

County of San Diego

Health and Human Services Agency

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

Health and Human Services Agency Summary

Agency Description

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

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



HHS Departments

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

Mission Statement

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

2010-11 Anticipated Accomplishments

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

- Building a better service delivery system that is innovative and outcome-driven, emphasizing quality, efficiency, cost savings, and large-scale population-based improvements.
 - Implemented additional pathways to eligibility for public assistance through online applications, 2-1-1 San Diego, and video interviewing resulting in increased enrollment of 26,568 children and seniors in CalFresh (formerly Food Stamps; year 2 of the 3-year Nutritional Security Plan).
 - Integrated CalFresh application assistance and prescreening at 12 Earned Income Tax Credit sites.
 - Implemented In-Home Supportive Services (IHSS) reform recommendations, including program integrity case reviews and unannounced home visits to protect taxpayer dollars and ensure appropriate level of care for consumers.
 - Partnered with San Diego Unified School District to promote CalFresh as a healthy, nutrition assistance program for low-income families.
- Promoting positive choices that empower residents to take responsibility for their own health and well-being.
 - Launched an anti-obesity campaign and new website to educate and empower residents to make healthy choices (year 1 of the 2-year Communities Putting Prevention to Work (CPPW) initiative).
 - Implemented a chronic disease self-management program using peer educators to empower patients to take an active role in their health care.
 - Administered with Sharp Hospital a program that empowers older adults to assert an active role in their own health care.
- Pursuing policy and environmental changes that make it easier for people to engage in healthy and safe behaviors.

■ ■ ■ Health and Human Services Agency Summary

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

Required Discipline – Fiscal Stability

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

Required Discipline – Customer Satisfaction

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

Required Discipline – Regional Leadership

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

Required Discipline – Skilled, Adaptable and

Diverse Workforce

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

Required Discipline – Accountability, Transparency and Ethical Conduct

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

Required Discipline – Continuous Improvement

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

Required Discipline – Information Technology

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

2011-13 Objectives

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

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

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

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

Overview

The Health and Human Services Agency's Fiscal Year 2011-12 plan includes appropriations of \$1.9 billion, an increase of \$62.3 million.

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

HHSA proposes a decrease of 24.00 staff years. 3.00 staff years were reduced in Administrative Support as a result of consolidation and centralization of HHSA Backgrounds with the Department of Human Resources' Risk Management. 21.00 staff years were reduced in Child Welfare Services, of which 5.00 staff years were non-case-carrying positions with no impact to client services, and 16.00 staff years were eliminated as a result of the Fiscal Year 2010-11 contracting out of Early Periodic Screening, Diagnosis and Treatment (EPSDT) services due to reengineering efforts at Polinsky Children's Center.

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

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

There continues to be tremendous uncertainty with the State's financial situation. The State recently passed legislation with cuts and program changes which will impact HHSA clients and service delivery. However, the details to fully analyze the local impact and to plan accordingly are lacking. The Governor and Legislature are still trying to resolve the remaining State budget shortfall. Their proposals range from tax extensions and realigning programs from the state to the counties, to balancing the budget entirely through further cuts to programs. Moving forward, HHSA will return to the Board and adjust its operational plan as needed to align ongoing funding with core, essential services. HHSA will continue to work with advisory boards and other key stakeholders in these efforts.

Tobacco Settlement Funds

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

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

Net decrease of \$28.4 million is primarily the result of a decrease of \$33.8 million in Services and Supplies primarily due to elimination of one-time projects from prior year, offset by an increase of \$5.3 million in Salaries and Benefits associated with an increase in County retirement contributions and a negotiated benefit increase.



Health and Human Services Agency Summary

Staffing by Department					
	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Regional Operations	2,438.00	2,262.00	2,277.00	0.66	2,277.00
Strategic Planning & Operational Support	221.00	200.00	202.00	1.00	202.00
Aging and Independence Services	295.50	292.50	292.50	0.00	292.50
Behavioral Health Services	871.50	840.50	837.50	(0.36)	837.50
Child Welfare Services	808.50	744.50	703.50	(5.51)	703.50
Public Health Services	493.50	479.75	480.75	0.21	480.75
Public Administrator / Public Guardian	34.00	34.00	34.00	0.00	34.00
Administrative Support	320.00	303.00	305.00	0.66	305.00
Total	5,482.00	5,156.25	5,132.25	(0.47)	5,132.25

Expenditures by Department					
	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Regional Operations	\$ 475,065,062	\$ 462,888,866	\$ 463,114,986	0.05	\$ 467,241,726
Strategic Planning & Operational Support*	146,812,596	161,411,948	225,162,212	39.50	225,633,803
Aging and Independence Services	333,889,728	335,194,757	309,757,401	(7.59)	316,689,178
Behavioral Health Services	419,717,521	405,914,153	427,734,706	5.38	418,299,678
Child Welfare Services	265,041,881	263,321,003	258,626,410	(1.78)	259,593,086
Public Health Services	97,637,740	102,193,095	103,380,590	1.16	95,269,374
Public Administrator / Public Guardian	4,430,992	4,472,416	4,591,551	2.66	4,185,165
Administrative Support	90,789,360	93,525,329	98,816,209	5.66	75,896,039
Tobacco Settlement Funds	27,500,000	27,500,000	27,500,000	0.00	27,500,000
Total	\$ 1,860,884,880	\$ 1,856,421,567	\$ 1,918,684,065	3.35	\$ 1,890,308,049

*The expenditure increase is associated primarily with the implementation of the Low Income Health Program.

Regional Operations

Department Description

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

Mission Statement

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

2010-11 Anticipated Accomplishments – All Regions

Strategic Initiative – Kids

- Improved health outcomes for newborns by ensuring that 98% (245 of 250) of pregnant women received the recommended number of prenatal care visits, above target of 96%.
- Reduced the onset of preventable illness or disease by immunizing 98% (4,900 of 5,000) of children age 0-4 years, above target of 93%.
- Reduced onset of preventable illness or disease by immunizing 96% (3,840 of 4,000) of children and adolescents age 11-18 years, above target of 93%.
- Improved access to health care by achieving a 3% (an additional 7,895; from 263,177 to 271,072) increase in children receiving Medi-Cal or Healthy Families, exceeding target of 1%.
- Protected and supported the well-being of children at risk of entering the foster care system by increasing Team Decision Making (TDM) meetings by 5% (from 2,055 to 2,157), meeting target.
- Protected children and supported reunification by identifying the most appropriate service using Structured Decision Making (SDM) when assessing 82% (2,664 of 3,250) of child welfare families, above target of 81%.
- Supported stability of children in foster care (between 8 days and 12 months) by ensuring that 80% (1,554 of 1,942) had fewer than three placements, below target of 81%.



Strategic Initiative – Safe and Livable Communities

- Improved access to nutritional services by providing outreach and enrolling 26,568 (114,321 to 140,889) children and seniors in CalFresh (formerly Food Stamps), above target of 25,000.

2011-13 Objectives – All Regions

Strategic Initiative – Kids

- Improve birth outcomes by ensuring 98% (245 of 250) of pregnant women served by public health nurses receive the recommended number of prenatal care visits.
- Reduce the onset of preventable illness or disease by immunizing 98% (4,900 of 5,000) of children age 0-4 years.
- Reduce the onset of preventable illness or disease by immunizing 98% (3,920 of 4,000) of children and adolescents age 11-18 years.
- Improve access to health care by enrolling an additional 1% (271,072 to 273,783) of children in Medi-Cal and Healthy Families programs.
- Improve outcomes for children as measured by family participation in joint case planning and meetings by 33% (2,001 of 6,265).
- Support stability of foster youth by placing 44% (1,429 of 3,249) with a relative or non-related extended family member.
- Support stability of children in foster care (8 days or more, but less than 12 months) by ensuring 81% (1,573 of 1,942) have fewer than three placements.

■ ■ ■ Regional Operations

Strategic Initiative – Safe and Livable Communities

- Improve access to nutritional services by enrolling 25,000 (140,889 to 165,889) children and seniors in CalFresh.
- Promote collaboration and transparency by developing region-specific community engagement plans that seek input and action for *Live Well, San Diego!*

Central Region

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

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

2011-13 Objectives

Strategic Initiative – Kids

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

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

Strategic Initiative – Safe and Livable Communities

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

East Region

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Kids

- Supported stability of children coming into protective custody by placing 65% (186 of 285) with a relative or family friend, meeting target.
- Supported stability and educational growth of children coming into protective custody by placing 65% (54 of 82) in a home where they can attend their school of origin, meeting target.
- Prevented illness and disease by immunizing 98% (112 of 114) of NFP graduates' children by 24 months of age, meeting target.
- Improved health outcomes for children by ensuring that 90% (391 of 434) of NFP participants initiated breast feeding, meeting target.

2011-13 Objectives

Strategic Initiative – Kids

- Support stability and educational growth of children coming into protective custody by placing 65% (54 of 82) in a home where they can attend their school of origin.
- Promote family stability by ensuring that 75% (166 of 221) of children are reunified with their parents within 12 months.

- Improve health outcomes for children by ensuring that 91% (108 of 120) of NFP participants initiate breast feeding.
- Promote healthy living by ensuring that 32% (11 of 32) of NFP parents decrease smoking.
- Promote self-sufficiency by linking culturally appropriate service providers to refugee families.

North Central Region

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

- Failed to maintain 30-day wait time for County Medical Services eligibility appointments due to increased demand for services.
- Supported healthy choices by developing four Community Action Plans supporting the Communities Putting Prevention to Work initiative (*Healthy Works*SM), above target of three plans:
 - Educated the public about healthy choices by launching the *Healthy Works*SM media campaign.
 - Promoted nutrition by introducing healthy Breakfast/Summer Meal Programs within school districts.
 - Promoted healthy eating by changing policies that favor healthier food service options at senior meal sites.
 - Supported improved health outcomes for infants by implementing Breast feeding/Lactation Worksite Policy Actions.

2011-13 Objectives

Strategic Initiative – Safe and Livable Communities

- Reduce onset of illness and disease by establishing a baseline for NFP graduates' children that are fully immunized by 24 months of age.
- Improve health outcomes for infants by establishing a baseline for NFP participants who initiate breast feeding.

- Ensure timely service to clients by maintaining wait times of 30 days or less for County Medical Services eligibility appointments.
- Support military families by building effective community relationships that promote safe and healthy living.

North Coastal Region

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Kids

- Strengthened safety and healthy living through the Military Strategic Plan by increasing services by 103% (from 322 to 655) to military families, exceeding the 5% target.
- Supported stability of foster children by placing 65% (82 of 126) with relatives or family friends, below target of 68%.

2011-13 Objectives

Strategic Initiative – Kids

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

North Inland Region

The North Inland Region includes four cities, remote desert communities, historic mountain towns, rural homes and farms, and numerous Indian reservations. The region's eastern border is the Imperial County line. In addition to providing core regional services, North Inland Region facilitates the Rural Health Network and North County Cares. The Rural Health Network is a forum that brings



together government and community service providers to collaborate and leverage health resources for rural San Diego County communities. North County Cares is a collaboration of the Agency, community partners, resource families, and child welfare services working together to improve outcomes for North County children.

2010-11 Anticipated Accomplishments

Strategic Initiative – Kids

- Supported stability of children in protective custody by placing 57% (96 of 170) with relatives or family friends, above target of 53%.

Required Discipline – Customer Satisfaction

- Improved access to public assistance programs through video interviewing and increased by 115% (from 96 to 206) the number of clients served, exceeding the target of 10% due to additional sites.

2011-13 Objectives

Strategic Initiative – Kids

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

Required Discipline – Customer Satisfaction

- Improve access to public assistance programs through video interviewing by increasing the number of clients served by 15% (from 206 to 237).

South Region

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

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Kids

- Improved health outcomes of infants by ensuring that 58% (24 of 41) of NFP mothers breastfed their infant up to 6 months of age, exceeding target of 45%.
- Strengthened the family and promoted stability by increasing the number of FAP children who were diverted from protective custody by 11% (from 280 to 311), above target of 10%.

2011-13 Objectives

Strategic Initiative – Kids

- Strengthen the family and promote stability by increasing the number of FAP children who are diverted to prevention services by 20% (from 311 to 373).

Strategic Initiative – Safe and Livable Communities

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

Related Links

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

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

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Estimated Actuals	2011-12 Proposed	2012-13 Proposed
Expectant mothers visited by Public Health Nurses through delivery that complete recommended number of prenatal care visits	98% of 401	96% of 450	98% of 250	98% of 250	98% of 250
Children age 0-4 years receive age-appropriate vaccines	99% of 25,866	93% of 15,000	98% of 5,000	98% of 5,000	98% of 5,000
Children age 11-18 years receive age-appropriate vaccines	97% of 16,191	93% of 12,000	96% of 4,000	98% of 4,000	98% of 4,000
Children enrolled in Medi-Cal and Healthy Families health care coverage	5% (enrolled 12,562 for a total of 263,177)	1% (enroll 2,632 for a total of 265,809)	3% (enrolled 7,895 for a total of 271,072)	1% (enroll 2,711 for a total of 273,783)	1% (enroll 2,711 for a total of 273,783)
Family participation in joint case planning and meetings ¹	N/A	N/A	30.8% of 6,265	33% of 6,265	33% of 6,265
Children in foster care that are in kin placements ¹	N/A	N/A	42.5% of 3,249	44% of 3,249	44% of 3,249
Children in foster care for less than 12 months have fewer than 3 placements during that period	81.9% of 1,896	81% of 1,947	80% of 1,942	81% of 1,942	81% of 1,942
Eligible children and seniors enrolled in CalFresh ²	23,913 (from 90,408 to 114,321)	20,000 (from 114,321 to 134,321)	26,568 (from 114,321 to 140,889)	25,000 (from 140,889 to 165,889)	25,000 (from 140,889 to 165,889)
Increase in TDM meetings held countywide ³	19.1% (from 1,725 to 2,055)	5% (from 2,055 to 2,157)	5% (from 2,055 to 2,157)	N/A	N/A
Completion of SDM assessments on new child welfare cases ³	76.3% of 1,752	81% of 3,450 ³	82% of 3,250	N/A	N/A

Table Notes

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

² CalFresh is California's name for the Federal SNAP program (formerly Food Stamps).

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



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

Staffing

Net increase of 15.00 staff years.

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

Expenditures

Net increase of \$0.2 million.

- Salaries and Benefits — increase of \$5.4 million reflects negotiated labor agreements as well as increases in County retirement contributions and the addition of 15.00 staff years.
- Services and Supplies — decrease of \$5.2 million.
 - Decrease of \$2.5 million in contracted services associated with the completion of one-time self-sufficiency projects funded by the American Recovery and Reinvestment Act of 2009 (ARRA), offset by alignment for projected contract needs. This completes the projects for the preservation and creation of jobs, to promote economic recovery, and to provide emergency food and housing to those most impacted by the recession.
 - Decrease of \$1.4 million due to the elimination of the Juvenile Diversion program. This will eliminate contracted services to approximately 1,500 youth annually who demonstrate behaviors typically associated with delinquency and which are likely to result in involvement and re-involvement with the juvenile justice system.

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

Revenues

Net increase of \$0.2 million.

- Licenses, Permits & Franchise Fees – decrease of \$1.3 million in marriage license fees associated with the transfer of domestic violence services to Child Welfare Services.
- Revenue From Use of Money & Property – decrease of \$0.3 million for lease income for employment services offices.
- Intergovernmental Revenues — net increase of \$2.0 million.
 - Increase of \$3.8 million in Realignment revenue.
 - Increase of \$1.0 million due to new federal Medicaid Coverage Expansion funding for Low Income Health Program.
 - Decrease of \$2.7 million of ARRA funding associated with completion of one-time projects.
 - Decrease of \$0.1 million due to Communities Putting Prevention to Work Initiative ending in March 2012.
- Miscellaneous Revenues — decrease of \$0.2 million to align to historical actuals.
- Use of Fund Balance – net decrease of \$0.9 million.
 - Decrease of \$1.4 million of one-time funding allocated in Fiscal Year 2010-11 to fund the Juvenile Diversion program.
 - Decrease of \$0.3 million one-time General Fund fund balance to fund 2-1-1 program. Program will be funded by General Purpose Revenue Allocation.
 - Increase of \$0.8 million to fund a one-time negotiated salary adjustment.
- General Purpose Revenue Allocation — net increase of \$0.9 million.
 - Increase of \$0.5 million to cover operating costs.
 - Increase of \$0.3 million to fund 2-1-1 San Diego. This information and referral service assists customers in accessing health and social services, including homeless shelter bed referral and free tax preparation sites.

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

An increase of \$4.1 million in Salaries and Benefits due to an increase in County retirement contributions and a negotiated benefit increase.

Staffing by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Regional Self Suffic Elig	1,059.00	1,081.00	1,089.00	0.74	1,089.00
Regional Child Welfare Svcs	641.00	618.00	637.00	3.07	637.00
Central Region	226.00	157.00	148.00	(5.73)	148.00
East Region	191.50	93.50	93.50	0.00	93.50
North Central Region	89.00	109.00	108.00	(0.92)	108.00
North Coastal Region	84.00	63.00	62.00	(1.59)	62.00
North Inland Region	68.00	65.00	64.00	(1.54)	64.00
South Region	79.50	75.50	75.50	0.00	75.50
Total	2,438.00	2,262.00	2,277.00	0.66	2,277.00

Budget by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Regional Self Suffic Elig	\$ 73,828,045	\$ 331,552,068	\$ 334,344,484	0.84	\$ 336,862,498
Regional Child Welfare Svcs	55,533,544	55,502,534	58,246,726	4.94	59,651,914
Central Region	100,322,415	25,607,022	20,448,759	(20.14)	20,546,130
East Region	103,346,096	11,485,439	11,837,916	3.07	11,853,548
North Central Region	30,965,524	11,210,385	10,535,081	(6.02)	10,618,441
North Coastal Region	25,740,322	8,544,889	8,654,872	1.29	8,640,818
North Inland Region	30,243,191	7,914,093	8,131,653	2.75	8,145,240
South Region	55,085,925	11,072,436	10,915,495	(1.42)	10,923,137
Total	\$ 475,065,062	\$ 462,888,866	\$ 463,114,986	0.05	\$ 467,241,726

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Salaries & Benefits	\$ 182,367,959	\$ 175,537,747	\$ 180,982,823	3.10	\$ 185,107,296
Services & Supplies	42,109,146	34,257,266	29,038,310	(15.23)	29,040,577
Other Charges	250,587,957	253,093,853	253,093,853	0.00	253,093,853
Total	\$ 475,065,062	\$ 462,888,866	\$ 463,114,986	0.05	\$ 467,241,726



Regional Operations

Budget by Categories of Revenues					
	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Licenses Permits & Franchises	\$ 824,783	\$ 1,254,000	\$ —	(100.00)	\$ —
Fines, Forfeitures & Penalties	50,000	50,000	50,000	0.00	50,000
Revenue From Use of Money & Property	311,113	311,113	—	(100.00)	—
Intergovernmental Revenues	450,065,858	434,765,577	436,792,077	0.47	435,656,409
Charges For Current Services	1,874,145	4,874,145	4,897,111	0.47	4,897,111
Miscellaneous Revenues	1,444,176	1,382,758	1,159,365	(16.16)	1,159,365
Fund Balance Component Decreases	—	—	—	—	5,170,312
Use of Fund Balance	—	1,700,000	782,904	(53.95)	—
General Purpose Revenue Allocation	20,494,987	18,551,273	19,433,529	4.76	20,308,529
Total	\$ 475,065,062	\$ 462,888,866	\$ 463,114,986	0.05	\$ 467,241,726

Strategic Planning and Operational Support

Department Description

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

Mission Statement

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Kids

- Supported families in pursuit of self-sufficiency by issuing 99% (41,580 of 42,000) of child care payments within 10 calendar days, meeting target.
- Moved Welfare to Work participants closer to self-sufficiency by ensuring 17% (of 11,045 individuals per month) had paid employment, below target of 30%, which is attributed to high unemployment across the nation.
- Encouraged families to achieve self-sufficiency by ensuring that 23% (of 9,113 cases per month) of Welfare to Work cases had participants in State approved work activities, below target of 45% due to contract transition activities.

Strategic Initiative – Safe and Livable Communities

- Assisted indigent adults through the Advocacy Program to secure financial and medical support by ensuring that 93% (136 of 146) successfully obtained Supplemental Security Income (SSI), above target of 90%.
- Improved access to care and treatment by increasing the network of medical specialty care providers serving indigent consumers by 30% (from 244 to 319), exceeding target of 10%.



- Monitored the health of indigent adults in diabetes case management by ensuring that 52% (1,069 of 2,056) received a blood test semi-annually, below target of 85%.

Required Discipline – Customer Satisfaction

- Assisted in providing timely and accurate public assistance benefits by responding to 93% (7,905 of 8,469) of urgent CalWIN help desk calls within 48 hours, below the target of 95%.

Required Discipline – Accountability/Transparency

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

Required Discipline – Continuous Improvement

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

2011-13 Objectives

Strategic Initiative – Kids

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

■ ■ ■ Strategic Planning and Operational Support

Strategic Initiative – Safe and Livable Communities

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

Required Discipline – Accountability, Transparency and Ethical Conduct

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

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

Required Discipline – Customer Satisfaction

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

Required Discipline – Continuous Improvement

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

Related Links

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

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Estimated Actuals	2011-12 Proposed	2012-13 Proposed
Child care payments issued within 10 days	N/A	99% of 40,000	99% of 42,000	99% of 42,000	99% of 42,000
Welfare to Work participants have paid employment	N/A	30% of 37,500 ¹	17% of 11,045 ¹	30% of 11,000	30% of 11,000
Welfare to Work participants participating in work activities	N/A	45% of 30,000 ¹	23% of 9,113 ¹	45% of 9,000	45% of 9,000
SSI applicants who complete the application process through the SSI Advocacy program and obtain SSI	96% of 160	90% of 150	93% of 146	96% of 150	96% of 150
Indigent health care enrollees who are diabetic and on insulin, 50+ years old who fill 3 prescriptions to reduce cardiac events and strokes ²	N/A	N/A	N/A	33% (from 109 to 144)	33% (from 144 to 192)
Indigent health care enrollees receiving management services ²	N/A	N/A	N/A	10% (from 1,020 to 1,122)	10% (from 1,122 to 1,234)
Hospital in-patient readmissions of the top 50 homeless frequent users in Central Region, 30 days or less after discharge ²	N/A	N/A	N/A	10% decrease (from 74 to 67)	10% decrease (from 67 to 60)
MCE patients who received treatment from assigned medical home ²	N/A	N/A	N/A	91% of 7,016	91% of 7,016
Unannounced home visits per month in the In-Home Supportive Services program ²	N/A	N/A	N/A	1,920	1,920
Urgent help desk calls responded to within 48 hours	87% of 10,898	95% of 17,000	93% of 8,469 ³	95% of 17,000	95% of 17,000
Agency-level continuous improvement projects ⁴	5	4	6 ⁵	4	4
Increase in medical specialty care doctors for indigent clients ⁶	26% (from 193 to 244)	10% (from 244 to 268)	30% (from 244 to 319)	N/A	N/A
Indigent adult diabetics enrolled in diabetes case management that receive blood tests ⁶	79% ⁵ of 986	85% of 800	52% ⁷ of 2,056	N/A	N/A

Table Notes

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

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

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



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

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

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

⁷ Due to technical difficulties, the data currently represents only a portion of the fiscal year.

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

Staffing

Net increase of 2.00 staff years.

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

Expenditures

Increase of \$63.8 million.

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

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

Revenues

Net increase of \$63.8 million.

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

- Charges for Current Services — decrease of \$0.3 million of Community-Based Child Abuse Prevention revenues now realized in Intergovernmental Revenues.
- Miscellaneous Revenues — decrease of \$0.3 million due to lower projected interest earnings.
- Use of Fund Balance – increase of \$0.2 million. A total of \$0.2 million budgeted to fund a one-time negotiated salary adjustment.

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

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



Strategic Planning and Operational Support

Staffing by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Administration	78.00	79.00	81.00	2.53	81.00
Health Care Administration	35.00	36.00	37.00	2.78	37.00
Self Sufficiency Services and Support	108.00	85.00	84.00	(1.18)	84.00
Total	221.00	200.00	202.00	1.00	202.00

Budget by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Administration	\$ 26,058,093	\$ 25,933,008	\$ 27,023,353	4.20	\$ 27,510,194
Health Care Administration*	95,747,432	98,723,293	154,895,654	56.90	154,922,437
Child Care Planning Council	1,113,810	1,113,810	1,123,783	0.90	1,123,783
Self Sufficiency Services and Support	23,893,261	35,641,837	42,119,422	18.17	42,077,389
Total	\$ 146,812,596	\$ 161,411,948	\$ 225,162,212	39.50	\$ 225,633,803

*The expenditure increase is associated primarily with the implementation of the Low Income Health Program.

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Salaries & Benefits	\$ 18,181,205	\$ 17,250,921	\$ 18,084,933	4.83	\$ 18,109,645
Services & Supplies	128,631,391	144,161,027	207,077,279	43.64	207,524,158
Total	\$ 146,812,596	\$ 161,411,948	\$ 225,162,212	39.50	\$ 225,633,803

Budget by Categories of Revenues

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Fines, Forfeitures & Penalties	\$ 3,349,216	\$ 3,349,216	\$ 3,349,216	0.00	\$ 3,349,216
Revenue From Use of Money & Property	—	—	1,019,083	—	1,019,083
Intergovernmental Revenues	106,911,954	117,043,172	180,234,894	53.99	180,581,161
Charges For Current Services	6,909,077	11,960,573	11,657,982	(2.53)	11,657,982
Miscellaneous Revenues	1,042,349	458,987	100,000	(78.21)	100,000
Other Financing Sources	17,600,000	17,600,000	17,600,000	0.00	17,600,000
Fund Balance Component Decreases	—	—	—	—	326,361
Use of Fund Balance	—	—	201,037	—	—
General Purpose Revenue Allocation	11,000,000	11,000,000	11,000,000	0.00	11,000,000
Total	\$ 146,812,596	\$ 161,411,948	\$ 225,162,212	39.50	\$ 225,633,803

Aging & Independence Services

Department Description

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

Mission Statement

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

- Protected seniors and dependent adults from abuse and neglect by conducting 95% (6,840 of 7,200) of face-to-face contacts within 10 days of receiving Adult Protective Services (APS) referral, meeting target.
- Ensured safety and well-being of adults referred to APS by ensuring that 91% (6,552 of 7,200) were not re-referred within six months, meeting target.
- Ensured that disabled individuals were able to remain safely in their home by completing 96% (15,840 of 16,500) of In-Home Supportive Services (IHSS) reassessments timely, meeting target.
- Fostered independent living and secured maximum funds by maintaining 95% (587 of 618) participation in the Multipurpose Senior Services Program (MSSP) case management program, meeting target.
- Supported older adults to be connected and active in their community by increasing participation in volunteer opportunities by 4% (from 2,207 to 2,295), meeting target.
- Assisted veterans and their families to utilize financial education opportunities by notifying 92% (4,600 of 5,000) within 14 days of the status of their college tuition waiver application, below target of 95%.

Required Discipline – Information Technology

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



2011-13 Objectives

Strategic Initiative – Safe and Livable Communities

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

Required Discipline – Customer Service

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

Required Discipline – Information Management

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

Related Links

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



■ ■ ■ Aging & Independence Services

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

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

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Estimated Actuals	2011-12 Proposed	2012-13 Proposed
Face-to-face APS investigations within 10 days	95% of 6,319	95% of 7,500	95% of 7,200	98% of 7,500	98% of 7,500
APS cases not re-referred within 6 months of closing	93% of 6,319	91% of 7,500	91% of 7,200	95% of 7,500	95% of 7,500
IHSS reassessments recertified timely	98% of 19,914	96% of 16,500	96% of 16,500	98% of 16,500	98% of 16,500
Notification response rate within 14 days for customers applying for the college fee waiver	97% of 5,817	95% of 5,000	95% of 5,000	98% of 5,000	98% of 5,000
Average monthly number of MSSP case management slots filled	N/A	95% of 618	95% of 618	98% of 618	98% of 618
Maintain the number of older adults linked with RSVP and Intergenerational volunteer opportunities ¹	N/A	4% increase (from 2,207 to 2,295)	2,295	2,295	2,295

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

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

Staffing

No change in staffing level.

Expenditures

Net decrease of \$25.4 million.

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

Revenues

Net decrease of \$25.4 million.

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

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

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

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



■ ■ ■ Aging & Independence Services

Staffing by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
In-Home Supportive Services	151.00	151.00	151.00	0.00	151.00
Veterans Services	8.00	8.00	8.00	0.00	8.00
Senior Health and Social Services	48.00	43.00	42.00	(2.33)	42.00
Protective Services	67.50	69.50	69.00	(0.72)	69.00
Administrative and Other Services	21.00	21.00	22.50	7.14	22.50
Total	295.50	292.50	292.50	0.00	292.50

Budget by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
In-Home Supportive Services	\$ 304,758,223	\$ 308,220,269	\$ 281,600,550	(8.64)	\$ 288,516,571
Veterans Services	927,972	937,523	948,368	1.16	956,455
Senior Health and Social Services	15,176,894	13,732,726	13,952,326	1.60	13,933,676
Protective Services	8,832,484	8,306,872	8,785,070	5.76	8,793,924
Administrative and Other Services	4,194,155	3,997,367	4,471,087	11.85	4,488,552
Total	\$ 333,889,728	\$ 335,194,757	\$ 309,757,401	(7.59)	\$ 316,689,178

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Salaries & Benefits	\$ 25,783,838	\$ 25,862,782	\$ 26,326,593	1.79	\$ 26,557,747
Services & Supplies	294,119,953	295,527,795	269,626,628	(8.76)	276,327,251
Other Charges	5,000	5,000	5,000	0.00	5,000
Operating Transfers Out	13,799,180	13,799,180	13,799,180	0.00	13,799,180
Total	\$ 333,889,728	\$ 335,194,757	\$ 309,757,401	(7.59)	\$ 316,689,178

Budget by Categories of Revenues

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Fines, Forfeitures & Penalties	\$ 185,660	\$ 185,660	\$ 185,660	0.00	\$ 185,660
Intergovernmental Revenues	323,963,647	326,142,860	300,478,458	(7.87)	307,306,108
Miscellaneous Revenues	78,452	95,457	112,199	17.54	46,710
Other Financing Sources	100,000	100,000	100,000	0.00	100,000
Fund Balance Component Decreases	891,189	—	—	—	458,176
Use of Fund Balance	—	—	288,560	—	—
General Purpose Revenue Allocation	8,670,780	8,670,780	8,592,524	(0.90)	8,592,524
Total	\$ 333,889,728	\$ 335,194,757	\$ 309,757,401	(7.59)	\$ 316,689,178



Behavioral Health Services

Department Description

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

Mission Statement

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Kids

- Supported educational growth and overall well-being of adolescents who completed alcohol and drug treatment by ensuring that 95% (878 of 925) either completed high school (or the equivalent) or were enrolled in an educational setting, above the target of 90%.
- Improved access to nonresidential alcohol and drug treatment for adolescents by ensuring that 89% (1,281 of 1,440) were admitted within 14 days, above the target of 85%.
- Improved access for outpatient mental health assessment to children and youth by reducing average wait time to 4 days, meeting the target of 5 days or less.
- Strengthened care and treatment for children with complex developmental, behavioral, and/or mental health issues through KidSTART, a multidisciplinary mental health program, meeting target of 100 children served.



Strategic Initiative – Safe and Livable Communities

- As part of building a better service delivery system, integrated physical health and behavioral health services by launching two pilot programs testing different service delivery models (East Region Mental Health Clinic and San Ysidro Comprehensive Health Clinic), exceeding the target of one pilot program.
- Enhanced the Behavioral Health Quality Management Plan to improve alcohol, drug and mental health services for clients with co-occurring disorders and revised outcome measures, meeting target.
- Supported healthy and safe living by ensuring 43% (5,590 of 13,000) of participants completed alcohol and drug treatment, exceeding the target of 35%.
- Improved access for outpatient mental health assessment to adults by reducing average wait time to 5 days, surpassing the target of 8 days or less.
- Improved access to outpatient mental health services and treatment by increasing the number of older adults served by 5% (from 5,137 to 5,393), meeting target.

Required Discipline – Accountability/Transparency

- Maintained full accreditation with Joint Commission Standards Compliance for SDCPH demonstrating our commitment to patient care and accountability, meeting target.
- Maintained rating of substantial compliance for Edgemoor DPSNF, a rating issued by State licensing, confirming standards for health, safety and quality of life for the patients were met, meeting target.
- Promoted quality of care and a safer environment for patients and staff by meeting the national benchmark (1.78 occurrences per 1,000 patient days) for the use of mechanical or manual restraints at SDCPH, meeting target.

Required Discipline – Information Technology

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

2011-13 Objectives

Strategic Initiative – Kids

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

Strategic Initiative – Safe and Livable Communities

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

Required Discipline – Customer Satisfaction

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

Required Discipline – Accountability, Transparency and Ethical Conduct

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

Required Discipline – Information Technology

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

Related Links

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

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

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Estimated Actuals	2011-12 Proposed	2012-13 Proposed
Adolescents discharged from alcohol and drug treatment who complete high school or the equivalent, or are enrolled in an educational setting	96% of 627	90% of 925	95% of 925	90% of 925	90% of 925
Adolescents admitted timely (within 14 calendar days) to non-residential alcohol and drug treatment	91% of 1,234	85% of 1,440	89% of 1,440	85% of 1,440	85% of 1,440
Participants in alcohol and drug treatment who complete treatment	45% of 4,513	35% of 13,000	43% of 13,000	35% of 13,000	35% of 13,000
Wait time for children's mental health outpatient treatment	5 days	5 days	4 days	5 days	5 days
Children 0-5 years served in KidSTART program	N/A	100	100	100	100
Wait time for adult mental health outpatient treatment	5 days	8 days	5 days	N/A ¹	N/A
Increase in number of older adults receiving mental health services	11% (from 4,628 to 5,137)	5% (from 5,137 to 5,393)	5% (from 5,137 to 5,393)	5% (from 5,393 to 5,662)	5% (from 5,662 to 5,945)
Decrease the number of adult clients who cancel or fail to show for outpatient mental health appointment ²	N/A	N/A	N/A	10% (Quarterly)	10% (Quarterly)
Compliance rating of Edgemoor DPSNF ³	D	D	D	D	D

Table Notes

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

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

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



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

Staffing

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

Expenditures

Net increase of \$21.8 million.

- Salaries and Benefits — net increase of \$3.6 million reflects negotiated labor agreements as well as increases in County retirement contributions, offset by the transfer of 3.00 staff years.
- Services and Supplies — increase of \$17.5 million.
 - Increase of \$10.5 million in Alcohol and Drug Services (ADS) contracted services for continued Behavioral Health program integration and enhanced drug court programs.
 - Increase of \$5.0 million in Mental Health Services contracted services for planned implementation of additional Proposition 63, *Mental Health Services Act (MHSA)*, components and program transformation.
 - Increase of \$2.0 million in Inpatient Services for institutional services and other services and supplies.
- Other Charges — increase of \$0.8 million in Support and Care of Persons to cover additional contracted beds and increased rates for state hospital expenses.
- Capital Assets Equipment — decrease of \$0.1 million due to completion of one-time prior year purchases.

Revenues

Net increase of \$21.8 million.

- Intergovernmental Revenue — net increase of \$18.6 million.
 - Increase of \$24.2 million in MHSA revenue due to planned implementation of additional MHSA components and program transformation.
 - Increase of \$2.2 million in ADS due to \$3.4 million in new funding from the California Department of Corrections and Rehabilitation, Senate Bill (SB) 678 (*California Community Corrections Performance*

Incentive Act), California Emergency Management Agency and Substance Abuse and Mental Health Services Administration, offset by a reduction of \$1.2 million discontinued funding from Justice Assistance Grant Program under the American Recovery and Reinvestment Act (ARRA) for Offender Treatment Program.

- Increase of \$2.1 million in Early Periodic Screening, Diagnosis and Treatment (EPSDT) funding.
- Decrease of \$5.9 million in revenues due to the discontinuance of ARRA funding and adjustments in revenues.
- Decrease of \$3.8 million in Managed Care due to continued program reengineering.
- Decrease of \$0.2 million due to reduced Medi-Cal Administrative Activities (MAA) revenue.
- Charges for Current Services — increase of \$1.9 million.
 - Increase of \$1.5 million in Institutional Care reimbursement at Edgemoor DPSNF to align to the current Medi-Cal rate.
 - Increase of \$0.4 million in other charges for services provided to the Superior Court by Adult Forensic program staff.
- Miscellaneous Revenues — increase of \$0.4 million due to one-time anticipated recovered expenditures offset by a technical adjustment in which revenue is being reclassified as intergovernmental revenue.
- Use of Fund Balance – increase of \$0.9 million. A total of \$0.9 million budgeted to fund a one-time negotiated salary adjustment.

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

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

Staffing by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Alcohol and Other Drug Services	36.00	24.00	25.00	4.17	25.00
Mental Health Services	321.25	297.50	296.50	(0.34)	296.50
Inpatient Health Services	482.25	464.25	462.25	(0.43)	462.25
Behavioral Health Svcs Administration	32.00	54.75	53.75	(1.83)	53.75
Total	871.50	840.50	837.50	(0.36)	837.50

Budget by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Alcohol and Other Drug Services	\$ 51,278,208	\$ 43,484,633	\$ 54,346,304	24.98	\$ 54,308,399
Mental Health Services	302,622,187	294,445,966	302,969,599	2.89	293,129,240
Inpatient Health Services	57,323,182	59,796,981	62,167,691	3.96	62,603,690
Behavioral Health Svcs Administration	8,493,944	8,186,573	8,251,112	0.79	8,258,349
Total	\$ 419,717,521	\$ 405,914,153	\$ 427,734,706	5.38	\$ 418,299,678

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Salaries & Benefits	\$ 83,107,794	\$ 80,949,413	\$ 84,607,218	4.52	\$ 85,243,838
Services & Supplies	333,901,129	322,709,056	340,190,406	5.42	330,118,758
Other Charges	2,518,779	2,174,314	2,980,506	37.08	2,980,506
Capital Assets Equipment	208,449	100,000	—	(100.00)	—
Expenditure Transfer & Reimbursements	(18,630)	(18,630)	(43,424)	133.09	(43,424)
Total	\$ 419,717,521	\$ 405,914,153	\$ 427,734,706	5.38	\$ 418,299,678

Budget by Categories of Revenues

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Intergovernmental Revenues	\$ 366,389,292	\$ 355,778,509	\$ 374,365,812	5.22	\$ 369,038,514
Charges For Current Services	31,177,517	31,756,911	33,670,855	6.03	34,566,474
Miscellaneous Revenues	5,080,591	4,880,591	5,240,614	7.38	891,000
Other Financing Sources	6,000,000	6,000,000	6,000,000	0.00	6,000,000
Fund Balance Component Decreases	—	—	—	—	305,548
Use of Fund Balance	—	—	959,283	—	—
General Purpose Revenue Allocation	11,070,121	7,498,142	7,498,142	0.00	7,498,142
Total	\$ 419,717,521	\$ 405,914,153	\$ 427,734,706	5.38	\$ 418,299,678





Child Welfare Services

Department Description

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



Mission Statement

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Kids

- Promoted stability in the child's living situation by placing children with family, relative or other foster care settings, in less than 24 hours, diverting 61% (206 of 338) from PCC, exceeding target of 48%.
- Promoted stability for youth enrolled in the intensive, wraparound program by placing 63% (100 of 157) in a family-like setting, above target of 60%. This program is for foster youth at risk of being placed in a group home setting or who are transitioning to a lower level of care from a group home placement.
- Strengthened families by ensuring that 26% (135 of 520) of children were adopted within 24 months of entering child welfare services, above target of 20%.
- Supported educational achievement of foster youth in the 12th grade, including children in San Pasqual and other residential settings, by ensuring 82% (155 of 190) earned a high school diploma or equivalent, meeting target.

2011-13 Objectives

Strategic Initiative – Kids

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

Related Links

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

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

Child Welfare Services

Performance Measures ¹	2009-10 Actuals	2010-11 Adopted	2010-11 Estimated Actuals	2011-12 Proposed	2012-13 Proposed
Polinsky Children's Center assessment center entries placed in family, relative or other foster care settings in less than 24 hours	54% of 566	48% of 598	61% of 338	65% of 600	65% of 600
Youth in intensive, wraparound program in a family-like setting	63.3% ³ of 138	60% of 139	63% of 157	65% of 139	65% of 139
Foster children in 12 th grade who achieve high school completion (diploma, certificate, or equivalent)	85.2% of 189	82% of 190	82% of 190	85% of 190	85% of 190
Children who were adopted from the child welfare system were adopted within 24 months ¹	N/A	20% of 644	26% of 520	30% of 644	30% of 644
Children who were adopted are placed with their new family within 24 months of entering child welfare services ²	21.8% of 595	N/A	N/A	N/A	N/A

Table Notes

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

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

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

Staffing

Decrease of 41.00 staff years.

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

Expenditures

Net decrease of \$4.7 million.

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

- Increase of \$0.6 million in Aid for Adopted Children to align with caseload trends.

Revenues

Net decrease of \$4.7 million.

- Licenses Permits and Franchises – increase of \$1.3 million to fund Domestic Violence contracts for prevention services that transferred from Regional Operations.
- Intergovernmental Revenues – net decrease of \$4.9 million.
 - Decrease of \$5.4 million in Realignment revenue as these dollars are being allocated to other realigned program to maximize State and federal revenue.
 - Decrease of \$5.2 million in foster care and adoptions revenue due to the loss of American Recovery and Reinvestment Act of 2009 (ARRA) funding and to reflect projected case levels.
 - Increase of \$5.2 million in State and federal CWS administrative revenues.
 - Increase of \$0.5 million for Family Integrated Treatment (FIT) grant, previously realized in Miscellaneous Revenues.

- Charges For Current Services – net decrease of \$0.4 million from the First Five Commission.
- Miscellaneous Revenues – decrease of \$0.5 million for FIT grant, now realized in Intergovernmental Revenues.
- Fund Balance Component Decreases – net decrease of \$0.4 million to align to actuals.
- Use of Fund Balance – increase of \$0.3 million. A total of \$0.3 million budgeted to fund a one-time salary adjustment.

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

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



Child Welfare Services

Staffing by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Child Welfare Services	534.50	496.50	471.50	(5.04)	471.50
Foster Care	111.00	97.00	93.00	(4.12)	93.00
Adoptions	163.00	151.00	139.00	(7.95)	139.00
Total	808.50	744.50	703.50	(5.51)	703.50

Budget by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Child Welfare Services	\$ 73,322,713	\$ 71,444,496	\$ 69,297,401	(3.01)	\$ 69,852,851
Foster Care	175,725,743	176,493,916	174,714,167	(1.01)	174,859,748
Adoptions	15,993,425	15,382,591	14,614,842	(4.99)	14,880,487
Total	\$ 265,041,881	\$ 263,321,003	\$ 258,626,410	(1.78)	\$ 259,593,086

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Salaries & Benefits	\$ 65,564,382	\$ 62,493,011	\$ 59,235,850	(5.21)	\$ 60,343,390
Services & Supplies	31,375,325	31,178,560	31,514,166	1.08	31,366,721
Other Charges	168,102,174	169,649,432	167,876,394	(1.05)	167,882,975
Total	\$ 265,041,881	\$ 263,321,003	\$ 258,626,410	(1.78)	\$ 259,593,086

Budget by Categories of Revenues

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Licenses Permits & Franchises	\$ —	\$ —	\$ 1,254,000	—	\$ 1,254,000
Revenue From Use of Money & Property	687,506	681,211	681,211	0.00	681,211
Intergovernmental Revenues	249,943,839	242,636,436	237,698,399	(2.04)	238,034,330
Charges For Current Services	3,809,372	5,173,372	4,796,684	(7.28)	4,643,372
Miscellaneous Revenues	1,061,962	859,072	366,450	(57.34)	366,450
Fund Balance Component Decreases	—	4,431,710	4,000,000	(9.74)	5,074,521
Use of Fund Balance	—	—	290,464	—	—
General Purpose Revenue Allocation	9,539,202	9,539,202	9,539,202	0.00	9,539,202
Total	\$ 265,041,881	\$ 263,321,003	\$ 258,626,410	(1.78)	\$ 259,593,086

Public Health Services

Department Description

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



Mission Statement

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Kids

- Ensured preventive health examinations were performed to identify and correct health issues for 82% (2,460 of 3,000) of children in out-of-home placement, above target of 80%.
- Expedited California Children Services (CCS) referrals and improved accuracy by receiving 57% (19,950 of 35,000) of referrals electronically, exceeding target of 50%.

Strategic Initiative – Safe and Livable Communities

- Reduced spread of disease by investigating 100% (80) of reported selected communicable disease cases within 24 hours, above target of 99%.
- Prevented transmission of tuberculosis (TB) by ensuring that 95% (142 of 150) of cases were reported within one working day from start of treatment, meeting target.
- Increased access to health care by connecting 96% (816 of 850) of new case management clients with an HIV primary care provider within 90 days, above target of 95%.
- Ensured preparedness to respond to public health hazards by activating the public health emergency response system five times during the fiscal year, meeting target of five drills or exercises.

2011-13 Objectives

Strategic Initiative – Kids

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

Strategic Initiative – Safe and Livable Communities

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

Related Links

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

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



Performance Measures ¹	2009-10 Actuals	2010-11 Adopted	2010-11 Estimated Actuals	2011-12 Proposed	2012-13 Proposed
Children in out-of-home placements who receive preventive health examinations in accordance with CHDP guidelines	87% of 3,081	80% of 3,300	82% of 3,000	85% of 3,000	85% of 3,000
Number of eQuest referrals to CCS	36% of 64,031	50% of 35,000	57% of 35,000	60% of 35,000	60% of 35,000
Selected communicable diseases cases contacted/investigations initiated within 24 hours ²	100% of 56	99% of 80	100% of 80	100% of 80	100% of 80
TB cases reported to PHS within one working day from start of treatment ²	93% of 218	95% of 300	95% of 150	98% of 200	98% of 200
New clients enrolled with an HIV primary care provider within 90 days ²	100% of 1,813	95% of 1,500	96% of 850	98% of 1,000	98% of 1,000
Activation of public health emergency response system for drills, exercises and actual responses	N/A	5	5	5	5

Table Notes

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

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

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

Staffing

Increase of 1.00 staff year.

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

Expenditures

Net increase of \$1.2 million.

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

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

Revenues

Net increase of \$1.2 million.

- Taxes Current Property — decrease of \$0.2 million in County Service Areas (CSA) 17 and 69 due to reduction in property values as a result of the economy.
- Intergovernmental Revenues — increase of \$0.1 million.

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

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

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



Public Health Services

Staffing by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Administration and Other Services	26.00	26.00	26.00	0.00	26.00
Bioterrorism / EMS	49.00	50.00	50.00	0.00	50.00
Infectious Disease Control	111.25	108.25	108.25	0.00	108.25
Surveillance	93.00	84.00	83.00	(1.19)	83.00
Prevention Services	67.50	70.50	72.50	2.84	72.50
California Childrens Services	146.75	141.00	141.00	0.00	141.00
Total	493.50	479.75	480.75	0.21	480.75

Budget by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Administration and Other Services	\$ 4,803,066	\$ 4,866,019	\$ 5,025,879	3.29	\$ 5,014,826
Bioterrorism / EMS	13,487,433	12,964,360	12,363,187	(4.64)	12,722,916
Infectious Disease Control	26,944,438	25,781,115	26,558,430	3.02	26,663,154
Surveillance	11,880,131	10,948,097	11,098,908	1.38	11,352,505
Prevention Services	12,454,611	19,898,960	19,665,831	(1.17)	10,429,862
California Childrens Services	19,837,969	19,529,877	19,954,422	2.17	20,078,185
Ambulance CSA's - Health & Human Services	8,230,092	8,204,667	8,713,933	6.21	9,007,926
Total	\$ 97,637,740	\$ 102,193,095	\$ 103,380,590	1.16	\$ 95,269,374

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Salaries & Benefits	\$ 48,182,787	\$ 48,417,319	\$ 49,645,234	2.54	\$ 48,902,321
Services & Supplies	45,117,253	49,163,076	49,169,586	0.01	41,632,283
Other Charges	4,500,000	4,575,000	4,585,000	0.22	4,585,000
Capital Assets Equipment	33,000	233,000	176,070	(24.43)	345,070
Expenditure Transfer & Reimbursements	(195,300)	(195,300)	(195,300)	0.00	(195,300)
Total	\$ 97,637,740	\$ 102,193,095	\$ 103,380,590	1.16	\$ 95,269,374

Budget by Categories of Revenues

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Taxes Current Property	\$ 1,653,670	\$ 1,865,357	\$ 1,626,585	(12.80)	\$ 1,649,346
Taxes Other Than Current Secured	43,004	43,949	43,949	0.00	43,949
Licenses Permits & Franchises	174,557	177,957	157,039	(11.75)	157,039
Fines, Forfeitures & Penalties	2,257,388	2,273,805	2,263,805	(0.44)	2,263,805
Revenue From Use of Money & Property	156,150	81,000	104,000	28.40	104,000
Intergovernmental Revenues	81,581,984	85,855,113	85,897,311	0.05	76,749,308
Charges For Current Services	6,007,416	6,495,469	7,087,264	9.11	7,236,238
Miscellaneous Revenues	739,453	764,507	870,107	13.81	822,607
Other Financing Sources	500,000	500,000	500,000	0.00	500,000
Fund Balance Component Decreases	—	—	—	—	1,657,144
Use of Fund Balance	438,180	50,000	744,592	1,389.18	—
General Purpose Revenue Allocation	4,085,938	4,085,938	4,085,938	0.00	4,085,938
Total	\$ 97,637,740	\$ 102,193,095	\$ 103,380,590	1.16	\$ 95,269,374





Public Administrator / Public Guardian

Department Description

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



Mission Statement

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

2010-11 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

- Supported emergency planning, response and recovery services by mapping client and real property locations, achieving 100% (182) accuracy, meeting target.
- Ensured safety and well-being of conservatorship customers by initiating 100% (135) of investigations within two business days of referral, meeting target.

Required Discipline – Customer Satisfaction

- Safeguarded the financial independence and assets of PG estate cases by submitting 100% (6) of inventory and appraisal (I&A) reports within 90 days of appointment, meeting target.
- Protected the decedent's property from waste, loss or theft by submitting 100% (10) of inventory and appraisal reports for formal PA probate cases within 120 days of appointment, meeting target.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Ensured knowledgeable workforce and met State criteria by certifying 100% (20) of Deputy PA/PG staff and supervisors, above target of 95%.

2011-13 Objectives

Strategic Initiative – Safe and Livable Communities

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

Required Discipline – Customer Satisfaction

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

Required Discipline – Skilled, Adaptable and Diverse Workforce

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

Related Links

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

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Estimated Actuals	2011-12 Proposed	2012-13 Proposed
Client and real property accurately mapped	100% of 181	95% of 210	100% of 182	100% of 210	100% of 210
All bank inquiries begin within 2 business days ¹	N/A	N/A	N/A	90% of 491	90% of 491
Conservatorship investigations begin within 2 business days of referral ⁵	N/A	95% of 135	100% of 135	100% of 135	100% of 135
PG Estate cases submit I&A reports to Probate Court within 90 days	100% ² of 5	95% of 20	100% of 6	100% of 20	100% of 20
PA formal probate cases submit I&A reports to Probate Court within 120 days	100% ³ of 28	85% of 20	100% of 10	100% of 20	100% of 20
Deputy PA/PGs certified by California State PA/PG Association	100% of 19	95% of 19	100% of 20	100% of 19	100% of 19

Table Notes

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

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

Staffing

No change in staffing.

Expenditures

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

Revenues

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

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

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

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

Staffing by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Public Administrator/Guardian	34.00	34.00	34.00	0.00	34.00
Total	34.00	34.00	34.00	0.00	34.00

Budget by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Public Administrator/Guardian	\$ 4,430,992	\$ 4,472,416	\$ 4,591,551	2.66	\$ 4,185,165
Total	\$ 4,430,992	\$ 4,472,416	\$ 4,591,551	2.66	\$ 4,185,165

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Salaries & Benefits	\$ 3,378,362	\$ 3,427,029	\$ 3,538,664	3.26	\$ 3,243,059
Services & Supplies	802,630	795,387	802,887	0.94	692,106
Other Charges	250,000	250,000	250,000	0.00	250,000
Total	\$ 4,430,992	\$ 4,472,416	\$ 4,591,551	2.66	\$ 4,185,165

Budget by Categories of Revenues

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Licenses Permits & Franchises	\$ 10,000	\$ 46,000	\$ 46,000	0.00	\$ 46,000
Revenue From Use of Money & Property	260,000	160,000	100,000	(37.50)	100,000
Intergovernmental Revenues	68,985	60,000	35,500	(40.83)	35,500
Charges For Current Services	1,368,100	1,474,751	1,272,000	(13.75)	1,272,000
Miscellaneous Revenues	22,242	30,000	30,000	0.00	30,000
Use of Fund Balance	—	—	406,386	—	—
General Purpose Revenue Allocation	2,701,665	2,701,665	2,701,665	0.00	2,701,665
Total	\$ 4,430,992	\$ 4,472,416	\$ 4,591,551	2.66	\$ 4,185,165



Administrative Support

Department Description

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



Mission Statement

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

2010-11 Anticipated Accomplishments

Required Discipline – Fiscal Stability

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

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Developed knowledge workers by utilizing electronic training.
 - Increased from three to four the number of divisions that developed electronic trainings, meeting target.
 - Ensured knowledge of regulations remained current and relevant by providing job specific compliance training to four divisions, meeting target.

Required Discipline – Information Technology

- Improved efficiency and access to services by increasing Web-based referrals from 26% to 34% (from 40,558 to 53,037), above target of 30%.
- Improved records management and increased efficiency by reducing records storage space by 20% (from 23,893 to 19,114 boxes), meeting target.

2011-13 Objectives

Strategic Initiative – Safe and Livable Communities

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

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

Administrative Support

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

Required Discipline – Fiscal Stability

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

Required Discipline – Accountability, Transparency and Ethical Conduct

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

Required Discipline – Continuous Improvement

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

Related Links

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

Performance Measures	2009-10 Actuals	2010-11 Adopted	2010-11 Estimated Actuals	2011-12 Proposed	2012-13 Proposed
Completed comprehensive fiscal-compliance reviews ¹	20	20	20	20	20
Decrease in returned/denied Medicare claims ²	69% (from 36% [676 of 1,873] to 11% [158 of 1,417])	10% over Fiscal Year 2009-10	28% (from 11% [158 of 1,417] to 7.9% [36 of 456])	10% over Fiscal Year 2010-11	10% over Fiscal Year 2011-12
LMS training capacity among Agency regions and divisions	3	4	4	5	6
Job specific compliance training, via LMS, among Agency regions and divisions	3	4	4	5	6
Increase average use of Web-based referral systems	26% of 155,994	30% of 155,994	34% of 155,994	40% of 156,000	45% of 156,000
Reduction in records storage space	15% (from 28,109 to 23,893 boxes)	20% ³ (from 23,893 to 19,114 boxes)	20% (from 23,893 to 19,114 boxes)	10% ³ (from 19,114 to 17,203 boxes)	10% ³ (from 17,203 to 15,483 boxes)

Table Notes

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

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

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

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

Staffing

Administrative Support increased 2.00 staff years to establish the Office of Health Systems Innovation (OHSI) to ensure alignment and integration of Agency programs to *Live Well, San Diego!* initiative.

Net increase of 2.00 staff years.

- Transfer in 3.00 staff years from Behavioral Health Services for OHSI.
- Transfer in 2.00 staff years from Regional Operations to First Five Administration. The additional positions are part of First Five's reorganization needs which included data collection, reporting and overall accountability of the Commission's contracts.
- Transfer in 1.00 staff year from Strategic Planning and Operational Support (SPOS) to support emergency preparedness activities.
- Decrease of 3.00 staff years as a result of consolidation and centralization of HHSA Backgrounds with Department of Human Resources Risk Management.
- Transfer out 1.00 staff year to Regional Operations to assist high need populations apply for Medi-Cal disability and other services.

Expenditures

Increase of \$5.3 million.

- Salaries and Benefits — increase of \$1.6 million due to negotiated labor agreements as well as increases in County retirement contributions, and an increase of 2.00 staff years.
- Services and Supplies — increase of \$3.7 million.
 - Increase of \$1.6 million for one-time information technology costs to support Agency operations.
 - Increase of \$1.0 million for one-time major maintenance for the Family Resource Centers.
 - Increase of \$0.5 million for Bioterrorism reserves.
 - Increase of \$0.4 million for Public Liability insurance.

- Increase of \$0.2 million in various Services and Supplies, primarily in rents and leases.

Revenues

Net increase of \$5.3 million.

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

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

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

Administrative Support

Staffing by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Agency Executive Office	26.00	22.00	23.00	4.55	23.00
Agency Contract Support	18.00	18.00	18.00	0.00	18.00
Office of Health Systems Innovation	—	—	4.00	—	4.00
Financial Services Division	167.00	157.00	155.00	(1.27)	155.00
Human Resources	81.00	78.00	74.00	(5.13)	74.00
Management Support	9.00	9.00	10.00	11.11	10.00
Proposition 10	19.00	19.00	21.00	10.53	21.00
Total	320.00	303.00	305.00	0.66	305.00

Budget by Program

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Agency Executive Office	\$ 41,508,928	\$ 44,772,260	\$ 46,151,264	3.08	\$ 25,348,542
Agency Contract Support	3,533,318	3,527,599	3,633,770	3.01	3,670,436
Office of Health Systems Innovation	—	—	771,829	—	779,716
Financial Services Division	26,629,367	25,209,086	26,559,583	5.36	25,862,144
Human Resources	8,325,752	8,279,818	8,074,997	(2.47)	8,228,082
Management Support	8,850,362	9,648,131	11,393,411	18.09	9,764,268
Proposition 10	1,941,633	2,088,435	2,231,355	6.84	2,242,851
Total	\$ 90,789,360	\$ 93,525,329	\$ 98,816,209	5.66	\$ 75,896,039

Budget by Categories of Expenditures

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Salaries & Benefits	\$ 28,159,822	\$ 27,580,365	\$ 29,157,086	5.72	\$ 29,328,116
Services & Supplies	42,529,538	45,944,964	49,639,523	8.04	26,489,523
Fund Balance Component Increases	—	—	19,600	—	78,400
Management Reserves	20,000,000	20,000,000	20,000,000	0.00	20,000,000
Total	\$ 90,789,360	\$ 93,525,329	\$ 98,816,209	5.66	\$ 75,896,039

Budget by Categories of Revenues

	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Adopted Budget	Fiscal Year 2011-12 Proposed Budget	% Change	Fiscal Year 2012-13 Proposed Budget
Intergovernmental Revenues	\$ 55,067,282	\$ 55,574,135	\$ 57,588,671	3.62	\$ 52,588,671
Charges For Current Services	2,268,391	2,425,194	2,620,568	8.06	2,632,064
Miscellaneous Revenues	453,687	26,000	26,000	0.00	26,000
Fund Balance Component Decreases	—	—	—	—	570,904
Use of Fund Balance	33,000,000	35,500,000	38,580,970	8.68	20,078,400
General Purpose Revenue Allocation	—	—	—	—	—
Total	\$ 90,789,360	\$ 93,525,329	\$ 98,816,209	5.66	\$ 75,896,039



