

County of San Diego

Health and Human Services Agency

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Health and Human Services Agency Summary

Agency Description

The Health and Human Services Agency's (HHSA and Agency) vision is a healthy, safe, thriving San Diego community. In support of the County's Strategic Initiatives for Kids and Safe and Livable Communities, the Agency assists at-risk and vulnerable people to be healthy, safe and self-sufficient; protects the public's health; and promotes operational excellence in the delivery of services.

The Agency provides five mission critical services: prevention, access, protection, care and treatment, and preparedness and response. Its services include preventive health care, access to publicly funded health care coverage and self-sufficiency services, and a wide array of mental health and substance abuse programs. Protective services are provided to abused and neglected children and vulnerable adults, including seniors, the disabled and indigent adults. The Agency also works to reduce the burden of chronic diseases and contributing factors, such as childhood obesity, and helps the community prepare to respond to health emergencies and disasters.

Through six geographic service regions, the Agency administers a broad range of federal and State mandated programs. Services are delivered through a public-private partnership of County staff and more than 900 contracts representing over 470 community-based providers. Although the six regions are geographically and socially diverse, business continuity is maintained by the administrative support divisions that provide essential support services to programs and staff.

HHSA Departments

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

Mission Statement

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



2009-10 Anticipated Accomplishments

- The Agency led efforts to anticipate and proactively manage the threat to the public's health from the Pandemic 2009 H1N1 Influenza. As of April 2010, distributed 1,128,700 vaccines to the region:
 - 821,356 vaccines were directly distributed to healthcare providers to serve their patients.
 - 307,344 vaccines were distributed by the County.
 - ◆ 183,184 vaccines were distributed as follows:
 - 95,339 vaccines were given in the seven County immunization clinics,
 - 64,254 vaccines were given in schools,
 - 11,516 vaccines were given by HHSA staff and partners at 10 community mass vaccination clinics,
 - 6,830 vaccines were given to 21 first responder groups in the county,
 - 4,080 vaccines were given to County staff that are first responders, and
 - 1,165 vaccines were given at swap meets, farmers markets, and other community events.
 - ◆ 124,160 vaccines were distributed to 253 community providers by the County from its vaccine supply because providers only had limited supply.
- The Agency assisted at-risk and vulnerable children, seniors and disabled individuals.
 - Identified options for In-Home Supportive Services (IHSS) to contain costs and focus service on needy seniors and persons with disabilities.
 - ◆ November 2009, Board of Supervisors approved a number of reforms for IHSS including implementation of a new Fraud Investigation and Program Integrity initiative in conjunction with the District Attorney.

- ◆ February 2010, the State approved the County's new \$1.4 million Program Integrity initiative.
- Fully implemented *School Success*, a program designed to help foster children tackle the difficulties they face at home and school. Partnered with the County Office of Education to provide services to over 600 children to promote their school success.
- The Agency addressed health improvements for the people it serves.
 - Developed a draft comprehensive Strategy Agenda for Health built on four major themes – changing the culture within, supporting healthy choices, pursuing policy changes for a healthy environment and building a better system. Together these themes help achieve a San Diego County where children, adults and older adults thrive in communities that support health and well-being.
 - Obtained a \$16 million Centers for Disease Control and Prevention (CDC) American Recovery and Reinvestment Act (ARRA) prevention grant to launch a new initiative, Communities Putting Prevention to Work (CPPW), to address the growing concerns of chronic diseases that are related to personal behavior such as physical inactivity, poor nutrition and smoking. The initiative will enhance activities in the Strategy Agenda for Health.
 - Strengthened the health care safety net by engaging community partners and reviewing current systems for operational efficiencies, including a preliminary cost effectiveness study of the Health Care Coverage Initiative on quality of care and reduction of inpatient/emergency department costs and utilization.
 - Pursued enhanced funding for the safety net through Intergovernmental Transfers to increase federal funding for safety net healthcare services within San Diego County.
 - Implemented the Mental Health Services Act's (MHSA) Prevention and Early Intervention (PEI) program for previously underserved and unserved populations, including services for children 0-5 years of age in a new multidisciplinary program.
- The Agency pursued strategies that improved staff efficiency in serving clients during the current economic climate and fiscal responsibility while preparing for future trends.
 - In response to declining revenues, developed and implemented an interactive electronic CORE Analyzer that aids managers in identifying programs for Consolidation, Outsourcing, Reengineering/Revenue maximization or possible Elimination. This process builds consistency and supports objective decision making throughout the Agency. Results from the CORE Analyzer were incorporated into multi-year economic reality plans which will be implemented over the next fiscal years.
 - Put into full practice management control initiative to ensure Agency fiscal and programmatic integrity, accountability and optimal deployment of staff to best meet service needs.
 - Fully implemented multi-year “social services safety net” project to streamline the business processes of three major federal and State mandated public assistance programs that provide access to health care, nutrition and temporary financial assistance (Medi-Cal, Food Stamps and CalWORKs). This major continuous improvement project will improve customer service, maintain program integrity and increase efficiency of services provided to more than 337,000 people by over 1,000 staff throughout the Agency.
 - ◆ Converted over 200,000 paper cases to electronic files to support transition to virtual (paperless) caseload to gain efficiency and enhance customer service.
 - ◆ Redesigned the staffing model and implemented trainings to support transition to a team-oriented, task-based service approach in Agency Family Resource Centers to accommodate higher volume of applications and participation in self-sufficiency programs.
 - ◆ Introduced same-day application processing to improve timely delivery of services to customers in Agency Family Resource Centers.
 - Implemented year one of the three-year Nutritional Security Plan to help with the 47% increase in applications during the current economic downturn (from 3,766 per month in February 2009 to 5,531 per month in February 2010) by identifying ways to simplify the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) eligibility process while maintaining program integrity. Accomplishments in year one include:
 - ◆ Provided online application assistance to local community-based organizations to complete the Food Stamp/SNAP application process in partnership with Alliance Healthcare Foundation.
 - ◆ Developed THRIVE San Diego (a collaboration of the Agency, Internal Revenue Service, United Way, San Diego State University, California State University San Marcos, 2-1-1 San Diego and the Consumer Center for Education and Advocacy, and other community-based organizations) to

engage college students to help low-income residents file their taxes, apply for Earned Income Tax Credit, as well as provide screening and referral for SNAP eligibility.

2010-12 Objectives

- The Agency will roll out the County's Strategy Agenda for Health to improve services through four overarching strategies - changing the culture within, supporting healthy choices, pursuing policy changes for a healthy environment, and building a better system, including:
 - Implementing year one of the two-year Communities Putting Prevention to Work (CPPW) Initiative, funded by a CDC ARRA grant.
 - Implementing year two of the three-year Nutritional Security Plan.
- The Agency will support critical, core services by:
 - Developing an approach to increase safe communities, supporting the County's Strategic Plan.
 - Pursuing innovation to improve services, including a minimum of four continuous improvement projects.
 - Putting into operation economic reality plans and management control initiatives for fiscal responsibility and integrity.
 - Applying viable, cost effective options identified in IHSS Reform activities.
 - Leading the nation in the movement toward national public health accreditation by completing the beta test process of the Public Health Accreditation Board. The County of San Diego is the only California jurisdiction to participate in this process.

Proposed Changes and Operational Impact: 2009-10 to 2010-11

Overview

The Health and Human Services Agency's Fiscal Year 2010-11 plan includes appropriations of \$1.8 billion, a decrease of \$6.1 million in the General Fund, associated with reductions in Intergovernmental Revenues.

Appropriations are reduced primarily in salaries and benefits due to State cuts, the return of Child Care Stages II and III and the Alternative Payment Program to the State, and the outsourcing of Welfare to Work and Child Care Stage I. These reductions are offset by increases in appropriations for assistance payments for CalWORKs, Aid to Adoptive Children, and In-Home Supportive Services, and for contracts for the Communities Putting Prevention to Work (CPPW) Initiative funded with a CDC ARRA grant.

This marks the first time since the inception of the Agency that the proposed budget declined from the prior year. The Agency faces over \$70 million in funding challenges for the second consecutive year associated with the struggling economy and State budget cuts. Rising demands for services compounds the financial challenge. Furthermore, in Fiscal Year 2010-11, the State enters its tenth year of failure to fund the cost of doing business.

HHSA proposes a decrease of 325.75 staff years. The outsourcing of employment and child care services and the return of child care programs to the State accounts for 200.00 of the reduced staff years. The outsourcing of these services will achieve cost savings and efficiencies while maintaining essential services. The continued high unemployment rate results in growing caseloads in Medi-Cal, Food Stamps and CalWORKs. Containing administrative costs associated with these programs allows the County to invest limited resources toward its share of cost in mandated entitlement payments.

State cuts and revenue losses related to the economic downturn resulted in a net reduction of 114.75 staff years throughout HHSA. These reductions led to fewer or reduced services to clients in many Agency programs. HHSA is committed to providing efficient program delivery and will continue to review programs and processes to ensure staffing resources are focused in priority areas where funding allows.

Other staffing changes include the outsourcing of the Psychiatric Emergency Response Team, a reduction of 5.00 staff years; 4.00 staff years were reduced in the Office of Media and Public Relations as a result of the proposal to reorganize and consolidate media activities from various County departments into the new County Communications Office; and 2.00 staff years were transferred to the Community Services Group to support purchasing and contracting activities for the Agency.

ARRA revenue continues to be a major source of funding for HHSA in Fiscal Year 2010-11, allowing the maintenance of core services and partially mitigating the continued decline in Realignment revenue. One notable ARRA grant from CDC will fund the CPPW Initiative over the next two years supporting the Health Strategy Agenda in reducing health risk factors, preventing and/or delaying chronic disease and promoting wellness in the community.

The State has yet to solve its ever-increasing structural deficit. Further cuts to health and human service programs will inevitably be part of the State's solutions. Although the economy is beginning to show signs of recovery, fees and tax revenues which support HHSA have dropped over the

last three fiscal years and are not expected to recover in the near future. In anticipation of these funding challenges, HHSA continues development of long range plans that align ongoing funding with core, essential services that further the Agency's vision and strategic priorities. As in the past, HHSA continues to work with advisory boards and other key stakeholders in these efforts.

Tobacco Settlement Funds

Tobacco settlement payments were first securitized in Fiscal Year 2001-02 to allow a stable funding stream for health and human services programs. The Special Revenue fund reflects \$27.5 million for Fiscal Year 2010-11. No change is proposed between years.

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

Net increase of \$1.2 million is primarily the result of an increase of \$9.3 million in Salaries and Benefits, which reflects an increase for retirement contributions for 2011-12 and the full year effect of the flexible benefit credit increase that will take effect in January 2011, offset by a decrease of \$8.1 million in Services and Supplies due to the elimination of one-time projects from prior year.

Staffing by Department					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Regional Operations	2,656.25	2,438.00	2,262.00	(7.22)	2,262.00
Strategic Planning & Operational Support	231.00	221.00	200.00	(9.50)	200.00
Aging and Independence Services	323.50	295.50	292.50	(1.02)	292.50
Behavioral Health Services	916.00	871.50	840.50	(3.56)	840.50
Child Welfare Services	807.00	808.50	744.50	(7.92)	744.50
Public Health Services	374.25	493.50	479.75	(2.79)	479.75
Public Administrator / Public Guardian	36.00	34.00	34.00	0.00	34.00
Administrative Support	333.50	320.00	303.00	(5.31)	303.00
Total	5,677.50	5,482.00	5,156.25	(5.94)	5,156.25

Expenditures by Department					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Regional Operations	\$ 465,738,686	\$ 475,065,062	\$ 461,188,866	(2.92)	\$ 463,208,333
Strategic Planning & Operational Support	149,427,300	146,812,596	161,411,948	9.94	161,664,861
Aging and Independence Services	304,027,413	333,889,728	335,194,757	0.39	354,521,662
Behavioral Health Services	400,600,805	419,717,521	405,914,153	(3.29)	401,428,787
Child Welfare Services	264,356,319	265,041,881	263,321,003	(0.65)	264,012,969
Public Health Services	82,993,768	97,637,740	102,193,095	4.67	102,073,853
Public Administrator / Public Guardian	4,402,137	4,430,992	4,472,416	0.93	4,500,728
Administrative Support	98,606,549	90,789,360	93,525,329	3.01	77,044,801
Tobacco Settlement Funds	27,500,000	27,500,000	27,500,000	0.00	27,500,000
Total	\$ 1,797,652,977	\$ 1,860,884,880	\$ 1,854,721,567	(0.33)	\$ 1,855,955,994





Regional Operations

Department Description

The hallmark of the Health and Human Services Agency is its commitment to a service delivery system that is regionalized and accessible, community-based and customer-oriented. Organized into six geographic service regions, the Agency's service delivery system uses a public-private partnership model to meet the needs of families and individuals in San Diego County. All services in a region are led by a Regional General Manager who ensures services address local community needs and programs are delivered in a cost effective and outcome-driven fashion. As outlined in Appendix D, core regional operations include: Public Health Services, Family Resource Centers/Public Assistance Payments and Child Welfare Services.

Mission Statement

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

2009-10 Anticipated Accomplishments – All Regions

Strategic Initiative – Kids

- Provided prevention and early intervention services to maximize the health and well-being of at-risk children.
 - Ensured that 96% (363 of 379) of pregnant women in Regional Public Health Nursing care received the recommended number of prenatal care visits from the start of first contact by a Public Health Nurse, meeting target.
 - Delivered age-appropriate vaccines at each visit to those that presented for immunizations services.
 - ◆ 99% (14,956 of 15,139) of children age 0-4 years, above target of 90%.
 - ◆ 98% (10,903 of 11,154) of children age 11-18 years, above target of 90%.
 - Enrolled a net gain of 1% (an additional 2,506; from 250,615 to 253,121) of eligible children in Medi-Cal and Healthy Families programs.
- Provided protection, permanency and stability to children who are at risk and have been abused and neglected.
 - Increased by 7.5% (from 1,725 to 1,854) family engagement by use of Team Decision Making (TDM) meetings held countywide, allowing more family and



community participation in making best decisions for children who are in, or at risk of entering, foster care; above target of 5% increase.

- Completed 78.3% (1,492 of 1,906) of Structured Decision Making (SDM) assessments on family strengths and needs for new child welfare cases to help identify the most appropriate services for each family, meeting target of 78%.
- Ensured that 81.4% (1,584 of 1,947) of children who were in foster care less than 12 months had fewer than three placements during that period, above target of 80%.

Strategic Initiative – Safe and Livable Communities

- Provided outreach and links to services to help at-risk children, families and vulnerable adults lead safe and healthy lives, and become self-sufficient.
 - Enrolled 29,592 (from 90,408 to 120,000) eligible children and seniors in the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps). This is year one of a three-year goal to enroll 50,000 participants.

2010-12 Objectives – All Regions

Strategic Initiative - Kids

- Provide prevention and early intervention services to maximize the health and well-being of at-risk children.
 - Ensure that 96% (432 of 450) of pregnant women in Regional Public Health Nursing care receive the recommended number of prenatal care visits from the start of first contact by a Public Health Nurse.
 - Deliver age-appropriate vaccines at each visit to those who present for immunizations services.
 - ◆ 93% (13,950 of 15,000) of children age 0-4 years.



- ◆ 93% (11,160 of 12,000) of children and adolescents age 11-18 years.
- Ensure a net enrollment gain of 1% (an additional 2,531; from 253,121 to 255,652) of eligible children in Medi-Cal and Healthy Families programs.
- Provide protection, permanency and stability to children who are at risk and have been abused and neglected.
- Increase the number of Team Decision Making (TDM) meetings held by 5% (from 1,854 to 1,947) to allow more family and community participation in making best decisions for children who are in, or at risk of entering, foster care.
- Complete a Structured Decision Making (SDM) assessment on family strengths and needs for 81% (2,794 of 3,450) of new child welfare cases countywide to help identify the most appropriate services for each family.
- Ensure that 81% (1,577 of 1,947) of all children in foster care for 8 days or more, but less than 12 months, have fewer than three placements during that period.

Strategic Initiative – Safe and Livable Communities

- Provide outreach and links to services to help at-risk children, families and vulnerable adults lead safe and healthy lives, and become self-sufficient.
- Enroll 20,000 (120,000 to 140,000) eligible children and seniors in the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps). This is year two of a three-year goal to enroll 50,000 participants.

Central Region

The Central Region encompasses San Diego city's urban core consisting of 48 communities with diverse cultures and populations. The Agency staff from the Central Region oversees several countywide programs and initiatives. For instance, Central Region co-leads the implementation of the Healthcare Safety Net, manages the Community Action Partnership (CAP), the Office of Violence Prevention (OVP) and the Earned Income Tax Credit (EITC) service. CAP is a countywide program committed to improving the lives of economically disadvantaged families and individuals. OVP is a countywide program dedicated to protecting children and families from dangerous conditions through domestic violence prevention and intervention. EITC services are administered through Family Self-Sufficiency contractors and are designed to lift low-income working families and individuals out of poverty.

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- Answered 97% (7,129 of 7,327) of annual Domestic Violence Hotline calls countywide within 60 seconds or less.

Strategic Initiative – Safe and Livable Communities

- Secured stable employment for 90% (233 of 259) of Welfare to Work participants exiting cash assistance each month countywide as indicated by remaining off aid for six months.
- Increased by 10% (from 396 to 436) the number of CalWORKs families accessing EITC services at tax assistance sites countywide.

2010-12 Objectives

Strategic Initiative – Safe and Livable Communities

- Develop a community engagement plan in partnership with Building Healthy Communities to improve access and pathways to prevention, treatment and care services for City Heights residents, a community in the City of San Diego.
- Expand the existing Thrive San Diego partnerships to assist more families out of poverty by expanding the countywide EITC public-private coalition.
 - Develop and implement expansion plan, including specific goals and activities, for 2011 tax season.

East Region

The East Region is a mixture of urban, suburban and rural communities, including several Native American reservations located in the rural areas. The region's eastern border is the Imperial County line. East Region administers the Nurse Family Partnership (NFP), an evidence-based program helping first-time, low-income mothers in the East Region succeed; and Neighborhoods for Kids, an initiative that strives to keep abused and neglected children in safe, familiar environments and in their same schools.

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- Issued 100% (36,426) of Child Care payments to CalWORKs and other low-income families countywide within 10 days of receipt of claim, above target of 99%.

- Ensured that 59% (162 of 272) of East Region children coming into protective custody were placed with a relative or family friend, promoting the Neighborhood for Kids goal of keeping children in familiar environments, below target of 65%.
- Ensured that 98% (96 of 98) of NFP graduates' children were fully immunized at 24 months of age, above target of 96%.

2010-12 Objectives

Strategic Initiative – Kids

- Achieve the Neighborhood for Kids' goal of keeping children in a familiar environment.
 - Place 65% (177 of 272) of children coming into protective custody with a relative or family friend.
 - Place 65% (44 of 67) of children coming into protective custody in a home where they can remain in the same school.
- Improve health outcomes for vulnerable children in the East Region through the NFP program.
 - Fully immunize 98% (96 of 98) of NFP graduates' children by 24 months of age.
 - Ensure that 90% (361 of 401) of NFP participants initiate breast feeding, which is shown to improve health outcomes related to infant mortality, morbidity and childhood obesity.

North Central Region

The North Central Region is located within the City of San Diego and is comprised of 38 diverse communities including Miramar Air Base and other military communities. With a large military population, Agency staff from the North Central Region support the unique needs of military families through the Agency's "Military Initiative." Effective Fiscal Year 2010-11, the customer service center for public assistance programs, referred to as ACCESS, will be reported under Strategic Planning and Operational Support (SPOS).

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- Established ACCESS performance baselines in the areas of customer satisfaction, first call resolution, and timely access to public assistance service.
- Updated a strategic plan to address the unique needs of military families through the Veterans/Family Regional Forum of San Diego County and collaboration

with Healthy Start Military Family Cluster, providing 94 Public Health Nursing home visits and assessments for 65 at-risk families.

Required Discipline – Continuous Improvement

- Piloted a Public Health Nurse (PHN) teleworking project and identified performance measures related to client visit and staff efficiency in traveling to clients (such as mileage) in North Central Region. Pilot results to date include avoidance of 466 miles by the three PHNs participating in the project resulting in an increase of 13.3 hours for client contacts, \$233 saved in mileage costs, and \$776 saved in staff productivity. Numbers not representative of full fiscal year due to H1N1 event.

2010-12 Objectives

Strategic Initiative – Safe and Livable Communities

- Maintain wait times of 30 days or less for County Medical Services eligibility appointments to ensure timely services to eligible clients.

Required Discipline – Continuous Improvement

- Co-lead for HHSA a minimum of three Community Action Plans for the Communities Putting Prevention to Work initiative, a Centers for Disease Control and Prevention American Recovery and Reinvestment Act of 2009 (ARRA) grant.

North Coastal Region

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

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- Identified and evaluated applicable Agency services at each of the five HealthLink North County school-based collaborative forums for health professionals in order to enrich the health and wellness of school age children.



- 50% increase (from 6,663 to 10,017) in the number of SNAP applications in the North Coastal Region.
- 13,890 H1N1 vaccines administered in the North Coastal Region Public Health Centers.

Required Discipline – Continuous Improvement

- Delayed implementation of the PHN teleworking project due to redeployment of PHN staff due for H1N1 event. Identified performance measures related to client visit and staff efficiency in traveling to clients (such as mileage) in North Coastal Region. Pilot results to date include avoidance of 241 miles by the two PHNs participating in the project, resulting in an increase of 6.9 hours for client contacts, \$120 saved in mileage costs, and \$401 saved in increased productivity.

2010-12 Objectives

Strategic Initiative – Kids

- Increase by 5% (from 322 to 354) the number of military families served in North Coastal Region by extending the Military Strategic Plan used in the North Central Region in order to build effective community relationships for the safety and protection of children and military families.
- In collaboration with North County Cares, ensure that at least 68% (91 of 134) North Coastal Region children in protective custody are placed with relatives or family friends.

North Inland Region

The North Inland Region includes four cities, remote desert communities, historic mountain towns, rural homes and farms, and numerous Indian reservations. The region's eastern border is the Imperial County line. In addition to providing core regional services, North Inland Region facilitates the Rural Health Network and North County Cares. The Rural Health Network is a forum that brings together government and community service providers to collaborate and leverage health resources for rural San Diego County communities. North County Cares is a collaboration of the Agency, community partners, resources families, and child welfare services working together to improve outcomes for North County children.

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- Identified and evaluated applicable Agency services at each of the Rural Health Network collaborative forums in order to enrich the health and wellness of rural communities.
 - 22% increase (from 8,250 to 10,037) in the number of SNAP applications in North Inland Region.
 - 13,327 H1N1 vaccines administered in North Inland Public Health Centers.

Required Discipline – Continuous Improvement

- Piloted a PHN teleworking project and identified performance measures related to client visit and staff efficiency in traveling to clients (such as mileage) in North Inland Region. Pilot results to date include avoidance of 772 miles by the three PHNs participating in the project, resulting in an increase of 22.1 hours for client contacts, \$386 saved in mileage costs, and \$1,286 saved in increased productivity. Numbers not representative of full fiscal year due to H1N1 event.

2010-12 Objectives

Strategic Initiative - Kids

- In collaboration with North County Cares, ensure that at least 53% (89 of 170) of North Inland Region children in protective custody are placed with relatives or family friends.

Required Discipline – Customer Satisfaction

- Increase by 10% (from 96 to 106) the number of clients served through video interviewing for public assistance programs in rural communities through partnerships such as the Rural Health Network.

South Region

The South Region has four cities and seven communities and is bordered in the south by Mexico. Agency staff from the South Region provide regional services, lead the Healthy Eating Active Communities (HEAC) project, and manage the South Region Nurse Family Partnership Program (NFP), and the Families as Partners (FAP). HEAC aims to prevent childhood obesity and ensure healthy adulthood by reducing health risks associated with obesity. NFP is an evidence-based program that helps first-time, high-risk, low-income mothers. FAP is a public-private partnership that will provide a community safety net for South Region's children and youth who are at risk of entering foster care or who are currently in the system.

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- Ensured 99% (71 of 72) of NFP clients in South Region initiated breast feeding which is shown to improve health outcomes related to infant mortality, morbidity and childhood obesity, above target of 90%.
- Developed and implemented a sustainability plan for the HEAC project which included the following strategies:
 - Develop capacity building in community health workers in order to educate community residents about the link between the environment and health.
 - Share lessons learned from the HEAC initiative with The California Endowment's new effort in Central Region, Building Healthy Communities.
 - Develop a curriculum for youth that incorporates environmental strategies to prevent obesity and implement in their Youth Mentorship Program.
- Established the FAP program to provide a coordinated and multi-disciplinary care system to 67 children and youth at risk of entering or who are currently in foster care.

2010-12 Objectives

Strategic Initiative – Kids

- Ensure that 45% (32 of 72) of NFP mothers continue to breastfeed their infant at 6 months of age, which is shown to improve health outcomes related to infant mortality, morbidity and childhood obesity.
- Increase by 10% (from 67 to 74) the number of FAP children who are diverted to prevention services. FAP uses a collaborative and multi-disciplinary approach to avoid the removal of children from their homes.

Related Links

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

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



Performance Measures	2008-09 Actuals	2009-10 Adopted	2009-10 Estimated Actuals	2010-11 Proposed	2011-12 Proposed
Expectant mothers visited by Public Health Nurses through delivery that complete recommended number of prenatal care visits	98% of 502	96% of 450	96% of 379	96% of 450	96% of 450
Children age 0-4 years receive age-appropriate vaccines ¹	N/A	N/A	99% of 15,139	93% of 15,000	95% of 15,000
Children age 11-18 years receive age-appropriate vaccines ¹	N/A	N/A	98% of 11,154	93% of 12,000	95% of 12,000
Children enrolled in Medi-Cal and Healthy Families health care coverage	7.5% ² (enrolled 17,578 for a total of 250,615)	1% (enroll 2,506 for a total of 253,121)	1% (enrolled 2,506 for a total of 253,121)	1% (enroll 2,531 for a total of 255,652)	1% (enroll 2,556 for a total of 258,208)
Increase in TDM meetings held countywide	1,725	5% (from 1,725 to 1,811)	7.5% (from 1,725 to 1,854)	5% (from 1,854 to 1,947)	5% (from 1,947 to 2,044)
Completion of SDM assessments on new child welfare cases	76% of 1,869	78% of 1,800	78.3% of 1,906	81% of 3,450	81% of 3,450
Children in foster care for less than 12 months have fewer than 3 placements during that period CWS	80% of 2,091	80% of 2,300	81.4% of 1,947	81% of 1,947	81% of 1,947
Eligible children and seniors enrolled in SNAP	90,408	20,000 (from 90,408 to 110,408)	29,529 (from 90,408 to 120,000)	20,000 (from 120,000 to 140,000)	10,000 (from 140,000 to 150,000)
Children age 0-18 years receive age-appropriate vaccines ¹	N/A	90% of 15,000	98% of 26,293 ³	N/A	N/A

Table Notes

¹ Effective Fiscal Year 2010-11, the measure about Children age 0-18 years receive age-appropriate vaccines has been replaced by the two measures about Children age 0-4 years receive age-appropriate vaccines and Children 11-18 years receive age-appropriate vaccines to better reflect immunization policy and standards.

² In Fiscal Year 2008-09, this measure exceeded its target of 1% due to collaboration with community partners and in response to the economic downturn. Of the total, 69% (173,235) were enrolled in Medi-Cal and 31% (77,370) were enrolled in Healthy Families.

³ This measure reflects the total of two measures – children ages 0-4 years and children ages 11-18 years.

Proposed Changes and Operational Impact:
2009-10 to 2010-11 – All Regions

Staffing

Net decrease of 176.00 staff years; includes transfers between divisions.

- Decrease of 200.00 staff years in employment and child care programs due to the outsourcing of these services, and the return of the Child Care Stages II and III and the Alternative Payment programs to the State in January 2010.

- Decrease of 23.00 staff years in child welfare services associated with State cuts and the decline in the economy.
- Decrease of 1.00 staff year in Regional Administration to mitigate loss of revenue.
- Transfer out 5.00 staff years to Public Health Services to provide support and services associated with the Communities Putting Prevention to Work Initiative.
- Transfer out 2.00 staff years from Community Action Partnership of which 1.00 went to Administrative Support and 1.00 went to SPOS.
- Net increase of 53.00 staff years in the Family Resource Centers to provide eligibility services to support client services because of increased caseloads in Medi-Cal, SNAP and CalWORKs.
 - 27.00 staff years were reassigned to eligibility activities from the 200.00 staff years reduced in the employment and child care programs.
 - 28.00 staff years were transferred in from SPOS associated with the reorganization in the administration of eligibility services for the Hospital Outstation and Health Coverage Access programs, and the ACCESS Center. This will have no impact on services and consolidates administrative activities.
 - 2.00 staff years were transferred out to the Community Services Group to support purchasing and contracting activities for the Agency.
- Transfer in 2.00 staff years from Public Health Services associated with the transfer of administrative duties to Central Region for the Vaccines are Important for Preschoolers program. This will have no impact on services.

Expenditures

Net decrease of \$13.9 million.

- Salaries and Benefits — decrease of \$6.8 million due to the reduction of 176.00 staff years, offset by negotiated wage and benefit increases.
- Services and Supplies — net decrease of \$9.6 million.
 - Decrease of \$2.9 million due to the elimination of employment and child care services in the regions.
 - Decrease of \$2.7 million due to partial completion of one-time projects for the preservation and creation of jobs, to promote economic recovery, and to provide emergency food and housing to those most impacted by the recession. These appropriations had been funded by ARRA.

- Decrease of \$1.6 million associated with the transfer with SPOS in the administration of eligibility services for the Hospital Outstation and Health Coverage Access programs, and the ACCESS Center. This will have no impact on services.
- Decrease of \$1.4 million due to the elimination of the Juvenile Diversion program. This will eliminate contracted services to approximately 1,500 youth annually who demonstrate behaviors typically associated with delinquency and which are likely to result in involvement and re-involvement with the juvenile justice system.
- Decrease of \$0.5 million in domestic violence services due to the loss of revenue associated with the decline in the economy. This will eliminate the Teen Relationship Violence program, which serves approximately 300 teens annually, and the elimination of contracted staff that provided support to the Domestic Violence Review Team and other technical assistance.
- Decrease of \$0.3 million in the 211 program. This is a reduction in Information and Referral services that assist customers in accessing health and social services, including homeless shelter bed referral and free tax preparation sites.
- Decrease of \$0.2 million in the Family to Family program for child welfare services due to the loss of funding.
- Other Charges — net increase of \$2.5 million.
 - Increase of \$19.3 million in CalWORKs assistance payments due to caseload growth.
 - Decrease of \$16.8 million in provider payments in Child Care Stages II and III and the Alternative Payment programs.

Revenues

Net decrease of \$13.9 million.

- Licenses, Permits & Franchise Fees — increase of \$0.4 million in marriage license fees to support domestic violence services.
- Intergovernmental Revenues — net decrease of \$15.3 million.
 - Increase of \$18.9 million in CalWORKs State and federal revenue due to an increase in assistance payments.
 - Increase of \$0.4 million in the Center for Disease Control ARRA grant to cover health promotion activities.
 - Decrease of \$20.1 million in Child Care Stages II and III and the Alternative Payment Program revenue due to termination of contracts with the State.



- Decrease of \$9.8 million due to the elimination of employment and Stage I child care in the regions. This revenue was added in SPOS for the contracted costs.
- Decrease of \$2.7 million in ARRA grant funds due to the partial completion of one-time projects in prior year.
- Decrease of \$1.3 million in Realignment revenue due to the decline in the economy.
- Decrease of \$0.7 million in various revenues to align to historical actuals.
- Charges for Current Services — increase of \$3.0 million in San Diego First Five Commission revenue to support the Early Childhood Child Welfare Project. This funding offsets loss of State revenue.
- Miscellaneous Revenues — decrease of \$0.1 million to align to historical actuals.
- General Revenue Allocation — decrease of \$1.9 million due to the elimination of the Juvenile Diversion program, and the reductions in domestic violence services and 211 services.

Budget Changes and Operational Impact: 2009-10 to 2010-11 – All Regions

Net increase of \$2.0 million is the result of an increase of \$4.8 million in Salaries and Benefits, which reflects an increase for retirement contributions for 2011-12 and the full year effect of the flexible benefit credit increase that will take effect in January 2011. This increase is partially offset by a reduction of \$2.8 million in Services and Supplies due to the elimination of one-time projects from prior year.

Staffing by Program

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Regional Self Suffic Elig	1,062.00	1,059.00	1,081.00	2.08	1,081.00
Regional Child Welfare Svcs	670.50	641.00	618.00	(3.59)	618.00
Central Region	227.00	226.00	157.00	(30.53)	157.00
East Region	198.50	191.50	93.50	(51.17)	93.50
North Central Region	255.75	89.00	109.00	22.47	109.00
North Coastal Region	88.00	84.00	63.00	(25.00)	63.00
North Inland Region	70.00	68.00	65.00	(4.41)	65.00
South Region	84.50	79.50	75.50	(5.03)	75.50
Total	2,656.25	2,438.00	2,262.00	(7.22)	2,262.00

Budget by Program

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Regional Self Suffic Elig	\$ 73,606,122	\$ 73,828,045	\$ 331,552,068	349.09	\$ 333,956,081
Regional Child Welfare Svcs	57,487,493	55,533,544	55,502,534	(0.06)	56,991,526
Central Region	87,055,169	100,322,415	23,907,022	(76.17)	21,379,052
East Region	93,788,009	103,346,096	11,485,439	(88.89)	11,641,309
North Central Region	50,179,062	30,965,524	11,210,385	(63.80)	11,364,692
North Coastal Region	24,074,652	25,740,322	8,544,889	(66.80)	8,659,105
North Inland Region	27,329,661	30,243,191	7,914,093	(73.83)	8,023,102
South Region	52,218,518	55,085,925	11,072,436	(79.90)	11,193,466
Total	\$ 465,738,686	\$ 475,065,062	\$ 461,188,866	(2.92)	\$ 463,208,333

Budget by Categories of Expenditures

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Salaries & Benefits	\$ 201,732,428	\$ 182,367,959	\$ 175,537,747	(3.75)	\$ 180,351,489
Services & Supplies	39,640,963	42,109,146	32,557,266	(22.68)	29,762,991
Other Charges	224,365,295	250,587,957	253,093,853	1.00	253,093,853
Total	\$ 465,738,686	\$ 475,065,062	\$ 461,188,866	(2.92)	\$ 463,208,333

Budget by Categories of Revenues

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Licenses Permits & Franchises	\$ 820,845	\$ 824,783	\$ 1,254,000	52.04	\$ 1,333,383
Fines, Forfeitures & Penalties	50,000	50,000	50,000	0.00	50,000
Revenue From Use of Money & Property	303,528	311,113	311,113	0.00	311,113
Intergovernmental Revenues	434,794,449	450,065,858	434,765,577	(3.40)	431,934,827
Charges For Current Services	1,889,480	1,874,145	4,874,145	160.07	4,874,145
Miscellaneous Revenues	1,466,361	1,444,176	1,382,758	(4.25)	1,382,758
Reserve/Designation Decreases	—	—	—	0.00	4,770,834
General Revenue Allocation	26,414,023	20,494,987	18,551,273	(9.48)	18,551,273
Total	\$ 465,738,686	\$ 475,065,062	\$ 461,188,866	(2.92)	\$ 463,208,333





Strategic Planning and Operational Support

Department Description

Strategic Planning and Operational Support (SPOS) provides a wide range of planning, policy, operational and administrative support to Agency regions and programs. SPOS promotes access to health care, advances individual self-sufficiency through public assistance programs and safeguards program integrity by partnering with regional operations, the State and the District Attorney. Through strategic planning and process management, SPOS enhances overall Agency performance in order to achieve shared community outcomes. The Commission on Children, Youth and Families, an advisory body to help strengthen children and families, is staffed by SPOS. Effective Fiscal Year 2010-11, Health Coverage Access operations, which includes County Medical Services (CMS) for indigent adults, and Hospital Outstation Services, will be reported under North Central Region.

Mission Statement

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

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- CalWORKs Welfare to Work participation rate decreased from 31% to 24% (from 558 to 432 of 1,800 sampled cases), not meeting target of 5% increase, due to the economic downturn and increased competition for jobs.

Strategic Initiative – Safe and Livable Communities

- Ensured 90% (114 of 126) of indigent adults who completed the Supplemental Security Income (SSI) application process through the Advocacy Program obtained SSI, below target of 96%.
- Increased the number of medical specialty care providers for indigent clients by 21% (from 193 to 234), exceeding the target of a 10% increase. This increase is attributed to the automation of the treatment request authorization process.
- Ensured 83% (789 of 950) of indigent adults enrolled in diabetes case management met the standard of care by receiving a blood test semi-annually, below target of 85%.



Required Discipline – Customer Satisfaction

- Implemented ACCESS, a new customer service center that serves over 50,000 public assistance (CalWORKs, Food Stamps or Medi-Cal) customer contacts per month.
 - Implemented self-service feature that enables customers to access information regarding their CalWORKs, Food Stamps or Medi-Cal case 24 hours a day, seven days a week.

Required Discipline – Accountability/Transparency

- Responded to 87% (14,790 of 17,000) of urgent help desk calls from Agency staff related to the public assistance eligibility computer system within 48 hours, below target of 95%. Prompt responses assist staff in providing timely and accurate benefit issuance to clients.

Required Discipline – Continuous Improvement

- Completed four Agency-level continuous improvement projects to help the Agency mitigate risks and advance strategic priorities, meeting the target of four.
- Initiated Project Management “boot camp” in August 2009 with Agency Human Resources to improve business process reengineering skills among agency staff.

2010-12 Objectives

Strategic Initiative – Kids

- Provide links to services to help eligible families with children become self-sufficient.
 - 99% (6,930 of 7,000) of child care payments are issued within 10 calendar days of receipt of complete and accurate attendance sheet.



- 30% (11,250 of 37,500) of active welfare to work participants have paid employment.
- 45% (13,500 of 30,000) of active welfare to work participants are fully participating in State approved work activities.

Strategic Initiative – Safe and Livable Communities

- Ensure 90% (135 of 150) of indigent adults who complete the SSI application process through the Advocacy Program obtain SSI in order to promote self-sufficiency.
- Improve access to care for medically indigent clients by increasing number of medical specialty care providers willing to serve indigent clients by 10% (from 234 to 257).
- Ensure 85% (680 of 800) of indigent adults enrolled in diabetes case management meet the standard of care by receiving a blood test semi-annually.

Required Discipline – Customer Satisfaction

- Respond to 95% (16,150 of 17,000) of urgent help desk calls from Agency staff related to the public assistance eligibility computer system within 48 hours to assist staff in providing timely and accurate benefit issuance to clients.

Required Discipline – Accountability/Transparency

- Establish a baseline for the number of program integrity reviews conducted in the In-Home Supportive Services program to ensure services are being accurately requested and authorized.

Required Discipline – Continuous Improvement

- Complete four Agency-level continuous improvement projects to help the Agency mitigate risks and advance strategic priorities.

Related Links

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

Performance Measures	2008-09 Actuals	2009-10 Adopted	2009-10 Estimated Actuals	2010-11 Proposed	2011-12 Proposed
Child care payments issued within 10 days ¹	N/A	N/A	N/A	99% of 7,000	99% of 7,000
Welfare to work participants have paid employment ^{1, 2}	N/A	N/A	N/A	30% of 37,500	30% of 37,500
Welfare to work participants participating in work activities ^{1, 2}	N/A	N/A	N/A	45% of 30,000	45% of 30,000
SSI applicants who complete the application process through the SSI Advocacy program and obtain SSI	93% of 129	96% of 150 ³	90% of 126	90% of 150	90% of 150
Increase in medical specialty care doctors for indigent clients	N/A	10% (from 193 to 212)	21% ⁴ (from 193 to 234)	10% (from 234 to 257)	10% (from 257 to 283)
Indigent adult diabetics enrolled in diabetes case management that receive blood tests	94% of 462	85% of 800	83% of 950	85% of 800	85% of 800
Urgent help desk calls responded to within 48 hours	96% of 16,383	95% of 17,000	87% of 17,000	95% of 17,000	95% of 17,000
Agency-level continuous improvement projects	4	4	4	4	4
CalWORKs recipient work participation rate increase ⁵	-7% (from 38% to 31%)	5% (from 31% to 36%)	-6% ⁶ (from 31% to 24%)	N/A	N/A

Table Notes

¹ Effective Fiscal Year 2010-11, these measures have been included to better reflect strategic priorities.

² The Welfare to Work program includes participants who have attained paid employment. The program also assists individuals who are engaged in State approved work activities which support their efforts to gain self-sufficiency.

³ Effective Fiscal Year 2009-10, this measure was modified to include County Medical Services clients in addition to General Relief and Cash Assistance Program for Immigrant clients.

⁴ This measure exceeded its target of 10% which is attributed to the automation of the treatment request authorization process resulting in more interest in becoming a provider.

⁵ Effective Fiscal Year 2010-11, this measure will no longer be reported in the Operational Plan but will continue to be monitored internally. The two new measures on “welfare to work participants” replace this measure.

⁶ This measure did not meet its target of a 5% increase (from 31% (558) to 36% (648) of 1,800 sampled cases) due to the economic downturn and increased competition for jobs.



Proposed Changes and Operational Impact: 2009-10 to 2010-11

Staffing

Net decrease of 21.00 staff years.

- Transfer in 7.00 staff years from Administrative Support to the ACCESS Center to support client services associated with increased caseloads.
- Transfer in 1.00 staff year from Regional Operation's Community Action Partnership program to coordinate the Refugee Employment Services Program.
- Transfer out 28.00 staff years to Regional Operations associated with the reorganization in the administration of eligibility services for the Hospital Outstation and Health Coverage Access programs, and the ACCESS Center. This will have no impact on services.
- Transfer out 1.00 staff year to Child Welfare Services to support foster care services.

Expenditures

Net increase of \$14.6 million.

- Salaries and Benefits — decrease of \$0.9 million due to the reduction of 21.00 staff years, partially offset by negotiated wage and benefit increases.
- Services and Supplies — net increase of \$15.5 million.
 - Increase of \$10.6 million for the employment and child care contracts.
 - Increase of \$2.7 million due to increased costs in County Medical Services.
 - Increase of \$2.5 million associated with the move of the ACCESS Center from Regional Operations.
 - Increase of \$0.4 million associated with In-Home Support Services (IHSS) fraud prevention initiatives.
 - Increase of \$0.2 million for GIS software funded by a Homeland Security grant.
 - Decrease of \$0.5 million in CalWIN to align to current allocation.
 - Decrease of \$0.4 million associated with the move of Health Coverage Access and Hospital Outstation to Regional Operations.

Revenues

Net increase of \$14.6 million.

- Intergovernmental Revenues — net increase of \$10.1 million.
 - Increase of \$10.8 million of Social Services revenue to cover the administration of employment and child care contracts.
 - Increase of \$3.0 million of Social Services revenue for the ACCESS Center offset by a reduction due to the transfer of Hospital Outstation to Regional Operations.
 - Increase of \$1.3 million in American Recovery and Reinvestment Act of 2009 (ARRA) funds for Coverage Initiative.
 - Increase of \$1.1 million in State funding for IHSS fraud prevention initiatives.
 - Increase of \$0.2 million in Homeland Security Grant funding for GIS software.
 - Decrease of \$4.2 million in Realignment revenue due to the decline in the economy and the transfer of the Health Coverage Access program to Regional Operations.
 - Decrease of \$2.1 million in Community Health Improvement Partners revenue in Health Care Policy Administration due to the elimination of State funding.
- Charges for Current Services — net increase of \$5.1 million.
 - Increase of \$5.0 million in Third Party reimbursements in CMS.
 - Increase of \$0.1 million in collection of child abuse fees for the Commission on Youth and Families.
- Miscellaneous Revenues — decrease of \$0.6 million to align to historical actuals.

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

Net increase of \$0.25 million is the result of an increase of \$0.3 million in Salaries and Benefits, which reflects an increase for retirement contributions for 2011-12 and the full year effect of the flexible benefit credit increase that will take effect in January 2011, partially offset by a reduction of \$0.1 million in Services and Supplies due to the elimination of one-time projects from prior year.

Staffing by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Administration	86.00	78.00	79.00	1.28	79.00
Health Care Administration	36.00	35.00	36.00	2.86	36.00
Self Sufficiency Services and Support	109.00	108.00	85.00	(21.30)	85.00
Total	231.00	221.00	200.00	(9.50)	200.00

Budget by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Administration	\$ 26,684,895	\$ 26,058,093	\$ 25,933,008	(0.48)	\$ 26,056,172
Health Care Administration	97,540,120	95,747,432	98,723,293	3.11	98,735,512
Child Care Planning Council	1,113,810	1,113,810	1,113,810	0.00	1,113,810
Self Sufficiency Services and Support	24,088,475	23,893,261	35,641,837	49.17	35,759,367
Total	\$ 149,427,300	\$ 146,812,596	\$ 161,411,948	9.94	\$ 161,664,861

Budget by Categories of Expenditures					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Salaries & Benefits	\$ 18,746,356	\$ 18,181,205	\$ 17,250,921	(5.12)	\$ 17,595,345
Services & Supplies	130,680,944	128,631,391	144,161,027	12.07	144,069,516
Total	\$ 149,427,300	\$ 146,812,596	\$ 161,411,948	9.94	\$ 161,664,861

Budget by Categories of Revenues					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Fines, Forfeitures & Penalties	\$ 3,349,216	\$ 3,349,216	\$ 3,349,216	0.00	\$ 3,349,216
Intergovernmental Revenues	107,417,266	106,911,954	117,043,172	9.48	116,857,152
Charges For Current Services	6,858,469	6,909,077	11,960,573	73.11	11,959,918
Miscellaneous Revenues	1,042,349	1,042,349	458,987	(55.97)	458,987
Other Financing Sources	17,600,000	17,600,000	17,600,000	0.00	17,600,000
Reserve/Designation Decreases	—	—	—	0.00	439,588
General Revenue Allocation	11,000,000	11,000,000	11,000,000	0.00	11,000,000
Total	\$ 149,427,300	\$ 146,812,596	\$ 161,411,948	9.94	\$ 161,664,861



Aging & Independence Services

Department Description

Aging & Independence Services (AIS) is committed to improving the lives of seniors and individuals with special needs in San Diego County by offering access to information, case management, health services and community services in a caring and supportive manner. This division serves seniors, veterans, disabled adults, and abused, elderly and dependent adults, as well as others requiring home-based care to prevent institutionalization.

Mission Statement

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

2009-10 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

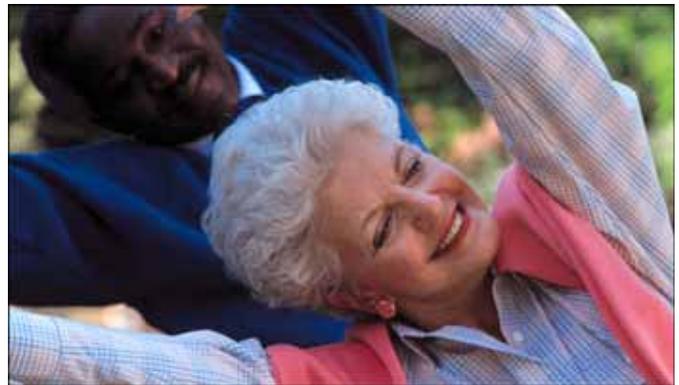
- Conducted 95% (6,175 of 6,500) of face-to-face contacts within 10 days of receiving Adult Protective Services (APS) referral, meeting target.
- Ensured 91% (5,915 of 6,500) of APS cases were not re-referred within six months of case closing, meeting target.
- Updated and documented 96% (15,840 of 16,500) of annual In-Home Supportive Services (IHSS) reassessments by the recertification due date, meeting target. Timely completion of reassessments ensures IHSS clients receive the appropriate level of care to remain safely in their own home.
- Notified 95% (4,750 of 5,000) of customers assisted by Veteran's Services of the result of their college tuition waiver application within 14 days, above target of 90%.

Required Discipline – Accountability/Transparency

- Ensured 99% (644 of 650) of sampled IHSS cases reviewed were in compliance with the State mandated IHSS quality assurance program and the assessed service hours were correctly calculated and authorized, above target of 95%.

Required Discipline – Information Technology

- Implemented preparedness activities for the new IHSS statewide computer system, Case Management Information and Payrolling System (CMIPS) II, which will allow better management of recipient and provider data as cases migrate from paper to electronic files.



2010-12 Objectives

Strategic Initiative – Safe and Livable Communities

- Protect adults age 65 and older and dependent adults age 18 and older, from abuse, neglect and exploitation.
 - Maintain a 95% (7,125 of 7,500) performance rate for conducting face-to-face contacts within 10 days of receiving APS referral.
 - Ensure 91% (6,825 of 7,500) of APS cases are not re-referred within six months of case closing.
- Update and document 96% (15,840 of 16,500) of annual IHSS reassessments by the recertification due date. Timely completion of reassessments ensures IHSS clients receive the appropriate level of care to remain safely in their own home.
- Notify 95% (4,600 of 5,000) of customers assisted by Veteran's Services of the result of their college tuition waiver application within 14 days.
- Maintain a 95% (587 of 618) average monthly caseload for the Multipurpose Senior Services Program (MSSP) case management program. Clients eligible for Medi-Cal are served by MSSP to avoid, delay or remedy their inappropriate placement in nursing facilities while fostering independent living in the community. Maintaining the required active client case load ensures the greatest number of clients age 65 and older are served.
- Achieve a 4% increase (from 2,207 to 2,295) in the number of older adults linked with Retired Senior Volunteer Program (RSVP) and intergenerational volunteer opportunities. Research has shown that volunteering provides individual health benefits in addition to social benefits.

Required Discipline – Information Technology

- Implement the new IHSS statewide case management computer system, CMIPS II, which will allow better management of recipient and provider data as cases migrate from paper to electronic files.

Related Links

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

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

Performance Measures

	2008-09 Actuals	2009-10 Adopted	2009-10 Estimated Actuals	2010-11 Proposed	2011-12 Proposed
Face-to-face APS investigations within 10 days	96% of 6,815	95% of 7,500	95% of 6,500	95% of 7,500	95% of 7,500
APS cases not re-referred within 6 months of closing	93% of 6,815	91% of 7,500	91% of 6,500	91% of 7,500	91% of 7,500
IHSS reassessments are updated/ documented by recertification due date	N/A	96% of 16,500	96% of 16,500	96% of 16,500	96% of 16,500
Notification response rate within 14 days for customers applying for the college fee waiver	99% ¹ of 5,325	90% of 5,000	95% of 5,000	95% of 5,000	95% of 5,000
Average monthly number of MSSP case management slots filled ²	N/A	N/A	N/A	95% of 618	95% of 618
Increase in number of older adults linked with RSVP and Intergenerational volunteer opportunities ³	N/A	N/A	N/A	4% (from 2,207 to 2,295)	4% (from 2,207 to 2,295)
Cases in compliance with IHSS quality assurance program ⁴	99% of 281	95% of 650	99% of 650	N/A	N/A

Table Notes

¹ In Fiscal Year 2008-09, this measure exceeded its target of 80% due to the automation of the application process and an increase in volunteer workforce.

² New measure effective Fiscal Year 2010-11, to better reflect State mandated requirements for the MSSP program. Maintaining the required active client case load ensures that the greatest number of clients 65 and older are served.

³ New measure effective Fiscal Year 2010-11, to better reflect priorities for the RSVP and Intergenerational programs. Increasing the number of older adults linked with volunteer opportunities will allow for residents to continue to stay active and contribute to the community.

⁴ Effective Fiscal Year 2010-11, this measure was removed as the IHSS program consistently achieved 99% compliance for State quality assurance standards on audited cases for over two years. The IHSS program will continue to audit sampled cases to ensure compliance with State standards; however, it will no longer be included in the Operational Plan.

Proposed Changes and Operational Impact: 2009-10 to 2010-11

Staffing

Decrease of 3.00 staff years.

- Decrease of 2.00 staff years from the Mental Health Senior Team program resulting in a reduction of mental health crisis intervention and short-term case management services for approximately 30-40 of the over 100 older adult clients per month.
- Decrease of 1.00 staff year from Case Management/Linkages unit due to cuts in State funding which will reduce the level of support to this program.

Expenditures

Net increase of \$1.3 million.

- Salaries and Benefits — increase of \$0.1 million due to negotiated wage and benefit increases, partially offset by the reduction of 3.00 staff years.
- Services and Supplies — net increase of \$1.4 million.
 - Net increase of \$1.7 million in contracted services.
 - ◆ Increase of \$3.2 million for IHSS Individual Provider (IP) payments. This increase is significantly less than anticipated due to a slowdown in caseload growth.
 - ◆ Decrease of \$0.9 million due to the elimination of one-time prior year projects for senior nutrition, employment services, educational efforts and investigation of financial abuse for seniors and dependent adults funded by American Recovery and Reinvestment Act of 2009 and Indian Gaming revenues.
 - ◆ Decrease of \$0.4 million primarily due to funding cuts in the Older Americans Act Programs which will affect 500 to 1,000 clients by reducing services in various programs including nutrition, case management, homemaker, personal care services, information assistance, senior employment, caregiver and health insurance counseling and advocacy programs.
 - ◆ Decrease of \$0.2 million due to State funding cuts which will affect 1,500 to 1,700 clients in the Linkages program, adult day care for Alzheimer's clients, nutrition supplements and the Senior Companion Program for low-income seniors.
 - Increase of \$0.6 million for IHSS fraud prevention initiatives provided by the Public Authority.
 - Decrease of \$0.5 million in various services and supplies to align costs to available funding.

- Decrease of \$0.4 million in information technology application services.
 - ◆ Decrease of \$0.2 million in Adult Protective Services to align budget with planned purchases.
 - ◆ Decrease of \$0.2 million in IHSS to align to available CMIPS II implementation funding.
- Capital Assets Equipment — decrease of \$0.2 million to align budget with planned purchases.

Revenues

Net increase of \$1.3 million.

- Intergovernmental Revenues — net increase of \$2.2 million.
 - Increase of \$4.1 million associated with anticipated IHSS program growth and American Recovery and Reinvestment Act of 2009 (ARRA) funding.
 - Increase of \$0.4 million of funding from new programs: Centers for Disease Control and Prevention (CDC) ARRA funding for outreach and education addressing obesity, physical activity and nutrition; Mental Health Services Act revenue for suicide prevention and early intervention program; Medicare Improvements for Patients & Providers Act grant for outreach to Medicare beneficiaries; and Aging & Disability Resource Connection to inform, support and strengthen consumer knowledge of Long-Term Care resources.
 - Decrease of \$0.9 million due to the elimination of one-time projects funded by ARRA and Indian Gaming revenues.
 - Decrease of \$0.5 million due to State funding cuts in community-based services programs.
 - Decrease of \$0.4 million in APS to align to projected allocation level.
 - Decrease of \$0.3 million in Realignment revenue due to the decline in the economy.
 - Decrease of \$0.2 million in IHSS to align to available CMIPS II implementation funding.
- Reserve/Designation Decreases — decrease of \$0.9 million due to one-time only allocation in Fiscal Year 2009-10 to fund IHSS IP wage increase.

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

Increase of \$19.3 million primarily due to an increase in IHSS IP payments which are funded by federal and State revenue as well as the use of the County's Designated Realignment fund balance.



Staffing by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
In-Home Supportive Services	156.00	151.00	151.00	0.00	151.00
Veterans Services	8.00	8.00	8.00	0.00	8.00
Senior Health and Social Services	48.00	48.00	43.00	(10.42)	43.00
Protective Services	88.50	67.50	69.50	2.96	69.50
Administrative and Other Services	23.00	21.00	21.00	0.00	21.00
Total	323.50	295.50	292.50	(1.02)	292.50

Budget by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
In-Home Supportive Services	\$ 274,076,990	\$ 304,758,223	\$ 308,220,269	1.14	\$ 327,742,729
Veterans Services	856,343	927,972	937,523	1.03	937,523
Senior Health and Social Services	14,513,015	15,176,894	13,732,726	(9.52)	13,601,943
Protective Services	10,114,644	8,832,484	8,306,872	(5.95)	8,306,872
Administrative and Other Services	4,466,421	4,194,155	3,997,367	(4.69)	3,932,595
Total	\$ 304,027,413	\$ 333,889,728	\$ 335,194,757	0.39	\$ 354,521,662

Budget by Categories of Expenditures					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Salaries & Benefits	\$ 27,682,544	\$ 25,783,838	\$ 25,862,782	0.31	\$ 25,910,143
Services & Supplies	262,358,932	294,119,953	295,527,795	0.48	314,807,339
Other Charges	5,000	5,000	5,000	0.00	5,000
Capital Assets Equipment	181,757	181,757	—	(100.00)	—
Operating Transfers Out	13,799,180	13,799,180	13,799,180	0.00	13,799,180
Total	\$ 304,027,413	\$ 333,889,728	\$ 335,194,757	0.39	\$ 354,521,662

Budget by Categories of Revenues					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Fines, Forfeitures & Penalties	\$ 185,660	\$ 185,660	\$ 185,660	0.00	\$ 185,660
Intergovernmental Revenues	294,835,641	323,963,647	326,142,860	0.67	328,091,399
Miscellaneous Revenues	65,582	78,452	95,457	21.68	66,000
Other Financing Sources	100,000	100,000	100,000	0.00	100,000
Reserve/Designation Decreases	—	891,189	—	(100.00)	17,407,823
General Revenue Allocation	8,720,530	8,670,780	8,670,780	0.00	8,670,780
Total	\$ 304,027,413	\$ 333,889,728	\$ 335,194,757	0.39	\$ 354,521,662

Behavioral Health Services

Department Description

Behavioral Health Services (BHS) provides a range of mental health, alcohol and other drug programs serving children, youth, families, adults and older adults. BHS programs promote recovery and well-being through prevention, treatment and interventions, as well as integrated services for clients experiencing co-occurring mental illness and alcohol and drug issues. BHS works in partnership with the community to provide evidence-based services to achieve effective outcomes. Inpatient Health Services are offered at the San Diego County Psychiatric Hospital (SDCPH) and at the Edgemoor Distinct Part Skilled Nursing Facility (DPSNF), which operates under the licensure of the SDCPH.

Mission Statement

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

2009-10 Anticipated Accomplishments - Behavioral Health

Strategic Initiative – Safe and Livable Communities

- Enhanced care coordination between physical health and behavioral health services by launching three pilot projects.
 - Rural Health Initiative – this project intends to develop extensive behavioral health prevention, education and intervention services within the context of several rural family practice clinics. The integrated component includes the expansion of the formulary (to include psychotropic medications) and the addition of a behavioral health consultant to the primary care team.
 - Integrated Health Care Project – a County Medical Services (CMS)/Mental Health pilot where a primary care clinic is paired with a mental health clinic providing services to indigent clients.
 - East County Integrated Health Access Project – a CMS/Mental Health pilot aimed at improving access to CMS-funded primary care for current mental health clients. This eliminates the need for an additional appointment and a wait time of 25 to 40 days.



- Collaborated with multiple community partners to successfully secure federal Primary Care and Behavioral Health Integration Project grant (only award in California) for \$2 million over four years.
- Implemented the Behavioral Health Quality Management Plan to improve alcohol, drug and mental health services for clients receiving services through Behavioral Health.
 - Consolidated Mental Health Services (MHS) and Alcohol and Drug Services (ADS) data units to improve coordination of data across Behavioral Health.
 - Implemented shared procedures and consistent documentation for mental health and alcohol and drug services to allow for overall tracking of critical incidents within Behavioral Health.
 - In conjunction with the State, established statewide definition of alcohol and drug treatment completion to improve overall validity of alcohol and drug treatment outcome reporting, and developed training for all of San Diego's alcohol and drug treatment programs regarding appropriate coding of treatment completion.

2010-12 Objectives - Behavioral Health

Strategic Initiative – Safe and Livable Communities

- Enhance care coordination between physical health and behavioral health services by launching and analyzing at least one pilot program to test a different or modified service delivery system.
- Enhance the Behavioral Health Quality Management Plan to improve alcohol, drug and mental health services for clients with co-occurring disorders.

- Review and revise outcome measures for co-occurring clients.

Alcohol and Drug Services

Working closely with the community, Alcohol and Drug Services (ADS) provides leadership, planning, policy development, service coordination and resource management for a comprehensive system of services. These culturally competent services include alcohol and drug prevention, treatment and recovery programs that are provided throughout San Diego County via contracts with local service providers. Ongoing goals for ADS include incorporating behavioral health approaches in its services, and engaging the community to reduce alcohol and other drug problems.

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- To prepare for transition to adulthood, 90% (832 of 925) of adolescent participants who completed alcohol and drug treatment completed high school (or the equivalent) or were enrolled in an educational setting, meeting the target.
- Admitted 85% (1,224 of 1,440) of adolescents into non-residential alcohol and drug treatment within 14 days to improve their care and treatment, meeting the target.

Strategic Initiative – Safe and Livable Communities

- Ensured that 35% (4,550 of 13,000) of participants (including both adolescents and adults) in alcohol and drug treatment completed treatment, meeting the target.

2010-12 Objectives

Strategic Initiative – Kids

- To prepare for transition to adulthood, 90% (832 of 925) of adolescent participants that complete alcohol and drug treatment will complete high school (or the equivalent) or enroll in an educational setting.
- Admit 85% (1,224 of 1,440) of adolescents into non-residential alcohol and drug treatment within 14 days to improve their care and treatment.

Strategic Initiative – Safe and Livable Communities

- Ensure 35% (4,550 of 13,000) of participants (including both adolescents and adults) in alcohol and drug treatment will complete treatment.

Mental Health Services

Mental Health Services (MHS) works collaboratively with the community and provides an array of culturally competent, age-appropriate, collaborative and cost effective services to the residents of San Diego County. Services for children, adolescents and their families are comprehensive, ranging from early intervention and prevention to residential treatment services, in order to achieve effective outcomes. Services to adults and older adults integrate rehabilitation and recovery principles, as well as practices in the delivery of care. MHS also provides forensic services including conservatorship and court-ordered evaluations, treatment and case management for mentally ill offenders.

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- Maintained an average wait time of 5.5 days for children and youth who were provided an outpatient mental health assessment, slightly above the target of an average wait time of 5 days.
- Implemented a new evidence-based program designed to reduce risk of behavioral/emotional problems in children 0-5 years of age and enrolled 500 families in the program.

Strategic Initiative – Safe and Livable Communities

- Maintained an average wait time of 8 days for new adult clients who were provided outpatient mental health assessment, meeting the target wait time.
- Increased by 5% (from 6,187 to 6,497) the number of older adults accessing and receiving outpatient mental health services, meeting the target.

Required Discipline – Information Technology

- Continued implementation of the multi-year project, Electronic Mental Health Record, by 1) deploying the assessment portion and 2) implementing the progress notes portion to ensure improved coordination of care through real-time sharing of treatment, so as to enhance customer service.

2010-12 Objectives

Strategic Initiative – Kids

- Maintain an average wait time of 5 days or less for children and youth to be provided outpatient mental health assessment.
- Implement a new mental health component for the multi-disciplinary KidSTART program to serve 100 children ages 0-5 years with complex behavioral/emotional needs.

Strategic Initiative – Safe and Livable Communities

- Maintain an average wait time of 8 days or less for new adult clients to be provided outpatient mental health assessment.
- Increase by 5% (from 6,497 to 6,821) the number of older adults accessing and receiving outpatient mental health services.

Required Discipline – Information Technology

- Continue implementation of the Electronic Mental Health Record to enhance customer service by improving operational effectiveness and efficiency by:
 - Training 2,500 clinicians and completing implementation of the assessment portion of the Electronic Health Record.
 - Deploying the treatment portion of the Electronic Health Record.
 - Beginning to plan for doctor's home page portion of the Electronic Health Record.

Inpatient Health Services

Inpatient Health Services provides care to clients who require a hospital setting. Services are provided at the SDCPH and at Edgemoor DPSNF. SDCPH, a licensed facility staffed for 45 beds, provides services for mental health emergencies, treatment requiring intensive supervision, and short-term inpatient psychiatric hospitalization. Edgemoor DPSNF has 192 licensed beds

and provides long-term medical and nursing services for patients unable to be cared for by other skilled nursing facilities.

2009-10 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

- Achieved full accreditation with Joint Commission Standards Compliance for SDCPH demonstrating continuous commitment to patient safety and quality of care.
- Achieved a rating of substantial compliance for the new Edgemoor DPSNF. This rating is issued by State licensing demonstrating that the facility meets the health, safety and quality of life needs of the patients.

2010-12 Objectives

Strategic Initiative – Safe and Livable Communities

- Maintain full accreditation with Joint Commission Standards Compliance for SDCPH to demonstrate commitment to patient care and accountability.
- Maintain a rating of substantial compliance for the Edgemoor DPSNF, a rating issued by State licensing in order to meet the health, safety and quality of life needs of the patients.
- Promote quality of care and a safer environment for patients and staff by meeting the national benchmark of 1.78 occurrences per 1,000 patient days for the use of mechanical or manual restraints at SDCPH.

Related Links

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

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





Performance Measures	2008-09 Actuals	2009-10 Adopted	2009-10 Estimated Actuals	2010-11 Proposed	2011-12 Proposed
Adolescents discharged from alcohol and drug treatment who complete high school or the equivalent, or are enrolled in an educational setting	94% of 1,186	90% of 925	90% of 925	90% of 925	90% of 925
Adolescents admitted timely (within 14 calendar days) to non-residential alcohol and drug treatment	94% of 1,772	85% of 1,440	85% of 1,440	85% of 1,440	85% of 1,440
Participants in alcohol and drug treatment will complete treatment	N/A	35% of 13,000	35% of 13,000	35% of 13,000	35% of 13,000
Wait time for children’s mental health outpatient treatment	7 days ¹	5 days	5.5 days ¹	5 days	5 days
Children 0-5 years served in KidSTART program ²	N/A	N/A	N/A	100	100
Wait time for adult mental health outpatient treatment	8 days	8 days	8 days	8 days	8 days
Increase in number of older adults receiving mental health services	18% (from 5,892 to 6,943)	5% (from 6,187 to 6,497)	5% (from 6,187 to 6,497)	5% (from 6,497 to 6,821)	5% (from 6,821 to 7,162)
Compliance rating of Edgemoor DPSNF ³	D	D	D	D	D

Table Notes

¹ In Fiscal Years 2008-09 and 2009-10, the average wait time of 5 days for children was not met due to an increased number of unfunded children needing services.

² Effective Fiscal Year 2010-11, this new measure has been included to better reflect strategic priorities.

³ The rating of “D” indicates substantial compliance as defined by the California Department of Public Health Services Licensing and Certification Program.

Proposed Changes and Operational Impact: 2009-10 to 2010-11

Staffing

Net decrease of 31.00 staff years; includes transfers between divisions.

- Decrease of 23.00 staff years in MHS and SDCPH due to the loss of revenue associated with the decline in the economy and loss of State funding. This will result in reductions in assessment and case management capacity in Adult Services, Conservatorship Investigation and Special Education programs.
- Decrease of 5.00 staff years in MHS associated with the Psychiatric Emergency Response Team (PERT) functions transitioning to contracted services.

- Decrease of 3.00 staff years in ADS due to the State’s elimination of Proposition 36, *Substance Abuse and Crime Prevention Act of 2000*, funding.

Expenditures

Decrease of \$13.8 million.

To mitigate significant losses in funding and to minimize the impact on client services, BHS has reengineered programs to maximize Mental Health Services Act (MHSA) and federal revenues. ADS services are still significantly impacted.

- Salaries and Benefits — net decrease of \$2.2 million due to the reduction of 31.00 staff years partially offset by negotiated wage and benefit increases.
- Services and Supplies — net decrease of \$11.2 million.

- Increase of \$1.8 million in medical supplies, security costs, contracted and consultant services at Edgemoor DPSNF.
- Increase of \$1.0 million in mental health information technology projects.
- Decrease of \$7.2 million in ADS primarily associated with reductions in contracted services for Proposition 36; California Screening, Brief Intervention, Referral and Treatment Services (CASBIRT); and Substance Abuse Recovery Management Services. These reductions will result in the elimination of Screening and Brief Intervention Services provided in hospital emergency rooms and trauma units; elimination of case management services specifically designed for parents involved with child welfare services who have substance abuse issues; and reduced availability of residential and non-residential alcohol and drug treatment services.
- Decrease of \$6.2 million in MHS primarily associated with Adult/Older Adult Outpatient services, Long Term Care, Case Management and Administrative Services Organization contracts. Services will be restructured to utilize MHSA funding.
- Decrease of \$0.6 million primarily due to reductions associated with START programs and Crisis Clinic restructuring at the SDCPH.
- Other Charges — decrease of \$0.3 million in Support & Care of Persons to align to projected state hospital expenses.
- Capital Assets — decrease of \$0.1 million to align budget with planned purchases at Edgemoor DPSNF.

Revenues

Net decrease of \$13.8 million.

- Intergovernmental Revenues — net decrease of \$10.6 million.
 - Increase of \$14.0 million in MHSA revenue associated with Prevention and Early Intervention, Community Services and Support, and Workforce, Employment and Training enhancements, and technology and innovation components.

- Increase of \$10.1 million in Federal Medi-Cal and Drug Medi-Cal revenues and related ARRA funds.
- Increase of \$0.9 million in CalWORKs Mental Health and Substance Abuse funding to align with projected allocations.
- Increase of \$0.4 million in Early Periodic Screening, Diagnosis and Treatment funding.
- Decrease of \$22.2 million in Managed Care and Minor Consent revenue due to reduced allocations and continued depletion of the Managed Care trust fund.
- Decrease of \$9.2 million in ADS primarily due to the elimination of Proposition 36, CASBIRT, and SARMS funding.
- Decrease of \$4.6 million in Realignment revenue due to the decline in the economy.
- Charges for Current Services — net increase of \$0.6 million.
 - Increase of \$1.5 million in Medi-Cal revenue at Edgemoor DPSNF.
 - Decrease of \$0.9 million associated with continued depletion of local ADS trust funds.
- Miscellaneous Revenues — decrease of \$0.2 million to align budget with historical actuals.
- General Revenue Allocation — decrease of \$3.6 million reduces MHS to its minimum statutorily required level of general purpose revenue funding.

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

Net decrease of \$4.5 million reflects a reduction of \$5.2 million in Services and Supplies in contracted services and IT expenditures related to a projected decrease in MHSA allocations, partially offset by an increase of \$0.7 million in Salaries and Benefits, which reflects an increase for retirement contributions for 2011-12 and the full year effect of the flexible benefit credit increase that will take effect in January 2011.



Staffing by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Alcohol and Other Drug Services	35.00	36.00	24.00	(33.33)	24.00
Mental Health Services	325.50	321.25	297.50	(7.39)	297.50
Inpatient Health Services	520.00	482.25	464.25	(3.73)	464.25
Behavioral Health Svcs Administration	35.50	32.00	54.75	71.09	54.75
Total	916.00	871.50	840.50	(3.56)	840.50

Budget by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Alcohol and Other Drug Services	\$ 51,093,492	\$ 51,278,208	\$ 43,484,633	(15.20)	\$ 43,484,633
Mental Health Services	283,902,261	302,622,187	294,445,966	(2.70)	289,898,689
Inpatient Health Services	60,268,100	57,323,182	59,796,981	4.32	59,735,261
Behavioral Health Svcs Administration	5,336,952	8,493,944	8,186,573	(3.62)	8,310,204
Total	\$ 400,600,805	\$ 419,717,521	\$ 405,914,153	(3.29)	\$ 401,428,787

Budget by Categories of Expenditures					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Salaries & Benefits	\$ 87,847,884	\$ 83,107,794	\$ 80,949,413	(2.60)	\$ 81,690,735
Services & Supplies	310,044,323	333,901,129	322,709,056	(3.35)	317,482,368
Other Charges	2,518,779	2,518,779	2,174,314	(13.68)	2,174,314
Capital Assets Equipment	208,449	208,449	100,000	(52.03)	100,000
Expenditure Transfer & Reimbursements	(18,630)	(18,630)	(18,630)	0.00	(18,630)
Total	\$ 400,600,805	\$ 419,717,521	\$ 405,914,153	(3.29)	\$ 401,428,787

Budget by Categories of Revenues					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Intergovernmental Revenues	\$ 346,687,039	\$ 366,389,292	\$ 355,778,509	(2.90)	\$ 349,638,904
Charges For Current Services	26,446,814	31,177,517	31,756,911	1.86	33,411,150
Miscellaneous Revenues	5,917,181	5,080,591	4,880,591	(3.94)	4,880,591
Other Financing Sources	6,000,000	6,000,000	6,000,000	0.00	6,000,000
General Revenue Allocation	13,449,771	11,070,121	7,498,142	(32.27)	7,498,142
Total	\$ 400,600,805	\$ 419,717,521	\$ 405,914,153	(3.29)	\$ 401,428,787

Child Welfare Services

Department Description

Child Welfare Services (CWS) is committed to excellence in the delivery of culturally competent, family-centered and child-focused protective services. CWS investigates reports of suspected child abuse and neglect and intervenes with families who do not meet the minimum community standards of health and safety as required by law. Investigations are conducted in a thorough and professional manner. Family interventions are completed in the least intrusive manner necessary for the protection of the child. In addition to these services, CWS administers the following: Polinsky Children's Center, a 24-hour facility for the temporary emergency shelter of children; San Pasqual Academy, a first-in-the-nation residential education campus for adolescent foster youth; foster care eligibility and licensing; group home placement services for foster youth with emotional and behavioral issues; services to emancipating foster youth; adoptive home assessments and placements; and critical support services to regional operations.



youth at risk of being placed in a group home setting or who are transitioning to a lower level of care from a group home placement.

- Ensured 82% (155 of 190) of foster youth in the 12th grade achieved high school completion (diploma, certificate or equivalent), including youth at San Pasqual Academy and other residential care settings, meeting target.

Mission Statement

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

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- Diverted entries from Polinsky Children's Center by placing 48% (286 of 598) of children entering the assessment center in family, relative or other foster care settings in less than 24 hours, above the target of 45%.
- Ensured 18% (116 of 644) of children who were adopted from the child welfare system were placed with their new family within 24 months from the date of the latest removal from the home to a finalized adoption, below target of 20%.
- Ensured 65.5% (91 of 139) of youth enrolled in an intensive, wraparound program were in a family-like setting, exceeding target of 50% due to increased collaboration between HHSA, County's Probation Department, community partners and the contracted provider. An intensive wraparound program is for foster

2010-12 Objectives

Strategic Initiative – Kids

- Divert entries from Polinsky Children's Center (PCC) by placing 48% (287 of 598) of children entering the assessment center in family, relative or other foster care settings in less than 24 hours, countywide.
- Ensure 20% (129 of 644) of all children discharged countywide from foster care to a finalized adoption are placed with adoptive parents in less than 24 months from the date of the latest removal from home.
- Ensure 60% (83 of 139) of the youth enrolled in the intensive, wraparound program will be in a family-like setting, countywide.
- Ensure 82% (155 of 190) of foster youth in the 12th grade achieve high school completion (diploma, certificate or equivalent), including San Pasqual and other residential settings, countywide.

Related Links

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

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

Performance Measures	2008-09 Actuals	2009-10 Adopted	2009-10 Estimated Actuals	2010-11 Proposed	2011-12 Proposed
Polinsky Children’s Center assessment center entries placed in family, relative or other foster care settings in less than 24 hours	43% ¹ of 829	45% of 600	48% of 598	48% of 598	48% of 600
Children who were adopted are placed with their new family within 24 months of entering child welfare services	16% of 607	20% of 607	18% of 644	20% of 644	20% of 644
Youth in intensive, wraparound program in a family-like setting ²	45% of 120	50% of 120	65.5% ³ of 139	60% of 139	60% of 139
Foster children in 12 th grade who achieve high school completion (diploma, certificate, or equivalent)	87% of 192	82% of 190	82% of 190	82% of 190	82% of 190

Table Notes

¹ This measure exceeded the target of 25% due to a lower number of hard to place children entering the assessment center than originally projected.

² An intensive wraparound program is for foster youth at risk of being placed in a group home setting or who are transitioning to a lower level of care from a group home placement.

³ This measure exceeded the target of 50% by 15% due to increased collaboration between HHSA, County Probation, community partners and the contracted provider.

**Proposed Changes and Operational Impact:
2009-10 to 2010-11**

Staffing

Net decrease of 64.00 staff years.

- Decrease of 65.00 staff years throughout Child Welfare Services due to State reductions and the decline in the economy. This will result in longer wait times for child abuse hotline calls, increased response times, increased caseloads, children remaining in care longer and difficulty meeting required court timelines. To minimize impacts CWS will restructure services at Polinsky Children’s Center and continue redesign efforts.
- Transfer in 1.00 staff year to Foster Care from Strategic Planning and Operational Support to support client services.

Expenditures

Net decrease of \$1.7 million.

- Salaries and Benefits — decrease of \$3.0 million due to the reduction of 64.00 staff years, partially offset by negotiated wage and benefit increases.
- Services and Supplies — net decrease of \$0.2 million.
 - Increase of \$0.4 million for rents and leases.
 - Increase of \$0.1 million for interpreter services.
 - Decrease of \$0.7 million as result of Polinsky Children’s Center reengineering efforts.
- Other Charges — net increase of \$1.5 million.
 - Increase of \$4.0 million in Aid for Adoptive Children payments due to caseload growth.
 - Decrease of \$2.5 million in foster care provider payments due to projected decrease in number of cases.

Revenues

Net decrease of \$1.7 million.

- Intergovernmental Revenues — net decrease of \$7.3 million.
 - Increase of \$6.7 million in American Recovery and Reinvestment Act of 2009 (ARRA) funds for federally eligible cases in foster care and adoption.
 - Increase of \$0.5 million in State funding for CWS wraparound services.
 - Decrease of \$8.1 million in foster care and adoptive children revenues to reflect projected case levels.
 - Decrease of \$4.5 million in Realignment revenue due to the decline in the economy.
 - Decrease of \$1.9 million in administrative revenues due to State reductions.
- Charges For Current Services — net increase of \$1.4 million from the San Diego First Five Commission of which \$1.6 million is for the KidSTART Center which provides comprehensive assessments and treatment for children ages birth through five years with complex developmental and mental health problems, offset by a reduction of \$0.2 million in respite care services.

- Miscellaneous Revenues — decrease of \$0.2 million due to completion of a two-year grant from Alliance Healthcare Foundation which funds family finding services to assist in reunifying foster youth with their extended family members and providing support services to ensure families are successfully reunified.
- Reserve/Designated Decreases — increase of \$4.4 million to cover possible foster care costs associated with a pending State lawsuit and redesign efforts.

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

Net increase of \$0.7 million is the result of an increase of \$1.4 million in Salaries and Benefits, which reflects an increase for retirement contributions for 2011-12 and the full year effect of the flexible benefit credit increase that will take effect in January 2011. This increase is partially offset by a decrease of \$0.7 million in Services and Supplies due to the elimination of one-time projects from prior year.



Staffing by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Child Welfare Services	525.00	534.50	496.50	(7.11)	496.50
Foster Care	114.00	111.00	97.00	(12.61)	97.00
Adoptions	168.00	163.00	151.00	(7.36)	151.00
Total	807.00	808.50	744.50	(7.92)	744.50

Budget by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Child Welfare Services	\$ 72,146,375	\$ 73,322,713	\$ 71,444,496	(2.56)	\$ 71,682,230
Foster Care	175,884,232	175,725,743	176,493,916	0.44	176,637,636
Adoptions	16,325,712	15,993,425	15,382,591	(3.82)	15,693,103
Total	\$ 264,356,319	\$ 265,041,881	\$ 263,321,003	(0.65)	\$ 264,012,969

Budget by Categories of Expenditures					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Salaries & Benefits	\$ 65,208,935	\$ 65,564,382	\$ 62,493,011	(4.68)	\$ 63,864,977
Services & Supplies	31,045,210	31,375,325	31,178,560	(0.63)	30,498,560
Other Charges	168,102,174	168,102,174	169,649,432	0.92	169,649,432
Total	\$ 264,356,319	\$ 265,041,881	\$ 263,321,003	(0.65)	\$ 264,012,969

Budget by Categories of Revenues					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Revenue From Use of Money & Property	\$ 687,506	\$ 687,506	\$ 681,211	(0.92)	\$ 681,211
Intergovernmental Revenues	252,883,379	249,943,839	242,636,436	(2.92)	239,054,909
Charges For Current Services	284,270	3,809,372	5,173,372	35.81	4,493,372
Miscellaneous Revenues	811,962	1,061,962	859,072	(19.11)	859,072
Reserve/Designation Decreases	—	—	4,431,710	—	9,385,203
General Revenue Allocation	9,539,202	9,539,202	9,539,202	0.00	9,539,202
Total	\$ 264,356,319	\$ 265,041,881	\$ 263,321,003	(0.65)	\$ 264,012,969

Public Health Services

Department Description

Public Health Services (PHS) is dedicated to community wellness, health equity and health protection in San Diego County. PHS works to promote wellness, healthy behaviors and access to quality care; prevent injuries, disease and disabilities, as well as epidemics and the spread of disease; and protect against environmental hazards, disasters, and other public health threats, through preparedness, response and recovery efforts. Providing public health protection for all County residents is a multidisciplinary and collaborative effort, involving other County Groups, as well as the private health care provider network, communities and individuals. The California Children Services (CCS) program, which authorizes and funds specific medical services and equipment for children with certain physical limitations and chronic health conditions or diseases, is administered by PHS.



Mission Statement

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

2009-10 Anticipated Accomplishments

Strategic Initiative – Kids

- Ensured 80% (2,622 of 3,278) of children in out-of-home placement received preventive health examinations in accordance with the Child Health and Disability Prevention (CHDP) State guidelines, above target of 77%.
- Received 31% (9,972 of 31,660) of CCS referrals electronically via eQuest, reducing the processing time, above the target of 24%, due to outreach efforts by staff to the medical community, including Rady Children’s Hospital and Health Center and other hospital programs.

Strategic Initiative – Safe and Livable Communities

- Initiated investigation on 100% (64) of all reported cases of selected communicable disease within 24 hours, above target of 99%.
- Ensured 95% of tuberculosis cases (238 of 250) were reported to Public Health Services within one working day from start of treatment, meeting target.

- Enrolled 95% (1,496 of 1,575) of new case management clients with an HIV primary care provider within 90 days of enrollment into case management, above target of 90%.
- Conducted seven drills or exercises with public health staff and community partners to evaluate the County’s level of preparedness for public health hazards, meeting target.

2010-12 Objectives

Strategic Initiative – Kids

- Ensure 80% (2,640 of 3,300) of children in out-of-home placement receive preventive health examinations in accordance with the CHDP State guidelines.
- Receive a minimum of 50% (17,500 of 35,000) of CCS referrals electronically via eQuest in order to expedite referral to CCS and improve the accuracy of provider referrals.

Strategic Initiative – Safe and Livable Communities

- Initiate 99% (79 of 80) of investigations within 24 hours of receipt for all reported cases of selected communicable disease.
- Ensure that 95% of tuberculosis cases (285 of 300) are reported to Public Health Services within one working day from start of treatment.
- Enroll 95% (1,425 of 1,500) of new case management clients with an HIV primary care provider within 90 days of enrollment into case management.

- Activate the public health emergency response system a minimum of five times during the fiscal year via drills, exercises and actual responses to public health threats to ensure the County's level of preparedness to respond to public health hazards.

Related Links

For information about: Childhood Obesity Action Plan, go to <http://www.ourcommunityourkids.org/>.

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

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

Performance Measures

	2008-09 Actuals	2009-10 Adopted	2009-10 Estimated Actuals	2010-11 Proposed	2011-12 Proposed
Children in out-of-home placement who receive preventive health examinations in accordance with CHDP guidelines	86% of 3,725	77% of 4,500	80% of 3,278	80% of 3,300	80% of 3,300
Number of eQuest referrals to CCS ¹	14% of 50,000	24% of 50,000	31% of 31,660	50% of 35,000	60% of 35,000
Selected communicable diseases cases contacted/investigations initiated within 24 hours ²	100% of 40	99% of 80	100% of 64	99% of 80	99% of 80
TB cases reported to PHS within one working day from start of treatment ²	95% of 251	95% of 300	95% of 250	95% of 300	95% of 330
New clients enrolled with an HIV primary care provider within 90 days ²	N/A	90% of 1,000	95% of 1,575	95% of 1,500	95% of 1,500
Activation of public health emergency response system for drills, exercises and actual responses ³	N/A	N/A	N/A	5	5
Public Health related drills or exercises conducted with HHSA staff and community partners ³	11 ⁴	7	7	N/A	N/A

Table Notes

¹ The total number of referrals to CCS is based on an average and will vary from year to year since the number of children needing referrals for services cannot be predicted. The goal of the measure is to increase the use of eQuest as the preferred mode of referral. eQuest is a Web-based referral and case management system to improve health outcomes for eligible children with severe physical limitations and chronic health conditions. The performance measure for Fiscal Year 2009-10, "Increase in number of eQuest referrals," has been revised to better reflect the intent of the objective. The revised language effective Fiscal Year 2010-11 now reads "Number of eQuest referrals to CCS."

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

³ Effective Fiscal Year 2010-11, the measure about activation of public health emergency response system replaces the measure about public health related drills or exercises to better reflect clarity of purpose. All activations are followed up with lessons learned and corrective actions which are incorporated to further enhance the quality of the next activation.

⁴ In Fiscal Year 2008-09, the target of five drills or exercises was exceeded due to unanticipated requests from community partners for participation in their respective exercises.



Proposed Changes and Operational Impact: 2009-10 to 2010-11

Staffing

Net decrease of 13.75 staff years.

- Public Health Services (PHS) reduced 13.75 staff years to mitigate loss of revenue from the decline in the economy and loss of State funding.
 - Transfer in 5.00 staff years from Regional Operations to provide support and services associated with the Communities Putting Prevention to Work (CPPW) Initiative.
 - Transfer out 2.00 staff years to Regional Operations associated with the transfer of Vaccines are Important for Preschoolers program to Central Region.
 - Decrease of 16.75 staff years to mitigate loss of revenue due to State cuts and the decline in the economy. To minimize impacts priorities will be shifted to focus on essential and mandated public health services.

Expenditures

Net increase of \$4.5 million.

- Salaries and Benefits — net increase of \$0.2 million as a result of negotiated wage and benefit increases, partially offset by the reduction of 13.75 staff years.
- Services and Supplies — net increase of \$4.0 million.
 - Increase of \$5.7 million in contracts related to the CPPW Initiative.
 - Increase of \$1.1 million in Public Health Emergency Response contracts.
 - Decrease of \$1.7 million in HIV Education, Prevention and Early Intervention Services due to a State cut in funding resulting in a reduction of counseling, individual and group interventions, and the elimination of prevention case management to high-risk populations for an estimated 2,950 clients.
 - Decrease of \$0.6 million primarily due to a reduction in consulting and data collection services supporting Emergency Medical Services.
 - Decrease of \$0.2 million in one-time contracted services associated with pandemic flu outreach and education efforts.
 - Decrease of \$0.2 million in various service and supplies to align to historical actuals.
 - Decrease on \$0.1 million related to the Public Health Laboratory information system upgrade.

- Other Charges — increase of \$0.1 million due to temporary housing costs for TB clients.
- Capital Assets Equipment — increase of \$0.2 million to align budget with planned purchases.

Revenues

Net increase of \$4.5 million.

- Taxes Current Property — increase of \$0.2 million in County Service Areas (CSA) 17 and 69 due to additional units identified in the CSAs and the expansion in area covered by CSA 17.
- Revenue from Use of Money & Property — decrease of \$0.1 million in interest revenue in CSA 69.
- Intergovernmental Revenues — net increase of \$4.3 million.
 - Increase of \$7.5 million for the CDC ARRA grant.
 - Increase of \$0.7 million in Public Health Emergency Preparedness revenue.
 - Increase of \$0.5 million in Medi-Cal Administrative Activities funding.
 - Decrease of \$1.9 million in Realignment revenue due to the decline in the economy.
 - Decrease of \$1.1 million in HIV funding due to State cuts.
 - Decrease of \$0.8 million in Tobacco revenue due to the completion of one-time projects in the prior year.
 - Decrease of \$0.6 million due to State cuts in various programs.
- Charges for Current Services — increase of \$0.5 million due to additional revenue for Institutional Care Transportation (CSA 69), and additional grant revenue in PHS Bioterrorism.
- Use of Fund Balance — decrease of \$0.4 million in use of CSA 69 reserves. Budget of \$0.05 million is for partial funding for the Chronic Disease Program's contract with Community Health Improvement Partners.

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

Net decrease of \$0.1 million is the result of a decrease of \$1.1 million in Services and Supplies due to the elimination of one-time projects from prior year, partially offset by an increase of \$1.0 million in Salaries and Benefits, which reflects an increase for retirement contributions for 2011-12 and the full year effect of the flexible benefit credit increase that will take effect in January 2011.

Staffing by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Administration and Other Services	30.50	26.00	26.00	0.00	26.00
Bioterrorism / EMS	57.00	49.00	50.00	2.04	50.00
Infectious Disease Control	122.25	111.25	108.25	(2.70)	108.25
Surveillance	94.00	93.00	84.00	(9.68)	84.00
Prevention Services	70.50	67.50	70.50	4.44	70.50
California Childrens Services	—	146.75	141.00	(3.92)	141.00
Total	374.25	493.50	479.75	(2.79)	479.75

Budget by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Administration and Other Services	\$ 5,494,386	\$ 4,803,066	\$ 4,866,019	1.31	\$ 4,920,808
Bioterrorism / EMS	14,766,687	13,487,433	12,964,360	(3.88)	13,043,207
Infectious Disease Control	27,634,501	26,944,438	25,781,115	(4.32)	25,805,875
Surveillance	12,012,178	11,880,131	10,948,097	(7.85)	11,039,650
Prevention Services	15,222,527	12,454,611	19,898,960	59.77	19,266,195
California Childrens Services	—	19,837,969	19,529,877	(1.55)	19,793,451
Ambulance CSA's - Health & Human Services	7,863,489	8,230,092	8,204,667	(0.31)	8,204,667
Total	\$ 82,993,768	\$ 97,637,740	\$ 102,193,095	4.67	\$ 102,073,853

Budget by Categories of Expenditures					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Salaries & Benefits	\$ 36,309,165	\$ 48,182,787	\$ 48,417,319	0.49	\$ 49,385,985
Services & Supplies	46,210,903	45,117,253	49,163,076	8.97	48,075,168
Other Charges	400,000	4,500,000	4,575,000	1.67	4,575,000
Capital Assets Equipment	269,000	33,000	233,000	606.06	233,000
Expenditure Transfer & Reimbursements	(195,300)	(195,300)	(195,300)	0.00	(195,300)
Total	\$ 82,993,768	\$ 97,637,740	\$ 102,193,095	4.67	\$ 102,073,853

Budget by Categories of Revenues					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Taxes Current Property	\$ 1,644,225	\$ 1,653,670	\$ 1,865,357	12.80	\$ 1,865,357
Taxes Other Than Current Secured	43,004	43,004	43,949	2.20	43,949
Licenses Permits & Franchises	182,557	174,557	177,957	1.95	177,957
Fines, Forfeitures & Penalties	2,267,388	2,257,388	2,273,805	0.73	2,273,805
Revenue From Use of Money & Property	148,100	156,150	81,000	(48.13)	81,000
Intergovernmental Revenues	70,001,726	81,581,984	85,855,113	5.24	84,975,989
Charges For Current Services	5,955,012	6,007,416	6,495,469	8.12	6,481,738
Miscellaneous Revenues	765,278	739,453	764,507	3.39	734,507
Other Financing Sources	500,000	500,000	500,000	0.00	500,000
Reserve/Designation Decreases	29,478	—	—	0.00	824,030
Use of Fund Balance	1,107,000	438,180	50,000	(88.59)	29,583
General Revenue Allocation	350,000	4,085,938	4,085,938	0.00	4,085,938
Total	\$ 82,993,768	\$ 97,637,740	\$ 102,193,095	4.67	\$ 102,073,853

Public Administrator / Public Guardian

Department Description

Public Administrator/Public Guardian is dedicated to providing professional services to protect and manage the estates of decedents and at-risk individuals who are unable to make decisions for themselves. The Public Administrator (PA) investigates and administers the estates of persons who die with no will or without an appropriate person to act as an administrator; and protects the decedent’s property from waste, loss or theft and ensures the estate is administered according to the decedent’s wishes. The Public Guardian (PG) serves as the legally appointed guardian or conservator for persons found by the courts to be unable to take care of themselves or their assets - generally older, frail and vulnerable adults who are at risk or have been a victim of abuse or neglect. Public Administrator/Public Guardian manages an average of \$40 million of estate assets annually.



Mission Statement

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

2009-10 Anticipated Accomplishments

Strategic Initiative – Safe and Livable Communities

- Accurately mapped 100% (200) of all clients and real property under the purview of PA/PG for emergency planning, response and recovery services, above target of 95%.

Required Discipline – Customer Satisfaction

- Increased subscribers registered for Web subscription service for PA/PG auctions by 74% (from 1,767 to 3,070) in order to increase auction proceeds which benefit the conservatee or estate associated with the auctioned items, exceeding target of 10% increase. The large increase in subscribers is attributed to ease of online registration.
- Submitted Inventory and Appraisal (I & A) reports to the Probate Court in a timely manner.
 - 100% (10) of the PG Program estate cases within 90 days of newly appointed conservatees, above target of 95%.

- 100% (20) of the PA Program cases to the Probate Court within 120 days of newly appointed cases, exceeding the target of 85%. A formal probate case is an estate valued over \$100,000 and under court supervision.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Certified 100% (20) of deputy PA/PG staff and supervisors in accordance with the mandated California State PA/PG certification program, above target of 95%.

2010-12 Objectives

Strategic Initiative – Safe and Livable Communities

- Maintain 98% (205 of 210) accuracy in mapping of all clients and real property under the purview of PA/PG for emergency planning, response and recovery services.
- Begin 95% (estimated 128 of 135) of conservatorship investigations within two business days of receiving a referral for conservatorship, as mandated by the Omnibus Conservatorship and Guardianship Reform Act.

Required Discipline – Customer Satisfaction

- Maintain timely submission of Inventory and Appraisal Reports to the Probate Court.
 - 95% (19 of 20) on all estate cases in the PG Program within 90 days of appointment.
 - 90% (18 of 20) on all formal probate cases in the PA Program within 120 days of appointment. A formal probate case is an estate valued over \$100,000 and under court supervision.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Ensure at least 95% (18 of 19) mandated California State PA/PG certification for applicable PA/PG staff in order to improve services to conservatees and families of decedents.

Related Links

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

Performance Measures	2008-09 Actuals	2009-10 Adopted	2009-10 Estimated Actuals	2010-11 Proposed	2011-12 Proposed
Client and real property accurately mapped	100% of 211	95% of 210	100% of 200	98% of 210	98% of 210
Estate cases -- PG submits I&A reports to Probate Court within 90 days	100% ¹ of 18	95% of 25	100% of 10 ²	95% of 20	95% of 10
Formal probate cases -- PA submits I&A reports to Probate Court within 120 days	53% ³ of 19	85% of 20	100% of 20 ⁴	90% of 20	90% of 20
Deputy PA/PGs certified by California State PA/PG Association	100% of 19	95% of 19	100% of 20	95% of 19	95% of 19
Conservatorship investigations begun within 2 business days of referral ⁵	N/A	N/A	N/A	95% of 135	95% of 135
Increase in subscribers registered for Web subscription service for PA/PG auctions	1,846	10% ⁶ (from 1,846 to 2,031)	74% ^{6,7} (from 1,767 to 3,070)	N/A ⁸	N/A

Table Notes

¹ In Fiscal Year 2008-09, this measure exceeded its target of 85% due to the unexpected lower number of estate cases received for submission to the Probate Court.

² In Fiscal Year 2009-10, the number of projected cases was lower than projected due to the unexpected lower number of estate cases received for submission to the Probate Court. The Public Guardian has approximately 160 conservatees at any given time and investigates approximately 135 cases annually.

³ In Fiscal Year 2008-09, this measure did not meet its target of 85% due to staff transitions during the first two quarters of the fiscal year.

⁴ In Fiscal Year 2009-10, this measure is projected to exceed its target of 85% as the program is now fully staffed. The Public Administrator handles approximately 1,100 investigations, 325 indigent cases and 125 estate cases.

⁵ Effective Fiscal Year 2010-11, this measure has been included to better reflect strategic priorities.

⁶ The baseline of 1,846 was based on an estimated number of registered permanent bidders at the end of Fiscal Year 2009-10. The correct baseline is 1,767.

⁷ This measure exceeded its target of 10%, which is attributed to the ease of online registration for notification of PA/PG auctions.

⁸ Effective Fiscal Year 2010-11, this measure will no longer be reported in the Operational Plan, as it has greatly exceeded its target, but will continue to be monitored internally.

Proposed Changes and Operational Impact: 2009-10 to 2010-11

Staffing

No change in staffing.

Expenditures

Net increase of \$0.04 million is due to an increase in Salaries and Benefits, primarily for negotiated wage and benefit increases, partially offset by a minor decrease in Services and Supplies.

Revenues

Net increase of \$0.04 million is a result of \$0.14 million increase in Licenses, Permits and Franchise Fees and Charges for Current Services due to an increase in estate

fees, partially offset by a decrease of \$0.1 million in Revenue from Use of Money & Property due to lower projected interest earnings.

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

Net increase of \$0.03 million is the result of an increase in Salaries and Benefits, which reflects an increase for retirement contributions for 2011-12 and the full year effect of the flexible benefit credit increase that will take effect in January 2011, partially offset by a decrease in services and supplies.

Staffing by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Public Administrator/Guardian	36.00	34.00	34.00	0.00	34.00
Total	36.00	34.00	34.00	0.00	34.00

Budget by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Public Administrator/Guardian	\$ 4,402,137	\$ 4,430,992	\$ 4,472,416	0.93	\$ 4,500,728
Total	\$ 4,402,137	\$ 4,430,992	\$ 4,472,416	0.93	\$ 4,500,728

Budget by Categories of Expenditures					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Salaries & Benefits	\$ 3,408,210	\$ 3,378,362	\$ 3,427,029	1.44	\$ 3,493,098
Services & Supplies	793,927	802,630	795,387	(0.90)	757,630
Other Charges	200,000	250,000	250,000	0.00	250,000
Total	\$ 4,402,137	\$ 4,430,992	\$ 4,472,416	0.93	\$ 4,500,728

Budget by Categories of Revenues					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Licenses Permits & Franchises	\$ 10,000	\$ 10,000	\$ 46,000	360.00	\$ 46,000
Revenue From Use of Money & Property	195,336	260,000	160,000	(38.46)	160,000
Intergovernmental Revenues	68,985	68,985	60,000	(13.02)	60,000
Charges For Current Services	1,368,100	1,368,100	1,474,751	7.80	1,503,063
Miscellaneous Revenues	22,242	22,242	30,000	34.88	30,000
General Revenue Allocation	2,737,474	2,701,665	2,701,665	0.00	2,701,665
Total	\$ 4,402,137	\$ 4,430,992	\$ 4,472,416	0.93	\$ 4,500,728

Administrative Support

Department Description

The Health and Human Services Agency's (HHSA) support divisions play an important role providing essential financial, administrative, planning and policy support to the Agency's regions and divisions. They are essential to HHSA maintaining a high level of operational excellence and adherence to key disciplines for achieving County strategic initiatives and adding value to the residents of San Diego County. HHSA's support divisions include Financial and Support Services, Human Resources, Management Support, Agency Contract Support and Agency Executive Office. The Compliance Office and Office of Legislative Affairs are included within the Agency Executive Office.

Mission Statement

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

2009-10 Anticipated Accomplishments

Required Discipline – Fiscal Stability

- Increased by 5% (from 98 to 103) the number of contractor fiscal reviews conducted to ensure fiscal resources are expended properly and in accordance with regulations.
- Decreased the number of returned/denied Medicare claims by 69% (from 36% [676 of 1,873] to 11% [158 of 1,417]), maximizing receipt of external revenues. Exceeded the target of 10% decrease due to focused activities by staff.

Required Discipline – Regional Leadership

- Received over 1,000 positive media hits regarding the Agency's educational and accomplishment stories such as the H1N1 educational campaign.
- Developed and launched a media campaign for the Prevention and Early Intervention program of the Mental Health Services Act.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Implemented two student recruitment programs to promote the County as employer of choice to local educational communities, meeting target.



- Expanded training development capacity via the County's Learning Management System (LMS) from two to three Agency divisions to better support development of knowledge workers, meeting target.
- Implemented job specific compliance training for three Agency divisions (an increase of two) via LMS to ensure their knowledge of regulations remains current and relevant.

Required Discipline – Information Technology

- Trained and supported 14 representatives from all (20) HHSA regions and divisions to create, maintain and update content on their Internet pages using a new Web publishing tool.
- Increased use of Web-based referral systems from 18% to 25% (from 27,414 to 37,049) of the estimated 148,195 external referrals received annually.
- Reduced records storage space by 15% (from 28,109 to 23,893 boxes) to increase efficiency by improving records management, above target of 10% reduction.

2010-12 Objectives

Required Discipline – Fiscal Stability

- Complete 20 comprehensive financial focused compliance reviews of HHSA contractor organizations to support accountability of public funds by the Agency's contractors.
- Decrease the number of returned/denied Medicare claims by an additional 10% over Fiscal Year 2009-10 11% error rate to maximize receipt of external revenues.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Expand training development capacity via the LMS from three to four Agency divisions to better support development of knowledge workers.
- Implement job specific compliance training from three to four Agency divisions via LMS to ensure their knowledge of regulations remains current and relevant.

Required Discipline – Information Technology

- Increase use of Web-based referral systems from 25% to 30% (from 37,049 to 44,459) of the estimated 148,195 external referrals received annually.

- Reduce records storage space by 20% (from 23,893 to 19,114 boxes) to increase efficiency by improving records management.

Related Links

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

Performance Measures	2008-09 Actuals	2009-10 Adopted	2009-10 Estimated Actuals	2010-11 Proposed	2011-12 Proposed
Completed comprehensive fiscal-compliance reviews ^{3, 4}	N/A	N/A	20	20	20
Decrease in returned/denied Medicare claims ⁵	N/A	10%	69% (from 36% [676 of 1,873] to 11% [158 of 1,417])	10% over Fiscal Year 2009-10	10% over Fiscal Year 2010-11
LMS training capacity among Agency regions and divisions	2	3	3	4	5
Job specific compliance training, via LMS, among Agency regions and division	1	3	3	4	5
Increase average use of Web-based referral systems	18% of 148,195	25% of 148,195	25% of 148,195	30% of 148,195	35% of 148,195
Reduction in records storage space	9% (from 30,996 to 28,109 boxes)	10% (from 28,109 to 25,298 boxes)	15% (from 28,109 to 23,893 boxes)	20% ⁷ (from 23,893 to 19,114 boxes)	20% ⁷ (from 19,114 to 15,291 boxes)
Increase in contractor fiscal reviews conducted ^{3, 8}	5% (from 93 to 98)	5% (from 98 to 103)	5% (from 98 to 103)	N/A	N/A
Regions' and Divisions' Internet pages reviewed for current and accurate content ⁸	100% of 20	100% of 20	100% of 20	N/A	N/A

Table Notes

¹ In Fiscal Year 2008-09, \$10 million for economic uncertainty at the federal and State levels; \$5 million for general reserve.

² For Fiscal Year 2009-10, \$15 million for economic uncertainty at the federal, State and local levels; \$5 million for general reserve.

³ Effective Fiscal Year 2010-11, this measure about "in-depth fiscal compliance review" replaces the measure about "contractor fiscal reviews" to better reflect strategic priorities.

⁴ 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.

⁵ The number of Medicare claims is not known at the beginning of a fiscal year since it is based on events yet to happen.

⁶ A student recruitment program involves a formal agreement with the educational institution and includes activities such a mentoring, job shadowing, and hosting 'meet and greet' sessions.

⁷ The target for this measure is aligned to required record retention periods.

⁸ Effective Fiscal Year 2010-11, this measure will no longer be reported in the Operational Plan.



Proposed Changes and Operational Impact: 2009-10 to 2010-11

Staffing

Net decrease of 17.00 staff years

- Administrative Support reduced 17.00 staff years to mitigate loss of revenue from the decline in the economy and loss of State funding, and as a result of the proposal to reorganize and consolidate media activities from various County departments into the new County Communications Office.
 - Transfer in 1.00 staff year from Regional Operations to cover legislative analysis for HHSA. The reduction in Regional Operations was an administrative position in Community Action Partnership.
 - Transfer out 7.00 staff years to the ACCESS Center in Strategic Planning and Operational Support to support client services associated with increased caseloads.
 - Decrease of 7.00 staff years to mitigate loss of revenue.
 - Decrease of 4.00 staff years in the HHSA Office of Media and Public Affairs as a result of the proposal to reorganize and consolidate media activities from various County departments into the new County Communications Office.

Expenditures

Net increase of \$2.7 million.

- Salaries and Benefits — decrease of \$0.6 million due to the reduction of 17.00 staff years, partially offset by negotiated wage and benefit increases.
- Services and Supplies — increase of \$3.4 million.
 - Increase of \$2.5 million for one-time costs associated with peripheral relocations related to the County Operations Center (COC) capital project.
 - Increase of \$1.0 million for one-time Innovation projects, business process reengineering (BPR), information technology and imaging projects.
 - Increase of \$0.8 million for information technology costs to support Agency operations.
 - Increase of \$0.7 million for Public Liability insurance.

- Increase of \$0.4 million for media and public relation support from the new County Communications Office (this increase is offset by savings in reduced staff years).
- Decrease of \$1.0 million for major maintenance projects to align with available funding.
- Decrease of \$0.7 million in printing costs achieved through electronic imaging and other efficiencies.
- Decrease of \$0.3 million in various services and supplies to align budget with historical actuals.
- Capital Assets Equipment — decrease of \$0.1 million as there are no capital assets equipment purchases planned for Fiscal Year 2010-11.

Revenues

Net increase of \$2.7 million.

- Intergovernmental Revenues — increase of \$0.5 million in Realignment revenue to cover costs.
- Charges for Current Services — increase of \$0.2 million for support services for the First Five Commission.
- Miscellaneous Revenues — decrease of \$0.4 million to align budget with historical actuals.
- Use of Fund Balance — increase of \$2.5 million associated with the relocations related to the COC capital project. Remaining budget of \$33.0 million to fund management reserves, major maintenance projects, and business process reengineering, imaging and IT projects.

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

Net decrease of \$16.5 million is the result of a reduction of \$17.5 million in Services and Supplies due to the elimination of one-time projects from prior year, partially offset by an increase of \$1.0 million in Salaries and Benefits, which reflects an increase for retirement contributions for 2011-12 and the full year effect of the flexible benefit credit increase that will take effect in January 2011.

Staffing by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Agency Executive Office	29.00	26.00	22.00	(15.38)	22.00
Agency Contract Support	20.00	18.00	18.00	0.00	18.00
Financial Services Division	186.00	167.00	157.00	(5.99)	157.00
Human Resources	69.50	81.00	78.00	(3.70)	78.00
Management Support	10.00	9.00	9.00	0.00	9.00
Proposition 10	19.00	19.00	19.00	0.00	19.00
Total	333.50	320.00	303.00	(5.31)	303.00

Budget by Program					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Agency Executive Office	\$ 39,995,630	\$ 41,508,928	\$ 44,772,260	7.86	\$ 27,337,447
Agency Contract Support	3,734,401	3,533,318	3,527,599	(0.16)	3,559,317
Financial Services Division	36,974,374	26,629,367	25,209,086	(5.33)	25,929,730
Human Resources	6,930,985	8,325,752	8,279,818	(0.55)	8,420,898
Management Support	8,928,597	8,850,362	9,648,131	9.01	9,665,765
Proposition 10	2,042,562	1,941,633	2,088,435	7.56	2,131,644
Total	\$ 98,606,549	\$ 90,789,360	\$ 93,525,329	3.01	\$ 77,044,801

Budget by Categories of Expenditures					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Salaries & Benefits	\$ 28,478,067	\$ 28,159,822	\$ 27,580,365	(2.06)	\$ 28,599,837
Services & Supplies	53,028,482	42,529,538	45,944,964	8.03	28,444,964
Capital Assets Equipment	2,100,000	100,000	—	(100.00)	—
Management Reserves	15,000,000	20,000,000	20,000,000	0.00	20,000,000
Total	\$ 98,606,549	\$ 90,789,360	\$ 93,525,329	3.01	\$ 77,044,801

Budget by Categories of Revenues					
	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Proposed Budget	% Change	Fiscal Year 2011-12 Proposed Budget
Intergovernmental Revenues	\$ 56,320,422	\$ 55,067,282	\$ 55,574,135	0.92	\$ 51,072,407
Charges For Current Services	2,372,440	2,268,391	2,425,194	6.91	2,425,194
Miscellaneous Revenues	453,687	453,687	26,000	(94.27)	26,000
Use of Fund Balance	39,460,000	33,000,000	35,500,000	7.58	22,500,000
General Revenue Allocation	—	—	—	0.00	1,021,200
Total	\$ 98,606,549	\$ 90,789,360	\$ 93,525,329	3.01	\$ 77,044,801



