

# County of San Diego

## Health and Human Services Agency

Health and Human Services Agency Summary	185
Regional Operations	191
Aging and Independence Services	199
Behavioral Health Services	207
Child Welfare Services	215
Public Health Services	221
Administrative Support	227

# Health and Human Services Agency Summary

## Agency Description

The Health and Human Services Agency (HHSA) provides critical services to 3.2 million residents through its many programs and strategic initiatives that help advance Live Well San Diego, an initiative to improve health, safety and well-being for all residents. These services include disease surveillance, education, and prevention efforts that encourage healthy living and promote safe communities to help the region thrive.

More than one in three residents (over 960,000) receive direct services from HHSA such as foster care, adoptions, adult protection, health insurance coverage, assistance with food, drug and alcohol prevention services, and mental health care. Without these services there would be no one to call to answer the over 45,000 child abuse hotline calls, over 42,000 adult abuse and service referrals, or respond to over 90,000 mental health crisis calls each year. There would be no one to ensure that over 7,000 vulnerable children are protected, and that over 762,000 children, adults, and seniors receive the federal and State benefits they need to meet basic needs.

HHSA provides these services with a budget of \$1.9 billion which is derived from federal, State, and local funding, and 5,974 HHSA employees, over 550 contracted providers, and hundreds of volunteers who work together to deliver services. HHSA also works with its 18 citizen advisory boards and commissions, and participates in over 160 community advisory groups, to ensure the right services are provided to the right people, at the right time for the best possible outcome.

## HHSA Departments

- Regional Operations
- Aging and Independence Services
- Behavioral Health Services
- Child Welfare Services
- Public Health Services
- Administrative Support

## Mission Statement

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



## 2013–14 Accomplishments

Advanced the County's Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

### Strategic Initiative: Healthy Families

- Building a better service delivery system that is innovative, impactful, and outcome driven. A few examples include the following:
  - Provided 1,089 public health nurse home visits to Community Care Transition Program (CCTP) participants to help them proactively manage their chronic medical conditions and avoid costly hospital readmissions.
  - Continued implementation of the multi-year Community Transformation Grant (CTG) to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and decrease health care costs, including changing the San Diego Unified School District procurement practices to improve the nutrition of school meals for 132,000 students.
  - Expanded trauma-informed practices among Child Welfare Services staff by including trauma information to help foster parents, relatives, non-relative extended family members, and group homes to build trust with the children who are leaving the Polinsky Children's Center to be in their care.
  - Collaborated with the Probation Department to maximize prevention and early intervention resources for youth at-risk by consolidating 15 contracts into 5 contracts. The consolidation will simplify access to prevention and early intervention and diversion for children, as well as maximize local resources, thereby reducing the likelihood that at-risk youth will engage in criminal activity.

- Supporting positive choices that empower residents to take responsibility for their own health and well-being. A few examples include the following:
  - Continued implementation of the multi-year Supplemental Nutrition Assistance Program Education (SNAP-Ed) grant to promote nutrition education and obesity prevention services to 30,484 low-income families that are potentially eligible for the federally funded CalFresh food assistance program. This project is a continuation of the grant formerly known as the Community Nutrition Education program.
  - Implemented In-Home Outreach Team (IHOT) to link treatment-resistant individuals and their families with existing services within the adult/older adult behavioral health system. This outreach and engagement is essential in assisting this population to willingly receive these needed services.
- Pursuing policy and environmental changes that make it easier for people to engage in healthy and safe behaviors. A few examples include the following:
  - Identified various community projects including creating walkable neighborhoods and community gardens. These projects will be conducted by, and with, graduates from the Resident Leadership Academy (RLA) in support of the regional community health improvement plans. RLA graduates are community members who have received training on how to advocate for improvements to the health, safety and quality of life within their own neighborhoods.
  - Supported the Department of Human Resources employee wellness initiatives that promote healthy and safe behaviors in the workplace, including employee volunteers who serve as Wellness Champions on the Wellness Committee to promote activities such as the Stairwell Campaign, and the blood and bone marrow drive.

### Required Discipline for Excellence: Customer Satisfaction

- Successfully transitioned over 65,000 Healthy Families children and over 46,000 Low Income Health Program (LIHP) participants to the newly expanded Medi-Cal program, maintaining uninterrupted health care coverage for these individuals. In addition, processed over 250,000 people into Medi-Cal and Covered California products as of July 2014. The expanded Medi-Cal program and Covered California are part of the federal

*Patient Protection and Affordable Care Act (ACA)* of 2010 enacted to increase the number of Americans with health insurance.

### Required Discipline for Excellence: Accountability and Transparency

- To promote accountability and continuous improvement, completed phase two (Application) of the Public Health Accreditation Board's seven phases for national voluntary public health accreditation. The voluntary accreditation signifies that a health department is meeting national standards for ensuring essential public health services are provided in the community. The national voluntary public health accreditation was launched September 2011.
- Continued electronic information exchange activities including the Beacon Health Information Exchange with hospitals and Knowledge Integration Program procurement efforts to build a better service delivery system.

### Required Discipline for Excellence: Regional Leadership

- Received the American Health Care Association/ National Center for Assisted Living 2013 Not-for-Profit Program of the Year award for a program at the Edgemoor Skilled Nursing Facility. The award was for their Sierra Stroll Program to help patients who suffer from dementia, mental illness and aggression.
- Partnered with Chula Vista Elementary School District to release the Body Mass Index (BMI) Surveillance kit for school districts. The BMI kit is a how-to guide for schools developed by the Chula Vista Elementary School District and the County to measure and reduce obesity among students. Obesity is one the four major contributing factors to chronic disease. In two years, the Chula Vista Elementary School Districts showed a 3.2 percent decrease in the number of students considered "obese or overweight" after revamping and enhancing its school wellness policies and practices.
- Implemented the Exceptional Families Adoption Campaign to recruit families to meet the needs of children in foster care, particularly those considered hard to place. There are many challenges that make it difficult to place some children in permanent adoptive homes. In some cases parental rights have been terminated and attempts to place children with extended family have been unsuccessful. The Exceptional Families Adoption Campaign complements the County's existing adoption and foster parent recruitment efforts.

- Conducted the 3<sup>rd</sup> Annual “Love Your Heart” campaign to help residents take charge of their own health by offering free blood pressure screenings to over 17,000 individuals on February 14, 2014 at a variety of sites including retail pharmacies, shopping centers and through healthcare providers. Heart disease is the second leading cause of death in San Diego County.
- Hosted the Veteran/Military/Family: Community Needs Forums to collect information about the needs of veterans, active military, reservists, National Guard, and Coast Guard members to help Behavioral Health Services develop the next phase of the Courage to Call program. Courage to Call is a 24-hour, 7 days/week, peer-to-peer support program run by veterans, for veterans and their families.
- Supported County departments and partners in their efforts to advance the *Live Well San Diego* initiative, resulting in the official recognition of over 45 new *Live Well San Diego* partners, including the City of San Diego, the Regional Chamber of Commerce, San Diego City College, and San Diego County Vons Markets.

## 2014–16 Objectives

Advance the County’s Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

### Strategic Initiative: Safe Communities

- Promote the safety of vulnerable adults in long-term care residential facilities by restoring the staffing levels for the Long Term Care Ombudsman Program. The increase in staff will allow the program to address issues such as training needs, facility inspections, community education, and complaint resolution.

### Strategic Initiative: Healthy Families

- Support positive choices for health by enrolling 100% of newly eligible Medi-Cal recipients as part of the ACA to increase the number of Americans with insurance and cut the overall costs of health care to families and individuals. Medi-Cal is California’s Medicaid program which provides needed health care services to eligible children, families and individuals.
- Support healthy and safe living by expanding the In-Home Outreach Team (IHOT) program services from three HHS service regions to the remaining three ser-

vice regions, providing countywide coverage. IHOT links treatment-resistant individuals and their families to existing behavioral health services and community resources. This outreach and engagement is essential in assisting this population to willingly receive these needed services.

- Build a better service delivery system for children and youth in foster care by connecting the children in child welfare to needed mental health services.

### Required Discipline for Excellence: Customer Satisfaction

- Enhance services for children awaiting adoption, and the potential permanent families approved to adopt, by implementing strategies to streamline the Child Welfare Services Adoption Program.
- Stabilize psychiatric staffing at the San Diego County Psychiatric Hospital through procurement and implementation of a Medical Services Group. The Medical Services Group will augment psychiatric staff.
- Assist veterans and their dependents to thrive by facilitating their access to needed benefits by processing 2,520 compensation and pension claims.

### Required Discipline for Excellence: Regional Leadership

- Continue efforts to impact the 3 behaviors (no physical activity, poor diet, and tobacco use) that result in 4 diseases (cancer, heart disease and stroke, type 2 diabetes, and lung disease) that contribute to over 50 percent of deaths in San Diego by creating new *Live Well San Diego* partnerships.

### Required Discipline for Excellence: Skilled, Adaptable and Diverse Workforce

- Increase understanding among HHS staff of how trauma affects individuals, families, groups, and communities by implementing a “trauma-informed” model that recognizes how trauma impacts the overall wellness of clients and staff.

### Required Discipline for Excellence: Essential Infrastructure

- Address changes in program and customer needs by implementing approved recommendations from a multi-year facility plan which includes updating and modernizing facilities.



### Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website [www.sandiegocounty.gov/hhsa/](http://www.sandiegocounty.gov/hhsa/).

For additional information about the *Live Well San Diego* initiative, go to [www.livewellsd.org](http://www.livewellsd.org).

### Budget Changes and Operational Impact: 2013–14 to 2014–15

#### Overview

The Health and Human Services Agency's Fiscal Year 2014–15 budget includes appropriations of \$1.9 billion, a decrease of \$96.5 million.

Significant changes to the Operational Plan for Fiscal Year 2014–15 include an increase of 360.00 staff years to support the expansion of new and existing programs: the enactment of the ACA, the Child Welfare Services Adoptions program and the Long-Term Care Ombudsman program.

On September 24, 2013, the Board of Supervisors approved the addition of 351.00 staff years to implement the new responsibilities associated with the ACA. On January 1, 2014, Medicaid and health coverage expanded under ACA, which requires most United State citizens and legal residents to have health insurance. The expansion includes changes to eligibility standards, enrollment processes, and outreach for Medi-Cal, the California Medicaid program that provides health care services to low-income Californians who meet predefined eligibility requirements. While additional staffing costs were necessary to administer the expanded Medicaid program, there was a significant decrease in costs in HHSA's budget for provider services as enrollees in the County's Low Income Health Program (LIHP) became eligible for and transitioned to Medi-Cal.

On November 5, 2013, the Board of Supervisors approved the addition of 3.00 staff years to support the streamlining of the Child Welfare Services Adoption Program. Staff will implement strategies to promote quality assurance, effi-

ciency and customer service for children awaiting adoption and potential permanent families approved to adopt.

On March 11, 2014, the Board of Supervisors directed staff to identify funding to increase staff years in the Long-Term Care Ombudsman program to fully offset the 2009 cuts. HHSA is adding 6.00 staff years based on that action.

HHSA increased appropriation for the modernization of services delivery through information technology and consultant contracts that advance *Live Well San Diego*, as well as a one-time increase for remodeling of the Family Resource Centers. Additional appropriations for programs are included for Long Term Care (LTC) for increased capacity for residents with severe mental disease, for a State settlement agreement which seeks to accomplish a systemic change of mental health services for children and youth in foster care, for the countywide expansion of In-Home Outreach Team (IHOT), for the Medical Services Group (MSG) contract, and for General Relief assistance payments to align with projected caseload.

The County is required to administer State and federal programs. Moving forward, HHSA will return to the Board of Supervisors and adjust its budget as needed to align ongoing funding with core, essential services. HHSA continues to work with its citizen advisory boards, the County Office of Strategy and Intergovernmental Affairs, 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. This Special Revenue fund reflects \$27.5 million for Fiscal Year 2014–15. No change is proposed from the prior year.

\$10.7 million was transferred between Operating Transfers and Other Charges. The \$10.7 million reduction in Operating Transfers is the result of \$12.1 million savings related to the elimination of the Low Income Health Program, offset by a \$1.4 million increase to support the expansion of mental health services for children and youth in foster care. The \$10.7 million in Other Charges will be held for contingencies during the year.

**Budget Changes and Operational Impact:  
2014–15 to 2015–16**

Net decrease of \$10.6 million due to a \$18.5 million decrease in Services and Supplies due primarily to the elimination of one-time projects from the prior year and a

\$1.1 million reduction in Fund Balance Component Increases due to the elimination of the one-time commitment of Grand Avenue clinic sale proceeds, offset by an increase of \$9.0 million in Salaries and Benefits due to negotiated labor agreements and an increase in County retirement contributions.



## Health and Human Services Agency Summary

Group Staffing by Department						
		Fiscal Year 2013–14 Adopted Budget			Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Regional Operations		2,838.00			3,183.75	3,183.75
Aging and Independence Services		379.00			385.00	385.00
Behavioral Health Services		791.00			786.25	786.25
Child Welfare Services		752.00			757.00	757.00
Public Health Services		484.50			484.50	484.50
Administrative Support		369.00			377.00	377.00
<b>Total</b>		<b>5,613.50</b>			<b>5,973.50</b>	<b>5,973.50</b>

Group Expenditures by Department						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Regional Operations	\$ 429,657,920	\$ 730,255,328	\$ 750,166,855	\$ 700,078,861	\$ 615,226,914	\$ 621,344,133
Strategic Planning & Operational Support	303,107,096	—	91,996	119,241	—	—
Aging and Independence Services	297,293,572	329,246,054	330,281,848	318,650,244	333,551,249	334,212,243
Behavioral Health Services	390,794,611	423,558,464	426,683,022	385,747,166	425,433,577	425,622,559
Child Welfare Services	230,113,630	264,598,530	266,034,813	240,563,171	270,597,535	271,397,717
Public Health Services	93,910,219	105,705,151	111,468,714	99,395,749	106,403,685	106,548,950
Public Administrator / Public Guardian	4,256,287	—	60,000	13,184	—	—
Administrative Support	64,588,357	116,554,358	122,914,565	81,902,586	122,228,623	103,688,695
Tobacco Settlement Funds	24,327,520	27,500,000	27,500,000	24,328,584	27,500,000	27,500,000
<b>Total</b>	<b>\$ 1,838,049,211</b>	<b>\$ 1,997,417,885</b>	<b>\$ 2,035,201,813</b>	<b>\$ 1,850,798,784</b>	<b>\$ 1,900,941,583</b>	<b>\$ 1,890,314,297</b>

# Regional Operations

## Department Description

San Diego County is comprised of 3.2 million residents who live 18 incorporated cities and 17 unincorporated communities which are urban, suburban and rural. These communities reflect great diversity in ethnicity, socio-economic status, and age. The county is also home to the largest naval fleet in the world, has more Indian reservations than any other county in the United States, and is ranked first among refugee admissions to California.

To address this diversity and the unique needs of each community, the Health and Human Services Agency (HHS) has divided the county into six geographic service regions. Each region provides direct services such as child protection, immunizations, public health nurse visits, and enrollment of more than 762,000 residents into health care, nutrition, and temporary financial assistance programs. These services are provided in all regions through six public health centers, ten family resource centers, two call centers, and staff that work in the field.

In addition to providing direct services, the regions collaborate with partners to address the uniqueness of their own communities, identify emerging needs, and develop shared goals to advance Live Well San Diego, a countywide initiative to improve health, safety and well-being for all residents.

In order to deliver these essential services, Regional Operations has 3,184 staff and a budget of \$615.2 million, which includes assistance aid payments for residents. For more information about the assistance aid payments, see Appendix D.

## Mission Statement

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

## 2013–14 Accomplishments

Advanced the County’s Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

### Strategic Initiative: Safe Communities

- Building a better service delivery system by providing protection, permanency and stability to children and youth who are at-risk of being, or have been, abused and neglected.



- 45% (2,106 of 4,646) of families participated in joint case planning and family meetings regarding their children quarterly. Families who are engaged in joint decision planning are more likely to follow through with plans and meet safety goals, which ultimately results in positive outcomes for the children.
- 55% (819 of 1,502) of foster youth were placed with a relative or non-related extended family member minimizing trauma to children by maintaining their connections to familiar environments.
- 85% (1,418 of 1,674) of children in foster care (8 days or more, but less than 12 months) had fewer than three placements. Fewer placements minimize the trauma that children experience and may help lessen negative impact to their school performance.
- Rolled out the Neighborhood for Kids model that focuses on embracing community support through increased collaboration among Child Welfare Services, schools, law enforcement, and service organizations. Children embraced by community often experience fewer changes in placements and improved outcomes through a reduction in secondary trauma from instability and multiple placements.
  - ◆ 74% (173 of 233) of children in East Region were placed in a familiar environment, such as protective custody with a relative or family friend, or were able to remain in their current school. Having children placed in a familiar environment provides consistency for the children and minimizes adverse impacts and disruption when they are removed from their parents’ custody.
  - ◆ 43% (52 of 122) of children in East Region were placed with their parents within 12 months, avoiding potential termination of parental rights by the Court.

- ◆ Established baselines and gathered demographics during the Neighborhood for Kids pilot phase in North Inland Region. The information gathered was used to develop a multi-year goal to support stability and education growth of children coming into protective custody.
- ◆ Began the development and implementation of a strategic plan for the Neighborhood for Kids model in the South Region by partnering with the Chula Vista Community Collaborative and capitalizing on a well-established network of organizations and schools to provide integrated, multi-disciplinary services to children and families.
- ◆ Began the development and implementation of a strategic plan for the Neighborhood for Kids model in the Central Region by leveraging the results of a needs assessment that is currently underway in the Barrio Logan community through the Casey Programs Foundation to develop customized strategies tailored to the Central Region. The Central Region will identify best practices and replicate services in other Central Region locations based on these results.
- Through collaborative efforts with Military family services, Public Health Nursing in North Coastal Region provided 768 service contacts, which included home safety assessments, education, parenting and health education to military families supporting the safety and protection of children and military families in North Coastal Region. Camp Pendleton, which is located in North Coastal Region, is home to over 45,000 military families.

### Strategic Initiative: Healthy Families

- Building a better service delivery system to maximize the health and well-being of at-risk children, families and vulnerable adults.
  - 51% (165 of 323) of mothers in the Maternal Child Health and Nurse Family Partnership (NFP) programs continued to breastfeed their infant at 6 months of age, promoting healthy outcomes for their infants. NFP is a national evidence-based program that provides prenatal and infant home visits to low-income, first-time mothers and their families to improve pregnancy outcomes, prevent child abuse and neglect, and improve school readiness.
  - 99% (12,702 of 12,769) of children and adolescents, 18 years of age or less, served at Public Health Centers and clinics, were immunized, protecting them from diseases including measles and whooping cough.
- As part of the Health Care Options orientations held at Family Resource Centers, enrolled 81% (17,434 of 21,492) of newly referred Medi-Cal recipients to a managed care plan of their choice, rather than being automatically assigned to a plan.
- Successfully transitioned over 65,000 Healthy Families children to Medi-Cal and over 46,000 Low Income Health Program (LIHP) participants to the newly expanded Medi-Cal program, maintaining uninterrupted health care coverage for 111,000 residents. In addition, processed over 250,000 people into Medi-Cal and Covered California products. The expanded Medi-Cal program and Covered California are part of the federal *Patient Protection and Affordable Care Act (ACA)* of 2010 enacted to increase the number of Americans with health insurance.
- Supported positive choices through implementation of the Nurse Family Partnership (NFP) program which originated in East Region and was rolled out to other regions.
  - ◆ 99% (67 of 68) of East Region NFP mothers initiated breast feeding and 22% (10 of 45) of the mothers decreased their smoking.
  - ◆ 100% (162) of North Central Region, 97% (28 of 29) of North Coastal and 98% (46 of 47) of North Inland NFP mothers initiated breast feeding.
  - ◆ 94% (74 of 79) of North Central Region, 75% (12 of 16) of North Coastal and 97% (34 of 35) of North Inland NFP participants' children received their required immunizations by 6 months of age.
- Promoted the health of East Region's children in protective custody by ensuring 91% (202 of 221) of children were current on annual medical exams and 90% (129 of 143) of children 3 years and older were current on annual dental exams.
- Supported positive choices in East Region by linking culturally appropriate service providers to refugee families to promote self-sufficiency by supporting community involvement and participation. Of the 13,410 refugees living in the county, approximately 76% reside in East Region.
- Supported community involvement and participation by developing leaders and making positive changes to the quality of life in neighborhoods by encouraging participation in the Resident Leadership Academy (RLA) and the Communities for Excellence projects, advancing *Live Well San Diego*.

- Identified various community improvement projects in East and North Central Regions focused on creating walkable neighborhoods, improving access to healthy food, community beautification, and safety concerns.
- Identified five community improvement projects in Central and South Regions to address healthy food access, reduction in alcohol outlets, and increase safety in communities. .
- Identified various community improvement projects in North Coastal and North Inland Regions for walkable neighborhoods, access to healthy foods, and the creation of school and community gardens. Also convened the North County RLA Facilitator's Advisory Group to provide support and assistance to community partners who are trained to facilitate RLAs in North County.

### Required Discipline for Excellence: Customer Satisfaction

- Advancing operational excellence in customer service through technology, timely processing and improved accuracy.
  - Launched the CalWIN Electronic Management System (CERMS) to improve document and record management resulting in more efficient processing and data management.
  - Implemented a new eligibility intake process for CalFresh, CalWORKs, and Medi-Cal benefits to improve accuracy and timely processing.
  - Processed 90% (11,080 of 11,303) of CalFresh applications timely every month. CalFresh is a State nutrition program to help eligible families and individuals buy food to improve their nutrition.
  - Processed 97% (3,254 of 3,573) of CalWORKs applications timely every month. CalWORKs is a State financial temporary assistance program that helps eligible families become more self-sufficient.
  - Increased by 46% (from 52 to 76) the number of Access Customer Service Call Center agents trained to perform eligibility determinations for more than two public assistance programs, which created a more knowledgeable, efficient workforce that can meet multiple customer service demands.
  - Increased by 74% (from 46 to 80) the number of customers using the web-based online appointment scheduling system in South Region to access Public Health services, leveraging technology to improve customer service and operational efficiencies.

- Increased by 7% (from 1,126 to 1,210) the number of video interviews, and number of video interview sites, for public assistance clients in North County who are older adults or live in rural communities. The population in rural San Diego is over 100,000 including many Native American Reservations and rural communities. Transportation in these communities is limited, making it difficult for residents to apply for needed medical services and health/nutrition resources. The video interview clients served also include pregnant women, homeless individuals, and parenting teens.
- Established video interviewing in a Southeast community in Central Region to improve application process for public assistance programs, including CalFresh. Through collaboration with community partners, video interviewing improves customer service and enhances access to health coverage and food assistance. Customers can apply for services in familiar surroundings and complete their application interview using video conferencing at a partner organization and with support from the partner organization's staff.

### 2014–16 Objectives

Advance the County's Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

#### Strategic Initiative: Safe Communities

- Building a better service delivery system by providing protection, permanency and stability to children and youth who are at-risk or have been, abused or neglected.
  - Improve positive outcomes for children by increasing to 50% (2,350 of 4,700) the number of families who participate in joint case planning. Families who are engaged in joint decision making are more likely to follow through with plans and meeting safety goals, resulting in positive results for children.
  - Support stability by placing 55% (825 of 1,500) of foster care children with a relative or close non-family member, minimizing trauma to children by maintaining their connections to familiar environments.
  - Support stability by increasing to 87% (1,479 of 1,700) the number of children who have been in foster care for less than 12 months who have fewer than 3 placements. Fewer placements minimize the trauma that children experience and may help lessen negative impact to their school performance.



### Strategic Initiative: Healthy Families

- Building a better service delivery system to maximize the health and well-being of at-risk children and families and vulnerable adults.
  - Ensure 50% (150 of 300) mothers in the Maternal Child Health and NFP programs will continue to breastfeed their infant at 6 months of age, promoting healthier outcomes for their infants.
  - Immunize 99% (14,850 of 15,000) of children and adolescents, 18 years of age or less, served at Public Health Centers and clinics, protecting them from diseases such as measles and whooping cough.
  - Partner with community agencies and regions to conduct at least five informational events on immunization targeting at-risk populations.
- Support choices to become more healthy and self-sufficient by helping eligible families and individuals access health care, nutrition, and temporary financial assistance programs.
  - Enroll 100% of newly eligible Medi-Cal recipients as part of the ACA to increase the number of Americans with health insurance and cut the overall costs of health care to families and individuals. Medi-Cal is California's Medicaid program which provides needed health care services to eligible children, families and individuals.
  - Process 91% (11,933 of 13,114) of CalFresh applications timely every month. CalFresh is a State nutrition program to help eligible families and individuals buy food to improve their nutrition.
  - Process 95% (3,442 of 3,624) of CalWORKS applications timely every month. CalWORKS is a State financial temporary assistance program that helps eligible families become more self-sufficient.
- To reduce homelessness in San Diego County, Central Region which has an estimated 65% or 5,733 of the homeless population, will coordinate with Behavioral Health Services in countywide homeless services by actively participating with coordinating bodies and organizations addressing homelessness including the Regional Continuum of Care Council, the 25 Communities Effort, the Campaign to End Homelessness in Downtown San Diego Leadership Team, the Emergency Food and Shelter Program, and the Unaccompanied Youth Task Force.
- To address the high rate of domestic violence in South Region, in which children are frequently present during these domestic violence incidents, South Region will partner with the Chula Vista Police Department on the planning and implementation of the Smart Policing Initiative Grant. This collaborative approach between law enforcement and Child Welfare Services will provide support to at-risk children and families.
- Partner with the South Region communities on the implementation of the Chula Vista Promise Neighborhood Grant. As a region with a very large number of non-English speakers, South Region faces challenges in delivering culturally and linguistically appropriate services to its residents. Chula Vista Promise Neighborhood is poised to develop and implement customized solutions that address the culturally and linguistically unique needs of South Region. This is a multi-year grant with interagency coordination to improve long-term outcomes, and identify best practices that can be replicated throughout the County and the nation.
- Work with community partners in East Region to develop effective resources and supports that allow refugees to acculturate, gain independence, and enhance long-term self-sufficiency. East Region is home to the largest concentration of existing and incoming refugees in the county.
- In collaboration with community partners, North Central Region will develop resources that promote safe and healthy lifestyles for military personnel transitioning to civilian life. The Marine Corps Air Station Miramar is located in North Central Region and has over 15,000 service members.
- Provide at least 640 service contacts, which include home safety assessments, education, parenting and health education to military families in North Coastal Region, supporting the safety and protection of children and military families. Camp Pendleton, which is located in North Coastal Region, is home to over 45,000 military families.
- Increase by 5% (from 1,260 to 1,323) the number of video interviews for public assistance clients in North County who are older adults or live in rural communities. The population in rural San Diego numbers over 100,000 including many Native American Reservations and rural communities. Transportation in these communities is limited, making it difficult for residents to apply for needed medical services and health/nutrition resources.

## Related Links

For detailed information about the health and characteristics of the people living in each HHS Region, go to [www.sandiegocounty.gov/hhsa/programs/phs/community\\_health\\_statistics/](http://www.sandiegocounty.gov/hhsa/programs/phs/community_health_statistics/).

For additional information on the programs offered by the Health and Human Services HHS, go to [www.sandiegocounty.gov/hhsa/](http://www.sandiegocounty.gov/hhsa/).

For information about the *Live Well San Diego* initiative, go to [www.livewellsd.org](http://www.livewellsd.org).

Performance Measures	2012–13 Actuals	2013–14 Adopted	2013–14 Actuals	2014–15 Adopted	2015–16 Approved
Family participation in joint case planning and meetings quarterly	42% of 5,375	44% of 5,500	45% of 4,646	50% of 4,700	50% of 4,700
Children in foster care that are with a relative or non-related family member	46% of 3,079	49% of 2,900	55% of 1,502	55% of 1,500	55% of 1,500
Children in foster care for less than 12 months have fewer than 3 placements during that period	83% of 1,838	83% of 2,070	85% of 1,674	87% of 1,700	87% of 1,700
Mothers who continue to breastfeed their infant at 6 months of age	52% of 265	40% of 75	51% of 323 <sup>1</sup>	50% of 300	50% of 300
Children 0–18 years of age receive age-appropriate vaccines <sup>2</sup>	99% of 3,206	98% of 3,115	99% <sup>3</sup> of 12,769	99% of 15,000	99% of 15,000
Timely processing of CalFresh applications per month	87% of 9,312	90% of 12,000	90% of 11,303	91% of 13,114	91% of 13,114
Timely processing of CalWORKs applications per month <sup>4</sup>	N/A	N/A	97% of 3,573	95% of 3,624	95% of 3,624
Children enrolled in Medi-Cal and Healthy Families health care coverage <sup>5</sup>	-16.5% <sup>6</sup> (decrease from 278,402 to 232,543)	N/A	N/A	N/A	N/A
Enrollment of newly eligible Medi-Cal recipients as part of the ACA <sup>7</sup>	N/A	N/A	N/A	100% of 100,000	100% of 95,000

### Table Notes

<sup>1</sup>During Fiscal Year 2013–14, the measure was expanded to include Nurse Family Partnership participants, increasing the denominator.

<sup>2</sup>During Fiscal Year 2013–14, the two immunization measures for children aged 0–4 years and 11–18 years were combined into one immunization measure for children aged 0–18 years.

<sup>3</sup>During Fiscal Year 2013–14, an additional public health vaccine provider site, VIP, was included in the denominator to fully reflect the number of vaccines provided by Health and Human Services Agency. The denominators for Fiscal Year 2014–15 and 2015–16 reflect the recent addition.

<sup>4</sup>Beginning Fiscal Year 2014–15, the CalWORKs timely processing measure will be reported in the Op Plan to more accurately reflect the activities in the 10 Family Resource Centers and 2 call centers.

<sup>5</sup>Effective Fiscal Year 2013–14, this measure was no longer reported in the Operational Plan due to the transition of Healthy Families participants to another health care program.



<sup>6</sup>In Fiscal Year 2012–13, the target of 1% increase over prior fiscal years was not met. The decrease is in alignment with a strong decrease in enrollment Statewide.

<sup>7</sup>This is a new measure effective Fiscal Year 2014-15 to reflect program changes associated with implementation of the ACA.

### Budget Changes and Operational Impact: 2013–14 to 2014–15: All Regions

#### Staffing

Net increase of 345.75 staff years

- Increase of 343.00 staff years to support the implementation of Health Care Reform as approved by the Board of Supervisors on September 24, 2013.
- Increase of 1.75 staff years due to a transfer from Behavioral Health Services to support operational needs.
- Increase of 1.00 staff year due to a transfer from Administrative Support to support operational needs.

#### Expenditures

Net decrease of \$115.0 million.

- Salaries and Benefits—increase of \$34.2 million as a result of negotiated labor agreements including one-time salary and benefit payments (\$4.1 million), an increase in County retirement contributions and the addition of 345.75 staff years.
- Services and Supplies—decrease of \$152.7 million.
  - Decrease of \$151.3 million in contracted services due to a decrease of \$143.7 million in contracted services associated with the end of the Low Income Health Program (LIHP) and a decrease of \$7.6 million in eligibility program contracts including \$5.5 million associated with the one-time cost for California Healthcare Eligibility Enrollment and Retention System (CalHEERS) in CalWIN.
  - Decrease of \$0.8 million in Services and Supplies associated with the transition of LIHP to ACA and healthcare reform.
  - Decrease of \$0.6 million in various services and supplies.
- Other Charges—increase of \$3.5 million in General Relief assistance payments to align with projected caseload.

#### Revenues

Net decrease of \$115.0 million.

- Fines, Forfeitures & Penalties—decrease of \$0.1 million in Emergency Medical Services (EMS) Penalty.
- Revenue From Use of Money & Property—decrease of \$0.7 million in Rents & Concessions.
- Intergovernmental Revenues—net decrease of \$96.2 million.
  - Decrease of \$77.0 million in federal revenue associated with the transition of LIHP to the expanded Medi-Cal program as part of the ACA.
  - Decrease of \$40.6 million Realignment revenue due to the requirement under Assembly Bill (AB) 85 *Redirection of 1991 State Health Realignment* (2013).
  - Decrease of \$0.1 million in Indian Gaming Grants associated with the end of the funding.
  - Increase of \$21.5 million primarily in Social Services administrative revenue due to the addition of staff to support Health Care Reform.
- Charges for Current Services—decrease of \$8.9 million.
  - Decrease of \$8.2 million in Third Party Reimbursement associated with the transition of LIHP to ACA and healthcare reform.
  - Decrease of \$0.7 million in Hospital Council Contract Social Services revenue which is no longer received.
- Other Financing Sources—decrease of \$12.1 million in Operating Transfer from Tobacco Securitization revenues associated with the transition of LIHP to the expanded Medi-Cal program as part of ACA.
- Use of Fund Balance—increase of \$3.1 million. A total of \$3.1 million is budgeted for one-time salary and benefit payments associated with negotiated labor agreements.

### Budget Changes and Operational Impact: 2014–15 to 2015–16: All Regions

Net increase of \$6.1 million is the result of an increase of Salaries and Benefits associated with negotiated labor agreements and an increase in County retirement contributions.

Staffing by Program						
		Fiscal Year 2013–14 Adopted Budget			Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Regional Self Suffic Elig		1,497.00			2,113.00	2,113.00
Regional Child Welfare Svcs		605.00			606.00	606.00
Central Region		153.00			47.00	47.00
East Region		93.50			42.25	42.25
North Central Region		106.00			27.00	27.00
North Coastal Region		58.00			31.00	31.00
North Inland Region		67.00			35.00	35.00
South Region		76.50			30.50	30.50
Eligibility Operations Administration		147.00			217.00	217.00
Health Care Policy Administration		35.00			35.00	35.00
<b>Total</b>		<b>2,838.00</b>			<b>3,183.75</b>	<b>3,183.75</b>

Budget by Program						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Regional Self Suffic Elig	\$ 305,852,537	\$ 367,043,984	\$ 377,293,281	\$ 338,435,111	\$ 419,485,159	\$ 423,831,016
Regional Child Welfare Svcs	52,896,162	55,989,759	56,752,035	55,644,914	58,547,657	59,817,416
Central Region	20,962,771	19,739,038	20,287,181	19,198,199	10,500,386	10,572,725
East Region	12,639,171	10,085,225	10,334,035	10,261,929	7,500,662	7,562,012
North Central Region	9,417,605	9,618,300	9,863,847	9,404,505	4,167,231	4,203,778
North Coastal Region	8,032,364	7,340,031	7,464,244	6,960,777	5,612,453	5,675,924
North Inland Region	8,423,349	7,224,367	7,522,761	7,132,756	5,598,346	5,642,319
South Region	11,436,468	9,327,480	9,603,383	9,451,293	6,643,934	6,672,159
Eligibility Operations Administration	(2,505)	80,180,387	87,273,401	75,927,577	77,054,775	77,233,250
Health Care Policy Administration	—	163,706,757	163,772,687	167,661,800	20,116,311	20,133,534
<b>Total</b>	<b>\$ 429,657,920</b>	<b>\$ 730,255,328</b>	<b>\$ 750,166,855</b>	<b>\$ 700,078,861</b>	<b>\$ 615,226,914</b>	<b>\$ 621,344,133</b>



Budget by Categories of Expenditures						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Salaries & Benefits	\$ 188,498,117	\$ 223,048,506	\$ 235,721,177	\$ 232,627,372	\$ 257,212,209	\$ 263,329,755
Services & Supplies	31,843,521	262,385,675	269,624,531	258,910,804	109,693,558	109,693,231
Other Charges	209,201,485	244,821,147	244,821,147	208,334,526	248,321,147	248,321,147
Capital Assets Equipment	114,797	—	—	206,159	—	—
<b>Total</b>	<b>\$ 429,657,920</b>	<b>\$ 730,255,328</b>	<b>\$ 750,166,855</b>	<b>\$ 700,078,861</b>	<b>\$ 615,226,914</b>	<b>\$ 621,344,133</b>

Budget by Categories of Revenues						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Fines, Forfeitures & Penalties	\$ 32,020	\$ 3,349,216	\$ 3,349,216	\$ 3,223,026	\$ 3,200,000	\$ 3,200,000
Revenue From Use of Money & Property	—	1,019,083	1,019,083	903,087	277,191	277,191
Intergovernmental Revenues	398,953,977	662,437,063	676,823,484	613,511,356	566,192,422	565,717,884
Charges For Current Services	1,060,771	10,899,612	10,899,612	17,838,962	2,003,588	2,003,588
Miscellaneous Revenues	1,680,649	699,183	699,183	2,499,825	658,451	658,451
Other Financing Sources	—	20,600,000	20,600,000	20,600,000	8,500,000	8,500,000
Fund Balance Component Decreases	—	—	—	—	—	7,954,998
Use of Fund Balance	8,075,938	—	5,525,106	10,251,434	3,144,091	—
General Purpose Revenue Allocation	19,854,566	31,251,171	31,251,171	31,251,171	31,251,171	33,032,021
<b>Total</b>	<b>\$ 429,657,920</b>	<b>\$ 730,255,328</b>	<b>\$ 750,166,855</b>	<b>\$ 700,078,861</b>	<b>\$ 615,226,914</b>	<b>\$ 621,344,133</b>

# Aging and Independence Services

## Department Description

*Aging and Independence Services (AIS) provides critical services to community residents, answers over 59,000 calls for referrals and information, assists more than 42,000 older adults and people with disabilities and their family members through a variety of programs to help keep them safe in their homes, and serves over 1 million meals to low-income older adults. The programs under AIS range from protection to advocacy, health independence, home based services, enrichment and involvement, and care-givers services. The total population of the San Diego region grew from 2.8 million in 2000, to 3.2 million in 2013, an increase of nearly 14 percent in 13 years. During this time it is estimated that those aged 60 and over increased in number from approximately 400,000 to more than 545,000. AIS is the only single public or private organization in the county that combines so many services for older adults and disabled persons under one umbrella—and mostly at no charge to county residents who use the services.*

*In addition, AIS administers estates of individuals who die without a will or without an appropriate person to act as an administrator through the Public Administrator (PA) program; 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, and have no family or relatives available through the Public Guardian (PG) program; and helps individuals deemed by court order to be gravely disabled by mental illness through the Public Conservatorship (PC) program.*

*The County Veterans Service Office (CVSO) is also under AIS and assists military veterans, their dependents and survivors to obtain federal and State benefits that they are entitled to receive. It provides a variety of professional support services that include comprehensive benefits counseling, assistance with claims preparation and advocacy with various federal, State and local agencies. The services provided by the CVSO are critical as one-third of county residents are connected to the military in some fashion and San Diego boasts an estimated 244,000 veterans. The county has the second largest veteran population in California and the third largest in the nation.*

*In order to deliver these critical and essential services, AIS has 385 staff, numerous volunteers, and a budget of \$333.6 million.*



## Mission Statement

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

## 2013–14 Accomplishments

Advanced the County's Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

### Strategic Initiative: Safe Communities

- Building a better service delivery system by protecting vulnerable adults from neglect and abuse.
  - 95% (5,668 of 5,937) of face-to-face contacts made within 10 days of receiving an Adult Protective Services (APS) referral.
  - 96% (5,705 of 5,937) of APS cases were not re-referred within 6 months of case closing.
- Ensuring the safety of vulnerable older adults, dependent adults, and the community.
  - 97% (1,345 of 1,383) of conservatorship investigations for PG and PC began within 2 business days of assignment to an investigator as mandated by the Omnibus Conservatorship and Guardianship Reform Act.
  - 99% (113 of 114) of follow-up face-to-face visits with conservatees living in San Diego County were completed within 30 days of the date of the previous face-to-face visit.
  - 92% (20,081 of 21,846) of annual In-Home Supportive Services (IHSS) reassessments were recertified timely so that clients received the appropriate level of care to remain safely in their own home.

- Minimized the risk and loss of assets and resources belonging to conservatees and decedents.
  - 100% (637) of all bank inquiries began within 2 business days, to safeguard and protect the assets and resources of clients.
  - 100% (7) of Inventory and Appraisal reports of all estate cases in the PG Program were submitted to the Court within 90 days of receiving Letters of Conservatorship.
  - 100% (1,046) of Public Administrator (PA) investigations began within 2 business days of a referral being assigned for investigation.
  - 100% (12) Inventory and Appraisal reports of all formal probate cases in the PA Program were submitted to the Court within 120 days of receiving Letters of Administration. A formal probate case is an estate valued over \$150,000 and is under court supervision.

### Strategic Initiative: Healthy Families

- Building a better service delivery system to improve quality and efficient care for vulnerable adults by ensuring 80% (1,486 of 1,860) of high-risk, fee-for-service Medicare patients received a home visit within three calendar days of discharge from a partner Acute Care Hospital or Skilled Nursing Facility as part of the Community Based Transition Program (CCTP).
- Connected 2,034 older adults with volunteer opportunities to promote active living and ensure older adults build social connections.
- Maintained 99% (545 of 550) participation in the Multi-purpose Senior Services Program (MSSP) case management program helping to avoid, delay or remedy inappropriate placement in nursing facilities, while fostering independent living in the community.
- Notified 99% (6,961 of 7,032) of customers assisted by CVSO within 14 calendar days of the result of their college tuition waiver application to allow veterans and their dependents to thrive by supporting their goal of higher education.
- Served 1,082,200 meals to the homebound and at senior dining centers to help low-income older adults gain access to nutrition.

### Required Discipline for Excellence: Customer Satisfaction

- Expanded service locations for veteran services by using a County Library location to provide benefits counseling, assistance with claims and information and referrals to assist veterans and their dependents with access to benefits.

### Required Discipline for Excellence: Regional Leadership

- Received Achievement Awards from the National Area Agencies on Aging (n4a) for the “More On the Menu” program, which provides a weekly delivery of fresh produce to homebound seniors, and the “Peer Education Development and Leadership” program, which engages peer educators to provide chronic disease self-management trainings in their own community.
- Received the Challenge Award from the California State Association of Counties (CSAC) for creation of the Technology and Aging Coalition to brainstorm and take action on ways to educate older adults about the benefits of technology.
- Operated the annual Cool Zones program, consisting of 155 sites, to help older adults and persons with disabilities escape from the heat during the summer.

### Required Discipline for Excellence: Skilled, Adaptable and Diverse Workforce

- Advanced operational excellence of a skilled workforce by maintaining 100% (17) of mandated California State PA/PG certification for applicable PA/PG staff in order to improve services to conservatees and families of decedents.

### 2014–16 Objectives

Advance the County’s Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

### Strategic Initiative: Safe Communities

- Build a better service delivery system by safeguarding and protecting vulnerable adults from neglect and abuse, including financial, physical and emotional.
  - Conduct 96% (7,200 of 7,500) of face-to-face contacts within 10 days of receiving an APS referral.
  - Ensure 91% (6,825 of 7,500) of APS cases are not re-referred within six months of case closing.
  - Restore the staffing levels for the Long Term Care Ombudsman Program. The increase in staff will allow the program to address issues such as training needs, facility inspections, community education, and complaint resolution.
- Ensure the safety of vulnerable seniors, dependent adults and the community.
  - Ensure that 100% (1,230) of conservatorship investigations for PG and PC begin within 2 business days of assignment to an investigator as mandated by the Omnibus Conservatorship and Guardianship Reform Act.

- Complete 98% (123 of 125) of follow-up face-to-face visits with conservatees living in San Diego County within 30 days of previous date of face-to-face visit.
- Complete 98% (1,029 of 1,050) of assessment notes on conservatorship investigations within 10 business days of assignment of referral.
- Minimize the risk and loss of assets and resources belonging to conservatees and decedents.
  - Submit 100% (10) of Inventory and Appraisal reports of all estate cases in the PG Program to the Court within 90 days of receiving letters of conservatorship.
  - Ensure 100% (1,050) of PA investigations are begun within 2 business days of a referral being assigned for investigation.
  - Submit 100% (20) of Inventory and Appraisal reports of all formal probate cases in the PA Program to the Court within 120 days of receiving Letters of Administration. A formal probate case is an estate valued over \$150,000 and is under court supervision.

### Strategic Initiative: Healthy Families

- Build a better service delivery system to improve quality and efficient care for vulnerable adults ensuring 90% (1,800 of 2,000) of high-risk, fee-for-service Medicare patients receive a home visit within three calendar days of discharge from a partner Acute Care Hospital or Skilled Nursing Facility as part of CCTP.
- Support positive choices that foster independence among seniors and educational opportunities for veterans and their families.
  - Connect 1,900 older adults with volunteer opportunities, including the Retired & Senior Volunteer Program (RSVP), promoting *Live Well San Diego* through active living.

- Provide 1,300 older adults with the Feeling Fit exercise program, promoting *Live Well San Diego* by increasing opportunities for physical activity.
- Maintain 98% (539 of 550) participation in the MSSP case management program helping to avoid, delay or remedy inappropriate placement in nursing facilities.

### Required Discipline for Excellence: Customer Satisfaction

- Process 2,520 compensation and pension claims to allow veterans and their dependents to thrive by promptly facilitating their access to needed benefits.
- Ensure 90% (14,850 of 16,500) of annual IHSS reassessments are recertified timely so that clients receive the appropriate level of care to remain safely in their own home.

### Required Discipline for Excellence: Skilled, Adaptable and Diverse Workforce

- Maintain 100% (19) of mandated California State PA/PG certification for applicable PA/PG staff in order to improve services to conservatees and families of decedents.

### Related Links

A resource guide for seniors, adults with disabilities, veterans and professionals is available through Network of Care at [www.sandiego.networkofcare.org](http://www.sandiego.networkofcare.org).

For additional information on the programs offered by Aging & Independence Services, refer to the website at [www.sandiegocounty.gov/hhsa/programs/ais/](http://www.sandiegocounty.gov/hhsa/programs/ais/).

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at [www.sandiegocounty.gov/hhsa/](http://www.sandiegocounty.gov/hhsa/).



## ■ ■ ■ Aging and Independence Services

Performance Measures	2012–13 Actuals	2013–14 Adopted	2013–14 Actuals	2014–15 Adopted	2015–16 Approved
Face-to-face APS investigations conducted within 10 days of referral	97% of 6,944	96% of 7,500	95% of 5,937	96% of 7,500	96% of 7,500
APS cases not re-referred within 6 months of closing	91% of 6,944	91% of 7,500	96% of 5,937	91% of 7,500	91% of 7,500
PG and PC Conservatorship investigations begin within 2 business days of referral being assigned	See Table Note 1	100% of 1,230	97% of 1,383	100% of 1,230	100% of 1,230
Face to face visits with conservatees completed within 30 days of previous visit	See Table Note 1	95% of 125	99% of 114	98% of 125	98% of 125
PC investigator completes assessment note on conservatorship investigations within 10 business days of referral being assigned <sup>2</sup>	N/A	N/A	N/A	98% of 1,050	98% of 1,050
PG Estate cases submit I&A reports to Probate Court within 90 days of receipt of Letters of Conservatorship	See Table Note 1	100% of 10	100% of 7	100% of 10	100% of 10
PA investigations begin within 2 days of referral	See Table Note 1	95% of 1,050	100% of 1,046	100% of 1,050	100% of 1,050
PA formal probate cases submit I&A reports to Probate Court within 120 days of receiving Letters of Administration	See Table Note 1	100% of 20	100% of 12	100% of 20	100% of 20
High-risk CCTP Medicare fee-for-service beneficiaries will receive contact from staff within 72 hours of discharge notification from a partner Acute Care Hospital or Skilled Nursing Facility	N/A	90% of 3,457	80% of 1,860 <sup>3</sup>	90% of 2,000	90% of 2,000
Number of older adults linked with RSVP and Intergenerational volunteer opportunities	2,195	2,318	2,034 <sup>4</sup>	1,900	1,900
Number of older adults participating in Feeling Fit exercise program <sup>2</sup>	N/A	N/A	N/A	1,300	1,300
Average monthly number of MSSP case management slots filled	97% of 550	96% of 550	99% of 550	98% of 550	98% of 550
Number of compensation and pension claims processed by the Veterans Services Office <sup>2</sup>	N/A	N/A	N/A	2,520	2,520
Notification response rate within 14 days for customers applying for the college fee waiver <sup>5</sup>	98% of 6,611	99% of 5,000	99% of 7,032	N/A	N/A
IHSS reassessments recertified timely	75% <sup>6</sup> of 21,841	96% of 16,500	92% of 21,846	90% of 16,500	90% of 16,500
Deputy PA/PGs certified by California State PA/PG Association	See Table Note 1	100% of 19	100% of 17	100% of 19	100% of 19
All bank inquiries begin within 2 business days <sup>5</sup>	See Table Note 1	96% of 500	100% of 637	N/A	N/A

*Table Notes*

<sup>1</sup>Prior to Fiscal Year 2013–14, the PA/PG measures were reported separately in the Operational Plan.

<sup>2</sup>Effective Fiscal Year 2014–15, this is a new measure to reflect strategic priorities.

<sup>3</sup>During the start up phase of the CCTP in Fiscal Year 2013–14, unexpected challenges impacted the estimated actual performance rate for this measure; including patient requests for a delayed home visit, hospital discharge dates not being communicated to AIS staff, and staff not being able to get in contact with the patient post-discharge.

<sup>4</sup>During Fiscal Year 2013–14 the focus areas for the RSVP grant were modified, consequently fewer sites qualified as RSVP host sites, thus decreasing the number of volunteers. Staff will add sites to increase the number of volunteer opportunities, as appropriate.

<sup>5</sup>Effective Fiscal Year 2014–15 this measure will no longer be reported in the Operational Plan, but will continue to be monitored internally by program.

<sup>6</sup>During Fiscal Year 2012–13, IHSS participated as a pilot county in a new State computer system, the Case Management Information and Payroll System (CMIPS) II. The system's reporting feature was problematic and the data produced has not been accurate, resulting in a negative impact to the results reported.

## Budget Changes and Operational Impact: 2013–14 to 2014–15

### Staffing

- Increase of 6.00 staff years in the Long-Term Care Ombudsman program to fully offset the 2009 cuts as approved by the Board of Supervisors on March 11, 2014.

### Expenditures

Net increase of \$4.3 million

- Salaries and Benefits—increase of \$3.6 million as a result of negotiated labor agreements including one-time salary and benefit payments (\$0.6 million), an increase in County retirement contributions and the addition of 6.00 staff years.
- Services and Supplies—net increase of \$0.4 million.
  - Increase of \$0.5 million in information technology primarily due to Customer Relationship Management (CRM) tool upgrades.
  - Increase of \$0.3 million primarily associated with Intergenerational and Veteran's outreach programs.
  - Decrease of \$0.3 million in contracted services primarily due to sequestration.
- Operating Transfers Out—increase of \$0.2 million due to an increase in services and supplies for IHSS Public Authority.

### Revenues

Net increase of \$4.3 million

- Fines, Forfeitures & Penalties—increase of \$0.2 million to align with anticipated revenues.
- Intergovernmental Revenues—net increase of \$3.2 million
  - Increase of \$4.5 million in Realignment revenue.
  - Increase of \$0.3 million in Community Based Care Transitions Program revenue.
  - Increase of \$0.2 million in various Aging program revenue.
  - Decrease of \$0.9 million in IHSS Provider Payments and Administration revenue.
  - Decrease of \$0.7 million in revenue associated with sequestration.
  - Decrease of \$0.2 million in Indian Gaming revenue associated with the end of the grant.
- Use of Fund Balance—increase of \$0.3 million. A total of \$0.3 million is budgeted for one time Salaries and Benefit payments.
- General Purpose Revenue Allocation—increase of \$0.7 million primarily for increases associated with negotiated labor agreements.

## Budget Changes and Operational Impact: 2014–15 to 2015–16

Net increase of \$0.7 million as a result of an increase in Salaries and Benefits due to negotiated labor agreements.



## ■ ■ ■ Aging and Independence Services

Staffing by Program						
		Fiscal Year 2013–14 Adopted Budget			Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
In-Home Supportive Services		160.00			160.00	160.00
Veterans Services		8.00			8.00	8.00
Senior Health and Social Services		60.00			60.00	60.00
Protective Services		72.00			78.00	78.00
Administrative and Other Services		23.00			24.00	24.00
Public Administrator/ Guardian/Conservator		56.00			55.00	55.00
<b>Total</b>		<b>379.00</b>			<b>385.00</b>	<b>385.00</b>

Budget by Program						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
In-Home Supportive Services	\$ 269,316,218	\$ 285,912,754	\$ 286,269,973	\$ 279,014,885	\$ 288,232,957	\$ 288,501,097
Veterans Services	946,873	982,923	994,789	1,055,600	1,094,562	1,111,389
Senior Health and Social Services	14,412,131	21,890,107	21,994,444	18,966,927	22,253,880	22,348,739
Protective Services	8,701,555	8,884,081	9,002,650	8,681,543	9,663,205	9,870,501
Administrative and Other Services	3,916,795	4,292,035	4,650,665	4,514,540	5,050,748	5,045,700
Public Administrator/ Guardian/Conservator	—	7,284,154	7,369,327	6,416,749	7,255,897	7,334,817
<b>Total</b>	<b>\$ 297,293,572</b>	<b>\$ 329,246,054</b>	<b>\$ 330,281,848</b>	<b>\$ 318,650,244</b>	<b>\$ 333,551,249</b>	<b>\$ 334,212,243</b>

Budget by Categories of Expenditures						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Salaries & Benefits	\$ 26,849,868	\$ 34,977,670	\$ 35,581,400	\$ 35,990,972	\$ 38,593,477	\$ 39,254,471
Services & Supplies	257,722,191	280,816,951	281,249,015	269,957,856	281,266,051	281,266,051
Other Charges	42,561	255,000	255,000	312,619	255,000	255,000
Operating Transfers Out	12,678,952	13,196,433	13,196,433	12,388,797	13,436,721	13,436,721
<b>Total</b>	<b>\$ 297,293,572</b>	<b>\$ 329,246,054</b>	<b>\$ 330,281,848</b>	<b>\$ 318,650,244</b>	<b>\$ 333,551,249</b>	<b>\$ 334,212,243</b>

## Budget by Categories of Revenues

	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2013-14 Amended Budget	Fiscal Year 2013-14 Actuals	Fiscal Year 2014-15 Adopted Budget	Fiscal Year 2015-16 Approved Budget
Taxes Other Than Current Secured	\$ —	\$ —	\$ —	\$ 6,932	\$ —	\$ —
Licenses Permits & Franchises	—	46,000	46,000	51,290	46,000	46,000
Fines, Forfeitures & Penalties	314,132	185,660	185,660	309,065	366,509	366,509
Revenue From Use of Money & Property	—	40,000	40,000	43,000	40,000	40,000
Intergovernmental Revenues	287,214,649	315,427,706	315,519,511	304,102,295	318,671,389	317,192,418
Charges For Current Services	—	893,838	893,838	974,660	893,838	893,838
Miscellaneous Revenues	101,763	172,043	172,043	168,531	102,950	102,950
Other Financing Sources	88,980	100,000	100,000	99,975	100,000	100,000
Fund Balance Component Decreases	—	—	—	—	—	2,452,134
Use of Fund Balance	1,077,707	60,000	1,003,989	573,689	312,169	—
General Purpose Revenue Allocation	8,496,341	12,320,807	12,320,807	12,320,807	13,018,394	13,018,394
<b>Total</b>	<b>\$ 297,293,572</b>	<b>\$ 329,246,054</b>	<b>\$ 330,281,848</b>	<b>\$ 318,650,244</b>	<b>\$ 333,551,249</b>	<b>\$ 334,212,243</b>





# Behavioral Health Services

## Department Description

*Behavioral Health Services (BHS) serves as the local Mental Health Plan for delivery of services to Medi-Cal recipients, and also serves the medically indigent who neither qualifies for public assistance nor have sufficient private resources for needed care. The latter population would be unserved were it not for Behavioral Health Services. BHS provides a continuum of mental health and alcohol and other drug services for all ages to over 68,000 individuals, promoting recovery and well-being through prevention, treatment, and intervention, as well as integrated services for clients experiencing co-occurring mental illness and alcohol and/or other drug issues. Major initiatives of BHS include integration with primary care, stigma reduction, and developing a trauma-informed system.*

*BHS provides treatment services under two primary systems of care: The Adult/Older Adult System of Care and the Children, Youth and Families System of Care. In addition, the Prevention and Planning Unit provides prevention services for all ages. For clients requiring hospitalization, Inpatient Health Services provides services at the San Diego County Psychiatric Hospital which provides inpatient psychiatric care for over 5,700 individuals, and at the Edgemoor Distinct Part Skilled Nursing Facility (DPSNF) which provides services for over 190 seriously injured and/or disabled individuals who meet program criteria.*

*In order to deliver these critical services, BHS has 787 staff, including medical professionals, and a budget of \$425.4 million that includes payments made to providers for care.*

## Mission Statement

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

## 2013–14 Accomplishments

Advanced the County's Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

### Strategic Initiative: Healthy Families

- Building a better service delivery system for children and adults with behavioral and physical health needs by providing timely integrated, specialized developmental and mental health services for 259 young chil-



dren (ages 0–5 years) with complex developmental, behavioral, and/or mental health issues through the KidSTART program. Studies indicate that 50 to 75% of children entering foster care exhibit developmental delays and behavioral health issues. KidSTART is a multidisciplinary program with County Child Welfare Services funded by the First 5 San Diego Commission.

- Building a better service delivery system through the integration of physical and behavioral health services with two modified service delivery system programs. Care coordination between physical and behavioral health services has enormous potential for enhancing the quality of care provided for clients as well as increasing efficiencies in the delivery of health care services overall.
  - The ICARE program, which ended June 30, 2014, provided comprehensive counseling and mental health services for children and adults through a holistic and collaborative continuum of care between primary care and mental health clinics.
    - ♦ Maintained baseline of 3% (6 of 200) of participants reporting inpatient hospitalization for physical health reasons. Maintaining or reducing the incidence of inpatient hospitalization is a measure of the effectiveness of the ICARE counseling and outpatient mental health services.
    - ♦ Maintained baseline of 20% (40 of 200) of participants reporting an emergency room visit. Emergency room visits are expensive and an indicator of poor health. Maintaining or reducing the number of visits indicates that the individual has received an adequate level of preventive care and is therefore leading a healthier life.
    - ♦ Maintained current levels of program satisfaction among participants at 98% (294 of 300).

- The SmartCare program added psychiatric consultation services to support primary care providers in serving children and adults with mental health challenges. SmartCare partnered with the Community Clinic Program and worked hand in hand with clinic doctors, nurses, and other primary health care specialists to provide behavioral health screening, evaluation, education, and short term counseling.
  - ◆ Expanded psychiatric consultation services to pediatric providers who serve children with Medical to ensure that behavioral health, as well as physical health needs are met.
  - ◆ Increased the use of the wellness blog in the online newspaper *Ramona Patch* that serves the rural community by posting 20 blogs. Residents of rural San Diego County are an underserved population, and this wellness blog is designed to reach out with information regarding available services.
  - ◆ Maintained 97% (250 of 257) client satisfaction with the integrated care model.
- Supporting positive choices among participants in alcohol and drug treatment programs.
  - Supported educational growth and overall well-being of adolescents who completed alcohol and drug treatment by ensuring 93% (572 of 614) either completed high school (or the equivalent) or were enrolled in an educational setting. Educational counseling is an integral component of alcohol and drug treatment programs.
  - Supported healthy and safe living by ensuring that 42% (5,834 of 13,891) of participants completed alcohol and drug treatment. Ensuring treatment progress for adolescents and adults helps to build healthy, productive, citizens and contributes to overall community safety and well-being.

### Required Discipline for Excellence: Customer Satisfaction

- Advancing operational excellence in customer service through timely and improved access to services.
  - Ensured access to outpatient mental health assessments for at-risk children and youth by maintaining an average wait time of 3.5 days.
  - Ensured timely access to care and treatment in nonresidential alcohol and drug treatment programs for adolescents by admitting 99% (1,028 of 1,033) within 14 days.
  - Improved access to prevention, early intervention, and treatment services for older adults, an underserved population, by serving an additional 82% (from 4,447 to 8,102).

### Required Discipline for Excellence: Accountability, Transparency and Ethical Conduct

- Advancing operational excellence by demonstrating accountability and commitment to outstanding patient care.
  - Achieved full accreditation with the Joint Commission Standards Compliance for the San Diego County Psychiatric Hospital (SDCPH). It is essential that the SDCPH maintain its accreditation through the Joint Commission. Failure to maintain accreditation can result in the loss of deemed status from the Center for Medicare and Medicaid Services, endangers the licensure and signals to the community that the County of San Diego safety net hospital services do not meet nationally-recognized standards of quality of care.
  - Achieved a State rating of substantial compliance for Edgemoor DPSNF; rating level was “D,” 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.
- Maintained a readmission rate at SDCPH of 8.72% for Fiscal Year 2013–14 that is lower than the readmission rate for fee-for-service hospitals of 26.56% for Fiscal Year 2012–13.

### 2014–16 Objectives

#### Strategic Initiative: Healthy Families

- Build a better service delivery system for children and adults with behavioral and physical health needs by maintaining timely integrated, specialized developmental and mental health services for 250 young children (ages 0–5 years) with complex developmental and/or behavioral health issues through the KidSTART program.
- Build a better service delivery system through the integration of physical and behavioral health services with SmartCare, a modified service delivery system program. Care coordination between physical and behavioral health services has enormous potential for enhancing the quality of care provided for clients as well as increasing efficiencies in the delivery of health care services overall.

- Expand psychiatric consultation services to pediatric providers who serve children with Medi-Cal to ensure that behavioral health as well as physical health needs are met.
- Increase the use of the wellness blog in the online newspaper *Ramona Patch* that serves the rural community.
- Maintain 97% (291 of 300) client satisfaction with the integrated care model.
- Support educational growth and overall well-being of adolescents who complete alcohol and drug treatment by ensuring 95% (879 of 925) either complete high school (or the equivalent) or are enrolled in an educational setting.
- Support healthy and safe living by ensuring that 42% (5,460 of 13,000) of participants complete alcohol and drug treatment.
- Support healthy and safe living by expanding In-Home Outreach Team (IHOT) program services from three HHSA service regions to the remaining three service regions, providing countywide coverage. IHOT links treatment-resistant individuals and their families to existing behavioral health services and community resources. This outreach and engagement is essential in assisting this population to willingly receive these needed services.
- Build a better service delivery system for children and youth in foster care by connecting them with needed mental health services by:
  - Developing and implementing a joint screening tool for children coming into the system with Child Welfare Services.
  - Implementing the cross-training model developed for Child Welfare Services and Behavioral Health Services staff for screening to connect children to assessment.
  - Implementing the plan for co-location of Child Welfare and Behavioral Health staff to ensure referral for assessment and treatment.
- Stabilize psychiatric staffing at the San Diego County Psychiatric Hospital through procurement and implementation of a Medical Services Group. The Medical Services Group is intended to augment the full-time psychiatric staff and psychiatric staff provided through locum tenens. These contracted psychiatric staff services will be integrated with the full range of behavioral or medical health services offered at the clinical facility, which provides both emergency psychiatric services and inpatient services.
  - Support healthy and safe living by ensuring that a

minimum of 1,000 members of the community receive training designed to help them recognize the warning signs of suicide and help them assist someone who may be considering suicide to seek help. Suicide is a leading cause of non-natural death for all ages in San Diego County, second only to motor vehicle crashes. In 2010, a total of 372 San Diegans died by suicide, for a rate of 11.5 suicides per 100,000 population.

#### Required Discipline for Excellence: Customer Satisfaction

- Advance operational excellence in customer service through timely and improved access to services.
  - Ensure access to outpatient mental health assessments for at-risk children and youth by maintaining an average wait time of three days.
  - Ensure timely access to care and treatment in nonresidential alcohol and drug treatment programs for adolescents by admitting 90% (1,296 of 1,440) within 14 days.
  - Improve access to prevention, early intervention, and treatment services for older adults, an underserved population, by serving an additional 5% (from 8,102 to 8,507).

#### Required Discipline for Excellence: Accountability, Transparency and Ethical Conduct

- Advance operational excellence by demonstrating accountability and commitment to outstanding patient care by maintaining a readmission rate at SDCPH that is lower than the readmission rate for fee-for-service hospitals of 26.56% for Fiscal Year 2012–13.

#### Required Discipline for Excellence: Skilled, Adaptable and Diverse Workforce

- Lead efforts to increase understanding among HHSA staff of how trauma affects individuals, families, groups, and communities by implementing a “trauma-informed” model that recognizes how trauma impacts the overall wellness of clients and staff.

#### Related Links

For information about mental illness, how to recognize symptoms, use local resources and access assistance, go to [www.up2sd.org](http://www.up2sd.org).

For information about the Network of Care for Behavioral Health, go to [www.sandiego.networkofcare.org](http://www.sandiego.networkofcare.org).

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



Performance Measures	2012–13 Actuals	2013–14 Adopted	2013–14 Actuals	2014–15 Adopted	2015–16 Approved
Children 0–5 years served in KidSTART <sup>1</sup> program	250	250	259	250	250
Adolescents discharged from alcohol and drug treatment who complete high school (or the equivalent), or are enrolled in an educational setting	95% of 581	90% of 925	93% of 614	95% of 925	95% of 925
Participants in alcohol and drug treatment who complete treatment	42% of 13,148	35% of 13,000	42% of 13,891	42% of 13,000	42% of 13,000
Decrease in the number of adult clients who cancel or fail to show for outpatient mental health appointment <sup>2</sup>	5% (from 18,137 to 17,230)	N/A	N/A	N/A	N/A
Wait time for children’s mental health outpatient treatment	4 days	5 days	3.5 days <sup>3</sup>	3 days	3 days
Adolescents admitted timely (within 14 calendar days) to non-residential alcohol and drug treatment	99% <sup>4</sup> of 1,172	85% of 1,440	99% of 1,003	90% of 1,440	90% of 1,440
Increase in number of older adults receiving mental health services, including senior-focused prevention, early intervention, and treatment services	-16% <sup>5</sup> (from 5,662 to 4,757)	5% (from 4,757 to 4,994)	82% <sup>6</sup> (from 4,447 to 8,102)	5% (from 8,102 to 8,507)	5% (from 8,102 to 8,507)
Readmission rate at SDCPH	N/A	Less than 26.56% <sup>7</sup>	8.72%	Less than 26.56%	Less than 26.56%
Compliance rating of Edgemoor DPSNF <sup>8, 9</sup>	D	D	D	N/A	N/A

Table Notes

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

<sup>2</sup>Effective Fiscal Year 2013–14, this measure is no longer reported due to challenges in identifying a reliable and accurate method of data collection at the various contractor sites.

<sup>3</sup>In Fiscal Year 2013–14, a wait time of 3.5 days was achieved due to having a sufficient number of providers to meet demand, and the implementation of a walk-in model by some clinic providers who had long wait lists. This target has been decreased to three days for Fiscal Year 2014-15.

<sup>4</sup>In Fiscal Year 2013-14, the target of 85% of adolescents admitted timely to non-residential alcohol and drug treatment was exceeded due to the ability of the Teen Recovery Centers to admit clients quickly and efficiently, resulting in no wait list during the Fiscal Year. This target has been increased to 90% for Fiscal Year 2014-15.

<sup>5</sup>In Fiscal Year 2012–13, the target of 5% increase in outpatient mental health services for older adults was not met. The decrease of 16% clients served is attributed to the successful linkages of clients to their primary care providers and the mental health anti-stigma campaign, It’s Up to Us!

<sup>6</sup>In Fiscal Year 2013-14, the target of 5% increase in outpatient mental health services for older adults was significantly exceeded, with an increase of 82%. During the Fiscal Year 2013-14, the measure was expanded to include all senior focused prevention, early intervention, and treatment services. This accounts for the dramatic increase in the number served; for subsequent fiscal years, the 5% increase target remains a realistic goal.

<sup>7</sup>The readmission rate of 26.56% for Fiscal Year 2012–13 is the San Diego County MediCal readmission rate as measured by Optum which tracks all MediCal patients in San Diego County. The rates are distributed monthly at hospital partner meetings.

<sup>8</sup>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.

<sup>9</sup>This measure will be discontinued beginning Fiscal Year 2014–15, since it has been continuously achieved over time.

## Budget Changes and Operational Impact: 2013–14 to 2014–15

### Staffing

Net decrease of 4.75 staff years.

- Decrease of 2.00 staff years due to a transfer to Administrative Support to support operational needs.
- Decrease of 1.75 staff years due to a transfer to Regional Operations to support Assembly Bill (AB) 12, the *California Fostering Connections to Success Act* (2010).
- Decrease of 1.00 staff years due to a transfer to Child Welfare Services to support operational needs associated with AB 12.

### Expenditures

Net increase of \$1.9 million.

- Salaries and Benefits—net increase of \$2.2 million as a result of negotiated labor agreements including one-time salary and benefit payments (\$1.2 million) and an increase in County retirement contributions offset by the reduction of the costs associated with the decrease of 4.75 staff years.
- Services and Supplies—net decrease of \$0.4 million.
  - Net decrease of \$3.8 million in contracted services.
    - ◆ Decrease of \$5.9 million in Mental Health Services Act (MHSA) contracted services to align with program trends.
    - ◆ Decrease of \$1.8 million in Evidence-Based Probation Supervision Program contracts associated with the end of the funding.
    - ◆ Decrease of \$1.4 million in Parolee Services Network (PSN) program contracts associated with the end of the funding.
    - ◆ Decrease of \$0.2 million in Alcohol & Drug Services (ADS) contracts.

- ◆ Increase of \$1.4 million for Long Term Care (LTC) for Special Needs Institute for Mental Disease additional bed capacity for residents with severe mental disease.
- ◆ Increase of \$1.4 million for the Countywide expansion of In-Home Outreach Team (IHOT).
- ◆ Increase of \$2.7 million to address a State settlement agreement which seeks to accomplish a systemic change of mental health services for children and youth in foster care.
- Decrease of \$1.2 million in various services and supplies including Medicines, Drugs, & Pharmaceuticals and Rent and Leases.
- Increase of \$3.7 million for temporary contract help primarily for the Medical Services Group (MSG) contract in Inpatient Health Services San Diego Psychiatric Hospital. The contractor will provide psychiatric services after hours and all day on weekends.
- Increase of \$1.0 million for information technology costs primarily for the PYXIS Medcards system.

### Revenues

Net increase of \$1.9 million

- Intergovernmental Revenues—decrease of \$1.7 million.
  - Decrease of \$6.2 million in Mental Health Services Act (MHSA) revenue primarily to align with program trends.
  - Decrease of \$1.9 million in Evidence-Based Probation Supervision Program revenue associated with the end of the funding.
  - Decrease of \$1.4 million in PSN program associated with the end of the funding.
  - Decrease in \$0.7 million in ADS funding to align with anticipated State and federal allocations.
  - Increase of \$5.7 million in Realignment revenue.



- Increase of \$2.9 million in Short Doyle Medical revenue to align with program trends including an increase of \$1.3 million for costs associated with the State settlement agreement described above and \$1.2 million in Inpatient Health Services to fund the temporary contract help increase.
- Charges for Current Services—increase of \$0.9 million.
  - Increase of \$0.6 million in Institutional Hospital services at Edgemoor.
  - Increase of \$0.3 million for Superior Court forensic evaluations.
- Other Financing Sources—increase of \$1.4 million of Securitized Tobacco revenue for costs associated with the State settlement agreement described above.

- Use of Fund Balance—increase of \$1.2 million. A total of \$1.5 million is budgeted for one-time salary and benefit payments associated with negotiated labor agreements and one-time projects related to information technology upgrades.

### Budget Changes and Operational Impact: 2014–15 to 2015–16

Net increase of \$0.2 million as a result of an increase of \$0.9 million in Salaries and Benefits due to negotiated labor agreements, offset by a decrease of \$0.7 million in Services and Supplies due to the elimination of one-time projects from the prior year.

Staffing by Program						
		Fiscal Year 2013–14 Adopted Budget			Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Alcohol and Other Drug Services		19.00			18.00	18.00
Mental Health Services		222.25			215.50	215.50
Inpatient Health Services		475.75			476.75	476.75
Behavioral Health Svcs Administration		74.00			76.00	76.00
<b>Total</b>		<b>791.00</b>			<b>786.25</b>	<b>786.25</b>

Budget by Program						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Alcohol and Other Drug Services	\$ 52,608,617	\$ 62,356,996	\$ 62,942,861	\$ 52,191,611	\$ 58,330,000	\$ 58,343,161
Children's Mental Health Services	3,068	—	—	—	—	—
Mental Health Services	268,639,375	285,117,462	286,190,785	260,447,678	285,857,310	286,038,823
Inpatient Health Services	60,631,774	65,617,750	66,897,000	62,796,858	70,095,913	70,109,861
Behavioral Health Svcs Administration	8,911,777	10,466,256	10,652,376	10,311,019	11,150,354	11,130,714
<b>Total</b>	<b>\$ 390,794,611</b>	<b>\$ 423,558,464</b>	<b>\$ 426,683,022</b>	<b>\$ 385,747,166</b>	<b>\$ 425,433,577</b>	<b>\$ 425,622,559</b>

Budget by Categories of Expenditures						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Salaries & Benefits	\$ 76,232,182	\$ 81,399,796	\$ 82,783,522	\$ 76,905,562	\$ 83,590,794	\$ 84,455,511
Services & Supplies	318,663,902	346,857,092	348,597,924	314,959,104	346,476,207	345,800,472
Other Charges	4,207,645	4,175,000	4,175,000	4,929,147	4,195,000	4,195,000
Capital Assets Equipment	43,698	170,000	170,000	—	215,000	215,000
Expenditure Transfer & Reimbursements	(8,352,817)	(9,043,424)	(9,043,424)	(11,046,648)	(9,043,424)	(9,043,424)
<b>Total</b>	<b>\$ 390,794,611</b>	<b>\$ 423,558,464</b>	<b>\$ 426,683,022</b>	<b>\$ 385,747,166</b>	<b>\$ 425,433,577</b>	<b>\$ 425,622,559</b>

Budget by Categories of Revenues						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Intergovernmental Revenues	\$ 345,989,108	\$ 375,988,641	\$ 376,182,641	\$ 327,330,332	\$ 374,335,713	\$ 374,456,516
Charges For Current Services	32,103,147	35,880,681	35,880,681	34,975,935	36,824,768	36,824,768
Miscellaneous Revenues	1,545,243	891,000	891,000	1,861,900	891,000	891,000
Other Financing Sources	3,000,000	3,000,000	3,000,000	3,000,000	4,400,000	4,400,000
Fund Balance Component Decreases	—	—	—	—	—	1,552,133
Use of Fund Balance	658,971	300,000	3,230,558	11,080,858	1,483,954	—
General Purpose Revenue Allocation	7,498,142	7,498,142	7,498,142	7,498,142	7,498,142	7,498,142
<b>Total</b>	<b>\$ 390,794,611</b>	<b>\$ 423,558,464</b>	<b>\$ 426,683,022</b>	<b>\$ 385,747,166</b>	<b>\$ 425,433,577</b>	<b>\$ 425,622,559</b>

# Child Welfare Services

## Department Description

*Child Welfare Services (CWS) protects over 7,000 vulnerable children from abuse and neglect across the County with regional staff, manages the CWS 24-hours/7 days a week hotline, oversees adoptions and residential care programs, licenses foster homes, and provides policy direction and information to field staff. Services include responding to approximately 45,000 calls a year, identifying opportunities and best practices for child welfare services, and continuously developing staff so that practices are culturally competent, family-centered, child-focused, and trauma informed. CWS also administers the Polinsky Children’s Center (PCC), a 24-hour temporary emergency shelter for children, San Pasqual Academy, a first-in-the-nation residential education campus for adolescent foster youth, and the extended foster care youth program for youth ages 18 to 21 years to promote a successful transition into adulthood.*

*To ensure these critical services are provided, CWS has 757 staff and a budget of \$270.6 million that includes assistance payments. Regional Operations includes an additional 606 child welfare staff and a budget of \$58.5 million for regional child welfare services. For more information about assistance payments, see Appendix D.*



## Mission Statement

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

## 2013–14 Accomplishments

Advanced the County’s Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

### Strategic Initiative: Safe Communities

- Building a better service delivery system to protect vulnerable children and youth by improving child welfare practices.
  - Improved community engagement and service integration by co-locating 63 CWS staff with staff from community-based organizations and other public agencies, such as the Family Justice Center and school-based family service centers, in order to make it easier for children and parents to access services in their neighborhoods and in familiar environments.

- Improved child well-being outcomes, such as timely reunification and stable out-of-home placements, through the implementation of a practice framework that includes continuous quality improvement, trauma-informed practice, and improved staff development and training.
  - ◆ 99% (642 of 651) of foster parents, relatives, non-relative extended family members and group homes received the child’s personalized “Me at PCC” information summary and trauma-informed brochures in order to ensure placement success. The “Me at PCC” provides information from the child’s perspective about what is important to them, such as favorite foods, whether they have siblings, and their birthday. The trauma-informed brochure is included to help the caregiver understand how the child/youth might express their trauma, and how to begin to build trust with the child/youth.
  - ◆ 94% (31 of 33) of the Child Abuse Hotline Screeners were trained in managing “Secondary Trauma” associated with the critical intervention of responding to, and processing the public reporting of child abuse. Secondary trauma is the stress resulting from helping a traumatized individual. To manage secondary trauma, Social Workers learn concepts of self-care so as to continue providing quality services to vulnerable children.

### Strategic Initiative: Healthy Families

- Building a better service delivery system for vulnerable children and youth by strengthening families and supporting transitions to adulthood.
  - Placed an average of 73% (170 of 234) of youth enrolled in intensive home-based services (i.e. Wraparound) in a home-like setting to improve their

connections to home and community and to reduce the use of costly group home placements each month.

- Promoted housing stability by maintaining safe and secure placements for 97% (361 of 371) of the young adults in Extended Foster Care each month to promote self-sufficiency and prevent homelessness.

### Required Discipline for Excellence: Continuous Improvement and Innovation

- Building a trauma-informed Child Welfare system by developing and implementing an action plan to address the negative impact of trauma on children's development, which can include behavioral and physical problems in adulthood.
- Partnered with Behavioral Health Services to implement Pathways to Well Being which includes systematically addressing the mental health needs of children in child welfare through a trauma informed lens. As of June 20, 2014, 753 children and youth have received enhanced behavioral health services.

### 2014–16 Objectives

Advance the County's Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

#### Strategic Initiative: Healthy Families

- Building a better service delivery system for vulnerable children and youth by strengthening families and supporting transitions to adulthood.
- Place 78% (181 of 232) youth enrolled in intensive home-based services (i.e. Wraparound) in a home-like setting each month to improve their connection to home and community and to reduce the use of costly group home placements.
- Promote housing stability by maintaining safe and secure placements for 96% (348 of 363) of young adults that are in Extended Foster Care each month in order to promote self-sufficiency and prevent homelessness. The remaining 4% would be either in Guardianship placements or are pending Change of Placement approval with their Supervised Independent Living Plan.
- 50% (230 of 460) of youth, ages 13 to 18, at PCC will participate in a diversion program that teaches youth to identify and manage behavior to decrease the risk of crossing over to the juvenile justice system.
- Offer 83% (91 of 110) of youth enrolled in the San Pasqual Academy work readiness program internships and part-time employment to obtain

work skills and experience that will help with their transition to adulthood.

- Conduct trainings regarding the Quality Parenting Initiative for 80% (667 of 834) of Child Welfare Services social workers. Quality parenting seeks to improve the partnership between staff and foster parents. Social Workers will learn about the collaboration underway to enhance foster care by strengthening relationships with foster parents and community partners which will help minimize the impact of trauma on children, help children develop strong attachments, and facilitate information sharing which supports quality caregivers.
- Increase the number of completed home studies by 15% (300 to 345). Home Studies are a major milestone in the adoptions process for prospective adoptive families.

### Required Discipline for Excellence: Continuous Improvement and Innovation

- Building a better service delivery system to protect vulnerable children and youth by improving child welfare practices.
- Train 100% (33) Child Abuse Hotline Screeners on the framework of "Safely Organized Practice" to increase competency in Child Welfare practice which supports safety, well-being, and permanency of families served by Child Welfare Services.
- Continue to improve community engagement and service integration by identifying new opportunities for co-location of CWS staff.
- Continue to build a trauma-informed Child Welfare system through the implementation of the Pathways to Well-Being practice model where children and youth of the Child Welfare system will be screened and assessed to determine the impact of trauma on development and well-being.
- Improve child well-being through the implementation of a practice framework that includes continuous quality improvement (CQI), trauma-informed practice, and improved staff development/training.

### Related Links

For information about San Diego County Adoptions, go to [www.iadoptu.org](http://www.iadoptu.org) and for San Pasqual Academy, go to [www.sanpasqualacademy.org](http://www.sanpasqualacademy.org).

For additional information on the programs offered by the Health and Human Services Agency (HHS), refer to the website [www.sandiegocounty.gov/hhsa/](http://www.sandiegocounty.gov/hhsa/).

Performance Measures <sup>1</sup>	2012–13 Actuals	2013–14 Adopted	2013–14 Actuals	2014–15 Adopted	2015–16 Approved
Youth in intensive, wraparound program in a family-like setting	76% of 270	70% of 250	73% of 234	78% of 232	78% of 232
Youth participation in juvenile diversion program <sup>2</sup>	N/A	N/A	N/A	50% of 460	50% of 460
Youth enrolled in work readiness program <sup>2</sup>	N/A	N/A	N/A	83% of 110	83% of 110
Stable housing for youth in Extended Foster Care <sup>3</sup>	N/A	96% of 270	97% of 371	96% of 363	96% of 363
Polinsky Children’s Center assessment center entries placed in family, relative or other foster care settings in less than 24 hours <sup>4</sup>	74% of 179	N/A	N/A	N/A	N/A
Children who were adopted from the child welfare system were adopted within 24 months <sup>5</sup>	19% of 373	N/A	N/A	N/A	N/A
Foster children in 12th grade who achieve high school completion (diploma, certificate, or equivalent) <sup>6</sup>	83% of 152	N/A	N/A	N/A	N/A

**Table Notes**

<sup>1</sup>For more Child Welfare Services performance measures, see the HHSA Regional Operations section.

<sup>2</sup>This is a new measure effective Fiscal Year 2014–15 that is reported in the Operational Plan to reflect the activities that support foster youth transition into adulthood.

<sup>3</sup>Effective Fiscal Year 2013–14, this measure replaces the measure for “foster care graduation” which will continue to be monitored internally.

<sup>4</sup>Effective Fiscal Year 2013–14 this measure was discontinued. While the practice of placing children with relatives as soon as possible continues, the efforts of regional staff have greatly reduced the number of children placed at the Polinsky Children’s Center.

<sup>5</sup>Effective Fiscal Year 2013–14 this measure is no longer reported in the Operational Plan, but is monitored internally.

<sup>6</sup>Effective Fiscal Year 2013–14 this measure is no longer reported in the Operational Plan, but is monitored internally. Foster care graduation rates in the State and nation range from 50% to 80%.

**Budget Changes and Operational Impact:  
2013–14 to 2014–15**

**Staffing**

Increase of 5.00 staff years.

- Increase of 3.00 staff years to support streamlining of the Child Welfare Services Adoptions Program as approved by the Board of Supervisors on November 5, 2013.

- Increase of 1.00 staff year due to a transfer from Behavioral Health Services to support operational needs associated with Assembly Bill (AB) 12, the *California Fostering Connections to Success Act* (2010).
- Increase of 1.00 staff year due to a transfer from Administrative Support for the Intergenerational Program.



## Expenditures

Net increase of \$6.0 million.

- Salaries and Benefits—increase of \$4.8 million as a result of negotiated labor agreements including one-time salary and benefit payments (\$1.1 million), an increase in County retirement contributions and the addition of 5.00 staff years.
- Services and Supplies—increase of \$1.2 million.
  - Increase of \$0.6 million in various services and supplies primarily related to increases in rents and leases, internal service funds charges, and information technology costs.
  - Increase of \$0.3 million in court ordered travel costs associated with the Foster Care Program.
  - Increase of \$0.2 million for the PCC Health Services to provide medical screenings for all children who enter PCC.
  - Increase of \$0.1 million for the Mobility Project to improve staff productivity and efficiency.

## Revenues

Increase of \$6.0 million.

- Intergovernmental Revenues—increase of \$4.9 million primarily in federal Social Services Administrative revenue and Realignment revenue.
- Use of Fund Balance—increase of \$1.1 million. A total of \$1.3 million is budgeted for one-time salary and benefit payments associated with negotiated labor agreements and the Cultural Broker contract to enhance child safety and family stability outcomes for children.

## Budget Changes and Operational Impact: 2014–15 to 2015–16

Net increase of \$0.8 million is primarily a result of an increase of \$1.0 million in Salaries and Benefits due to negotiated labor agreements.

Staffing by Program						
		Fiscal Year 2013–14 Adopted Budget			Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Child Welfare Services		520.00			516.00	516.00
Foster Care		95.00			99.00	99.00
Adoptions		137.00			142.00	142.00
<b>Total</b>		<b>752.00</b>			<b>757.00</b>	<b>757.00</b>

Budget by Program						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Child Welfare Services	\$ 71,331,077	\$ 85,640,545	\$ 86,707,166	\$ 84,137,466	\$ 90,101,951	\$ 90,504,621
Foster Care	144,972,642	164,281,674	164,461,722	142,473,084	165,043,082	165,211,294
Adoptions	13,809,911	14,676,311	14,865,925	13,952,621	15,452,502	15,681,802
<b>Total</b>	<b>\$ 230,113,630</b>	<b>\$ 264,598,530</b>	<b>\$ 266,034,813</b>	<b>\$ 240,563,171</b>	<b>\$ 270,597,535</b>	<b>\$ 271,397,717</b>

Budget by Categories of Expenditures						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Salaries & Benefits	\$ 58,669,395	\$ 64,867,526	\$ 65,880,280	\$ 63,343,185	\$ 69,701,255	\$ 70,701,437
Services & Supplies	31,532,949	42,533,133	42,906,126	41,311,089	43,698,409	43,498,409
Other Charges	139,911,286	157,197,871	157,248,407	135,908,897	157,197,871	157,197,871
<b>Total</b>	<b>\$ 230,113,630</b>	<b>\$ 264,598,530</b>	<b>\$ 266,034,813</b>	<b>\$ 240,563,171</b>	<b>\$ 270,597,535</b>	<b>\$ 271,397,717</b>



Budget by Categories of Revenues						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Licenses Permits & Franchises	\$ 626,572	\$ 654,000	\$ 654,000	\$ 663,026	\$ 654,000	\$ 654,000
Revenue From Use of Money & Property	542,936	681,211	681,211	540,639	681,211	681,211
Intergovernmental Revenues	233,740,670	248,558,214	249,591,453	246,469,329	253,482,907	256,482,907
Charges For Current Services	4,522,565	4,917,233	4,917,233	3,896,912	4,917,233	1,917,233
Miscellaneous Revenues	290,160	91,450	91,450	187,876	91,450	91,450
Fund Balance Component Decreases	—	—	—	—	—	2,074,494
Use of Fund Balance	(19,064,136)	200,000	603,044	(20,691,033)	1,274,312	—
General Purpose Revenue Allocation	9,454,863	9,496,422	9,496,422	9,496,422	9,496,422	9,496,422
<b>Total</b>	<b>\$ 230,113,630</b>	<b>\$ 264,598,530</b>	<b>\$ 266,034,813</b>	<b>\$ 240,563,171</b>	<b>\$ 270,597,535</b>	<b>\$ 271,397,717</b>

# Public Health Services

## Department Description

Public Health Services (PHS) provides services to 3.2 million residents in the County. PHS protects against public health threats such as foodborne outbreaks, environmental hazards, and disasters; prevents injuries, disease, disabilities and epidemics; and promotes wellness, healthy behaviors and access to quality care. PHS seeks to identify and address root causes of priority health issues to achieve health equity among all San Diego County residents. Providing public health protection for residents and visitors is a multidisciplinary and collaborative effort, involving other County business groups, as well as the private health care provider network, schools, businesses, communities and individuals.

To ensure these critical services are provided, PHS has 485 staff and a budget of \$106.4 million.



## Mission Statement

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

## 2013–14 Accomplishments

Advanced the County's Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people at the right time, for the best possible outcome.

### Strategic Initiative: Safe Communities

- Building a better service delivery system through implementation of programs to protect the health of the public.
  - Reduced the spread of disease by investigating 100% (58) of reported selected communicable disease cases within 24 hours. Examples of reportable communicable diseases include influenza, pertussis (also known as whooping cough), and tuberculosis.
  - Prevented transmission of tuberculosis (TB) by ensuring 97% (196 of 203) of cases were reported within one working day from start of treatment.
  - Increased access to healthcare by connecting 97% (791 of 814) of new case management clients with HIV (Human Immunodeficiency Virus) to an HIV primary care provider within 90 days.
  - Ensured preparedness for response during a disaster or public health threat by activating the public health emergency response system six times.

- ◆ Marine Corps Air Station Miramar Mass Casualty Incident Drill, September 1, 2013
- ◆ ChemPack Exercise, October 1, 2013
- ◆ Graded San Onofre Nuclear Generating Station Exercise, October 23, 2013
- ◆ Mass Vaccination Points of Dispensing Drill, November 13, 2013
- ◆ Statewide Medical and Health Full Scale Exercise, November 21, 2013
- ◆ Hospital Mass Casualty Incident Evacuation Exercise, April 9, 2014

- Provided guidance and direction on the development of goals and objectives for regional *Live Well San Diego* Community Health Improvement Plan (CHIP), including identifying performance measures to track progress toward those goals and objectives over time. Each CHIP reflects the region's unique needs and incorporates input from local communities. See Related Links section to access document online.

### Strategic Initiative: Healthy Families

- Building a better service delivery system for vulnerable children.
  - Ensured preventive health examinations were performed to identify and correct health issues for 87% (2,254 of 2,589) of children in out-of-home placement.
  - Expedited California Children Services (CCS) referrals and improved accuracy by receiving 63% (26,680 of 42,584) of referrals electronically. CCS is a state funded program for children with certain diseases or health problems. Through this program, children up to 21 years old can get the health care and services they need.

- Promoted positive nutrition choices throughout the county.
  - Worked with the San Diego Unified School District to change procurement practices that will lead to improved school meals for 132,000 students that incorporate more fresh fruits and vegetables and decrease sodium content as part of the Community Transformation Grant (CTG) activities.
  - Implemented the first year of the Supplemental Nutrition Assistance Program Education (SNAP-Ed) activities, to provide nutrition education and obesity prevention services to 30,484 low-income families who are potentially eligible for the federally funded CalFresh food assistance program.

### Required Discipline for Excellence: Continuous Improvement and Innovation

- Advanced operational excellence through continuous improvement.
  - Completed six quality improvement projects related to TB infection clinics, healthy equity, communication with limited and non-English speaking population, emergency medical technician (EMT) pilot, HIV services, and foster care coordination. See Related Links section to access project information published in the Public Health Services Annual Report.
  - To promote accountability and continuous improvement, completed phase two (Application) of the Public Health Accreditation Board's seven phases for national voluntary public health accreditation. The voluntary accreditation signifies that a health department is meeting national standards for ensuring essential public health services are provided in the community. The national voluntary public health accreditation was launched September 2011. See Related Links section for more information about public health accreditation.
  - Provided data analysis for the *Live Well San Diego* indicators to monitor progress throughout the Region and align to public health accreditation efforts.

### 2014–16 Objectives

Advance the County's Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

#### Strategic Initiative: Safe Communities

- Build a better service delivery system through programs to protect the health of the public.

- Reduce the spread of disease by investigating 100% (130) of reported selected communicable disease cases within 24 hours.
- Prevent transmission of TB by ensuring 100% (260) of cases are reported within one working day from start of treatment.
- Increase access to healthcare by connecting 100% (700) 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.
- Continue to support Health and Human Services Agency (HHS) service regions in the implementation and monitoring of *Live Well San Diego* Community Health Improvement Plans.

#### Strategic Initiative: Healthy Families

- Build a better service delivery system for vulnerable children and adults.
  - Ensure preventive health examinations are performed to identify and correct health issues for 90% (2,700 of 3,000) of children in out-of-home placement.
  - Expedite CCS referrals and improve accuracy by receiving 65% (29,250 of 45,000) of referrals electronically.
  - Work with the Border Health Consortium to assess border health data, identify regional health priority areas, and develop a plan to address them via a Binational Border Health Improvement Strategic Plan.
- Promote positive nutrition choices throughout the county by implementing the second year of the Supplemental Nutrition Assistance Program Education (SNAP-Ed) activities, to provide nutrition education and obesity prevention services to low-income families who are potentially eligible for the federally funded CalFresh food assistance program.

### Required Discipline for Excellence: Continuous Improvement and Innovation

- Advance operational excellence through continuous improvement.
  - Conduct a minimum of six quality improvement projects.
  - Submit 100% of required documentation (97 performance standards and measures) for national voluntary public health accreditation, phase three

(Document Submission) of the Public Health Accreditation Board's seven phases for national voluntary public health accreditation.

## Related Links

For additional information about the programs offered by the Health and Human Services Agency, refer to the website [www.sandiegocounty.gov/hhsa/](http://www.sandiegocounty.gov/hhsa/).

For the *Live Well San Diego* Community Health Improvement Plan (CHIP), go to [www.livewellsd.org/uploads/files/CHIP\\_Final.pdf](http://www.livewellsd.org/uploads/files/CHIP_Final.pdf).

For Fiscal Year 2012–13 PHS Accomplishments report, go to: [www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/PHSMajorAccomplishments2012-2013.pdf](http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/PHSMajorAccomplishments2012-2013.pdf).

For more information about public health accreditation, go to [www.phaboard.org](http://www.phaboard.org).

For health statistics that describe health behaviors, diseases and injuries for specific populations, health trends and comparison to national targets, go to the website [www.sandiegocounty.gov/hhsa/programs/phs/community\\_health\\_statistics/](http://www.sandiegocounty.gov/hhsa/programs/phs/community_health_statistics/).

For additional information about the *Live Well San Diego* indicators, go to [www.livewellsd.org/make-an-impact/10-indicators-of-success/](http://www.livewellsd.org/make-an-impact/10-indicators-of-success/).

Performance Measures <sup>1</sup>	2012–13 Actuals	2013–14 Adopted	2013–14 Actuals	2014–15 Adopted	2015–16 Approved
Selected communicable diseases cases contacted/investigations initiated within 24 hours <sup>2</sup>	98% of 103	99% <sup>3</sup> of 130	100% of 58	100% <sup>3</sup> of 130	100% <sup>3</sup> of 130
TB cases reported to PHS within one working day from start of treatment <sup>2</sup>	97% of 231	96% of 260	97% of 203	100% of 260	100% of 260
New clients enrolled with an HIV primary care provider within 90 days <sup>2</sup>	100% of 779	98% of 1,000	97% of 814	100% of 700	100% of 700
Activation of public health emergency response system for drills, exercises and actual responses	5	5	6	5	5
Children in out-of-home placements who receive preventive health examinations in accordance with CHDP <sup>4</sup> guidelines	85% of 2,548	86% of 3,000	87% of 2,589	90% of 3,000	90% of 3,000
Number of electronic referrals received by CCS	63% of 44,320	60% of 45,000	63% of 42,584	65% of 45,000	65% of 45,000

### Table Notes

<sup>1</sup>For more Public Health Services performance measures, see the HHS Regional Operations section.

<sup>2</sup>The number of cases listed in the Fiscal Year 2013–14 Adopted columns for these measures are estimates based on the average number of cases. These numbers may vary from year to year since the targets are based on incidents of disease that have not yet happened, and cannot be predicted.

<sup>3</sup>In Fiscal Year 2013–14, this measure was modified to include San Diego County resident cases that are more challenging to investigate.

<sup>4</sup>The Child Health and Disability Prevention program (CHDP) is a preventive program that delivers periodic health assessments and services to low income children and youth in California.



## Budget Changes and Operational Impact: 2013–14 to 2014–15

### Staffing

No change in staff years.

### Expenditures

Net increase of \$0.7 million.

- Salaries and Benefits—increase of \$3.1 million as a result of negotiated labor agreements including one-time salary and benefit payments (\$1.0 million) and an increase in County retirement contributions.
- Services and Supplies—decrease of \$2.5 million.
  - Decrease of \$1.6 million in contracted services to reflect reduced grant funding primarily in the Community Transformation Grant (CTG) and as a result of federal sequestration.
  - Decrease of \$0.5 million due to elimination of one-time information technology (IT) project costs for the Lab Information Management System (LIMS) from the prior year.
  - Decrease of \$0.4 million in various other services and supplies.
- Capital Assets Equipment—decrease of \$0.1 million due to elimination of one-time project costs for the purchase of Digital X-ray equipment from the prior year.
- Expenditure Transfer & Reimbursements—increase of \$0.2 million in Costs Applied due to a technical adjustment.

### Revenues

Net increase of \$0.7 million.

- Intergovernmental Revenues—net decrease of \$0.9 million.

- Decrease of \$2.4 million in CTG associated with the end of the funding.
- Decrease of \$2.3 million in Federal HIV Prevention and Care revenue, Ryan White/Minority AIDS Initiative Grant, Federal TB control funding and Homeland Security grant due to decreased allocations and federal sequestration.
- Increase of \$2.1 million in Realignment revenues.
- Increase of \$0.7 million in California Children Services funding due to a projected increase in Medi-Cal caseload.
- Increase of \$0.5 million in SNAP-Ed revenue.
- Increase of \$0.5 million in Epidemiological Research AIDS and HIV revenue for additional expanded testing.
- Charges for Current Services—increase of \$0.2 million primarily related to increased State fees for certified copies.
- Miscellaneous Revenues—decrease of \$0.1 million primarily related to revenues no longer being transferred from CSAs to Administration.
- Use of Fund Balance—increase of \$0.6 million. A total of \$1.0 million is budgeted to fund the one-time salary and benefit payments associated with negotiated labor agreements and one-time projects related to information technology upgrades.
- General Purpose Revenue Allocation—increase of \$1.0 million for costs associated with negotiated labor agreements.

## Budget Changes and Operational Impact: 2014–15 to 2015–16

No significant changes.

Staffing by Program						
		Fiscal Year 2013–14 Adopted Budget			Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Administration and Other Services		28.00			28.00	28.00
Bioterrorism / EMS		49.00			49.00	49.00
Infectious Disease Control		107.25			107.25	107.25
Surveillance		84.00			84.00	84.00
Prevention Services		79.50			79.50	79.50
California Childrens Services		136.75			136.75	136.75
<b>Total</b>		<b>484.50</b>			<b>484.50</b>	<b>484.50</b>

Budget by Program						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Administration and Other Services	\$ 4,729,694	\$ 5,804,954	\$ 6,302,210	\$ 4,636,083	\$ 5,977,009	\$ 6,044,349
Bioterrorism / EMS	11,634,177	11,984,045	13,387,287	11,299,214	12,717,648	12,569,847
Infectious Disease Control	27,371,504	28,600,453	31,109,485	26,432,532	27,946,148	28,138,158
Surveillance	10,858,045	12,133,563	12,490,548	11,221,567	12,340,374	12,477,637
Prevention Services	12,106,245	17,109,593	17,602,012	17,235,609	16,192,200	16,331,056
California Childrens Services	17,998,864	19,683,178	19,891,118	18,736,583	20,655,645	20,413,242
Ambulance CSA's - Health & Human Services	9,211,690	10,389,365	10,686,054	9,834,161	10,574,661	10,574,661
<b>Total</b>	<b>\$ 93,910,219</b>	<b>\$ 105,705,151</b>	<b>\$ 111,468,714</b>	<b>\$ 99,395,749</b>	<b>\$ 106,403,685</b>	<b>\$ 106,548,950</b>



Budget by Categories of Expenditures

	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Salaries & Benefits	\$ 47,669,142	\$ 51,541,320	\$ 52,369,019	\$ 50,364,326	\$ 54,607,487	\$ 54,847,637
Services & Supplies	43,152,187	49,615,061	54,480,925	45,598,237	47,164,198	47,069,313
Other Charges	3,225,940	4,599,000	4,599,000	3,361,525	4,599,000	4,599,000
Capital Assets Equipment	58,443	145,070	215,070	120,486	33,000	33,000
Expenditure Transfer & Reimbursements	(195,493)	(195,300)	(195,300)	(48,825)	—	—
<b>Total</b>	<b>\$ 93,910,219</b>	<b>\$ 105,705,151</b>	<b>\$ 111,468,714</b>	<b>\$ 99,395,749</b>	<b>\$ 106,403,685</b>	<b>\$ 106,548,950</b>

Budget by Categories of Revenues

	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Taxes Current Property	\$ 1,477,395	\$ 1,602,726	\$ 1,602,726	\$ 1,531,749	\$ 1,602,726	\$ 1,602,726
Taxes Other Than Current Secured	13,351	26,784	26,784	17,418	26,784	26,784
Licenses Permits & Franchises	224,230	207,613	207,613	212,411	214,613	214,613
Fines, Forfeitures & Penalties	1,953,862	2,263,805	2,263,805	2,838,056	2,199,943	2,199,943
Revenue From Use of Money & Property	29,022	79,000	79,000	34,582	54,000	54,000
Intergovernmental Revenues	81,377,220	87,638,356	89,530,722	87,289,039	86,728,206	86,109,211
Charges For Current Services	7,701,337	7,812,285	7,812,285	8,451,561	7,971,031	8,076,304
Miscellaneous Revenues	1,909,955	1,018,644	1,018,644	1,390,173	930,558	930,558
Other Financing Sources	500,079	500,000	500,000	500,029	500,000	500,000
Fund Balance Component Decreases	—	—	—	—	—	1,681,758
Use of Fund Balance	(5,362,171)	470,000	4,341,197	(6,955,207)	1,022,771	—
General Purpose Revenue Allocation	4,085,938	4,085,938	4,085,938	4,085,938	5,153,053	5,153,053
<b>Total</b>	<b>\$ 93,910,219</b>	<b>\$ 105,705,151</b>	<b>\$ 111,468,714</b>	<b>\$ 99,395,749</b>	<b>\$ 106,403,685</b>	<b>\$ 106,548,950</b>

# Administrative Support

## Department Description

The Health and Human Services Agency's (HHS) administrative divisions support 5,974 HHS staff that provide critical, essential services to the San Diego region. The administrative divisions include: Financial Services and Support, Human Resources, Management Information Support, Contract Support, Office of Strategy and Innovation, First 5 San Diego Commission, and the Executive Office. Also included under Administrative Support is the Community Action Partnership (CAP) program. CAP is the federally designated Community Action Agency and administers the Community Services Block Grant for the San Diego region.

The administrative divisions ensure all HHS divisions and regions are working together by providing services that ensure business continuity and optimal use of resources. Services include planning and forecasting for fiscal stability, developing and maintaining a knowledge-based workforce, supporting programs with information management and technology, providing general policies to ensure accountability with federal, State, local and County requirements, and guiding HHS in its efforts to advance Live Well San Diego, the County's initiative to improve health, safety and well-being for all residents.

To ensure HHS service regions and divisions can provide critical, essential services; the administrative support divisions have 377 staff and a budget of \$122.2 million.

## Mission Statement

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

## 2013–14 Accomplishments

Advanced the County's Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

### Strategic Initiative: Safe Communities

- Supported positive choices by ensuring 87% (1,550 of 1,783) of youth who participated in a juvenile diversion program did not enter, or re-enter, the juvenile justice system.



### Strategic Initiative: Healthy Families

- Completed the development of 5-year Strategic Plan for the First 5 San Diego Commission. First 5 San Diego promotes the health and well-being of young children from the prenatal stage to five years of age through programs that focus on health, learning, families and communities.

### Required Discipline for Excellence: Skilled, Adaptable and Diverse Workforce

- Promoted the well-being of the workforce by conducting a thorough ergonomic assessment for all (715) new HHS employees within 90 days of their start date.

### Required Discipline for Excellence: Accountability, Transparency and Ethical Conduct

- Ensured public funds were used in accordance with funding requirements.
  - Completed 22 comprehensive financially focused compliance reviews of contractors.
  - Completed 15 quality assurance reviews with HHS Regions and Divisions to ensure adherence to contracting policies and procedures and established standards for funding sources.
  - Conducted 15 internal reviews of offices with petty cash to ensure appropriate controls were in place.

### Required Discipline for Excellence: Regional Leadership

- Trained 18 facilitators and 67 resident leaders in the Resident Leadership Academy, which teaches residents to identify issues and take action to improve the health, safety and quality of life in their own neighborhoods, thus building the community's capacity for implementing *Live Well San Diego* through community health improvement projects.

- Provided support to the *Live Well San Diego* initiative, a collective effort involving all County groups and community partners across every sector—businesses, schools, cities and governments, and community and faith-based organizations.
  - Introduced a new website ([LiveWellSD.org](http://LiveWellSD.org)) to support communication and solicit partner and resident involvement.
  - Implemented an innovative measurement framework comprised of *Live Well San Diego* Top Ten Indicators across five areas of influence that capture progress made throughout the region and align with public health accreditation efforts, the San Diego County Report Card on Child and Family Well-being, and other community measurement efforts.
  - Supported County departments, HHSAs Regions, and partners, in their efforts to advance the *Live Well San Diego* initiative, resulting in the official recognition of 45 new *Live Well San Diego* partners, including the City of San Diego, the Regional Chamber of Commerce, San Diego City College, and San Diego County Vons Markets. Of the cities that have adopted the initiative, *Live Well San Diego* has a potential reach of over 2 million county residents.

### Required Discipline for Excellence: Information Services

- Supported improvements in HHSAs technological framework to help HHSAs build a better service delivery system.
  - Established a data governance structure, including roles and guidelines, to improve access to quality data and information so that services are delivered efficiently and effectively.
  - Identified and moved program information to a more efficient IT system by launching the CalWIN Electronic Management System (CERMS) to improve document and record management.
  - Issued Request for Proposal to procure an electronic information exchange system which will support a person-centered service delivery system.
  - Combined the Management Information Division and the Knowledge Integration Program to create a new structure that will provide three distinct, but related capabilities in managing technology, information, and knowledge integration.
- Established an operations research unit and used analytical discipline to monitor and measure services to the community such as using geographic information systems to determine the optimal location for two new Family Resource Centers, reviewing zip codes to iden-

tify locations of current and future clients, and estimating the number of potentially eligible individuals under the federal *Patient Protection and Affordable Care Act* (ACA) of 2010.

### 2014–16 Objectives

Advance the County's Strategic Initiatives and *Live Well San Diego* to provide the right services, to the right people, at the right time for the best possible outcome.

#### Strategic Initiative: Healthy Families

- Conduct a countywide community needs assessment to inform the development of an updated Community Action Plan for San Diego County's use of Community Service Block Grant funds to help strengthen economically disadvantaged individuals, families and communities.

#### Required Discipline for Excellence: Accountability, Transparency and Ethical Conduct

- Advance operational excellence by ensuring public funds are used in accordance with funding requirements.
  - Conduct 21 comprehensive financially focused compliance reviews of contractors.
  - Conduct 14 quality assurance reviews of HHSAs Regions/Divisions to ensure adherence to contracting policies and procedures, and funding source established standards.
  - Conduct 15 internal reviews of offices with petty cash to ensure appropriate controls are in place.

#### Required Discipline for Excellence: Fiscal Stability

- Increase financial competency across all levels of management regarding their program's increasingly complex funding streams and other financial issues that impact their program operations and service delivery.
- Develop a multi-year financial spending plan for the First 5 San Diego Commission to reflect declining revenues. First 5 San Diego programs and services are funded through San Diego County's portion of the State's Proposition 10, *State and County Early Childhood Development Programs Additional Tobacco Sur-tax* (1998) tobacco tax revenues.

#### Required Discipline for Excellence: Regional Leadership

- Continue to advance against the 3 behaviors (no physical activity, poor diet and tobacco use) that result in 4 diseases (cancer, heart disease and stroke, type 2 diabetes and lung disease) that result in over 50 percent of

deaths in San Diego by creating new partnerships through *Live Well San Diego*.

- Increase the number of unique visitors to the public-facing *Live Well San Diego* website ([LiveWellSD.org](http://LiveWellSD.org)) by 50% (from 8,841 to 13,262) by providing access to timely, relevant news and materials that support the communication, adoption and measurement of collective efforts and local best practices across all sectors.

#### Required Discipline for Excellence: Skilled, Adaptable and Diverse Workforce

- Collaborate with County business groups to expand and enhance employee data security practices, ensuring compliance with regulations and sharing of best practices.
- Implement recommendations from a review of existing trainings, for new and continuing employees in public assistance programs, to strengthen their knowledge, improve customer relations, and promote cultural sensitivity.
- Collaborate with the County Department of Human Resources in promoting *Live Well San Diego* to all County job applicants.

#### Required Discipline for Excellence: Continuous Improvement and Innovation

- Coordinate with the County Technology Office to conduct information technology countywide projects such as the Data Loss Prevention Pilot.

- With the Probation Department and Sheriff, enroll newly eligible individuals to health care in order to maximize the use of State and federal resources.
- Reach out to community-based organizations to support their efforts to enroll eligible families and individuals to public assistance programs such as health, nutrition, and temporary financial assistance.

#### Required Discipline for Excellence: Essential Infrastructure

- Implement the approved recommendations from a multi-year facility plan to address changes in program and customer needs, including updating and modernizing facilities.

#### Required Discipline for Excellence: Information Services

- Launch information and knowledge management practices to support a person-centered service delivery system, by establishing guidelines, policies, and tools to ensure consistent, accurate, and quality use and sharing of information and employee knowledge to improve service delivery.

#### Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website [www.sandiegocounty.gov/hhsa/](http://www.sandiegocounty.gov/hhsa/).

For information about the *Live Well San Diego* initiative, go to [www.livewellsd.org](http://www.livewellsd.org).



Performance Measures	2012–13 Actuals	2013–14 Adopted	2013–14 Actuals	2014–15 Adopted	2015–16 Approved
Completed comprehensive fiscal compliance reviews <sup>1</sup>	21	21	22	21	21
Completed quality assurance reviews	28	15 <sup>2</sup>	15	14 <sup>3</sup>	14
Reduction in records storage space <sup>4</sup>	1% increase (from 18,865 to 20,077)	N/A	N/A	N/A	N/A
Number of unique visitors to the <i>Live Well San Diego</i> website <sup>5</sup>	N/A	N/A	3,600	50% increase (from 8,841 to 13,262)	50% increase (from 13,262 to 19,893)

*Table Notes*

<sup>1</sup>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.

<sup>2</sup>Effective Fiscal Year 2013–14, the selection methodology for review was revised to reflect integration of administrative efforts within HHSa. All departments with contracts receive one integrated quality assurance review report. Departments with more than 100 contracts each, such as Behavioral Health Services and Public Health Services, will receive two integrated quality assurance review reports.

<sup>3</sup>In Fiscal Year 2014–15, the number of reviews is recommended to decrease from 15 to 14 to reflect integration of two HHSa programs.

<sup>4</sup>Effective Fiscal Year 2013–14, the records storage space performance measure will no longer be reported in the Operational Plan.

<sup>5</sup>This is a new measure beginning Fiscal Year 2014–15. The purpose of the *Live Well San Diego* website is to include timely and relevant information and materials targeting formally-recognized and community partners in every sector (business, community and faith-based organizations, governments and schools).

**Budget Changes and Operational Impact:  
2013–14 to 2014–15**

**Staffing**

Net increase of 8.00 staff years.

- Increase of 8.00 staff years in Human Resources, Financial Services Division – Facilities Management, Information Technology, and Office of Strategy and Innovation to support the implementation of the ACA as approved by the Board of Supervisors in September 2013.
- Increase of 2.00 staff years due to a transfer from Behavioral Health Services to support operational needs.

- Decrease of 1.00 staff year due to a transfer to Regional Operations to support operational needs.
- Decrease of 1.00 staff year due to a transfer to Child Welfare Services to support the Intergenerational program.

**Expenditures**

Net increase of \$5.7 million.

- Salaries and Benefits—increase of \$2.0 million as a result of negotiated labor agreements including one-time salary and benefit payments (\$0.6 million), an increase in County retirement contributions and the addition of 8.00 staff years.
- Services and Supplies—net increase of \$2.6 million.

- Increase of \$5.2 million for modernization of service delivery through information technology and consultant contracts that advance *Live Well San Diego*.
- Increase of \$3.0 million for one-time costs related to remodeling of the Family Resource Centers.
- Increase of \$1.0 million for continuous improvement and innovation projects.
- Increase of \$0.7 million for one-time information technology costs related to the Microsoft Office 2013 upgrade.
- Increase of \$0.5 million in the public liability insurance premium.
- Increase of \$0.2 million for facility lease costs.
- Decrease of \$5.0 million in one-time appropriations reserved in prior year for unanticipated State and federal budget issues.
- Decrease of \$1.6 million in Community Action Partnership contracted services as a result of the \$1.2 million transfer of the Juvenile Diversion Program to the Probation Department and \$0.4 million to align various contracts to projected funding levels.
- Decrease of \$1.4 million due to redistribution of Purchasing & Contracting Internal Service Fund costs to the various HHSA divisions.
- Fund Balance Component Increases—increase of \$1.1 million to commit principal and interest received from the February 2011 sale of the Grand Avenue clinic.
- Increase of \$8.6 million in Social Services Administrative revenue and Realignment revenue.
- Decrease of \$0.3 million in Community Action Partnership to align with program allocations.
- Charges for Current Services—increase of \$0.3 million.
  - Increase of \$0.2 million for Coast2Coast Rx Prescription Drug Card funding.
  - Increase of \$0.1 million for the First Five San Diego Commission related to negotiated one-time salary and benefit payments.
- Miscellaneous Revenue—decrease of \$0.1 million associated with the elimination of a one-time private donation in the prior year.
- Use of Fund Balance—decrease of \$2.7 million. A total of \$35.4 million is budgeted.
  - \$20.0 million for management reserves due to the uncertainty of the economy.
  - \$7.0 million for major maintenance projects.
  - \$5.0 million for modernization of service delivery through information technology that will advance *Live Well San Diego* and delivery of integrated services.
  - \$1.1 million to commit Grand Avenue clinic sale proceeds.
  - \$1.0 million for continuous improvement and innovation projects.
  - \$0.7 million for the one-time information technology costs related to the Microsoft Office 2013 upgrade.
  - \$0.6 million for one-time salary and benefit payments associated with negotiated labor agreements.

## Revenues

Net Increase of \$5.7 million.

- Revenue From Use of Money & Property—decrease of \$0.1 million as a result of decreased interest revenues due to receiving the full payment on the February 2011 sale of the Grand Avenue clinic.
- Intergovernmental Revenues—increase of \$8.3 million.

## Budget Changes and Operational Impact: 2014–15 to 2015–16

Net decrease of \$18.5 million is primarily due to the elimination of one-time projects from the prior year.



Staffing by Program						
		Fiscal Year 2013–14 Adopted Budget			Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Agency Executive Office		25.00			24.00	24.00
Agency Contract Support		18.00			18.00	18.00
Financial Services Division		158.00			161.00	161.00
Human Resources		81.00			83.00	83.00
Management Support		14.00			21.00	21.00
Proposition 10		23.00			23.00	23.00
Office of Strategy and Innovation		38.00			35.00	35.00
Community Action Partnership		12.00			12.00	12.00
<b>Total</b>		<b>369.00</b>			<b>377.00</b>	<b>377.00</b>

Budget by Program						
	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Agency Executive Office	\$ 5,409,210	\$ 43,772,938	\$ 44,824,193	\$ 7,570,586	\$ 40,305,558	\$ 25,124,841
Agency Contract Support	3,723,510	3,736,703	3,779,985	3,851,766	2,463,495	2,455,511
Office of Health Systems Innovation	45,134	—	—	—	—	—
Financial Services Division	30,701,870	30,055,420	34,188,901	29,976,366	34,524,593	31,728,969
Human Resources	8,635,522	9,578,507	10,140,342	13,432,512	10,556,868	10,550,383
Management Support	13,600,926	13,824,115	14,081,075	14,319,995	20,778,528	20,065,623
Proposition 10	2,472,183	2,823,090	2,880,204	2,547,594	2,882,295	2,869,942
Office of Strategy and Innovation	—	5,755,689	5,995,519	4,443,344	5,318,131	5,352,942
Community Action Partnership	—	7,007,896	7,024,346	5,760,423	5,399,155	5,540,484
<b>Total</b>	<b>\$ 64,588,357</b>	<b>\$ 116,554,358</b>	<b>\$ 122,914,565</b>	<b>\$ 81,902,586</b>	<b>\$ 122,228,623</b>	<b>\$ 103,688,695</b>

## Budget by Categories of Expenditures

	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Salaries & Benefits	\$ 28,200,984	\$ 36,864,182	\$ 38,054,795	\$ 34,864,639	\$ 38,908,281	\$ 39,073,708
Services & Supplies	36,003,555	59,611,776	64,473,000	46,650,383	62,177,040	44,614,987
Capital Assets Equipment	305,418	—	308,370	309,164	—	—
Fund Balance Component Increases	78,400	78,400	78,400	78,400	1,143,302	—
Management Reserves	—	20,000,000	20,000,000	—	20,000,000	20,000,000
<b>Total</b>	<b>\$ 64,588,357</b>	<b>\$ 116,554,358</b>	<b>\$ 122,914,565</b>	<b>\$ 81,902,586</b>	<b>\$ 122,228,623</b>	<b>\$ 103,688,695</b>

## Budget by Categories of Revenues

	Fiscal Year 2012–13 Actuals	Fiscal Year 2013–14 Adopted Budget	Fiscal Year 2013–14 Amended Budget	Fiscal Year 2013–14 Actuals	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Approved Budget
Fines, Forfeitures & Penalties	\$ —	\$ 50,000	\$ 50,000	\$ 28,020	\$ 50,000	\$ 50,000
Revenue From Use of Money & Property	78,400	78,400	78,400	23,302	—	—
Intergovernmental Revenues	65,470,508	74,145,812	75,728,733	70,157,375	82,399,133	78,469,133
Charges For Current Services	4,567,390	4,121,746	4,121,746	3,546,572	4,386,096	4,373,743
Miscellaneous Revenues	3,707,511	100,000	100,000	2,509	26,000	26,000
Other Financing Sources	3,705	—	—	1,120,000	—	—
Fund Balance Component Decreases	—	—	—	—	—	769,819
Use of Fund Balance	(9,239,158)	38,058,400	42,835,686	7,024,807	35,367,394	20,000,000
<b>Total</b>	<b>\$ 64,588,357</b>	<b>\$ 116,554,358</b>	<b>\$ 122,914,565</b>	<b>\$ 81,902,586</b>	<b>\$ 122,228,623</b>	<b>\$ 103,688,695</b>

