 29,325,970	\$ 30,289,454
Services & Supplies	29,014,814	49,759,985	45,889,715	31,300,704	51,078,738	29,578,739
Capital Assets Equipment	639,726	—	—	86,472	—	—
Expenditure Transfer & Reimbursements	(4,685)	—	—	—	—	—
Fund Balance Component Increases	—	19,600	19,600	—	78,400	78,400
Management Reserves	—	20,000,000	20,000,000	—	20,000,000	20,000,000
Total	\$ 56,517,718	\$ 98,816,209	\$ 94,945,939	\$ 59,335,561	\$ 100,483,108	\$ 79,946,593

Budget by Categories of Revenues						
	Fiscal Year 2010-11 Actuals	Fiscal Year 2011-12 Adopted Budget	Fiscal Year 2011-12 Amended Budget	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Approved Budget
Revenue From Use of Money & Property	\$ 19,600	\$ —	\$ —	\$ 78,400	\$ 78,400	\$ 78,400
Intergovernmental Revenues	18,239,840	57,588,671	57,678,671	21,787,831	59,079,725	56,031,376
Charges For Current Services	2,232,258	2,620,568	2,620,568	2,397,101	2,690,353	2,779,278
Miscellaneous Revenues	565,803	26,000	26,000	26,898	26,000	26,000
Other Financing Sources	255,385	—	—	99,332	—	—
Fund Balance Component Decreases	—	—	—	—	—	953,139
Use of Fund Balance	35,204,833	38,580,970	34,620,700	34,945,998	38,608,630	20,078,400
Total	\$ 56,517,718	\$ 98,816,209	\$ 94,945,939	\$ 59,335,561	\$ 100,483,108	\$ 79,946,593