

County of San Diego

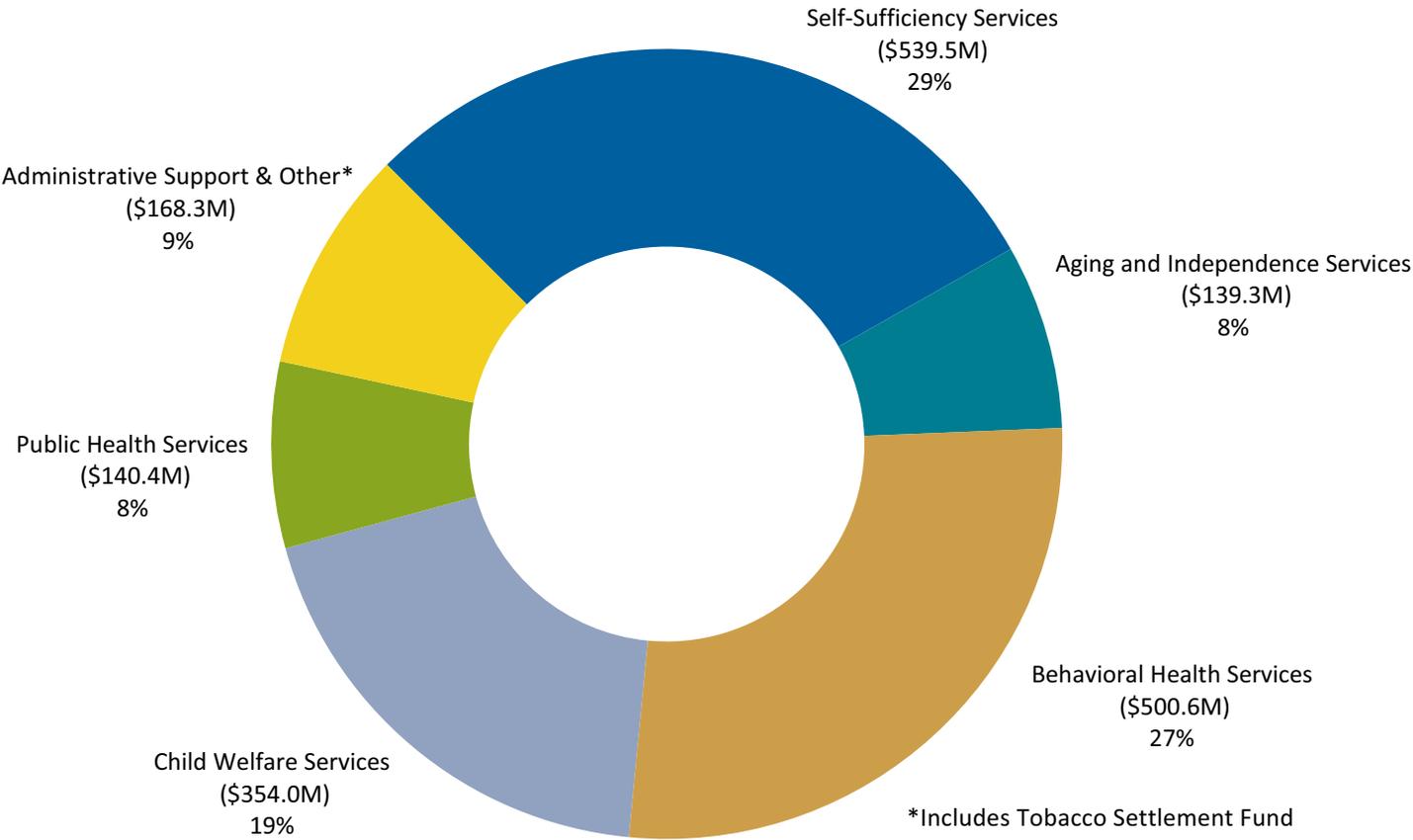
Health and Human Services Agency

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Health and Human Services Agency at a Glance

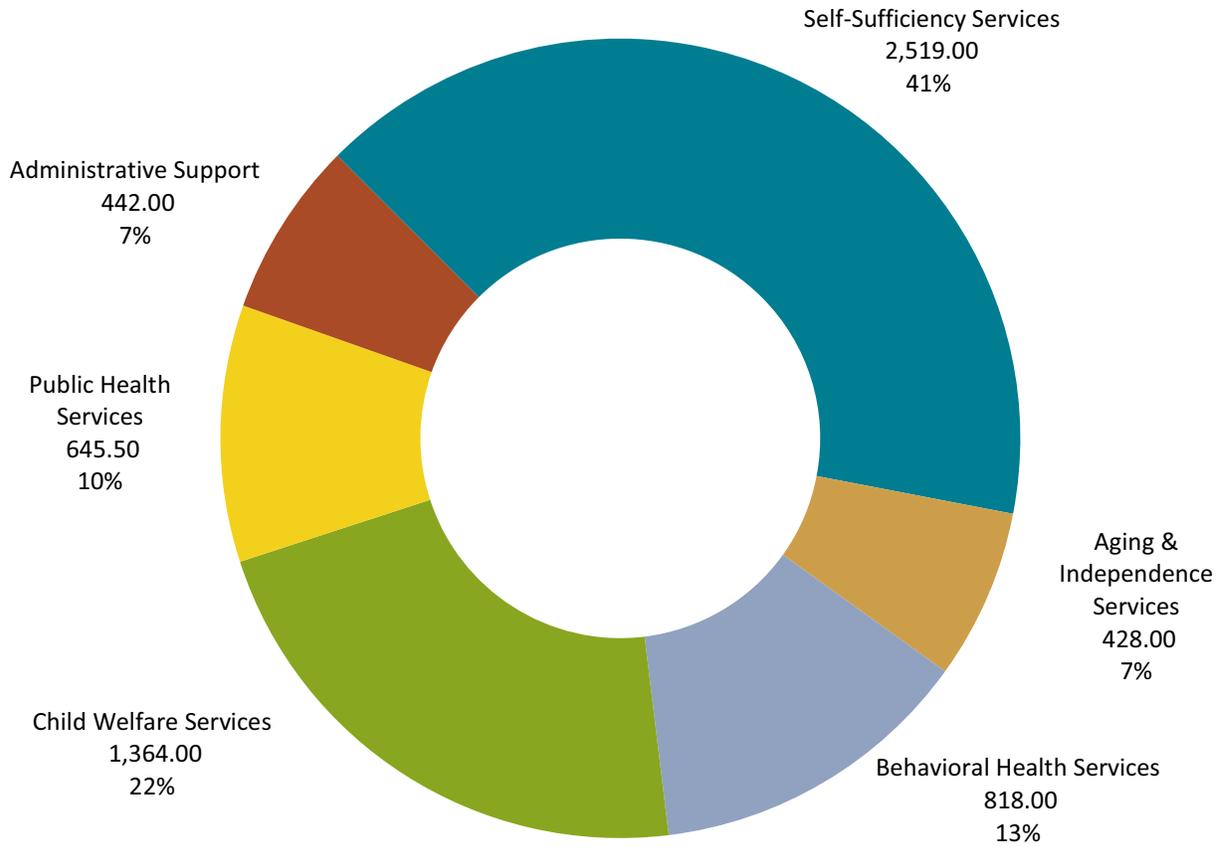
Recommended Budget by Department

Budget by Department Fiscal Year 2016-17: \$1.8 billion



Recommended Staffing by Department

Staffing by Department Fiscal Year 2016-17: 6,216.50 Staff Years



Health and Human Services Agency Summary

Mission Statement

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

Agency Description

The Health and Human Services Agency (HHSA) is an integrated agency with a robust service network that serves over 3.2 million residents through its many programs that advance Live Well San Diego—the County’s vision for a region that is building better health, living safely and thriving.

HHSA has five functional areas that are all supported by an administrative section. The functional areas provide residents with necessary services and resources that are generally regionally delivered. In the past, services were shown in both the regional and functional area. In order to clearly show programmatic alignment, operational costs and overall performance, the Regional Operations section has been removed and its contents are now reflected in their respective functional area.

The Agency supports Live Well San Diego by connecting nearly one in three residents to a full range of services that includes:

- ◆ **Aging & Independence Services (AIS)**—protects adults from abuse and neglect and provides access to services that assist residents to remain safely in their home;
- ◆ **Behavioral Health Services (BHS)**—provides mental health services and access to drug and alcohol treatment and prevention services to assist individuals and families to achieve mental and emotional well-being that supports stability;
- ◆ **Child Welfare Services (CWS)**—protects at-risk children from dangerous conditions and provides permanency and stability in living situations for children in order to enhance their overall well-being and lead to strengthened families;
- ◆ **Public Health Services (PHS)**—identifies and addresses health issues to prevent illness, and maximize the health, safety and well-being of the community;
- ◆ **Self-Sufficiency Services (SSS)**—assists in providing medical health insurance, supplementary food assistance and cash aid to individuals and families in need of services to assist them in achieving self-sufficiency; and
- ◆ **Administrative Support (AS)**—ensures that departments deliver services in a professional, cost effective, efficient and cohesive manner while focusing on exceptional customer service.



Together the Agency serves more than 80,000 residents in mental health and alcohol & other drug services; assists more than 44,000 older adults and people with disabilities through a variety of programs to help keep them safe in their own homes; protects nearly 7,500 vulnerable children; prevents the spread of infectious diseases through nearly 8,000 disease investigations; and ensures 810,000 children, adults, and seniors are connected to the federal and State benefits they need to meet basic needs. These services are basic examples of how the Agency encourages the people served to build healthy families, promote safe communities and provide a sustainable environment to help the region thrive.

HHSA provides these services directly and indirectly with 6,216.50 HHSA employees (staff years) located across 52 facilities, over 550 contracted providers, hundreds of volunteers and a budget of \$1.8 billion derived from federal, State and local funding. HHSA also works with its 18 citizen advisory boards and commissions, and participates in over 160 community advisory groups, to ensure the right services are provided to the right people, at the right time, for the best possible outcome.

Effective Fiscal Year 2016–17, HHSA reorganized the functions in the Operational Plan to more accurately reflect programmatic alignment, operational costs and overall performance. Regional Operations functions were consolidated with Child Welfare Services and Public Health Services budget. Additionally, Self-Sufficiency Services was created to consolidate eligibility services into one budget. The Office of Military and Veterans Affairs (OMVA) and Regional Administration are now included as part of Administrative Support to ensure increased coordination across the Agency and County.

Strategic Framework and Alignment

In the County’s Strategic Framework, Groups and Departments support four Strategic Initiatives: Healthy Families, Safe Communities, Sustainable Environments, and Operational Excellence. Audacious Visions and Enterprise-Wide Goals (EWG) assist departments in aligning with and supporting the County’s Vision and Strategic Initiatives. In addition, Cross-Departmental Objectives (CDO) demonstrate how departments and/or external partners are collaborating to contribute to the larger EWG. Nomenclature seen in parenthesis (e.g., “SC1” or “HF3”) throughout the Operational Plan references these CDOs and shows how the department contributes to their outcome. For more information on the strategic alignment, refer to the Strategic Framework and Alignment section.

HHSA Departments

- ◆ Aging & Independence Services
- ◆ Behavioral Health Services
- ◆ Child Welfare Services
- ◆ Public Health Services
- ◆ Self-Sufficiency Services
- ◆ Administrative Support

Health and Human Services Agency Priorities

HHSA is an integrated Agency that supports *Live Well San Diego* through its programs and services that provide prevention, protection, treatment, and assistance to San Diego County residents. The priorities that guide HHSA include: building healthy families, promoting safe communities, creating sustainable environments and achieving operational excellence.

Healthy Families

HHSA is committed to improving the health of families by collaborating with community partners to provide and promote available services to address homelessness, hunger and other community issues. We are focused on ensuring residents, particularly our veteran and military community, have opportunities for healthy choices and access to nutrition assistance and health coverage. HHSA is dedicated to serving all individuals with seri-

ous mental illness and substance abuse disorders and will collaborate with the community to eliminate the stigma associated with these conditions. As part of this effort, HHSA will continue providing trauma informed training and updating our facilities to ensure services are provided in welcoming, family-oriented settings. HHSA works collaboratively with community partners to connect residents to all available services and to promote healthy behaviors.

Safe Communities

HHSA works to ensure that all residents feel safe in their communities and focuses on vulnerable populations. To ensure the safety of our at-risk youth and adults, including foster children and seniors, HHSA will engage them in prevention programs that successfully transition youth into adulthood and keep seniors safe in their homes. Valuing the diversity of our county, HHSA will ensure services are culturally competent while meeting the needs of our communities.

Sustainable Environments

HHSA will continue to work with the hardest to reach and most vulnerable populations in San Diego County, connecting them to services so they can thrive. This work cannot be done alone. By engaging community partners, HHSA will focus on making communities stronger to address issues like mental illness, suicide, strengthening families, and addressing the impacts of Alzheimer’s disease. This means making sure that residents have the information and access to services so they are supported in dealing with these challenging situations.

Operational Excellence

HHSA is on a journey to excellence and is focused on the customer experience. This means providing customers access to information and services through a variety of methods, including a website to apply for public assistance programs and a 24/7 crisis intervention hotline. The Agency is analyzing data to identify what services should be co-located to minimize travel time and office visits for customers accessing multiple programs. Efforts are underway to develop a data sharing system that will support HHSA’s person-centered service delivery model and help to connect the unconnected for better outcomes.

2016–18 Health and Human Services Agency (HHSA) Cross-Departmental Objectives

Each of the five business groups has a Cross-Departmental Objectives (CDO) table listing the CDOs to which their departments make significant contributions. This table shows various HHSA departments’ efforts toward the achievement of the CDO and includes additional County business group(s) contributing to the CDO listed. To see more detailed information on a specific contribution to a CDO, see that department’s 2016–18 Objectives with the corresponding CDO nomenclature. A complete list of all CDOs with their alignment to the Enterprise-Wide Goals and Audacious Visions can be found in the Strategic Framework and Alignment section.



Strategic Initiative	Cross-Departmental Objective		Contributing Departments and External Partners
	HF1	Create a trauma-informed County culture	Administrative Support, Behavioral Health Services, Child Welfare Services, Public Health Services
	HF2	Connect residents with local food sources, nutrition education, and nutrition assistance	Administrative Support, Aging & Independence Services, Public Health Services, Self-Sufficiency Services, Community Services Group, Finance and General Government Group, Land Use and Environment Group
	HF3	Partner with producers, distributors and retailers to increase access to and purchase of healthy local foods in food desert areas	Administrative Support, Land Use and Environment Group
	HF4	Pursue policy changes that support clean air, clean water, active living and healthy eating	Aging & Independence Services, Behavioral Health Services, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	HF5	Help employees understand how they contribute to <i>Live Well San Diego</i>	Administrative Support, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	SC1	Leverage internal and external partnerships to provide resources to engage residential, visitor and business communities in personal disaster readiness (preparedness)	Public Health Services, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	SC2	Create opportunities for safe access to places that provide community connection and engagement	Behavioral Health Services, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	SC3	Identify and mitigate community threats that impact quality of life	Behavioral Health Services, Public Health Services, Community Services Group, Land Use and Environment Group, Public Safety Group
	SC4	Develop an information exchange, and where possible, use a single system that provides data so County agencies can deliver services more efficiently	Administrative Support, Public Safety Group
	SC5	Provide youth and their caregivers with opportunities to promote healthy relationships, identify risk factors and access services to prevent crime, neglect and abuse	Behavioral Health Services, Public Safety Group
	SE1	Improve policies and systems across departments to reduce economic barriers for business to grow and consumers to thrive	Administrative Support, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	SE2	Anticipate customer expectations and needs in order to increase consumer and business confidence	Aging & Independence Services, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	SE5	Educate and engage residents of all ages by leveraging internal and external partnerships to promote physical activities and recreational interests	Administrative Support, Land Use and Environment Group
	SE6	Promote and communicate the opportunities and value of being actively involved in the community so that residents are engaged and influencing change	Administrative Support, Aging & Independence Services, Behavioral Health Services, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	OE1	Ensure our influence as a regional leader on issues and decisions that impact the financial well-being of the county	Administrative Support, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	OE2	Build the financial literacy of the workforce in order to promote understanding and individual contribution to the County's fiscal stability	Administrative Support, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group

Strategic Initiative	Cross-Departmental Objective		Contributing Departments and External Partners
	OE3	Utilize new and existing technology and infrastructure to improve customer service	Self-Sufficiency Services, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	OE4	Provide information access to all customers ensuring consistency, transparency and customer confidence	Administrative Support, Self-Sufficiency Services, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	OE5	Engage employees to take personal ownership of the customer experience	Administrative Support, Public Health Services, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group
	OE6	Foster employee well-being, inclusion and development	Administrative Support, Community Services Group, Finance and General Government Group, Land Use and Environment Group, Public Safety Group

Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website:

- ◆ www.SDCounty.gov/HHSA

For additional information about *Live Well San Diego*, go to:

- ◆ www.LiveWellSD.org

Recommended Budget Changes and Operational Impact: 2015–16 to 2016–17

Overview

The Health and Human Services Agency’s Fiscal Year 2016–17 budget includes appropriations of \$1.8 billion, a decrease of \$162.1 million. The decrease is driven by a reduction of \$250.3 million to reflect the transfer of collective bargaining responsibilities to the State for In-Home Supportive Services (IHSS) providers as part of the Coordinated Care Initiative (CCI). There is no impact to services resulting from this change. Offsetting this reduction is a net increase of \$88.2 million across departments, including the addition of 240.00 staff years, to augment supports to strengthen families and improve outcomes for vulnerable populations; respond to service demands tied to growing case-loads and new State and federal policy direction; improve the service delivery system; and fund overall increases in cost of doing business including negotiated labor agreements and retirement contributions. Over half of the \$88.2 million increase is related to an expansion of contracted community services covering a full spectrum of assistance, from prevention to treatment, in Behavioral Health Services.

Examples of major initiatives expanding support to strengthen families and serve vulnerable populations are as follows:

- ◆ Investments as part of Project One for All will utilize collective impact strategies to provide intensive intervention and wrap-around services to homeless individuals with serious behavioral health conditions.
- ◆ The Psychiatric Emergency Response Teams (PERT), with a total of 40 teams, will be in place to link individuals with appropriate levels of care to reduce unnecessary incarcerations and inpatient psychiatric hospitalizations.
- ◆ Supports to strengthen the retention, recruitment and training of Foster and Kinship parents and caregivers will be augmented in order to continue to decrease reliance on congregate care settings for foster youth and increase placements in home-based family settings.
- ◆ Investment in the Commercially Sexually Exploited Children (CSEC) Program is included to help address the young victims of human trafficking.
- ◆ Investments to improve resources and services to Alzheimer’s patients and caregivers will be made to continue to meet identified needs.
- ◆ The Office of Military and Veterans Affairs will expand counseling and outreach to previously underserved communities.
- ◆ Public Health prevention services associated with the Nutrition Education and Obesity Prevention, Health prevention and HIV prevention grants, and Childhood Obesity Initiative will be expanded.
- ◆ Additional subsidized employment opportunities will be provided to help CalWORKs participants in achieving self-sufficiency.





Some of the more significant adjustments being made to meet service demands tied to increasing caseloads and new State and federal policies are listed below:

- ◆ Staff will be added in the IHSS program to address growth in the program and new administrative responsibilities associated with the Fair Labor Standards Act (FLSA) which will grant overtime and make other compensation enhancements for IHSS providers.
- ◆ Staff will be added to support the State's expansion of full-scope Medi-Cal to undocumented children under the age of 19.
- ◆ Adjustments in the General Relief cash assistance budget will be made to reflect an increasing caseload.

In addition to ensuring the appropriate array and right number of services are available, improving the service delivery system itself continues to be a priority in Fiscal Year 2016–17. Funds to continue modernizing facilities to promote a professional and trauma informed atmosphere and to match location with need are provided. Likewise, information technology systems will continue to be modernized in many areas, and information technology will be used to enhance service delivery when possible. Most notably, the last phase of the design, development and implementation of the ConnectWellSD Information Exchange, which will enable information sharing and collaboration among County programs and support a person-centered and trauma informed delivery system is funded in the Fiscal Year 2016–17 budget.

Tobacco Settlement Funds

Tobacco settlement payments were first securitized in Fiscal Year 2001–02 to allow a stable funding stream for health and human services programs. This Special Revenue fund reflects \$6.2 million for Fiscal Year 2016–17. A decrease of \$7.3 million is proposed from the prior year.

The \$7.3 million decrease includes a \$0.7 million reduction in Operating Transfers and \$6.6 million in Other Charges. The \$0.7 million decrease in Operating Transfers is due to lower than projected expenditures in the County Medical Services program associated with the Affordable Care Act. The \$6.6 million reduction in Other Charges is to align the projected expenditures held for contingencies to the estimated Interest on Deposits & Investments revenue.

Staffing

Net increase of 240.00 staff years

- ◆ Increase of 150.00 staff years in Self-Sufficiency Services to manage service needs and increased caseloads associated with the State's expansion of full-scope Medi-Cal to undocumented children under the age of 19.

- ◆ Increase of 50.00 staff years to support the County's IHSS program. This addition will allow the program to meet continued increased caseload growth and to operationalize new overtime and other compensation requirements for IHSS Individual Providers as a result of the FLSA.
- ◆ Increase of 30.00 staff years to manage the growth in BHS programs and contracted services.
- ◆ Increase of 8.00 staff years in Financial Services Division, Human Resources, and Management Support to support program growth, primarily in Self-Sufficiency Services.
- ◆ Increase of 3.00 staff years in the Office of Military and Veterans Affairs to support increased counseling and outreach services.
- ◆ Decrease of 1.00 staff year due to a transfer to County Counsel to support program coordination between County Counsel and Child Welfare Services in juvenile dependency and litigation matters.

Other changes are explained in more detail in the program narrative sections.

Expenditures

Net decrease of \$162.1 million

- ◆ Salaries & Benefits—increase of \$33.7 million.
 - ◆ Increase of \$17.6 million as a result of negotiated labor agreements and an increase in retirement contributions.
 - ◆ Increase of \$16.1 million due to a net increase of 240.00 staff years.
- ◆ Services & Supplies—net decrease of \$184.8 million.
 - ◆ Decrease of \$250.3 million due to transfer of collective bargaining responsibilities to the State for In-Home Supportive Services (IHSS) providers as part of the Coordinated Care Initiative. There is no impact to services resulting from this change.
 - ◆ Increase of \$44.7 million in Behavioral Health Services for expansion of contracted community services covering a full spectrum of assistance, from prevention to treatment including efforts to support Project One For All.
 - ◆ Increase of \$7.0 million in Information Technology related services and supplies.
 - ◆ Increase of \$5.0 million in Child Welfare Services for Foster and Relative Caregiver Recruitment, Retention and Support (FRRS) program, services under the California Well-Being Demonstration Project and the CSEC program.
 - ◆ Increase of \$2.8 million in Public Health Services for contracted services associated with grant expansions, increased ambulance transports and purchase of lab supplies.
 - ◆ Increase of \$2.5 million in rents and leases, utilities and guard services.
 - ◆ Increase of \$1.6 million in costs applied to general fund departments.



- ❖ Increase of \$1.5 million in Administrative Support for contracted services for community improvement projects.
- ❖ Increase of \$0.4 million for Alzheimer’s awareness and support projects.
- ◆ Other Charges—net decrease of \$15.0 million.
 - ❖ Decrease of \$8.1 million in Self-Sufficiency Services including decreases for CalWORKs benefit payments, Cash Assistance Program for Immigrants (CAPI) offset by increases for General Relief caseload growth, Family Stabilization and Expanded Subsidized Employment (ESE), CalFresh client benefits, and Approved Relative Caregiver (ARC) program to align with caseload trends.
 - ❖ Decrease of \$6.6 million in Tobacco Settlement fund to align projected expenditures held for contingencies to the estimated interest on deposits.
 - ❖ Decrease of \$1.0 million in appropriations for medical costs in California Children’s Services program, based on caseload trend, with no impact to services.
 - ❖ Increase of \$0.7 million due to an increase in utilization of mental health State Hospital beds.
- ◆ Capital Assets Equipment—net increase of \$0.2 million for one-time projects in Public Health Services.
- ◆ Expenditure Transfer & Reimbursements—decrease of \$2.3 million associated with the reimbursement for AB109 and PERT services. Behavioral Health Services will partially fund services previously funded by the Public Safety Group. Since this is a reimbursement, it has the effect of \$2.3 million increase in appropriations.
- ◆ Operating Transfer Out—net increase of \$1.5 million.
 - ❖ Increase of \$2.2 million for the IHSS Public Authority program related to workload increases for the implementation of the FLSA for the IHSS program and one-time costs for the relocation of the training center.
 - ❖ Decrease of \$0.7 million due to lower than projected expenditures in the County Medical Services program.
- ❖ Increase of \$17.4 million in Realignment revenue to support Salaries & Benefits and Services & Supplies including one-time projects, based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs for health and human services programs.
- ❖ Increase of \$14.4 million in Social Services Administrative revenue to support the increased staff in Self-Sufficiency Services and Aging & Independence Services.
- ❖ Increase of \$14.2 million in Behavioral Health Services primarily for Short Doyle Medi-Cal revenue to align with program trends.
- ❖ Increase of \$12.5 million in Medi-Cal Administrative revenue to support growth in Self-Sufficiency Services due to Affordable Care Act.
- ❖ Increase of \$9.8 million in Social Services Administrative revenue to support Salaries & Benefits and Services & Supplies.
- ❖ Increase of \$3.5 million in Self-Sufficiency Services for State and federal funding to support expenditure adjustments described in Other Charges for ARC, Family Stabilization, ESE, Work Incentive Nutritional Supplement, State Utility Assistance Subsidy programs and CAPI.
- ❖ Increase of \$1.8 million in Public Health Services primarily for California Children’s Services funding due to a projected increase in the Medi-Cal eligible caseload.
- ❖ Increase of \$0.7 million in State funding associated with the CSEC program.
- ◆ Charges for Current Services—net increase of \$0.9 million.
 - ❖ Increase of \$1.0 million primarily in Public Health Services for third party external administration fees and ambulance transports fees.
 - ❖ Increase of \$0.5 million in Self-Sufficiency Services associated with Third Party Reimbursement revenue to reflect a budget adjustment for collections related to prior year services for the Low Income Health Program.
 - ❖ Decrease of \$0.6 million in Administrative Support in First 5 revenue to align to a reduction in First 5 administrative costs.
- ◆ Miscellaneous Revenues—net increase of \$0.1 million.
 - ❖ Increase of \$1.1 million primarily for administrative revenues to support cost increases for the Vets Directed Care program and duplicating & filing documentation fees from Assessor, Recorder, County Clerk.
 - ❖ Decrease of \$1.0 million in Self-Sufficiency Services associated with the transfer of Medi-Cal Outreach and Enrollment appropriations to Probation.
- ◆ Other Financing Sources—decrease of \$2.4 million.
 - ❖ Decrease of \$1.7 million in Administrative Support in Operating Transfer from the Proposition 172 Fund for prior year one-time costs related to the ConnectWellSD project.

Revenues

Net decrease of \$162.1 million

- ◆ Fines, Forfeitures & Penalties—increase of \$0.7 million in projected penalty assessments in Emergency Medical Services.
- ◆ Intergovernmental Revenue—net decrease of \$146.8 million.
 - ❖ Decrease of \$250.0 million in Aging & Independence Services for IHSS IP State and federal revenue associated with the reduction in IHSS IP wage appropriations to reflect the transfer of collective bargaining responsibilities for providers to the State as noted above.
 - ❖ Decrease of \$14.6 million in Self-Sufficiency Services for State and federal revenue associated with reducing appropriation for CalWORKs benefit payments to align with caseload trends.
 - ❖ Increase of \$43.5 million in Mental Health Services Act revenue to align with program needs.





- ❖ Decrease of \$0.7 million in Self-Sufficiency Services in Operating Transfer from Tobacco Securitization revenues due to decreased costs in the County Medical Services program.
- ◆ Use of Fund Balance—decrease of \$16.4 million. A total of \$52.9 million is budgeted.
 - ❖ \$20.0 million for management reserves.
 - ❖ \$13.1 million for the last phase of the design, development and implementation of the ConnectWellSD system to support information sharing and collaboration among County programs.
 - ❖ \$6.8 million for one-time major maintenance projects.
 - ❖ \$5.4 million primarily for one-time costs associated with enterprisewide information technology upgrades and advancements.
- ❖ \$4.3 million for Tobacco Settlement projects that are reimbursed through the securitized Tobacco Settlement Revenue account.
- ❖ \$3.2 million for increased General Relief costs.
- ❖ \$0.1 million is budgeted for the Alzheimer’s Website Development Project.
- ◆ General Purpose Revenue—increase of \$1.8 million to contribute to increased costs in Salaries & Benefits, Office of Military and Veterans Affairs and Alzheimer’s services.

Recommended Budget Changes and Operational Impact: 2016–17 to 2017–18

Net decrease of \$25.9 million is the result of the elimination of \$33.6 million in prior year one-time projects, offset by an increase of \$7.7 million in Salaries & Benefits due to negotiated labor agreements.

Group Staffing by Program					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Regional Operations	3,183.75	3,165.00	0.00	(100.0)	0.00
Self-Sufficiency Services	0.00	0.00	2,519.00	0.0	2,519.00
Aging & Independence Services	385.00	390.00	428.00	9.7	428.00
Behavioral Health Services	786.25	789.00	818.00	3.7	818.00
Child Welfare Services	757.00	768.00	1,364.00	77.6	1,364.00
Public Health Services	484.50	485.50	645.50	33.0	645.50
Administrative Support	377.00	379.00	442.00	16.6	442.00
Total	5,973.50	5,976.50	6,216.50	4.0	6,216.50

Group Budget by Program					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Regional Operations	\$ 615,226,914	\$ 629,455,120	\$ —	(100.0)	\$ —
Self-Sufficiency Services	—	—	539,536,653	0.0	542,697,385
Aging & Independence Services	333,551,249	383,582,465	139,302,587	(63.7)	139,607,584
Behavioral Health Services	425,433,577	441,551,554	500,607,470	13.4	494,157,937
Child Welfare Services	270,597,535	276,838,541	353,978,179	27.9	355,388,165
Public Health Services	106,403,685	115,384,860	140,422,712	21.7	139,679,124
Administrative Support	122,228,623	143,903,403	162,102,196	12.6	138,549,658
Tobacco Settlement Funds	27,500,000	13,500,000	6,200,000	(54.1)	6,200,000
Total	\$ 1,900,941,583	\$ 2,004,215,943	\$ 1,842,149,797	(8.1)	\$ 1,816,279,853



Regional Operations

Mission Statement

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

Department Description

Regional Operations delivers the implementation of three functional areas, Child Welfare Services (CWS), Public Health Services (PHS), and Self-Sufficiency Services (SSS), and in collaboration with the community identifies and address emerging issues and develops shared goals to advance Live Well San Diego.

Effective Fiscal Year 2016–17, HHS realigned the Regional Operations budget with its contents now reflected in their respective functional area to clearly show programmatic alignment, operational costs and overall performance.

Strategic Initiative Legend

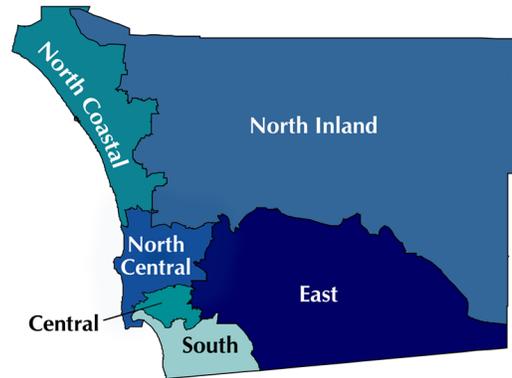
HF	SC	SE	OE
○	- Audacious Vision		
●	- Enterprise Wide Goal		
□	- Cross-Departmental Objective		
■	- Department Objective		
◆	- Objective Sub-Dot Point Level 1		

For more information on alignment to the Strategic Initiatives refer to the Agency Description section within the Health and Human Services Agency Summary.

2015–16 Anticipated Accomplishments

Healthy Families

- Promote the implementation of a service delivery system that is sensitive to those individuals who have been affected by traumatic circumstances
 - Processed 96% (38,016 of 39,600) of CalWORKs applications timely, a key metric required by the State, which is also a first step in assisting families toward achieving self-sufficiency.
- Strengthen the local food system and support the availability of healthy foods, nutrition education, and nutrition assistance for those who need it



- Enrolled 95% (285 of 300) of eligible Nurse Family Partnership (NFP) and Maternal Child and Family Health (MCFH) families in CalFresh and Women, Infants and Children Program, increasing the families nutritional health. (HF2)
- Ensured 61% (159 of 260) of mothers participating in the NFP and MCFH programs continued to breastfeed their infants to 6 months of age. (HF2)
- Processed 92% (121,440 of 132,000) of CalFresh applications timely, helping eligible families and individuals buy food to improve their nutrition.
- Pursue policy change for healthy, safe, and thriving environments with a special focus on residents who are in our care or rely on us for support
 - Enrolled 100% (91,000) of newly eligible Medi-Cal recipients as part of the Affordable Care Act (ACA), increasing the number of residents with health insurance and reducing the overall costs of health care to these families and individuals. (HF4)

Safe Communities

- Plan, build and maintain safe communities to improve the quality of life for all residents
 - Established baseline number for chronic homeless, homeless veterans and veteran families by supporting the implementation of a sustainable Coordinated Assessment and Housing Placement system to provide outreach, assessment, housing navigation and priority placement to veterans who are chronically homeless in North County and downtown San Diego. The North County and Downtown teams have conducted 2,508 assessments, assigned 795 to housing navigators and provided 277 individuals and families with permanent housing. (SC2)
 - Increased the diversity of *Live Well San Diego* partners by including tribal organizations, faith based entities and several business sectors. (SC2)

- Developed an evaluation component for Promise Neighborhoods to outline specific strategic roles for South Region Child Welfare Services, Public Health, Family Resource Center Eligibility staff and other HHSA Programs. (SC2)
- Delivered age-appropriate vaccines to 99% (19,800 of 20,000) of children 0–18 years of age who were served at regional Public Health Centers and clinics thereby protecting them from diseases such as measles and whooping cough. (SC3)
- Strengthen our prevention and enforcement strategies to protect our youth from crime neglect and abuse
 - Reunited 47% (153 of 325) of children removed from the home with parent(s) within 12 months. (SC6)
 - Provided 890 East Region customers and community partners with education and information necessary for prevention, early intervention and family strengthening activities. (SC6)
 - Developed a plan with the Chula Vista Police Department and Child Welfare Services to implement the Smart Policing Initiative to reduce the occurrence of domestic violence calls when children are involved. (SC7)
- Encouraged 50% (2,350 of 4,700) of families to participate in quarterly joint planning meetings about their children. Participation in joint-case planning positively impacts outcomes for the children.
- Ensured 87% (1,353 of 1,555) of children in foster care (8 days or more, but less than 12 months) had fewer than three placements, minimizing the trauma children experienced and lessening negative impact on their school performance.

Sustainable Environments

- Provide and promote services that increase consumer and business confidence
 - Worked with community partners in Central, East, and South Region and developed effective resources to assist refugees to acculturate, gain independence and enhance long-term self-sufficiency. (SE1)

Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Increased by 5% (5,116 to 5,371) the number of CalFresh recipients who are seniors living in rural areas by promoting the use of video interviewing for public assistance programs. (OE3)
 - Increased by 20% the number of status reports and renewals submitted through Benefits CalWIN, enhancing the use of online pathways reducing the need for families and individuals to visit or call an office. (OE4)
- Strengthen our customer service culture to ensure a positive customer experience
 - Created an employee culture that is trauma informed and built an environment that is conducive to reducing trauma for residents seeking services. (OE5)
 - Developed a plan to enhance Access Customer Service Call Center self-service call features and web page to improve the customer service experience for San Diego County residents.

Related Links

For detailed information about the health and characteristics of the people living in each HHSA Region, go to:

- ◆ www.SDHealthStatistics.com

For additional information on the programs offered by the Health and Human Services HHSA, go to:

- ◆ www.SDCounty.ca.gov/HHSA

For information about *Live Well San Diego*, go to:

- ◆ www.LiveWellSD.org





Performance Measures	2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
 Timely processing of CalWORKs applications ¹	96% of 36,023	96% of 39,600	96% of 39,600	N/A	N/A
Timely processing of CalFresh applications ¹	94% of 147,545	92% of 132,000	92% of 132,000	N/A	N/A
Mothers who continue to breastfeed their infant at 6 months of age ²	57% of 373	52% of 300	61% of 260	N/A	N/A
Enrollment of newly eligible Medi-Cal recipients as part of the ACA ⁵	100% of 157,969	100% of 91,000	100% of 91,000	N/A	N/A
 Family participation in joint case planning and meetings quarterly ³	56% of 4,402	50% of 4,700	50% of 4,700	N/A	N/A
Children in foster care that are with a relative or non-related family member ⁴	51% of 1,311	N/A	N/A	N/A	N/A
Children in foster care for less than 12 months have fewer than 3 placements during that period ⁴	83% of 1,541	N/A	N/A	N/A	N/A
Children 0-18 years of age receive age-appropriate vaccines ²	99% of 16,462	98% of 16,000	99% of 20,000	N/A	N/A
Children reunified with parents within 12 months ³	N/A	47% of 325	47% of 325	N/A	N/A

Table Notes

- ¹ Effective Fiscal Year 2016–17, HHS reorganized Regional Operations to facilitate operational effectiveness and efficiency in order to improve service delivery to clients. This measure now appears in Self-Sufficiency Services.
- ² Effective Fiscal Year 2016–17, HHS reorganized Regional Operations to facilitate operational effectiveness and efficiency in order to improve service delivery to clients. This measure now appears in Public Health Services.
- ³ Effective Fiscal Year 2016–17, HHS reorganized Regional Operations to facilitate operational effectiveness and efficiency in order to improve service delivery to clients. This measure now appears in Child Welfare Services.
- ⁴ Measure transferred in Fiscal Year 2015-16 to Child Welfare Services to show programmatic alignment.
- ⁵ Measure will be discontinued in Fiscal Year 2016-17 to further demonstrate alignment with federal requirements.

Recommended Budget Changes and Operational Impact: 2015–16 to 2016–17

Effective Fiscal Year 2016–17, HHS realigned the Regional Operations budget with its contents now reflected in their respective functional area (Administrative Support, Child Welfare Services, Public Health Services, and Self-Sufficiency Services) to clearly show programmatic alignment, operational costs and overall performance.

Staffing

Decrease of 3,165.00 staff years.

Expenditures

Decrease of \$629.5 million.

Revenues

Decrease of \$629.5 million.



Staffing by Program					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Regional Self Suffic Elig	2,113.00	2,122.00	0.00	(100.0)	0.00
Regional Child Welfare Svcs	606.00	596.00	0.00	(100.0)	0.00
Central Region	47.00	47.00	0.00	(100.0)	0.00
East Region	42.25	39.00	0.00	(100.0)	0.00
North Central Region	27.00	26.00	0.00	(100.0)	0.00
North Coastal Region	31.00	32.00	0.00	(100.0)	0.00
North Inland Region	35.00	31.00	0.00	(100.0)	0.00
South Region	30.50	31.00	0.00	(100.0)	0.00
Eligibility Operations Administration	217.00	235.00	0.00	(100.0)	0.00
Health Care Policy Administration	35.00	6.00	0.00	(100.0)	0.00
Total	3,183.75	3,165.00	0.00	(100.0)	0.00

Budget by Program					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Regional Self Suffic Elig	\$ 419,485,159	\$ 437,932,176	\$ —	(100.0)	\$ —
Regional Child Welfare Svcs	58,547,657	58,425,256	—	(100.0)	—
Central Region	10,500,386	10,994,357	—	(100.0)	—
East Region	7,500,662	6,944,277	—	(100.0)	—
North Central Region	4,167,231	4,024,937	—	(100.0)	—
North Coastal Region	5,612,453	5,754,199	—	(100.0)	—
North Inland Region	5,598,346	6,148,425	—	(100.0)	—
South Region	6,643,934	6,629,265	—	(100.0)	—
Eligibility Operations Administration	77,054,775	82,480,934	—	(100.0)	—
Health Care Policy Administration	20,116,311	10,121,294	—	(100.0)	—
Total	\$ 615,226,914	\$ 629,455,120	\$ —	(100.0)	\$ —





Budget by Categories of Expenditures

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Salaries & Benefits	\$ 257,212,209	\$ 261,167,954	\$ —	(100.0)	\$ —
Services & Supplies	109,693,558	108,474,250	—	(100.0)	—
Other Charges	248,321,147	259,812,916	—	(100.0)	—
Total	\$ 615,226,914	\$ 629,455,120	\$ —	(100.0)	\$ —

Budget by Categories of Revenues

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Fines, Forfeitures & Penalties	\$ 3,200,000	\$ 3,400,000	\$ —	(100.0)	\$ —
Revenue From Use of Money & Property	277,191	299,908	—	(100.0)	—
Intergovernmental Revenues	566,192,422	581,806,017	—	(100.0)	—
Charges For Current Services	2,003,588	1,403,329	—	(100.0)	—
Miscellaneous Revenues	658,451	1,845,870	—	(100.0)	—
Other Financing Sources	8,500,000	1,700,000	—	(100.0)	—
Use of Fund Balance	3,144,091	0	—	0.0	—
General Purpose Revenue Allocation	31,251,171	38,999,996	—	(100.0)	—
Total	\$ 615,226,914	\$ 629,455,120	\$ —	(100.0)	\$ —





Self-Sufficiency Services

Mission Statement

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

Department Description

Self-Sufficiency Services (SSS) is the branch of the Health and Human Services Agency that administers social welfare services for residents in need. These services include, but are not limited to cash assistance, food assistance, employment services and health care services. The largest assistance programs are CalWORKs, Medi-Cal and CalFresh. Staff from SSS ensure compliance with State and federal requirements and maintain program material for frontline staff.

Nearly 810,000 recipients are enrolled in these programs and SSS ensures that data, program guidance and enrollment information are accurate and accessible. The Affordable Care Act (ACA) brought significant changes to SSS by opening Medi-Cal and Covered California eligibility to a previously uninsured or underinsured population in San Diego County. SSS staff ensures ACA-related information and policies from the State flow to frontline at staff at 11 Family Resource Centers (FRCs) and 2 Community Resource Centers (CRCs) to ensure eligible individuals receive services. SSS also administers the County Medical Services (CMS) program, providing medical care for uninsured indigent adult County residents.

SSS collaborates with community partners and other County departments to add value to direct service programs and develop shared goals to advance the Live Well San Diego vision for a region that is building better health, living safely and thriving. Collaborative efforts include Healthy San Diego, a partnership with consumer and professional stakeholders who work on issues related to Medi-Cal Managed Care. SSS has also partnered with the Probation and Sheriff's Departments on a National Association of Counties (NACo) award-winning program to enroll persons under Probation and Sheriff supervision in Medi-Cal. CalWORKs funding is allocated to contracts with numerous community organizations to provide Welfare to Work (WTW) programming, subsidized employment, financial support to pregnant and parenting teens and housing support. Other funding from the California Department of Education supports linkages with San Diego County Office of



Education and the YMCA to provide stipends to early education providers and teachers. Contracts with the Legal Aid Society of San Diego provide education and advocacy services to ensure that San Diego County residents have access to needed benefits and services in the community.

Direct services are provided to County residents by staff at FRCs and CRCs. The staff are part of SSS but are managed by Regional Operations across the County.

The Access Customer Service Call Center is an extension of the County of San Diego Family Resource Centers. Access agents are eligibility workers trained in CalWORKs, CalFresh and Medi-Cal programs that answer questions and provide case management services via phone, e-mail and fax. They complete eligibility determinations, take application requests and update existing case data on reported information. With the implementation of the ACA, the Access2Health Customer Service Center was implemented under the Access Management Team. Access2Health agents receive calls from Covered California customers potentially eligible for expanded Medi-Cal or households with a mixture of members who are eligible to Medi-Cal and Covered California health plans.

Effective Fiscal Year 2016–17, HHSA reorganized the functions in the Operational Plan to more accurately reflect programmatic alignment, operational costs and overall performance. Self-Sufficiency Services was created to consolidate eligibility services into one budget.

In order to deliver these essential services, SSS has 2,519.00 staff years and a budget of \$539.5 million, which includes assistance aid payments for residents. For more information about assistance aid payments, please see Appendix D.

Strategic Initiative Legend



For more information on alignment to the Strategic Initiatives refer to the Agency Description section within the Health and Human Services Agency Summary.

2016–18 Objectives

Healthy Families

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
 - Process 96% (33,600 of 35,000) of CalWORKs applications timely. This is a key metric required by the State and is a first step in assisting families towards self-sufficiency. Target exceeds the State requirement of 90%.
 - Process 91% (177,450 of 195,000) of Medi-Cal applications timely. This is a key metric required by the State and assists families in meeting their health care insurance needs. Target exceeds the state requirement of 90%.
- Strengthen the local food system and support the availability of healthy foods, nutrition education and nutrition assistance for those who need it
 - Increase by 9% (from 22,500 to 24,525) the number of seniors, including those living in rural areas, that receive CalFresh benefits in order to reduce the number of seniors who self-report food insecurity. Accomplish this goal through strategic partnerships with community-based organizations. (HF2)

- Process 92% (116,840 of 127,000) of CalFresh applications timely to help eligible families and individuals buy food and improve their nutrition. Target exceeds the State requirement of 90%.

Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Enhance customer service by promoting alternative pathways for individuals and families to access information about self-sufficiency programs and their ability to provide information electronically by increasing by 90% (2,500 to 4,750) the number of status reports and renewals that are submitted electronically through Benefits CalWIN. (OE3)
 - Enhance customer service by promoting alternative pathways for individuals and families to access information about self-sufficiency programs and their ability to provide information electronically by increasing by 5% (209,000 to 219,450) the number of individuals and families who use the self-service telephone feature at the Access Customer Service Call Center. (OE4)
 - Enhance customer service by promoting alternative pathways for individuals and families to access information about self-sufficiency programs and their ability to provide information electronically by increasing by 5% (33,500 to 35,175) the number of customers served via email at the Access Customer Service Call Center.

Related Links

For detailed information about the programs offered by the Health and Human Service HHSA, go to:

◆ www.SDCounty.ca.gov/HHSA

For information about *Live Well San Diego*, go to:

◆ www.LiveWellSD.org

Performance Measures	2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
Timely processing of CalWORKs applications ^{1,2}	N/A	N/A	N/A	96% of 35,000	96% of 35,000
Timely Processing of Medi-Cal applications ¹	N/A	N/A	N/A	91% of 195,000	91% of 195,000
Number of seniors on CalFresh ¹	N/A	N/A	N/A	24,525	26,732
Timely processing of CalFresh applications ^{1,2}	N/A	N/A	N/A	92% of 127,000	92% of 127,000
Status reports submitted through Benefits CalWIN ¹	N/A	N/A	N/A	4,750	4,750





Performance Measures		2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
	Customers using Access Self-Service ¹	N/A	N/A	N/A	219,450	219,450
	Customers using Access Email Service ¹	N/A	N/A	N/A	35,175	35,175

Table Notes

¹ As of Fiscal Year 2016–17, the Regional Operations department was reorganized. A new department, Self-Sufficiency Services, was established to create better public services for County health services. Please see the Regional Operations section of this document for additional information.

² As of Fiscal Year 2016–17, the Regional Operations department was reorganized and these measures will now be contained in Self-Sufficiency Services.

Recommended Budget Changes and Operational Impact: 2015–16 to 2016–17

Self-Sufficiency Services has an overall budget increase of \$539.5 million. This includes a transfer of \$530.5 million from Regional Operations in order to combine self-sufficiency and eligibility services previously budgeted regionally into one budget that reflects services by functional area. High priorities include meeting service demands associated with Medi-Cal and CalFresh caseload growth from continued impacts of the Affordable Care Act and State expansion of full-scope Medi-Cal to undocumented children under the age of 19, as well as continued growth in the General Relief program. Major budget initiatives include staff increases to address the expansion of full-scope Medi-Cal to undocumented children; increased services under the California Work Opportunity and Responsibility to Kids (CalWORKs) Family Stabilization and Expanded Subsidized Employment (ESE) programs in order to decrease time to self-sufficiency for CalWORKs participants; and appropriation adjustments to reflect caseload trends for the CalWORKs program as well as the General Relief program.

Staffing

Net increase of 2,519.00 staff years

- ◆ Increase of 2,361.00 staff years associated with reflecting eligibility regional support staff years previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
- ◆ Increase of 150.00 staff years to manage service needs and increased caseloads associated with the State’s expansion of full-scope Medi-Cal to undocumented children under the age of 19.
- ◆ Net increase of 8.00 staff years due to transfer from Administrative Support to support operational needs.

- ◆ Increase of 1.00 staff year due to transfer from Behavioral Health Services to support operational needs.
- ◆ Decrease of 1.00 staff year due to transfer to Aging & Independence Services to support operational needs.

Expenditures

Net increase of \$539.5 million

- ◆ Salaries & Benefits—increase of \$193.3 million.
 - ◆ Increase of \$179.5 million associated with reflecting eligibility regional support staff years previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
 - ◆ Increase of \$7.2 million due to an increase of 150.00 staff years.
 - ◆ Increase of \$6.6 million as a result of negotiated labor agreements and an increase in retirement contributions.
- ◆ Services & Supplies—net increase of \$94.5 million.
 - ◆ Increase of \$91.3 million associated with reflecting eligibility regional support costs previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
 - ◆ Increase of \$1.9 million in Information Technology related costs to support operational needs.
 - ◆ Increase of \$1.0 million in rents & leases and security guard services for the Family Resource Centers.
 - ◆ Increase of \$0.9 million in costs applied expenses associated with welfare fraud investigation and prosecution services.
 - ◆ Increase of \$0.4 million in contracted services for Medi-Cal renewal grant activities.
 - ◆ Decrease of \$1.0 million in contracted services associated with the transfer of Medi-Cal Outreach and Enrollment grant appropriations to Probation to align the budget with contract responsibilities.
- ◆ Other Charges—net increase of \$251.7 million.



- ❖ Increase of \$259.8 million associated with reflecting eligibility regional support costs previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
- ❖ Increase of \$3.4 million in General Relief assistance payments to align with projected caseload growth.
- ❖ Increase of \$1.8 million to align annual grant costs of the Approved Relative Caregiver (ARC) program rolled out in the prior year with current caseload trends.
- ❖ Increase of \$1.0 million due to an expansion of CalWORKs Family Stabilization and ESE activities.
- ❖ Increase of \$1.0 million in Work Incentive Nutritional Supplement (WINS) and State Utility Assistance Subsidy (SUAS) programs to align with caseload trends.
- ❖ Decrease of \$15.0 million in CalWORKs benefit payments to align with caseload trends.
- ❖ Decrease of \$0.3 million primarily in Cash Assistance Program for Immigrants (CAPI) to align with caseload trends.

Revenues

Net increase of \$539.5 million

- ◆ Fines, Forfeitures & Penalties—increase of \$3.8 million.
 - ❖ Increase of \$3.4 million associated with reflecting eligibility regional support revenues previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
 - ❖ Increase of \$0.4 million in Emergency Medical Services Penalty revenues.
- ◆ Revenue From Use of Money & Property—Increase of \$0.3 million associated with reflecting eligibility regional support revenues previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
- ◆ Intergovernmental Revenues—net increase of \$497.5 million.
 - ❖ Increase of \$491.1 million associated with reflecting eligibility regional support revenues previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
 - ❖ Increase of \$17.1 million in Social Services State and federal administrative revenue to support the increases in Salaries & Benefits and Services & Supplies.
 - ❖ Increase of \$3.5 million State and federal funding to support expenditure adjustments described in Other Charges for ARC, Family Stabilization, ESE, WINS, SUAS, and CAPI.

- ❖ Increase of \$0.4 million in Medi-Cal renewal program grant revenue.
- ❖ Decrease of \$14.6 million in State and federal revenue associated with reducing appropriation for CalWORKs benefit payments to align with caseload trends.
- ◆ Charges for Current Services—increase of \$1.6 million.
 - ❖ Increase of \$1.1 million associated with reflecting eligibility regional support revenues previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
 - ❖ Increase of \$0.5 million in Third Party Reimbursement revenue to reflect a budget adjustment for collections related to prior year services for the Low Income Health Program.
- ◆ Miscellaneous Revenues—net increase of \$1.1 million.
 - ❖ Increase of \$1.9 million associated with reflecting eligibility regional support revenues previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
 - ❖ Increase of \$0.2 million in General Relief Overpayments as a result of getting more recipients approved for Supplemental Security Income.
 - ❖ Decrease of \$1.0 million associated with the transfer of Medi-Cal Outreach and Enrollment appropriations to Probation.
- ◆ Other Financing Sources—net increase of \$1.0 million.
 - ❖ Increase of \$1.7 million associated with reflecting eligibility regional support revenues previously budgeted in Regional Operations under one Self-Sufficiency Services budget.
 - ❖ Decrease of \$0.7 million in Operating Transfer from Tobacco Securitization revenues due to decreased costs in the County Medical Services program.
- ◆ Use of Fund Balance—increase of \$3.2 million. A total of \$3.2 million is budgeted for increased General Relief benefit costs.
- ◆ General Purpose Revenue Allocation—increase of \$31.0 million associated with reflecting eligibility regional support costs previously budgeted in Regional Operations under one Self-Sufficiency Services budget.

Recommended Budget Changes and Operational Impact: 2016–17 to 2017–18

Net increase of \$3.2 million is the result of an increase of \$4.2 million in Salaries & Benefits due to negotiated labor agreements, offset by a decrease of \$1.0 million in Services & Supplies associated with the elimination of appropriations funded by grants ending in the prior year.





Staffing by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Health Care Policy Administration	0.00	0.00	2.00	0.0	2.00
Eligibility Operations Administration	0.00	0.00	253.00	0.0	253.00
Regional Self-Sufficiency	0.00	0.00	2,264.00	0.0	2,264.00
Total	0.00	0.00	2,519.00	0.0	2,519.00

Budget by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Health Care Policy Administration	\$ —	\$ —	\$ 8,294,447	0.0	\$ 8,043,751
Eligibility Operations Administration	—	—	55,119,064	0.0	55,160,760
Assistance Payments	—	—	282,992,680	0.0	282,525,858
Regional Self-Sufficiency	—	—	193,130,462	0.0	196,967,016
Total	\$ 0	\$ 0	\$ 539,536,653	0.0	\$ 542,697,385

Budget by Categories of Expenditures

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Salaries & Benefits	\$ —	\$ —	\$ 193,268,906	0.0	\$ 197,442,146
Services & Supplies	—	—	94,617,253	0.0	93,604,745
Other Charges	—	—	251,650,494	0.0	251,650,494
Total	\$ —	\$ —	\$ 539,536,653	0.0	\$ 542,697,385

Budget by Categories of Revenues					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Fines, Forfeitures & Penalties	\$ —	\$ —	\$ 3,800,000	0.0	\$ 3,800,000
Revenue From Use of Money & Property	—	—	299,908	0.0	299,908
Intergovernmental Revenues	—	—	497,546,522	0.0	504,366,492
Charges For Current Services	—	—	1,620,000	0.0	1,120,000
Miscellaneous Revenues	—	—	1,087,305	0.0	1,087,305
Other Financing Sources	—	—	1,000,000	0.0	1,000,000
Use of Fund Balance	—	—	3,159,238	0.0	—
General Purpose Revenue Allocation	—	—	31,023,680	0.0	31,023,680
Total	\$ 0	\$ 0	\$ 539,536,653	0.0	\$ 542,697,385



Aging & Independence Services

Mission Statement

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

Department Description

In San Diego County, it is estimated the population aged 60 and over has increased 35% since 2000. Aging & Independence Services (AIS) provides a multitude of services for older adults and people with disabilities at no or low cost to its residents.

AIS provides services such as adult protection, advocacy, health independence, home-based services and caregiver services. AIS achieves this by assisting more than 44,000 older adults and people with disabilities and their family members through a variety of programs to help keep them safe in their homes, answering over 67,000 calls for referrals or information and serving over 1 million meals to older adults in need.

In addition, AIS administers the Public Administrator (PA), Public Guardian (PG) and Public Conservator (PC) programs. PA administers the estates of individuals who die without a will or an appropriate person to act on their behalf. In Fiscal Year 2015-16, PA received 987 referrals. PG serves as the legally appointed guardian to manage the assets or finances of persons found by the courts to be unable to take care of their well-being due to failing health or disability. PG received 177 referrals in Fiscal Year 2015-16. PC provides individuals deemed by court order to be gravely disabled by mental illness a legally appointed individual who will provide food, shelter, clothing and access to treatment. In Fiscal Year 2015-16, the PC received 652 referrals.

In order to deliver these critical and essential services, AIS has 428.00 staff years, numerous volunteers and a budget of \$139.3 million.



2015-16 Anticipated Accomplishments

Healthy Families

- Promote the implementation of a service delivery system that is sensitive to those individuals who have been affected by traumatic circumstances
 - ▣ Worked with HHS departments to create a trauma informed atmosphere in new and modernized facilities by creating a professional setting that included a welcoming customer greeting area and a family-oriented setting. This was accomplished at the following location: (HF1)
 - ◆ Opened a new facility at 401 Mile of Cars in National City, which provides residents with many services including a Family Resource Center, an Office of Military and Veterans Resource Center, Adult Protective Services (APS), In-Home Supportive Services (IHSS), Child Support Services and Public Authority.
- Strengthen the local food system and support the availability of healthy foods, nutrition education, and nutrition assistance for those who need it
 - ▣ Ensured 82% (164 of 200) of graduates adopted one or more healthy habits during the 6-week Healthier Living Program that provided nutritional education to older adults. (HF2)
 - Prevented hospital readmissions of over 7,000 high-risk Medicare patients by providing comprehensive, person-centered, care transition services provided by the San Diego Care Transitions Partnership.
 - Reduced from 27% to 25% (475 of 1,900) the number of older adults who self-reported food insecurity.
- Pursue policy change for healthy, safe and thriving environments with a special focus on residents who are in our care or rely on us for support

Strategic Initiative Legend

HF	SC	SE	OE
○	- Audacious Vision		
●	- Enterprise Wide Goal		
▣	- Cross-Departmental Objective		
■	- Department Objective		
◆	- Objective Sub-Dot Point Level 1		

For more information on alignment to the Strategic Initiatives refer to the Agency Description section within the Health and Human Services Agency Summary.

- Ensured 97% (21,340 of 22,000) of IHSS annual reassessments were recertified timely so that older adults and persons with disabilities received the appropriate level of care to remain safely in their own home, exceeding the state performance expectation of 90%.
- Conducted 96% (6,240 of 6,500) of face-to-face contacts within 10 business days of receiving an APS referral and provided timely assistance and resources, which helped adults meet their needs.
- Maintained 98% (539 of 550) participation in the Multi-purpose Senior Services Program case management for seniors by providing resources and/or assistance that helped avoid, delay or remedy inappropriate placement in nursing facilities.
- Ensured 86% (13,760 of 16,000) of initial eligibility determinations for IHSS were completed within the 45-day program mandate, enabling individuals to remain safely in their own home.
- Completed 98% (500 of 510) of public conservatorship investigation assessment notes within 10 business days, minimizing risk to the individual and community.
- Ensured 94% (47 of 50) of Acutely Vulnerable Adult (AVA) APS cases were closed with the individual at a stable or higher rating as measured by the AVA Safety Focused Outcome Measure.
- Conducted 22,000 benefits counseling interviews to provide veterans and dependents with information and referral services.
- Processed 3,957 compensation and pension claims to allow veterans and their dependents to thrive by promptly facilitating their access to needed benefits.

Safe Communities

- Plan, build and maintain safe communities to improve the quality of life for all residents
 - Began 99% (1,814 of 1,815) of PA/PG/PC investigations within two business days of assignment to ensure protection and well-being as mandated by the Omnibus Conservatorship and Guardianship Reform Act.

Sustainable Environments

- Provide and promote services that increase consumer and business confidence
 - Ensured 90% (566 of 629) of Residential Care Facilities for the Elderly (RCFE) were reviewed quarterly by the Long Term Care Ombudsman program and ensured 100% of facilities were reviewed at least once annually.
 - Ensured 100% (89) of skilled nursing facilities were reviewed quarterly by the Long Term Care Ombudsman program.

- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and finding solutions to current and future challenges
 - Connected 2,010 older adults with volunteer opportunities promoting *Live Well San Diego* through active living, improving the quality of life, building relationships and encouraging lifelong learning.

Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Achieved all Fiscal Year 2015–16 major milestones that were targeted for the development and implementation of an electronic information exchange system—ConnectWellSD—that will link information systems within the County. ConnectWellSD will facilitate the provision of exceptional customer service. (OE3)
 - Completed the pilot for the Residential Care Facilities for the Elderly (RCFE) rating system and initiated Phase II of the project to deliver the rating system.
- Strengthen our customer service culture to ensure a positive customer experience
 - Collaborated with consumer advocates, residential care facilities and Better Business Bureau and developed a rating system for residential care facilities to provide consumers and family members guidance on selecting the best facility for their needs. (OE4)
 - Completed the annual Alzheimer's Project Report for the County of San Diego Board of Supervisors documenting accomplishments and ongoing action. (OE4)
 - Developed a plan with the San Diego Veterans Coalition that included other County departments and the community to engage and connect veterans to services through technology and other efforts. (OE4)
 - Attended 6 H.E.A.R.T. (Helpfulness, Expertise, Attentiveness, Respect, Timeliness) Customer Service trainings for HHSA Customer Service Ambassadors to assist with developing skills for nearly 6,000 HHSA employees ensuring customers receive an exceptional County experience. Issued customer surveys and developed an action plan to improve overall customer service experience across the Agency. (OE5)
- Develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted
 - Developed a plan for an HHSA Job Shadow program to provide qualified employees opportunities to explore specific career interests, develop knowledge and build relationships, which provide opportunities for growth. (OE6)





- Developed a trauma informed plan to improve the HHS New Employee Orientation to ensure a welcoming atmosphere for all new hires to feel valued, become engaged and integrated to the shared vision of *Live Well San Diego*. Providing new hires the opportunity to feel valued leads to increased retention and a productive workforce with an increased appreciation toward the contribution they make in the lives of the individuals and families served. (OE6)

of wandering, identifying affordable and available care services for those with the disease, providing support to caregivers and furthering efforts to find a cure for the disease. (HF4)



Safe Communities

- Plan, build and maintain safe communities to improve the quality of life for all residents
 - Ensure 100% (1,815) of PA/PG/PC investigations begin within 2 business days of assignment to an investigator to ensure protection and well-being as mandated by the Omnibus Conservatorship and Guardianship Reform Act.
 - Complete 100% (510) of assessment notes on conservatorship investigations within 10 business days of assignment of referral to minimize risk and loss to the client and community.
 - Conduct 97% (8,817 of 9,090) of face-to-face contacts within 10 days of receiving an APS referral to provide timely assistance and resources that help adults meet their own needs.
 - Ensure 96% (48 of 50) of Acutely Vulnerable Adult (AVA) APS cases are closed with the individual at a stable or higher rating as measured by the AVA Safety Focused Outcome Measure.



Sustainable Environments

- Provide and promote services that increase consumer and business confidence
 - Ensure 100% (89) of skilled nursing facilities are reviewed quarterly by the Long Term Care Ombudsman program to strengthen protections for vulnerable older adults and persons with disabilities. (SE2)
 - Ensure 90% (566 of 629) of Residential Care Facilities for the Elderly (RCFE) are reviewed quarterly by the Long Term Care Ombudsman program, and 100% of facilities are reviewed at least once annually to strengthen protections for vulnerable older adults and persons with disabilities. (SE2)
- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and finding solutions to current and future challenges
 - Connect 2,050 older adults with volunteer opportunities, including the Retired & Senior Volunteer Program (RSVP) and intergenerational programs, to support thriving, a *Live Well San Diego* component, which includes volunteerism and civic engagement. (SE6)

2016–18 Objectives



Healthy Families

- Promote the implementation of a service delivery system that is sensitive to individuals' needs
 - Ensure 90% (14,400 of 16,000) of initial eligibility determinations for IHSS are completed within the 45-day program mandate so individuals can remain safely in their own home.
 - Ensure 97% (24,638 of 25,400) of IHSS annual reassessments are completed timely so older adults and persons with disabilities receive the appropriate level of care to remain safely in their own home, exceeding the State performance expectation of 90%.
 - Maintain 98% (539 of 550) participation in the Multipurpose Senior Services Program case management program by providing resources and/or assistance that help avoid, delay or remedy inappropriate placement in nursing facilities.
- Strengthen the local food system and support the availability of healthy foods, nutrition education, and nutrition assistance for those who need it
 - Ensure 82% (246 of 300) of graduates report adopting one or more healthy habits during the 6-week Healthier Living Program that provides older adults and others who wish to attend nutritional education. (HF2)
 - Reduce from 25% to 23% (437 of 1,900) the number of older adults who self-report food insecurity through increased outreach and services, such as CalFresh education. (HF2)
- Pursue policy and program change for healthy, safe and thriving environments to positively impact residents
 - Ensure action on the Alzheimer's Project implementation plan and initiate ongoing actions to prevent and address elder abuse and help community members plan for their financial health and end-of-life needs. Create a regional strategy to improve services for those with Alzheimer's disease by coordinating community responses to incidents

Related Links

A resource guide for seniors, adults with disabilities, veterans and professionals is available through Network of Care at:

◆ www.SanDiego.NetworkOfCare.org

For additional information on the programs offered by Aging & Independence Services, refer to the website at:

◆ www.sdcounty.ca.gov/content/sdc/hhsa/programs/ais.html

For additional information on the programs offered by the Health and Human Services Agency, refer to the website at:

◆ www.sdcounty.ca.gov/content/sdc/hhsa/programs.html

Performance Measures		2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
	Initial IHSS assessments certified timely ^{1,5}	N/A	90% of 11,500	86% of 16,000	90% of 16,000	90% of 16,000
	Annual IHSS assessments recertified timely	97% of 23,675	94% of 22,000	97% of 22,000	97% of 25,400	97% of 25,400
	Average monthly number of filled MSSP case management slots	100% of 550	98% of 550	98% of 550	98% of 550	98% of 550
	Healthier Living graduates reporting healthier habits ¹	N/A	82% of 300	82% of 200	82% of 300	82% of 300
	Older adults self-reporting food insecurity ¹	N/A	25% of 1,900	25% of 1,900	23% of 1,900	23% of 1,900
	Readmission of high-risk patient to hospital prevented ^{1,3}	N/A	325	7,000	N/A	N/A
	High-risk CCTP Medicare fee-for-service beneficiaries will receive contact from staff within 72 hours of discharge notification from a partner Acute Care Hospital or Skilled Nursing Facility ²	87% of 1,579	N/A	N/A	N/A	N/A
	Compensation and pension claims processed by the Veterans Services Office ⁷	3,355	2,750	3,957	N/A	N/A
	PA, PG and PC investigations begin within 2 business days of referral assignment ⁶	99% of 2,022	100% of 2,560	99% of 1,815	100% of 1,815	100% of 1,815
	PC assessment notes completed within 10 days	99% of 700	100% of 1,050	98% of 510	100% of 510	100% of 510
	Face-to-face APS investigations conducted within 10 days of referral ⁴	97% of 5,870	97% of 6,500	96% of 6,500	97% of 9,090	97% of 9,090
	AVA cases closed at stable or higher rating ¹	N/A	95% of 60	94% of 50	97% of 50	97% of 50
	APS cases not re-referred within 6 months of closing ²	96% of 5,870	N/A	N/A	N/A	N/A
	Face to face visits with conservatees completed within 30 days of previous visit ²	100% of 120	N/A	N/A	N/A	N/A
	PG Estate cases submit I & A reports to Probate Court within 90 days of receipt of Letters of Conservatorship ²	83% of 6	N/A	N/A	N/A	N/A





Performance Measures		2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
	PA formal probate cases submit I & A reports to Probate Court within 120 days of receiving Letters of Administration ²	100% of 16	N/A	N/A	N/A	N/A
	Skilled Nursing Facilities reviewed quarterly ⁸	N/A	N/A	N/A	100% of 89	100% of 89
	Residential Care Facilities reviewed quarterly ⁸	N/A	N/A	N/A	90% of 629	90% of 629
	Older adults linked with RSVP and Intergenerational volunteer opportunities	2,038	2,010	2,010	2,050	2,050
	Benefits counseling interviews with veterans ^{1,7}	N/A	22,000	22,000	N/A	N/A
	Older adults in Feeling Fit exercise program ²	1,432	N/A	N/A	N/A	N/A
	Deputy PA/PGs certified by California State PA/PG Association ²	100% of 17	N/A	N/A	N/A	N/A

Table Notes

- ¹ Performance measure added in Fiscal Year 2015–16 to support strategic alignment to the County’s vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.
- ² Performance measures deleted in Fiscal Year 2015–16 as targets are consistently met; therefore, new measures were added.
- ³ Effective Fiscal Year 2016–17 this measure will no longer be reported in the Operational Plan due to decreased funding.
- ⁴ Measure not met due to higher acuity standards.
- ⁵ Measure not met due to new federal mandates related to payment of overtime for IHSS providers resulting in workload increase, as well as the State’s Coordinated Care Initiative; staff has developed best practices to improve timeline.
- ⁶ Measure not met due to referral volume less than anticipated; 1 referral not begun within 2 days due to oversight.
- ⁷ Measure moved to Administrative Support due to reorganization of HHSA departments.
- ⁸ Performance measure added in Fiscal Year 2016–17 to support strategic alignment to the County’s vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.

Recommended Budget Changes and Operational Impact: 2015–16 to 2016–17

Aging & Independence Services (AIS) has an overall decrease of \$244.3 million. This includes a \$250.3 million reduction in In-Home Supportive Services (IHSS) Individual Provider (IP) wage appropriations to reflect the transfer of collective bargaining responsibilities for IHSS providers under the Coordinated Care Initiative (CCI) to the State in July 2015. This change has no impact to services. The County still maintains responsibility for eligibility and case management services in IHSS and is adding

staff to address continued growth in the program and to carry out new administrative responsibilities associated with the Fair Labor Standards Act (FLSA). The budget also reflects the transfer of the Office of Military and Veterans Affairs to the Agency Executive Office under Administrative Support for increased coordination across all Agency and County programs. Additionally, the budget continues to expand support for Alzheimer’s services.

Staffing

- Net increase of 38.00 staff years
- ◆ Increase of 51.00 staff years.



- ◆ Increase of 50.00 staff years to support the County’s IHSS program. This addition will allow the program to meet continued increased caseload growth and to operationalize new overtime and other compensation requirements for IHSS Individual Providers as a result of the FLSA.
- ◆ Increase of 1.00 staff year due to a transfer from Self-Sufficiency Services to support operational needs.
- ◆ Decrease of 13.00 staff years associated with reflecting the Office of Military and Veterans Affairs staff years under the Administrative Support budget.
- ◆ Additionally, staff were transferred among related programs within AIS, including Senior Health and Social Services, Administrative and Other Services, and Protective Services to manage operational needs.

Expenditures

Net decrease of \$244.3 million

- ◆ Salaries & Benefits—net increase of \$4.1 million.
 - ◆ Increase of \$3.8 million due to an increase of 51.00 staff years primarily for the IHSS program.
 - ◆ Increase of \$1.4 million as a result of negotiated labor agreements and an increase in retirement contributions.
 - ◆ Decrease of \$1.1 million associated with reflecting the Office of Military and Veterans Affairs staff costs under the Administrative Support budget.
- ◆ Services & Supplies—net decrease \$250.6 million.
 - ◆ Decrease of \$250.3 million in IHSS IP contracted services associated with the reduction in IHSS IP wage appropriations to reflect the transfer of collective bargaining responsibilities for providers to the State in July 2015. This change has no impact to services. The County’s IHSS Maintenance of Effort (MOE) is \$52.2 million.
 - ◆ Decrease of \$1.0 million associated with reflecting the Office of Military and Veterans Affairs support costs under the Administrative Support budget.
 - ◆ Decrease of \$0.4 million in prior year one-time costs for ALEX, the Adult Protective Services case management system.
 - ◆ Increase of \$0.7 million in Long Term Care Integration contracted services costs, primarily to Vets Directed Care program which serves Veterans by providing the opportunity to receive home and community based services that enable them to avoid institutionalization and continue to live in their homes and communities.
 - ◆ Increase of \$0.4 million for Alzheimer’s awareness and support projects.
- ◆ Operating Transfer Out—increase of \$2.2 million for the IHSS Public Authority related to workload increases for the implementation of the FLSA for the IHSS program and one-time costs for the relocation of the training center.

Revenues

Net decrease of \$244.3 million

- ◆ Fines, Forfeitures & Penalties—decrease of \$0.1 million to align with revenue recovery trends for disabled zone parking violations.
- ◆ Intergovernmental Revenues—net decrease of \$243.0 million.
 - ◆ Decrease of \$250.0 million in IHSS IP State and federal revenue associated with the reduction in IHSS IP wage appropriations to reflect the transfer of collective bargaining responsibilities for providers to the State noted above.
 - ◆ Decrease of \$0.4 million in State Aid Veterans Affairs revenue associated with reflecting the Office of Military and Veterans Affairs costs under the Administrative Support budget.
 - ◆ Increase of \$2.4 million in Realignment revenue to support Salaries & Benefits, Services & Supplies and the IHSS MOE, based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs in health and human service programs.
 - ◆ Increase of \$4.5 million in IHSS federal and State administrative funding for the addition of 50.00 staff years.
 - ◆ Increase of \$0.5 million primarily in Social Services federal and State administrative revenue to support cost increases in Salaries & Benefits.
- ◆ Miscellaneous Revenues—increase of \$0.7 million in administrative revenues primarily to support cost increases for the Vets Directed Care program.
- ◆ Use of Fund Balance—decrease of \$0.6 million. A total of \$0.1 million is budgeted for the Alzheimer’s Website Development Project.
- ◆ General Purpose Revenue Allocations—net decrease of \$1.3 million.
 - ◆ Decrease of \$1.6 million associated with reflecting the Office of Military and Veterans Affairs costs under the Administrative Support budget.
 - ◆ Increase of \$0.3 million for Alzheimer’s awareness and support projects.

Recommended Budget Changes and Operational Impact: 2016–17 to 2017–18

Net increase of \$0.3 million is the result of an increase of \$0.4 million in Salaries & Benefits due to negotiated labor agreements, offset by \$0.1 million decrease in Services & Supplies related to the elimination of a one-time prior year project.





Staffing by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
In-Home Supportive Services	160.00	160.00	211.00	31.9	211.00
Veterans Services	8.00	13.00	0.00	(100.0)	0.00
Senior Health and Social Services	60.00	60.00	58.00	(3.3)	58.00
Protective Services	78.00	79.00	80.00	1.3	80.00
Administrative and Other Services	24.00	24.00	25.00	4.2	25.00
Public Administrator/Guardian/Conservator	55.00	54.00	54.00	0.0	54.00
Total	385.00	390.00	428.00	9.7	428.00

Budget by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
In-Home Supportive Services	\$ 288,232,957	\$ 335,868,841	\$ 92,150,599	(72.6)	\$ 92,423,329
Veterans Services	1,094,562	2,039,688	—	(100.0)	—
Senior Health and Social Services	22,253,880	21,966,203	22,645,763	3.1	22,677,093
Protective Services	9,663,205	11,129,860	11,337,373	1.9	11,309,876
Administrative and Other Services	5,050,748	5,372,145	5,741,950	6.9	5,747,207
Public Administrator/Guardian/Conservator	7,255,897	7,205,728	7,426,902	3.1	7,450,079
Total	\$ 333,551,249	\$ 383,582,465	\$ 139,302,587	(63.7)	\$ 139,607,584

Budget by Categories of Expenditures

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Salaries & Benefits	\$ 38,593,477	\$ 39,969,537	\$ 44,030,539	10.2	\$ 44,456,536
Services & Supplies	281,266,051	329,843,307	79,305,304	(76.0)	79,184,304
Other Charges	255,000	332,900	332,900	0.0	332,900
Operating Transfers Out	13,436,721	13,436,721	15,633,844	16.4	15,633,844
Total	\$ 333,551,249	\$ 383,582,465	\$ 139,302,587	(63.7)	\$ 139,607,584



Budget by Categories of Revenues					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Taxes Other Than Current Secured	\$ —	\$ —	\$ 2,000	0.0	\$ 2,000
Licenses Permits & Franchises	46,000	46,000	46,000	0.0	46,000
Fines, Forfeitures & Penalties	366,509	366,509	277,118	(24.4)	277,118
Revenue From Use of Money & Property	40,000	40,000	40,000	0.0	40,000
Intergovernmental Revenues	318,671,389	368,445,587	125,418,884	(66.0)	125,844,881
Charges For Current Services	893,838	916,629	893,838	(2.5)	893,838
Miscellaneous Revenues	102,950	220,660	958,060	334.2	958,060
Other Financing Sources	100,000	100,000	100,000	0.0	100,000
Use of Fund Balance	312,169	721,000	121,000	(83.2)	—
General Purpose Revenue Allocation	13,018,394	12,726,080	11,445,687	(10.1)	11,445,687
Total	\$ 333,551,249	\$ 383,582,465	\$ 139,302,587	(63.7)	\$ 139,607,584



Behavioral Health Services

Mission Statement

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

Department Description

Behavioral Health Services (BHS) provides a continuum of mental health, alcohol and other drug services to nearly 80,000 San Diego County residents of all ages. Services are provided by County and contracted staff that include over 300 contracts with community partners and 800 individual fee-for-service providers. Services are coordinated by systems of care such as: Adult & Older Adult; and Children, Youth & Families. In addition, BHS operates two inpatient health services – the San Diego County Psychiatric Hospital (SDCPH) and Edgemoor, a Distinct Part Skilled Nursing Facility.

BHS has achieved national recognition as a leader in mental health stigma reduction and substance abuse prevention. Likewise, Edgemoor obtained the Silver Achievement in Quality Award by the American Health Care Association and the National Center for Assisted Living.

BHS advances Live Well San Diego by collaborating with community leaders to develop and refine major initiatives, including service integration with primary care, development of a trauma informed system, and stigma elimination programs. In addition, individuals experiencing co-occurring mental illness and addiction benefit from integrated prevention and treatment services that focus on the whole person while emphasizing wellness and recovery.

BHS provides an extensive array of culturally competent and community-based services to meet the equally diverse needs of individuals. Some of these services and focus areas include:

- ◆ Full Service Partnerships (FSP) that embrace a “whatever it takes” approach with individuals who have a serious mental illness and serve an average of 9,000 children, youth, adults and older adults annually and roughly 1,300 adults who were homeless or at risk of homelessness and are housed in permanent housing;
- ◆ Wraparound programs that offer an intensive and individualized care management process to over 960 children and youth annually who have serious or complex behavioral health service needs;
- ◆ Crisis residential beds and services provided to approximately 2,300 individuals across the county;



- ◆ Hospital-based 24 hour, 7 day a week, Crisis Stabilization Unit (CSU) for residents who have a serious mental illness and who are experiencing a psychiatric emergency;
- ◆ Services for people with a mental illness who are resistant to treatment in accordance with Laura’s Law;
- ◆ Access and Crisis Line, which is a 24-hour hotline that receives over 62,000 calls each year and provides crisis intervention and mental health and alcohol and other drug referrals by licensed clinical staff; and
- ◆ Inpatient health services to approximately 1,900 adults in the SDCPH and 200 individuals at Edgemoor.

In order to deliver these critical services, BHS has 818.00 staff years, including medical professionals, and a budget of \$500.6 million that includes payments made to care providers.

Strategic Initiative Legend

 HF	 SC	 SE	 OE
○	- Audacious Vision		
●	- Enterprise Wide Goal		
□	- Cross-Departmental Objective		
■	- Department Objective		
◆	- Objective Sub-Dot Point Level 1		

For more information on alignment to the Strategic Initiatives refer to the Agency Description section within the Health and Human Services Agency Summary.

2015–16 Anticipated Accomplishments

Healthy Families

- Promote the implementation of a service delivery system that is sensitive to those individuals who have been affected by traumatic circumstances

- Worked with HHSa departments to create a trauma informed atmosphere in new and modernized facilities by creating a professional setting that included a welcoming customer greeting area and a family-oriented setting. This was accomplished at the following location: (HF1)
 - ◆ Opened a North Inland Crisis Residential Facility in Escondido to provide those with a serious mental illness or co-occurring substance use condition, an alternative to hospitalization.
- Served an additional 5% (from 8,507 to 8,932) of older adults, in collaboration with Aging & Independence Services, and improved their access to prevention, early intervention and treatment services. (HF1)
- Expanded by 23% (from 64 to 79) the County’s crisis residential treatment bed capacity by building a crisis residential center in the North Inland HHSa Service Region. This is a multi-year goal and is funded by a California Health Facilities Financing Authority and the Mental Health Services Act. (HF1)
- Provided training to over 5,000 community members countywide to enhance community awareness of the warning signs of suicide so that they can refer those at risk to available resources.
- Achieved a 42% (5,460 of 13,000) completion rate in alcohol and drug treatment services, thereby supporting healthy and safe living for individuals by surpassing the statewide average of 38%.
- Ensured that 95% of calls to the Access and Crisis Line were answered in an average of 60-seconds and established a baseline for prompt delivery of services.
- Pursue policy change for healthy, safe and thriving environments with a special focus on residents who are in our care or rely on us for support
 - Provided 200 KidStart children ages 0–5 with developmental delays and behavioral health needs integrated services in collaboration with Child Welfare Services and First 5 Commission. (HF4)
 - Ensured 50% of PERT calls avoided hospitalization and incarceration by implementing the Laura’s Law plan to provide services to people with serious mental illness who are resistant to treatment, in accordance with Laura’s Law. This was accomplished in collaboration with County Counsel, Sheriff’s Department, Courts, Public Defender, Aging & Independence Services, Public Administrator/Public Guardian/Public Conservator and local law enforcement. Expanded the In-Home Outpatient Treatment (IHOT) contracts to facilitate the referral process to Laura’s Law. (HF4)
 - Assisted 655 primary care providers with information and support about Behavioral Health Services through SmartCare. SmartCare collaborates with community clinics in underserved rural communities to help manage patients’ behavioral concerns. The SmartCare clinical team

consisting of board certified psychiatrists, certified nurse practitioners and licensed behavioral health clinicians were also available by phone to serve rural areas with few resources for behavioral health care. Additionally, SmartCare increased awareness and reduced the stigma of behavioral health needs by participating in a variety of wellness events and activities in rural communities.

- Provided 1,155 (5% increase from 1,100) psychiatric consultations to pediatric providers who served children with Medi-Cal to ensure both behavioral health and physical health needs were met.



Safe Communities

- Plan, build and maintain safe communities to improve the quality of life for all residents
 - Expanded Psychiatric Emergency Response Teams (PERT) to 40 teams to provide education, training and clinical support to the Sheriff’s Department, local law enforcement and the community for calls involving persons having a mental health crisis. Began collecting data to establish a baseline of PERT crisis interventions with the goal of avoiding inpatient psychiatric hospitalization. (SC2)
- Strengthen our prevention and enforcement strategies to protect our youth from crime, neglect and abuse
 - Provided 95% (879 of 925) of adolescents who entered alcohol and drug treatment an educational assessment to assist with high school completion, the equivalent, or enrollment into an educational setting.



Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Achieved all Fiscal Year 2015–16 major milestones that were targeted for the development and implementation of an electronic information exchange system (ConnectWellSD) that will link information systems within the County. ConnectWellSD will facilitate the provision of exceptional customer service. (OE3)
 - Published 11 wellness blogs in online newspapers that serve the rural community to educate the community on available behavioral health resources.
- Strengthen our customer service culture to ensure a positive customer experience
 - Attended 6 H.E.A.R.T. (Helpfulness, Expertise, Attention, Respect, Timeliness) Customer Service trainings for HHSa Customer Service Ambassadors to assist with developing skills for nearly 6,000 HHSa employees ensuring customers receive an exceptional County experience. Issued customer surveys and developed an action plan to improve overall customer service experience across the Agency. (OE5)





- Achieved 98% (236 of 241) client satisfaction in rural communities that are served through an innovative care model that integrates primary care and behavioral health services.
- Provided 90% (1,296 of 1,440) of adolescents timely admission to nonresidential alcohol and drug treatment programs.
- Reduced to 10.8% the readmission rate at the San Diego County Psychiatric Hospital demonstrating accountability and commitment to outstanding patient care, surpassing the goal of staying under 17%.
- Develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted
 - Developed a plan for an HHS Job Shadow program to provide qualified employees opportunities to explore specific career interests, develop knowledge and build relationships, which provide opportunities for growth. (OE6)
 - Developed a trauma informed plan to improve the HHS New Employee Orientation to ensure a welcoming atmosphere for all new hires to feel valued, become engaged and integrated to the shared vision of *Live Well San Diego*. Providing new hires the opportunity to feel valued leads to increased retention and a productive workforce with an increased appreciation toward the contribution they make in the lives of the individuals and families served. (OE6)
 - Led efforts to increase understanding among HHS staff of how trauma affects individuals, family groups, and communities:
 - ◆ Reviewed the prior assessment of BHS staff and providers’ trauma informed system integration and assessed current operations.
 - ◆ Provided an orientation and introduction to the Trauma Informed Systems Integration approach at the BHS All-Staff meeting in October 2015.
 - ◆ Developed and implemented training for clinicians on Difficult Conversations in Service Provision, which included topics on sexual orientation, gender identity and trauma experience.
- Increase to 178 (10% increase from 162) the total number of physical health care providers using psychiatric consultation to increase capacity for integrated physical and behavioral health care to individuals with Medi-Cal and the uninsured, which is consistent with Whole Person Care. (HF1)
- Ensure 44% (5,720 of 13,000) of individuals participating in alcohol and drug treatment complete services, demonstrating the effectiveness of programs by surpassing the statewide average of 38%.
- Ensure 80% (6,960 of 8,700) of children and youth who complete mental health treatment will demonstrate clinical improvement as measured by the Children’s Functional Assessment Rating Scale (CFARS), a standardized measurement tool. Although clinical improvement for all children and youth is emphasized, not all interventions will be successful due to individual differences in response to the intervention.
- Ensure availability of treatment for up to 824 homeless individuals with serious behavioral health conditions. This will be expanded based on community need to serve approximately 1,500 in support of Project One for All.
- Pursue policy and program change for healthy, safe and thriving environments to positively impact residents
 - Provide services to 100% of individuals with serious and persistent mental illness who demonstrate resistance to participating in traditional mental health treatment and have been court ordered to the Assisted Outpatient Treatment (AOT) program for services in accordance with Laura’s Law. (HF4)



Safe Communities

- Plan, build and maintain safe communities to improve the quality of life for all residents
 - Divert 50% (4,500 of 9,000) of individuals from psychiatric hospitalization or incarceration through crisis intervention services provided by PERT, which include linkages to appropriate services. (SC2)
 - Ensure 85% of individuals who are admitted to the San Diego Psychiatric Hospital (SDCPH) will not be readmitted within 30 days of discharge, which demonstrates accountability and commitment to outstanding patient care. (SC3)
 - Ensure 75% (1,725 of 2,300) of individuals who complete mental health treatment while residing in crisis residential beds will not be readmitted to a crisis residential program or hospital within 30 days of discharge, which supports the individuals successful integration into the community.
- Strengthen our prevention and enforcement strategies to protect our youth from crime, neglect and abuse

2016–18 Objectives



Healthy Families

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
 - Collaborate with Aging & Independence Services to serve 9,300 (4% increase) older adults and caregivers who are vulnerable to mental illness by improving their access to prevention, early intervention and treatment services. (HF1)



- Ensure 90% (1,296 of 1,440) of adolescents entering nonresidential alcohol and drug treatment programs receive timely admissions to reduce barriers and increase the likelihood of completing treatment. (SC5)
- Ensure 95% (1,330 of 1,400) of parents who complete at least one level of the Positive Parenting Program (Triple P) report that the program has helped them deal more effectively with their children’s behavior. Triple P is an evidence based program designed to assist parents with interventions they can use with their children who have childhood social and emotional disorders.

 **Sustainable Environments**

- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and finding solutions to current and future challenges
 - Provide training to at least 5,000 community members countywide to enhance community recognition of suicide warning signs and mental health crises so they can refer those at risk to available resources. Trainings include Mental Health First Aid, Question Persuade Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST). (SE6)

 **Operational Excellence**

- Strengthen our customer service culture to ensure a positive customer experience
 - Ensure 95% (58,900 of 62,000) of calls to the Access and Crisis Line (ACL), are answered within an average of 60 seconds or less to provide timely access to information, referral, and crisis intervention services for individuals seeking behavioral health services.

Related Links

For information about mental illness, how to recognize symptoms, use local resources and access assistance, go to:

◆ www.Up2SD.org

For information about the Network of Care for Behavioral Health, go to:

◆ www.SanDiego.NetworkOfCare.org

For additional information on the programs offered by the Health and Human Services Agency, refer to the website:

◆ www.sandiegocounty.gov/hhsa

Performance Measures	2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
 Older adults and caregivers receiving prevention, early intervention, and treatment services	8,507 (9.9% increase)	8,932 (5% increase)	8,932 (5% increase)	9,300 (4% increase)	9,600 (4% increase)
Physical health care providers using psychiatric consultations ³	N/A	N/A	N/A	178 (10% increase)	196 (10% increase)
Participants in alcohol and drug treatment who complete treatment	44% of 12,767	42% of 13,000	42% of 13,000	44% of 13,000	44% of 13,000
Clinical improvement in children and youth who complete mental health treatment ³	N/A	N/A	N/A	80% of 8,700	80% of 8,700
Homeless individuals with serious behavioral health conditions served under Project One for All ³	N/A	N/A	N/A	824	676
Children 0-5 years served in KidSTART program ⁵	224	260	200	N/A	N/A
 Laura’s Law clients served ³	N/A	N/A	N/A	100%	100%
PERT calls not resulting in psychiatric hospitalization ^{2,4}	N/A	90% of 9,000	50% of 9,000	50% of 9,000	50% of 9,000
Individuals not readmitted to SDCPH within 30 days of discharge	89.3%	83%	89.2%	85%	85%



Performance Measures	2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
Individuals completing mental health treatment and not readmitted to a crisis residential program or hospital within 30 days ³	N/A	N/A	N/A	75% of 2,300	75% of 2,300
Adolescents admitted timely (within 14 calendar days) to non-residential alcohol and drug treatment	99.7% of 879	90% of 1,440	90% of 1,440	90% of 1,440	90% of 1,440
Positive Parenting Program parents reporting effective responses with their children’s behavior ³	N/A	N/A	N/A	95% of 1,400	95% of 1,400
Adolescents discharged from alcohol and drug treatment who complete high school (or the equivalent) or enrolled in an educational setting ⁵	96% of 695	95% of 925	95% of 925	N/A	N/A
 Community members receiving Suicide Prevention Training ²	N/A	5,000	5,000	5,000	5,000
 Access and Crisis Line answered within an average of 60 seconds ³	N/A	N/A	N/A	95% of 62,000	95% of 62,000
Access time for children’s mental health outpatient treatment ¹	7.3 Days	N/A	N/A	N/A	N/A

Table Notes

- ¹ Measure removed Fiscal Year 2015–16, not a State or federal mandate. Access times vary by program due to specialty mental health services.
- ² Performance measure added in Fiscal Year 2015–16 to support strategic alignment to the County’s vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.
- ³ Performance measure added in Fiscal Year 2016–17 to support strategic alignment to the County’s vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.
- ⁴ The goal of 90% is being reduced to 50% in Fiscal Year 2015–16 to specify PERT crisis interventions as the data source instead of the total number of law enforcement partners calls/contacts.
- ⁵ Measure will be removed in Fiscal Year 2016–17, not a State or federal mandate.

Recommended Budget Changes and Operational Impact: 2015–16 to 2016–17

Behavioral Health Services (BHS) has an overall budget increase of \$59.1 million. Major initiatives include expansion of Psychiatric Emergency Response Teams (PERT); increase in supportive services in Full Service Partnerships (FSP); permanent supportive housing for individuals with serious behavioral health conditions who are homeless; expansion of Mental Health services for underserved populations and communities including adults, children and youth transitioning to adulthood in wraparound and early intervention services; and expansion of Hospital-Based Crisis Stabilization services. BHS efforts will also support Project One for All,

a Board initiative to bring wraparound services to the region’s homeless population with serious behavioral health conditions. This program will create a process for municipal and community housing partners across the regions to integrate services with housing resources. Full Service Partnership (FSP), a proven best practice, will be used to provide the most appropriate interventions for all homeless individuals who meet specific criteria.

Staffing

Net increase of 29.00 staff years

- ◆ Increase of 30.00 staff years to manage the growth in BHS programs and contracted services.



- ◆ Decrease of 1.00 staff year due to a transfer to Self-Sufficiency Services to support operational needs.

Expenditures

Net increase of \$59.1 million

- ◆ Salaries & Benefits—increase of \$6.0 million.
 - ◆ Increase of \$2.9 million due to an increase of 29.00 staff years.
 - ◆ Increase of \$3.1 million as a result of negotiated labor agreements and an increase in retirement contributions.
- ◆ Services & Supplies—Net increase of \$50.1 million.
 - ◆ Increase of \$44.7 million in contracted services.
 - ◆ Increase of \$10.7 million for projects, including Project One for All, to serve homeless persons who have Serious Mental Illness and/or substance use disorder.
 - ◆ Increase of \$4.9 million for the addition of contracted licensed staff to SUD residential and outpatient recovery services.
 - ◆ Increase of \$4.0 million for Medical Services Group (MSG) to provide psychiatric services at the San Diego County Psychiatric Hospital.
 - ◆ Increase \$3.7 million for Crisis Stabilization services to reduce the incidence of hospitalization.
 - ◆ Increase of \$3.5 million for mental health programs for school-age children.
 - ◆ Increase of \$3.1 million for Full Service Partnership (FSP) to increase capacity and enhancements for adults and youth.
 - ◆ Increase of \$2.8 million for long-term care support.
 - ◆ Increase of \$2.2 million to redesign and expand the adolescent Emergency Screening Unit.
 - ◆ Increase of \$2.2 million for the cost to support a total of 40 Psychiatric Emergency Response Teams.
 - ◆ Increase of \$2.1 million for Mental Health Services Act (MHSA) Workforce Education and Training (WET).
 - ◆ Increase of \$1.8 million for expansion of suicide prevention programs including school based programs.
 - ◆ Increase of \$1.7 million for North Inland Crisis Residential Services for patients who would otherwise require hospitalization.
 - ◆ Increase of \$1.1 million to provide mental health and SUD services to CalWORKs clients.
 - ◆ Increase of \$0.9 million due to rate increases for contracted psychiatric services.
 - ◆ Increase of \$5.0 million for a one-time software upgrade in SDCPH.
 - ◆ Increase of \$2.9 million in Institutional Services for out-of-network facilities.
 - ◆ Increase of \$1.6 million in special departmental expense for one-time costs to expand and relocate the adolescent ESU facility for children and youth to a County-owned building in Hillcrest.

- ◆ Increase of \$0.9 million for mental health services in collaboration with Public Safety Group.
- ◆ Decrease of \$5.0 million for temporary contract help, primarily for Locum Tenens services, in SDCPH related to contracting with the MSG.
- ◆ Other Charges—increase of \$0.7 million due to an increase in utilization of State Hospital beds.
- ◆ Expenditure Transfer & Reimbursements—decrease of \$2.3 million associated with the reimbursement for AB109 and PERT services. Behavioral Health Services will partially fund services previously funded by the Public Safety Group. Since this is a reimbursement, it has the effect of \$2.3 million increase in appropriations.

Revenues

Net increase of \$59.1 million

- ◆ Intergovernmental Revenues—increase of \$59.6 million.
 - ◆ Increase of \$43.5 million in MHSA revenue to align with program needs.
 - ◆ Increase of \$10.3 million in Short Doyle Medi-Cal revenue to align with program trends.
 - ◆ Increase of \$3.8 million in Realignment based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs in health and human service programs.
 - ◆ Increase of \$1.1 million in CalWORKs Substance Abuse revenue to align with available funding and program trends.
 - ◆ Increase of \$0.4 million in Medi-Cal Part D revenue in Edgemoor.
 - ◆ Increase of \$0.3 million in Federal Financial Participation (FFP) Drug Medi-Cal to align with program trends.
 - ◆ Increase of \$0.2 million in Substance Abuse and Mental Health Services Administration (SAMHSA) to align with available funding and program trends.
- ◆ Charges for Current Services—increase of \$0.1 million in Edgemoor due to a Medi-Cal rate increase.
- ◆ Miscellaneous Revenues—decrease of \$0.1 million for client Medi-Cal share of cost in Edgemoor.
- ◆ Use of Fund Balance—decrease of \$0.5 million. No fund balance budgeted.

Recommended Budget Changes and Operational Impact: 2016–17 to 2017–18

Net decrease of \$6.4 million as a result of a decrease of \$7.1 million in Services & Supplies due to the elimination of one-time projects from the prior year, partially offset by an increase of \$0.7 million in Salaries & Benefits due to negotiated labor agreements.





Staffing by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Alcohol and Other Drug Services	18.00	18.00	28.00	55.6	28.00
Mental Health Services	215.50	216.00	230.00	6.5	230.00
Inpatient Health Services	476.75	478.00	478.00	0.0	478.00
Behavioral Health Svcs Administration	76.00	77.00	82.00	6.5	82.00
Total	786.25	789.00	818.00	3.7	818.00

Budget by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Alcohol and Other Drug Services	\$ 58,330,000	\$ 59,654,762	\$ 67,240,515	12.7	\$ 67,292,217
Mental Health Services	285,857,310	299,588,967	340,963,834	13.8	338,354,379
Inpatient Health Services	70,095,913	71,215,930	76,830,472	7.9	72,852,676
Behavioral Health Svcs Administration	11,150,354	11,091,895	15,572,649	40.4	15,658,665
Total	\$ 425,433,577	\$ 441,551,554	\$ 500,607,470	13.4	\$ 494,157,937

Budget by Categories of Expenditures

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Salaries & Benefits	\$ 83,590,794	\$ 81,726,341	\$ 87,738,082	7.4	\$ 88,465,112
Services & Supplies	346,476,207	365,358,637	415,401,946	13.7	408,225,383
Other Charges	4,195,000	4,195,000	4,909,686	17.0	4,909,686
Capital Assets Equipment	215,000	115,000	115,000	0.0	115,000
Expenditure Transfer & Reimbursements	(9,043,424)	(9,843,424)	(7,557,244)	(23.2)	(7,557,244)
Total	\$ 425,433,577	\$ 441,551,554	\$ 500,607,470	13.4	\$ 494,157,937



Budget by Categories of Revenues					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Intergovernmental Revenues	\$ 374,335,713	\$ 386,822,761	\$ 446,371,664	15.4	\$ 439,729,735
Charges For Current Services	36,824,768	41,130,817	41,243,664	0.3	41,436,060
Miscellaneous Revenues	891,000	1,200,000	1,094,000	(8.8)	1,094,000
Other Financing Sources	4,400,000	4,400,000	4,400,000	0.0	4,400,000
Use of Fund Balance	1,483,954	499,834	—	(100.0)	—
General Purpose Revenue Allocation	7,498,142	7,498,142	7,498,142	0.0	7,498,142
Total	\$ 425,433,577	\$ 441,551,554	\$ 500,607,470	13.4	\$ 494,157,937



Child Welfare Services

Mission Statement

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

Department Description

Child Welfare Services (CWS) protects nearly 7,500 vulnerable children and provides services to their families and communities within the county by responding, reducing and preventing child abuse and neglect. CWS is committed to strengthening families and maintains the highest ethical standards while protecting children. Approximately 2,800 youth are in out-of-home care with a relative, a close family friend, foster home or group home. CWS staff is trained to help families and communities develop plans and make decisions to keep children safe. Three priorities guide these decisions:

- 1. Safely stabilizing and preserving families; and if that is not possible,*
- 2. Safely caring for children and reunifying children to their families of origin; and if reunification is not possible,*
- 3. Safely supporting the development of permanency and lifelong relationships for children and youth.*

Protecting children from abuse and neglect across the county is achieved by providing policy, training and direction to CWS staff. When a member of the community has a safety concern regarding a child, the Child Abuse and Neglect Hotline receives calls 24 hours a day, 7 days a week. The Hotline social worker makes an immediate assessment of the referral and a social worker is assigned to investigate if the child is determined to be at risk. Services include responding to approximately 41,000 calls per year representing over 77,000 children. CWS has multiple programs to help meet the needs of families, including: Foster and Adoptive Resource Family Services; Extended Foster Care (EFC), which promotes the successful transition of over 480 youth annually from 18 up to 21 years of age; Foster Care Home Licensing; and Residential Care.

CWS also administers the A.B. and Jessie Polinsky Children's Center, a 24-hour facility for the temporary emergency shelter of children who must be separated from their families for their own safety or when parents cannot provide care. Each month, more than 200 children ages birth to 18 years of age are admitted to the Polinsky Children's Center.



San Pasqual Academy is a first-in-the-nation residential education campus designed specifically for foster teens as they prepare for college and/or a career path. The Academy provides foster teens with a stable and caring home, a quality individualized education and the skills needed for independent living.

The County of San Diego continues to address the challenges of disproportionality through support of the Child Abuse Prevention Coordinating Council (CAPCC) Fairness and Equity committee. Challenges are addressed through increased utilization of the Cultural Broker program and the development of a framework for child abuse prevention. The County is in its second year of participating in a five year California Well-Being Demonstration Project (Title IV-E Waiver) to provide additional opportunities for prevention efforts and family strengthening.

CWS strives to improve service delivery by identifying opportunities and best practices led by the Continuous Quality Improvement program and developing staff to ensure practices are culturally competent, family-centered, child-focused and trauma-informed.

Effective Fiscal Year 2016–17, Child Welfare Services functions were consolidated into one budget to more accurately reflect programmatic alignment, operational costs and overall performance.

To ensure these critical services are provided, CWS has 1,364.00 staff years and a budget of \$354.0 million, which includes assistance payments. For more information about assistance payments, see Appendix D.

Strategic Initiative Legend

			
HF	SC	SE	OE
	- Audacious Vision		
	- Enterprise Wide Goal		
	- Cross-Departmental Objective		
	- Department Objective		
	- Objective Sub-Dot Point Level 1		

For more information on alignment to the Strategic Initiatives refer to the Agency Description section within the Health and Human Services Agency Summary.

2015–16 Anticipated Accomplishments

 **Healthy Families**

- Promote the implementation of a service delivery system that is sensitive to those individuals who have been affected by traumatic circumstances
 - Ensured 80% (484 of 605) of children with a new case under the supervision of the Juvenile Court were evaluated for mental health needs. These efforts assured that children 0–17 years of age had access to trauma informed mental health services. (HF1)
 - Increased by 42% (550 to 780) the recruitment and licensure of foster families willing to parent older children or teens to ensure placements are available for teens stepping down from group home care.
 - Provided 78% (209 of 268) of youth enrolled in intensive home based services (i.e. Wraparound) with resources to help the youth remain or be placed in a home-like setting, to further improve their connection to home and community and reduce the use of costly group home placements.
 - Increased to 30% (150 of 500) the family engagement of referrals and cases. Family engagement efforts increase accurate assessment and decision making by 70%, which can ultimately prevent the removal of children or facilitate timelier family reunification.
 - Supported stability by placing 55% (743 of 1,350) of foster children with a relative or close non-family member to minimize trauma to children and maintain their connections to familiar environments.
 - Supported stability by maintaining the number of children, 87% (1,353 of 1,555), who have been in foster care for less than 12 months and had fewer than 3 placements. Fewer placements minimize the trauma that children experience and may help lessen negative impact to their school performance.

- Enhanced the Cultural Broker Program and provided a bridge for the African American community and families in child welfare to develop concrete supports and social connections to strengthen families.
- Pursue policy change for healthy, safe and thriving environments with a special focus on residents who are in our care or rely on us for support
 - Increased by 24% (from 341 to 423) the number of adoption finalizations to achieve permanence for children.

 **Safe Communities**

- Strengthen our prevention and enforcement strategies to protect our youth from crime, neglect and abuse
 - Developed an interagency protocol that included Probation, Behavioral Health Services, Public Health Services and Juvenile Court to serve Commercially Sexually Exploited Children (CSEC). The protocol was signed on September 29, 2015 and submitted to California Department of Social Services. Foster youth training curriculums are being finalized.
 - Determined baseline data for eligible 17-year-old foster youth placed in San Diego County who participate in an Independence Mapping (IM). Evaluated 57% (34 of 60) of eligible 17-year-old foster youth placed in San Diego County who participate in an Independence Mapping (IM). This process engages youth and their support networks in identifying strengths, needs or barriers in relation to education, employment, healthy relationships and stable housing while identifying next steps to assist the youth in their transition to adulthood.

 **Sustainable Environments**

- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and finding solutions to current and future challenges
 - Completed through the Child Abuse Prevention and Coordinating Council (CAPCC) Fairness and Equity subcommittee, a draft strategic plan to address disproportionality and formed three workgroups to address specifically identified areas. The CAPCC Fairness and Equity subcommittee also supports the Cultural Broker contract.

 **Operational Excellence**

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Achieved all Fiscal Year 2015–16 major milestones that were targeted for the development and implementation of an electronic information exchange system (ConnectWellSD) that will link information systems within the County. ConnectWellSD will facilitate the provision of exceptional customer service. (OE3)



- Expanded video interviewing capabilities for social workers so that they can communicate with parents in County jails to determine children's needs and identify best placement. This helps reduce travel time and lost productivity thereby providing more efficient ways for social workers to support and provide services to at risk children. (OE3)
- Strengthen our customer service culture to ensure a positive customer experience
 - Attended 6 H.E.A.R.T. (Helpfulness, Expertise, Attentiveness, Respect, Timeliness) Customer Service trainings for HHSAA Customer Service Ambassadors to assist with developing skills for nearly 6,000 HHSAA employees ensuring customers receive an exceptional County experience. Issued customer surveys and developed an action plan to improve overall customer service experience across the Agency. (OE5)
 - Provided 1,400 San Diego County foster parents a Child Welfare Services customer satisfaction survey. Of the 372 responses received, all indicated customer satisfaction in many areas. Foster parent forums were created to receive ongoing input to support the recruitment and retention of foster and adoptive parents within the county.
 - Established an Adoption Handbook outlining the County of San Diego's Adoption process in response to recommendations from countywide Adoption Focus Groups held in 2014. The handbook was released to the public and via the County's Adoption website in March 2016.
- Develop, maintain and attract a skilled adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted
 - Developed a plan for an HHSAA Job Shadow program to provide qualified employees opportunities to explore specific career interests, develop knowledge and build relationships, which provide opportunities for growth. (OE6)
 - Developed a trauma informed plan to improve the HHSAA New Employee Orientation to ensure a welcoming atmosphere for all new hires to feel valued, become engaged and integrated to the shared vision of *Live Well San Diego*. Providing new hires the opportunity to feel valued leads to increased retention and a productive workforce with an increased appreciation toward the contribution they make in the lives of the individuals and families served. (OE6)
- Ensure 82% (431 of 526) of children, ages 6–17, with a new case under the supervision of the Juvenile Court are screened for mental health needs. These efforts will ensure that children have access to trauma informed mental health services. (HF1)
 - Ensure 100% of all staff at the A.B. and Jessie Polinsky Children's Center (PCC) receive trauma informed training. Ensure an additional 80% (153 of 192) of direct care staff complete advanced trauma informed training. (HF1)
 - Ensure 78% (61 of 78) of youth enrolled in wraparound services are living in a home-like setting, in accordance with the California Well-Being Demonstration Project.
 - Place 60% (1,320 of 2,200) of foster care children with a relative or close non-family member, minimizing trauma to children by maintaining their connections to familiar environments and strengthening families, exceeding statewide performance of 46%.
 - Ensure 87% (1,479 of 1,700) of children in foster care have fewer than three placements during the first 12 months in care. Fewer placements minimize the trauma that children experience and may help lessen negative impact to their school performance. This meets the federal standard of 87%.
 - Ensure 60% (402 of 670) of child abuse referrals and cases reviewed are documenting the use of Safety Organized Practice (SOP), meeting the California Well-Being Demonstration Project goal of 60% for this year. SOP is a required statewide strategy designed to enhance social work skills in family engagement and critical thinking to create sustained safety for children.
 - Increase by 5% (from 423 to 444) the number of adoption finalizations to achieve permanence for children.



Safe Communities

- Plan, build and maintain safe communities to improve the quality of life for all residents
 - Increase by 5% (from 605 to 635) the recruitment and retention of Foster/Resource Families willing to parent older children or teens, particularly those stepping down from group home care.
- Strengthen our prevention and enforcement strategies to protect our youth from crime, neglect and abuse
 - Ensure 40.5% (595 of 1,470) of children removed from the home due to safety concerns achieve permanency within 12 months to support family strengthening. Federal standard is 40.5%.
 - Increase to 77% (3,619 of 4,700) of families to participate in quarterly meetings regarding their children for joint planning with social workers. Families who participate in joint-case planning are more likely to follow through with plans and meet safety goals to achieve positive outcomes for the children.

2016–18 Objectives



Healthy Families

- Promote the implementation of a service delivery system that is sensitive to individuals' needs



Related Links

For additional information on the programs offered by the Health and Human Services Agency (HHSA), go to:

◆ www.SdCounty.ca.gov/HHSA

For information about San Diego County Adoptions, go to:

◆ www.IAdoptU.org

For information about San Pasqual Academy, go to:

◆ www.SanPasqualAcademy.org

Performance Measures	2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
 Children removed from home with mental health assessment ¹	N/A	80% of 605	80% of 605	82% of 526	82% of 526
Enhanced trauma informed training for staff at PCC ⁷	N/A	N/A	N/A	80% of 192	80% of 192
Youth in intensive, wraparound program in a family-like setting ⁶	82% of 282	78% of 268	78% of 268	78% of 78	78% of 78
Family engagement to facilitate timely reunification of children removed from homes ⁸	N/A	30% of 500	30% of 500	N/A	N/A
Foster care child placed with relative or close family member ¹	N/A	55% of 1,350	55% of 1,350	60% of 2,220	60% of 2,200
Foster care child placed in fewer than 3 placements within 12 months ¹	N/A	87% of 1,700	87% of 1,555	87% of 1,700	87% of 1,700
Child abuse referrals with documented Safety Organized Practice (SOP) ⁷	N/A	N/A	N/A	60% of 670	80% of 670
Adoptions finalized to increase permanency for children ¹	N/A	341	423	444	466
Stable housing for youth in Extended Foster Care ²	97% of 485	N/A	N/A	N/A	N/A
 Children achieving permanency within 12 months ⁷	N/A	N/A	N/A	40.5% of 1,470	40.5% of 1,470
Family participation in joint case planning and meetings quarterly ⁵	N/A	N/A	N/A	77% of 4,700	77% of 4,700
Youth participation in juvenile diversion program ³	87% of 330	N/A	N/A	N/A	N/A
 Youth enrolled in work readiness program ⁴	100% of 110	N/A	N/A	N/A	N/A

Table Notes

¹ Performance measure added in Fiscal Year 2015–16 to support strategic alignment to the County's vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.

² Performance measure deleted Fiscal Year 2015–16 as target has been regularly met and it remains as a primary responsibility of extended foster care social workers to assist young adults in locating and maintaining safe and stable housing.

³ Performance measure deleted Fiscal Year 2015–16 due to diversion programming expanding and changed to an at-risk curriculum for youth between ages 11 and 14 and not just for youth engaging in delinquent activities.

⁴ Performance measure deleted Fiscal Year 2015–16 as the projected performance has been consistently surpassed and system is in place to continuously meet 100%.





⁵ Effective Fiscal Year 2016–17 Regional Operations was reorganized. These measures will now appear in Child Welfare Services.

⁶ As of Fiscal Year 2016–17, CWS will include CWS only data, historically probation data was included.

⁷ Performance measure added in Fiscal Year 2016–17 to support strategic alignment to the County's vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.

⁸ Performance measure will be deleted in Fiscal Year 2016–17 due to Family engagement is being captured in another measure.

Recommended Budget Changes and Operational Impact: 2015–16 to 2016–17

Child Welfare Services has an overall budget increase of \$77.1 million. This includes a transfer of \$67.3 million from Regional Operations to combine child welfare related services previously budgeted regionally into one budget that reflects services by functional area. Major initiatives funded include the Foster and Relative Caregiver Recruitment, Retention and Support Program (FRRS), which strengthens the retention, recruitment and training support for foster parents and caregivers. Additional efforts to serve Commercially Sexually Exploited Children (CSEC) are also included in the Operational Plan, as is continued support for prevention and family strengthening services and overall efforts to improve child well-being, as part of the California Well-Being Demonstration Project.

Staffing

Net increase of 596.00 staff years

- ◆ Increase of 596.00 staff years associated with reflecting child welfare regional support staff years previously budgeted in Regional Operations under one Child Welfare Services budget.
- ◆ Increase of 1.00 staff year due to a transfer from Administrative Support to support operational needs.
- ◆ Decrease of 1.00 staff year due to a transfer to County Counsel to support program coordination between County Counsel and Child Welfare Services in juvenile dependency and litigation matters.

Expenditures

Net increase of \$77.1 million

- ◆ Salaries & Benefits—net increase of \$61.4 million.
 - ◆ Increase of \$57.9 million associated with reflecting child welfare regional support costs previously budgeted in Regional Operations under one Child Welfare Services budget.
 - ◆ Increase of \$3.8 million as a result of negotiated labor agreements and an increase in retirement contributions.

- ◆ Decrease of \$0.3 million due to transfer of staff to County Counsel to support additional program coordination between County Counsel and Child Welfare Services.
- ◆ Services & Supplies—net increase of \$15.8 million.
 - ◆ Increase of \$9.4 million associated with reflecting child welfare regional support costs previously budgeted in Regional Operations under one Child Welfare Services budget.
 - ◆ Increase of \$5.0 million in contracted services.
 - ◆ Increase of \$3.8 million for the Foster and Relative Caregiver Recruitment, Retention and Support (FRRS) contract to strengthen the retention, recruitment and training support for Foster and Kinship parents and caregivers.
 - ◆ Increase of \$0.5 million associated with services under the Commercially Sexually Exploited Children Program.
 - ◆ Increase of \$0.7 million for services under the California Well-Being Demonstration Project, including an expansion of Family Visit Coaching to facilitate reunification, and support of educational liaisons to improve school outcomes for children in foster care.
 - ◆ Increase of \$1.3 million in lease costs associated with the new Balboa facility which is replacing the former office on Levant Street.
 - ◆ Increase of \$0.3 million in cost applied expenses associated with County Counsel legal support.
 - ◆ Decrease of \$0.2 million associated with the reduction in the one-time prior year purchase of vehicles.
- ◆ Capital Assets Equipment—decrease of \$0.1 million in Capital Assets Equipment associated with the reduction in the one-time prior year purchase of Morpho Live Scan machines for fingerprint clearances requirements.

Revenues

Net increase of \$77.1 million

- ◆ Intergovernmental Revenues—increase of \$75.2 million.
 - ◆ Increase of \$64.9 million associated with reflecting child welfare regional support revenues previously budgeted in Regional Operations under one Child Welfare Services budget.



CHILD WELFARE SERVICES

- ❖ Increase of \$5.1 million in Realignment revenue to support Salaries & Benefits and Services & Supplies, based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs for health and human services programs.
- ❖ Increase of \$3.0 million in Social Services federal administrative revenue to support the expenditure increases in Salaries & Benefits and Services & Supplies.
- ❖ Increase of \$1.5 million in State funding associated with the FRRS Allocation.
- ❖ Increase of \$0.7 million in State funding associated with the CSEC Allocation.
- ❖ Use of Fund Balance—decrease of \$0.5 million. Zero dollars of Fund Balance is budgeted.
- ❖ General Purpose Revenue Allocation—increase of \$2.4 million associated with reflecting child welfare regional support revenues previously budgeted in Regional Operations under one Child Welfare Services budget.

Recommended Budget Changes and Operational Impact: 2016–17 to 2017–18

Net increase of \$1.4 million is the result of an increase of \$1.4 million in Salaries & Benefits due to negotiated labor agreements.





Staffing by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Child Welfare Services	516.00	483.00	1,137.00	135.4	1,137.00
CWS Eligibility	0.00	0.00	64.00	0.0	64.00
Foster Care	99.00	131.00	0.00	(100.0)	0.00
Adoptions	142.00	154.00	163.00	5.8	163.00
Total	757.00	768.00	1,364.00	77.6	1,364.00

Budget by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Child Welfare Services	\$ 90,101,951	\$ 96,146,380	\$ 178,463,734	85.6	\$ 179,622,214
CWS Eligibility	—	—	5,276,906	0.0	5,343,524
CWS Assistance Payments	—	—	152,123,633	0.0	152,123,633
Foster Care	165,043,082	163,693,630	—	(100.0)	—
Adoptions	15,452,502	16,998,531	18,113,906	6.6	18,298,794
Total	\$ 270,597,535	\$ 276,838,541	\$ 353,978,179	27.9	\$ 355,388,165

Budget by Categories of Expenditures

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Salaries & Benefits	\$ 69,701,255	\$ 75,411,957	\$ 136,812,817	81.4	\$ 138,222,803
Services & Supplies	43,698,409	47,711,951	63,550,729	33.2	63,550,729
Other Charges	157,197,871	153,614,633	153,614,633	0.0	153,614,633
Capital Assets Equipment	—	100,000	—	(100.0)	—
Total	\$ 270,597,535	\$ 276,838,541	\$ 353,978,179	27.9	\$ 355,388,165

Budget by Categories of Revenues					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Licenses Permits & Franchises	\$ 654,000	\$ 654,000	\$ 654,000	0.0	\$ 654,000
Revenue From Use of Money & Property	681,211	681,211	681,211	0.0	681,211
Intergovernmental Revenues	253,482,907	271,205,931	346,483,983	27.8	347,893,969
Charges For Current Services	4,917,233	1,517,233	1,517,233	0.0	1,517,233
Miscellaneous Revenues	91,450	91,450	91,450	0.0	91,450
Use of Fund Balance	1,274,312	500,000	—	(100.0)	—
General Purpose Revenue Allocation	9,496,422	2,188,716	4,550,302	107.9	4,550,302
Total	\$ 270,597,535	\$ 276,838,541	\$ 353,978,179	27.9	\$ 355,388,165



Public Health Services

Mission Statement

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

Department Description

Public Health Services (PHS) seeks to identify and address the root causes of priority health issues to achieve health equity among all San Diego County residents. The services PHS provides include preventing injuries, disease and disabilities; promoting wellness, healthy behaviors and access to quality care; and protecting against public health threats, such as foodborne outbreaks, infectious disease epidemics, environmental hazards and disasters. PHS ensures that quality emergency medical services include planning medical response activities for bioterrorism, natural, and man-made disasters.

Providing public health protection for residents and visitors is a multidisciplinary and collaborative approach involving other County business groups, health care provider networks, schools, businesses, community and faith-based partners, and residents. Other County business groups are essential to fulfilling the wide range of statutory responsibilities of local governments for public health services (California Code Title 17 Regulations, Section 1276). For example, PHS works with:

- ◆ *The Department of Environmental Health (DEH) to protect the public from foodborne illnesses, environmental hazards and to help ensure coastal waters are safe for recreational use.*
- ◆ *The Department of Environmental Health and the Department of Housing and Community Development to inspect homes, identify and eliminate sources of lead exposure to children.*
- ◆ *The Department of Animal Services to monitor rabies and report cases to the State.*

During Fiscal Year 2015–16, despite unusual conditions including temporary displacement of operations in the Health Services Complex due to the El Niño rainstorm, preparing for public health accreditation site visit, and responding to Zika virus concerns, PHS had a productive year. PHS conducted about 8,000 disease investigations, processed approximately 45,000 disease reports and tested over 60,000 specimens for diseases. PHS detects, prevents and controls the spread of tuberculosis through treatment, case management and contact



investigations. PHS provided over 16,000 residents with sexually transmitted disease prevention and clinical services and provided more than 2,500 refugees basic health assessments, screenings and referrals.

Vital Records processed 46,000 birth and 21,700 death certificates. The California Children's Services program provided medical evaluations, treatment and case management services to 13,300 chronically ill, severely and physically disabled children. Well-child exams were facilitated for 200,000 children through the Child Health and Disability Prevention Program. PHS plays an integral part to advance community health by coordinating the activities of approximately 100 public health nurses in regional public health centers across the County. These activities include distributing thousands of vaccine doses for influenza and other immunizations and supporting several different home visitation programs through funding from First 5 San Diego to ensure pregnant women and families with young children are referred for the best outcomes. In addition, since 2010 the chronic disease prevention program has leveraged multiple grants averaging over \$50 million in federal funding, advancing innovative approaches to healthy communities through policy, systems and environmental change consistent with the Live Well San Diego vision of building better health, living safely and thriving.

Effective Fiscal Year 2016–17, Public Health Services functions were consolidated into one budget to more accurately reflect programmatic alignment, operational costs and overall performance.

To ensure these critical services are provided, PHS has 645.50 staff years and a budget of \$140.4 million.

Strategic Initiative Legend

HF	SC	SE	OE
	- Audacious Vision		
	- Enterprise Wide Goal		
	- Cross-Departmental Objective		
	- Department Objective		
	- Objective Sub-Dot Point Level 1		

For more information on alignment to the Strategic Initiatives refer to the Agency Description section within the Health and Human Services Agency Summary.

2015–16 Anticipated Accomplishments



Healthy Families

- Promote the implementation of a service delivery system that is sensitive to those individuals who have been affected by traumatic circumstances
 - ▣ Ensured 91% (2,141 of 2,353) of children in out-of-home placement received preventive health examinations to identify and correct health issues and launched a quality improvement project to increase results to 93%. (HF1)
- Strengthen the local food system and support the availability of healthy foods, nutrition education and nutrition assistance for those who need it
 - ▣ Developed a comprehensive County of San Diego Nutrition and Food Systems Standard to improve the nutritional value of foods offered through County congregate meal programs and food services, procurements, meetings and events. This comprehensive standard builds upon existing federal and State requirements and will be adopted by the end of Fiscal Year 2016-17. (HF2)



Safe Communities

- Encourage and promote residents to take important and meaningful steps to protect themselves and their families for the first 72 hours during a disaster
 - ▣ Activated the public health emergency response system five (5) times this fiscal year in order to ensure preparedness for disaster or public health threats. These activations included a Statewide Medical Full Scale Exercise on November 19, 2015, in which the distribution of antibiotics to the entire county population was tested. Coordinated by the County’s Medical Operations Center, this exercise involved several counties and multiple sites and points of distribution of antibiotics, including military, hospitals and private organizations. Other exercises included a test of medical surge capacity (July 29, 2015); a

response to a biological incident (September 17, 2015); an all-hazards drill (September 19, 2015); and a combined field treatment, pediatric and evacuation drill with hospitals (May 4, 2016). (SC1)

- Plan, build and maintain safe communities to improve the quality of life for all residents
 - ▣ Ensured that 92% (165,600 of 180,000) of emergency responses in which a transport occurred were answered within established response time standards, exceeding the target of 90%. (SC2)
 - Connected 87% (104 of 120) of individuals with a newly confirmed Human Immunodeficiency Virus (HIV) diagnosis to primary care with a verified medical visit within 90 days, increasing access to health care and reducing transmission of HIV.
 - Ensured 98% (235 of 240) of active tuberculosis (TB) cases were reported within one working day from start of treatment to prevent further transmissions.



Sustainable Environments

- Provide and promote services that increase consumer and business confidence
 - ▣ Increased number of Live Well @ Work locations by 25 to ensure local employers adopt policies and practices that increase opportunities for physical activity, access to healthy foods, and other changes to create a healthier workplace. (SE1)
 - Investigated 98% (265 of 270) of reported selected communicable disease cases within 24 hours to reduce the spread of disease.



Operational Excellence

- Align services to available resources to maintain fiscal stability
 - ▣ Completed all major steps required to qualify for recognition as a nationally accredited public health agency through the Public Health Accreditation Board (PHAB). Submitted over 1,100 documents to demonstrate conformance across 100 standards and hosted a site visit for PHAB reviewers on February 22 and 23, 2016. The County will be informed if PHS demonstrates achievement of public health accreditation standards by Spring 2016. (OE1)
- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - ▣ Achieved all Fiscal Year 2015–16 major milestones that were targeted for the development and implementation of an electronic information exchange system (ConnectWellSD) that will link information systems within the County. ConnectWellSD will facilitate the provision of exceptional customer service. (OE3)





- Expedited and improved the accuracy for 70% (28,000 of 40,000) of referrals to California Children’s Services by processing them through eQuest, a web referral system for children with certain physical limitations, chronic health conditions and diseases, exceeding the target of 68%.
- Strengthen our customer service culture to ensure a positive customer experience
 - Attended 6 H.E.A.R.T. (Helpfulness, Expertise, Attentiveness, Respect, Timeliness) Customer Service trainings for HHSA Customer Service Ambassadors to assist with developing skills for nearly 6,000 HHSA employees ensuring customers receive an exceptional County experience. Issued customer surveys and developed an action plan to improve overall customer service experience across the Agency. (OE5)
- Develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted
 - Conducted eight Quality Improvement Projects, exceeding the target of six, that include: (OE5)
 - ◆ Improved care coordination for California Children’s Services (CCS) Cerebral Palsy patients transitioning to adult care providers;
 - ◆ Decreased patient wait times at clinics for Sexually Transmitted Diseases;
 - ◆ Enhanced case management for public health nurses through a new electronic system;
 - ◆ Streamlined the reporting of outcomes in the Perinatal Hepatitis B Prevention Program;
 - ◆ Facilitated the start of preventive treatment for high risk customers with latent (inactive) tuberculosis (TB) infection;
 - ◆ Enhanced customer service and productivity at Emergency Management Services through an automated attendant phone line for non-emergency calls;
 - ◆ Streamlined the processing of contracts to allow more time for contractors to review and sign contracts; and
 - ◆ Strengthened the linkages of children in out-of-home placement to health and dental care providers so that these children receive preventive and follow-up care in a timely fashion.
 - Developed a plan for an HHSA Job Shadow program to provide qualified employees opportunities to explore specific career interests, develop knowledge and build relationships, which provide opportunities for growth. (OE6)
 - Developed a trauma informed plan to improve the HHSA New Employee Orientation to ensure a welcoming atmosphere for all new hires to feel valued, become engaged and integrated to the shared vision of *Live Well San Diego*. Providing new hires the opportunity to feel valued leads to increased retention and a productive

workforce with an increased appreciation toward the contribution they make in the lives of the individuals and families served. (OE6)

2016–18 Objectives



Healthy Families

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
 - Ensure 93% (2,790 of 3,000) of children in out-of-home placement receive timely preventive health examinations to identify and correct health issues. (HF1)
- Strengthen the local food system and support the availability of healthy foods, nutrition education and nutrition assistance for those who need it
 - Ensure 61% (159 of 260) of mothers receiving home visitation from public health nurses continue to breastfeed their infant up to 6 months of age to promote healthier outcomes. Target is well above the national average of 49.4% and consistent with the federal Healthy People 2020 goal of 60.6%. (HF2)



Safe Communities

- Encourage and promote residents to take important and meaningful steps to protect themselves and their families for the first 72 hours during a disaster
 - Activate the public health emergency response drills five times this fiscal year in order to ensure preparedness for disaster and/or public health threats. (SC1)
- Plan, build and maintain safe communities to improve the quality of life for all residents
 - Monitor area medical response times to ensure that 90% (162,000 of 180,000) of emergency responses in which a transport occurs are answered within established response time standards. (SC3)
 - Immunize 99% (19,800 of 20,000) of children under 18 who are served at Public Health Centers and Clinics to protect them from diseases such as measles and whooping cough. (SC3)
- Connect 85% (102 of 120) of individuals with a newly confirmed HIV diagnosis to primary care with a verified medical visit within 30 days, thereby increasing access to health care, and reducing transmission of HIV. Target exceeds state standards of 45%.
- Ensure 98% (235 of 240) of active tuberculosis (TB) cases are reported within one working day from start of treatment to prevent further transmissions, exceeding state standards of 93%.
- Maintain 100% compliance with accrediting requirements at the Public Health Services laboratory to ensure protection of community health and prevention of the spread of disease.



- Ensure 92% (2,024 of 2,200) of tuberculosis (TB) samples received during operating hours will be tested and reported by the laboratory within one business day to ensure rapid diagnosis and treatment of tuberculosis, consistent with federal standards.
- Ensure 90% (1,800 of 2,000) of refugees start their health assessment process within 90 days, which is the standard set by the California Refugee Program, to identify health needs and facilitate access to the local health care system.



Sustainable Environments

- Provide and promote services that increase consumer and business confidence
 - Ensure 90% (41,400 of 46,000) of birth certificates are registered within 10 days of birth to maintain accurate Census data.
 - Investigate 100% (estimated 270) of reported selected communicable disease cases within 24 hours to reduce the spread of disease.



Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Ensure 70% (28,000 of 40,000) of referrals to California Children’s Services are processed through eQuest, a web referral system, so that children with serious physical limitations, chronic health conditions and diseases receive family-centered care coordination and timely approval for coverage of their medical services.
- Strengthen our customer service culture to ensure a positive customer experience
 - Conduct at least eight (8) Quality Improvement Projects to advance operational excellence and meet standards of public health accreditation process, while creating a culture of continuous improvement in which staff are engaged in identifying and resolving barriers to success. (OE5)

Related Links

For additional information about the programs offered by the Health and Human Services Agency, refer to the website:

- ◆ www.sandiegocounty.gov/hhsa

For additional information about Public Health Services, the PHS strategic plans, and information about each of its branches, go to:

- ◆ www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html

For more information about the *Live Well San Diego* Community Health Improvement Plans (CHIP), go to:

- ◆ www.livewellsd.org/content/livewell/home/make-an-impact/community-action-for-living-well.html

For more information about Healthy Works, a component of *Live Well San Diego*, go to:

- ◆ www.healthyworks.org/

For more information about public health accreditation, go to:

- ◆ www.phaboard.org

For health statistics that describe health behaviors, diseases and injuries for specific populations, health trends and comparison to national targets, go to the website:

- ◆ www.sdhealthstatistics.com

For additional information about the Top 10 *Live Well San Diego* Indicators, go to:

- ◆ www.livewellsd.org/content/livewell/home/make-an-impact/top-10-live-well-indicators.html





Performance Measures	2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
 Children in out-of-home placements who receive preventive health examinations	91% of 2,516	90% of 3,000	91% of 2,353	93% of 3,000	95% of 3,000
Mothers who continue to breastfeed their infant at 6 months of age ⁷	NA	NA	NA	61% of 260	61% of 260
 Activation of public health emergency response system for drills, exercises and actual responses	5	5	5	5	5
Medical response times are within established response time standards ¹	N/A	90% of 180,000	92% of 180,000	90% of 180,000	90% of 180,000
Children with age-appropriate vaccines ⁷	NA	NA	NA	99% of 20,000	99% of 20,000
New clients enrolled with an HIV primary care provider within 90 days ²	100% of 976	100% of 1,000	87% of 120	N/A	N/A
Clients with newly confirmed HIV diagnosis with a medical visit within 30 days ^{2, 5}	N/A	N/A	N/A	85% of 120	85% of 120
TB cases reported to PHS within one working day from start of treatment ³	96% of 217	100% of 210	98% of 240	98% of 240	98% of 240
Laboratory Compliance ⁵	NA	NA	NA	100%	100%
Tuberculosis samples tested and reported by lab within one business day ⁵	NA	NA	NA	92% of 2,200	92% of 2,200
Refugees start the health assessment process within 90 days ⁵	NA	NA	NA	90% of 2,000	90% of 2,000
 Birth certificates registered within 10 days of event ⁵	NA	NA	NA	90% of 46,000	90% of 46,000
Selected communicable diseases cases contacted/investigations initiated within 24 hours ⁴	98% of 223	100% of 270	98% of 270	100% of 270	100% of 270
Number of additional worksites made healthier for employees through Live Well @ Work Project ^{1, 6}	N/A	25	25	N/A	N/A
 Number of electronic referrals received by CCS	66% of 42,224	68% of 42,000	70% of 40,000	70% of 40,000	70% of 40,000
Quality Improvement Projects ¹	N/A	6	8	8	8

Table Notes

- ¹ Performance measure added in Fiscal Year 2015–16 to support strategic alignment to the County’s vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.
- ² In July 2015, the National HIV/AIDS Strategy 2020 changed the goal to require that individuals linked to care within 30 days compared to 90 days. The adoption of a shorter timeframe is based on research that shows that if a newly diagnosed client is not linked to care quickly, that client is far less likely to ever successfully become connected to care. Closer coordination between the program and providers, as well as other system improvements, are being implemented to meet this revised goal.
- ³ Target was not met because of rare instances when a provider failed to report an active TB case within one day of diagnosis. Those providers who failed to report within one day typically reported within a few days.
- ⁴ Target not met only for cases determined to be lower priority and were received over the weekend, a holiday or during a disease outbreak where staff were investigating other cases.
- ⁵ Performance measure added in Fiscal Year 2016–17 to support strategic alignment to the County’s vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.
- ⁶ Measure discontinued to ensure focused alignment of efforts.
- ⁷ Effective Fiscal Year 2016–17, the Regional Operations was reorganized. These measures will be continued in Public Health Services.

Recommended Budget Changes and Operational Impact: 2015–16 to 2016–17

Public Health Services (PHS) has an overall budget increase of \$25.0 million. This includes a transfer of \$22.3 million from Regional Operations in order to combine public health related services previously budgeted regionally into one budget that reflects services by functional area. PHS major initiatives include prevention of injuries, disease and disabilities; protection against public health threats; ensuring quality emergency medical services; and promotion of wellness, healthy behaviors and quality care access.

Staffing

Net increase of 160.00 staff years

- ◆ Increase of 160.00 staff years associated with reflecting public health regional support staff years previously budgeted in Regional Operations under one Public Health Services budget.

Expenditures

Net increase of \$25.0 million

- ◆ Salaries & Benefits—increase of \$20.8 million.
 - ◆ Increase of \$17.9 million associated with reflecting public health regional support staff years previously budgeted in Regional Operations under one Public Health Services budget.
 - ◆ Increase of \$2.9 million as a result of negotiated labor agreements and an increase in retirement contributions.
- ◆ Services & Supplies—net increase of \$4.9 million.

- ◆ Increase of \$3.1 million associated with reflecting public health regional support costs previously budgeted in Regional Operations under one Public Health Services budget.
- ◆ Increase of \$1.3 million in contract services associated with expansion of the Nutrition Education and Obesity Prevention grant, Health Prevention Grant, and HIV Prevention grant.
- ◆ Increase of \$0.5 million to conduct immunization and other public health related surveys and to replace the cash register system in Vital Records.
- ◆ Increase of \$0.2 million to reflect increased ambulance transports for the rural service areas outside of the County Services Areas (CSA).
- ◆ Increase of \$0.6 million for contracted information technology costs including Emergency Medical Services software upgrades, Persimmony software license and San Diego Health Connect costs.
- ◆ Increase of \$0.5 million in lab supplies related to Ebola prevention, HIV, tuberculosis and hepatitis programs.
- ◆ Increase of \$0.4 million in ambulance services for the CSAs to align with projected need in unincorporated areas.
- ◆ Increase of \$0.2 million for one-time staging of servers for San Diego Health Connect, San Diego Regional Immunization Registry and website migration of Healthyworks.org to the LivewellSD.org website.
- ◆ Increase of \$0.2 million in the Childhood Obesity Initiative for development of evaluation plans and enhancement of media and public communications.
- ◆ Decrease of \$2.1 million primarily associated with the reduction in one-time prior year projects.



- ◆ Other Charges—decrease of \$1.0 million in appropriations for medical costs in California Children’s Services (CCS) program, based on caseload trend, with no impact to services.
- ◆ Capital Assets Equipment—increase of \$0.3 million for a one-time mobile tuberculosis clinic, a molecular diagnostic detection system and other one-time lab equipment purchases.

Revenues

Net increase of \$25.0 million

- ◆ Fines, Forfeitures & Penalties—increase of \$0.4 million in projected penalty assessments in Emergency Medical Services.
- ◆ Intergovernmental Revenues—increase of \$19.2 million.
 - ◆ Increase of \$15.1 million associated with reflecting public health regional support costs previously budgeted in Regional Operations under one Public Health Services budget.
 - ◆ Increase of \$1.6 million in California Children’s Services funding due to a projected increase in the Medi-Cal eligible caseload.
 - ◆ Increase of \$1.0 million to roll forward prior year Health Prevention and Ebola grant dollars to support costs in contracts and lab supplies.
 - ◆ Increase of \$0.7 million in HIV Prevention, NEOP, Children in Foster Care and Child Health & Disability prevention revenue to support cost increases in contracted services.
 - ◆ Increase of \$0.3 million in federal Medicaid Administrative Activities (MAA)/Targeted Case Management (TCM) revenue.
 - ◆ Increase of \$0.2 million in residential ambulance transport fees due to projected increase in transports in CSAs.
 - ◆ Increase of \$0.3 million in Realignment revenue to support the expenditure increases in Salaries & Benefits, based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs for health and human services programs.
- ◆ Charges for Current Services—increase of \$1.3 million.
 - ◆ Increase of \$0.8 million in third party external administration fees primarily tied to a reimbursement for one-time projects funded through Vital Records fee revenue.
 - ◆ Increase of \$0.3 million associated with reflecting public health regional support costs previously budgeted in Regional Operations under one Public Health Services budget.
 - ◆ Increase of \$0.2 million in non-residential ambulance transports fees due to projected increased transports in CSAs.
- ◆ Miscellaneous Revenues—increase of \$0.3 million primarily related to prior year revenues and revenue share from Assessor, Recorder, County Clerk for duplicating & filing documentation fees.
- ◆ Use of Fund Balance—decrease of \$2.0 million. A total of \$0.5 million is budgeted.
 - ◆ \$0.3 million for a one-time mobile tuberculosis clinic, a molecular diagnostic detection system and other one-time lab equipment purchases.
 - ◆ \$0.2 million for one-time staging of servers for San Diego Health Connect and San Diego Regional Immunization Registry and website migration of Healthyworks.org to the LivewellSD.org website.
- ◆ General Purpose Revenue Allocation—increase of \$5.8 million.
 - ◆ Increase of \$5.4 million associated with reflecting public health regional support costs previously budgeted in Regional Operations under one Public Health Services budget.
 - ◆ Increase of \$0.4 million as a result of negotiated labor agreements and an increase in retirement contributions.

Recommended Budget Changes and Operational Impact: 2016–17 to 2017–18

Net decrease of \$0.7 million is the result of a decrease of \$0.7 million in Services & Supplies and \$0.3 million in Capital Assets Equipment related to the elimination of one-time prior year projects, offset by a \$0.3 million increase in Salaries & Benefits due to negotiated labor agreements.

Staffing by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Administration and Other Services	28.00	28.00	29.00	3.6	29.00
Bioterrorism / EMS	49.00	50.00	50.00	0.0	50.00
Infectious Disease Control	107.25	107.25	107.25	0.0	107.25
Surveillance	84.00	84.00	84.00	0.0	84.00
Prevention Services	79.50	79.50	79.50	0.0	79.50
California Childrens Services	136.75	136.75	136.75	0.0	136.75
Regional Public Health Services	0.00	0.00	159.00	0.0	159.00
Total	484.50	485.50	645.50	33.0	645.50

Budget by Program

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Administration and Other Services	\$ 5,977,009	\$ 6,260,454	\$ 6,774,384	8.2	\$ 8,718,654
Bioterrorism / EMS	12,717,648	14,527,735	14,084,236	(3.1)	14,049,751
Infectious Disease Control	27,946,148	30,851,160	31,523,256	2.2	30,655,068
Surveillance	12,340,374	13,473,347	14,023,365	4.1	12,892,171
Prevention Services	16,192,200	18,615,863	20,129,507	8.1	19,389,287
California Childrens Services	20,655,645	20,802,861	20,319,499	(2.3)	20,353,692
Regional Public Health Services	—	—	22,292,063	0.0	22,344,099
Ambulance CSA's - Health & Human Services	10,574,661	10,853,440	11,276,402	3.9	11,276,402
Total	\$ 106,403,685	\$ 115,384,860	\$ 140,422,712	21.7	\$ 139,679,124

Budget by Categories of Expenditures

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Salaries & Benefits	\$ 54,607,487	\$ 56,420,029	\$ 77,256,973	36.9	\$ 77,508,793
Services & Supplies	47,164,198	54,330,696	59,239,491	9.0	58,524,083
Other Charges	4,599,000	4,601,135	3,603,248	(21.7)	3,603,248
Capital Assets Equipment	33,000	33,000	323,000	878.8	43,000
Total	\$ 106,403,685	\$ 115,384,860	\$ 140,422,712	21.7	\$ 139,679,124





Budget by Categories of Revenues

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Taxes Current Property	\$ 1,602,726	\$ 1,565,017	\$ 1,596,315	2.0	\$ 1,596,315
Taxes Other Than Current Secured	26,784	26,784	27,311	2.0	27,311
Licenses Permits & Franchises	214,613	194,500	216,500	11.3	216,500
Fines, Forfeitures & Penalties	2,199,943	2,762,170	3,133,231	13.4	3,133,231
Revenue From Use of Money & Property	54,000	54,000	54,000	0.0	54,000
Intergovernmental Revenues	86,728,206	93,364,434	112,694,593	20.7	113,021,413
Charges For Current Services	7,971,031	8,669,570	9,944,276	14.7	9,375,868
Miscellaneous Revenues	930,558	668,988	949,999	42.0	949,999
Other Financing Sources	500,000	500,000	500,000	0.0	500,000
Use of Fund Balance	1,022,771	2,542,000	502,000	(80.3)	—
General Purpose Revenue Allocation	5,153,053	5,037,397	10,804,487	114.5	10,804,487
Total	\$ 106,403,685	\$ 115,384,860	\$ 140,422,712	21.7	\$ 139,679,124



Administrative Support

Mission Statement

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

Department Description

Administrative Support includes the Agency Executive Office, Financial Support Services Division, Human Resources, Management Information Support, Agency Contract Support, and the Office of Strategy and Innovation. These divisions work together to ensure that departments within HHS - Aging & Independence Services, Behavioral Health Services, Child Welfare Services, Public Health Services, and Self-Sufficiency Services - deliver services in a professional, cost effective, efficient, and cohesive manner, while focusing on exceptional customer service. These divisions also serve as a liaison with their respective county departments to ensure compliance and ethical standards are met.

In addition, countywide efforts, such as First 5 San Diego, Office of Military and Veterans Affairs (OMVA), Community Action Partnership, and Regional Administration are housed under the Administrative Support section.

The primary services provided by each division include:

- ◆ **Agency Executive Office** - provides oversight and direction for the Agency;
- ◆ **Financial Support Services Division** - provides efficient use of resources, financial planning, forecasting and claiming for fiscal stability and facility management;
- ◆ **Human Resources** - develops and maintains a knowledge-based workforce;
- ◆ **Management Information Support** - supports programs with information management and technology;
- ◆ **Agency Contract Support** - provides contract oversight;
- ◆ **Office of Strategy and Innovation** - advances the *Live Well San Diego* vision through strategic planning, communication support, legislative and policy analysis, progress evaluation and innovation management;
- ◆ **First 5 San Diego** - promotes the health and well-being of children ages 0-5;
- ◆ **Office of Military and Veterans Affairs (OMVA)** - supports the 3rd largest veteran population in the nation;
- ◆ **Community Action Partnership (CAP)** - administers programs that address the needs of economically disadvantaged communities and the residents that live there, including services that support the employment of newly arriving refugee families; and



- ◆ **Regional Administration** - ensures services are tailored to local communities, delivers those services and encourages healthy behaviors and disease prevention through health promotions.

Effective Fiscal Year 2016-17, HHS reorganized the functions in the Operational Plan to more accurately reflect programmatic alignment, operational costs and overall performance. The Office of Military and Veterans Affairs (OMVA) and Regional Administration are now included as part of Administrative Support to ensure increased coordination across the Agency and County.

To ensure HHS service regions and departments can provide critical, essential services, Administrative Support has 442.00 staff years and a budget of \$162.1 million.

Strategic Initiative Legend

HF	SC	SE	OE
○	- Audacious Vision		
●	- Enterprise Wide Goal		
□	- Cross-Departmental Objective		
■	- Department Objective		
◆	- Objective Sub-Dot Point Level 1		

For more information on alignment to the Strategic Initiatives refer to the Agency Description section within the Health and Human Services Agency Summary.

2015-16 Anticipated Accomplishments

Healthy Families

- Promote the implementation of a service delivery system that is sensitive to those individuals who have been affected by traumatic circumstances



- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and finding solutions to current and future challenges
 - Trained 15 Resident Leadership Academy (RLA) facilitators, increasing the regional capacity to deliver the RLA curriculum that engages local leaders in the creation of healthy, safe and thriving San Diego neighborhoods.



Operational Excellence

- Align services to available resources to maintain fiscal stability
 - Completed 26 comprehensive financial reviews of contractors to ensure they complied with standards and had financial controls in place. This activity helps to assure that the County is maintaining fiscal stability. (OE1)
 - Conducted 16 Quality Assurance reviews to ensure that contracting policies and procedures are in accordance with funding sources. (OE1)
 - Trained 100 HHSa employees on contract administration topics to develop, strengthen and maintain the procurement knowledge and effectively improve contractor performance. (OE2)
 - Coordinated 8 financial trainings comprised of budgetary topics impacting program operations such as funding streams and fiscal impacts to service delivery. Improved financial competency of staff and management by conducting presentations on funding and financial issues that affect operations and service delivery. These trainings provided staff with the knowledge to make better-informed decisions. (OE2)
- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Achieved all Fiscal Year 2015–16 major milestones that were targeted for the development and implementation of an electronic information exchange system - ConnectWellSD – that will link information systems within the County. ConnectWellSD will facilitate the provision of exceptional customer service. (OE3)
 - Increased by 50% (from 16,144 to 24,216) the number of unique visitors to the *Live Well San Diego* website (LiveWellSD.org) and provided access to timely, relevant news and materials. (OE4)
- Strengthen our customer service culture to ensure a positive customer experience
 - Coordinated and attended 6 H.E.A.R.T. (Helpfulness, Expertise, Attentiveness, Respect, Timeliness) Customer Service trainings for HHSa Customer Service Ambassadors to assist with developing skills for nearly 6,000 HHSa employees, ensuring customers receive an exceptional County experience. Issued customer survey and developed an action plan to improve overall customer service experience across the County. (OE5)

- Collaborated with the County of San Diego Board of Supervisors and 38 County departments to explore how County programs can work together to improve service delivery to active military, veterans and their families. Topics discussed covered veteran challenges, military housing and veterans outreach.
- Develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted
 - Developed a plan for a HHSa Job Shadow program to provide qualified employees opportunities to explore specific career interests, develop knowledge and build relationships, which provide opportunities for growth. (OE6)
 - Developed a trauma informed plan to improve the HHSa New Employee Orientation to ensure a welcoming atmosphere for all new hires to feel valued, become engaged and integrated to the shared vision of *Live Well San Diego*. Providing new hires the opportunity to feel valued leads to increased retention and a productive workforce with an increased appreciation toward the contribution they make in the lives of the individuals and families served. (OE6)

2016–18 Objectives



Healthy Families

- Promote the implementation of a service delivery system that is sensitive to individuals' needs
 - Assist 68% (8,568 of 12,600) of students entering kindergarten by increasing the number of children identified with a developmental, social emotional or behavioral need and provide them the resources necessary to reduce the occurrence of undetected and/or untreated conditions in children entering school. (HF1)
- Strengthen the local food system and support the availability of healthy foods, nutrition education, and nutrition assistance for those who need it
 - Educate 95% (7,315 of 7,700) of parents receiving First 5 San Diego services so that they positively report having the knowledge and capacity to advocate for their child's health needs and encourage the healthy development of children ages 0 through 5. (HF2)
- Pursue policy and program change for healthy, safe and thriving environments to positively impact residents
 - Support a 10% increase (from 175 to 193) in the number of recognized *Live Well San Diego* partners in order to improve outcomes across the *Live Well San Diego* measurement framework which measures the impact of collective actions by partners and the County to achieve the vision of a region that is building better health, living safely and thriving. (HF3)



- Help employees understand how they contribute to *Live Well San Diego*
 - Increase by 10% (from 61% to 67%) County employees' understanding of how their work contributes to the *Live Well San Diego* vision. By increasing awareness of their contributions to *Live Well San Diego*, employees cultivate stakeholder relationships and gain public trust as they work together towards one vision. (HF5)

Safe Communities

- Plan, build and maintain safe communities to improve the quality of life for all residents
 - Ensure at least 1,700 Alternative Dispute Resolution mediation services to community members looking for help resolving issues, problems, disputes and conflicts in a way that is non-adversarial and less expensive than formal legal proceedings through outreach, education and receipt of referrals.
- Develop an information exchange, and where possible, use a single system that provides data so County agencies can deliver services more efficiently
 - Achieve major milestones targeted for the Fiscal Year 2016–17 development and implementation of ConnectWellSD, an electronic information exchange system, that will link information systems within the County. ConnectWellSD will facilitate the provision of exceptional customer service. (SC4)

Sustainable Environments

- Provide and promote services that increase consumer and business confidence
 - Engage approximately 360 work ready refugees in vocational English as a second language to facilitate their adaptation to a new environment and increase their ability to find employment. (SE1)
 - Increase by 4% (from 22,000 to 22,880) the number of interviews provided to veterans and dependents with benefits counseling, information and referral services.
 - Increase by 4% (from 3,957 to 4,115) the number of compensation and pension claims processed to allow veterans and their dependents to thrive by promptly facilitating their access to needed benefits.
- Foster an environment where residents engage in recreational interests by enjoying parks, open spaces and outdoor experiences
 - Promote efforts such as the 2017 *Live Well San Diego* 5K Walk/Run and Resource Fair and other public events to encourage residents to exercise and enjoy the environment while receiving health and wellness information. The *Live Well San Diego* 5K event is expected to reach over 3,000 residents. (SE5)

- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and finding solutions to current and future challenges
 - Invest in building capacity for policy, systems and environmental change by: (SE6)
 - ◆ Providing six (6) *Live Well San Diego* Resident Leadership Academies (RLAs), each with the capacity to train up to 25 community residents in effective advocacy for policy, systems and environmental changes that improve outcomes for the community. (SE6)
 - ◆ Convening six (6) *Live Well San Diego* Resident Leadership Academy (RLA) Council meetings that provide supplemental education and development opportunities to support the ongoing efforts of RLA graduates across the region, as they identify and implement community improvement projects that increase the health, safety, and well-being of their neighborhoods.

Operational Excellence

- Align services to available resources to maintain fiscal stability
 - Conduct 26 comprehensive financial reviews of contractors to ensure they complied with standards and had financial controls in place. Each review consists testing of financial material, review of contractor financial systems and controls and observation of contractor systems, activities and processes. This activity helps to assure that the County is maintaining fiscal stability. (OE1)
 - Coordinate and attend 8 financial trainings comprised of budgetary topics impacting program operations such as funding streams and fiscal impacts to service delivery. Improve financial competency of staff and management by conducting presentations on funding and financial issues that affect operations and service delivery. These trainings provide staff with the knowledge to make better-informed decisions. (OE2)
 - Train a minimum of 125 HHS employees (to include Contracting Officer Representatives and support staff), in partnership with the Department of Purchasing and Contracting, on contract administration topics to develop, strengthen and maintain the procurement knowledge and effectively improve contractor performance and host a Contractors' Forum to engage contractors, share new trends, and provide additional training support. (OE2)
- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Increase the number of unique visitors to the *Live Well San Diego* website (LiveWellSD.org) by 25% (from 24,216 to 30,270) by providing access to timely, relevant news and materials that engage partners and other stakeholders;





expanding the reach of *Live Well San Diego* education messages; and providing public access to *Live Well San Diego* Open Performance Data and other community level data. (OE4)

- Strengthen our customer service culture to ensure a positive customer experience
 - Issue the Customer Experience survey to all Agency customers (AIS, BHS, CWS, PHS, SSS, Admin Support) and achieve a minimum average satisfaction rating of 3 (1 to 4 scale). In areas where the rating is lower than 3 develop and implement an improvement plan. (OE5)
- Develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted

- Ensure 100% of new employees are trauma informed through a New Employee Orientation to ensure a welcoming atmosphere for all new hires to feel valued, become engaged and integrated into the shared vision of *Live Well San Diego*. Providing new hires the opportunity to feel valued increases retention and produces a workforce with an increased appreciation toward their contributions in the lives of our customers. (OE6)

Related Links

For additional information about the programs offered by HHSA, go to:

◆ www.sandiegocounty.gov/hhsa

For information about *Live Well San Diego*, go to:

◆ www.LiveWellSD.org

Performance Measures	2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
 Children 0 - 5 years of age identified with a developmental, social emotional or behavioral and received resources ¹	N/A	66% of 12,581	66% of 12,581	68% of 12,600	68% of 12,600
First 5 parents with the knowledge and capacity to advocate for their child's needs ¹	N/A	94% of 7,676	94% of 7,676	95% of 7,700	95% of 7,700
Total <i>Live Well San Diego</i> partners ¹	N/A	174	175	193	193
County staff understanding of how their work contributes to <i>Live Well San Diego</i> ²	N/A	N/A	N/A	68%	68%
 Alternative Dispute Resolution Services to Community Members ²	N/A	N/A	N/A	1,700	1,700
 Work ready refugees engaged in ESL activities ²	N/A	N/A	N/A	360	360
Veterans and dependents interviews for benefits counseling and referral services ⁴	N/A	N/A	N/A	22,880	23,800
Veteran compensation and benefits claims processed ⁴	N/A	N/A	N/A	4,115	4,280
<i>Live Well San Diego</i> 5K Participants ²	N/A	N/A	N/A	3,000	3,000
<i>Live Well San Diego</i> Resident Leadership Academy Council Meetings ²	N/A	N/A	N/A	6	6
 Comprehensive financially focused review for HHSA contractors	22	26	26	26	26
HHSA financial events ¹	N/A	8	8	8	8



Performance Measures	2014–15 Actuals	2015–16 Adopted	2015–16 Estimated Actuals	2016–17 Recommended	2017–18 Recommended
Staff trained on contract administration ¹	N/A	100	100	125	125
Unique visitors to the <i>Live Well San Diego</i> website	16,144	24,216 (50% Increase)	24,216 (50% Increase)	30,270 (25% increase)	Increase 25%
Certified Resident Leadership Academy facilitators ^{1,3}	N/A	15	15	N/A	N/A
Quality Assurance reviews of contracting policies and procedures completed for HHSA departments ³	14	14	16	N/A	N/A
Customer Service Training workshops ^{1,3}	N/A	6	6	N/A	N/A

Table Notes

- ¹ Performance measure added in Fiscal Year 2015–16 to support strategic alignment to the County’s vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.
- ² Performance measure added in Fiscal Year 2016–17 to support strategic alignment to the County’s vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.
- ³ Measure deleted to support strategic alignment to the County’s vision of a region that is Building Better Health, Living Safely and Thriving: *Live Well San Diego*.
- ⁴ New measure added in Fiscal Year 2016-17 to ensure increased coordination of services across the County.

Recommended Budget Changes and Operational Impact: 2015–16 to 2016–17

Administrative Support has an overall budget increase of \$18.2 million. This includes a transfer of \$10.6 million from Regional Operations in order to combine administrative functions previously budgeted regionally into one budget that reflects services by functional areas. In addition, \$2.1 million is transferred from Aging & Independence Services to Administrative Support to reflect the responsibilities and increased coordination across all Agency and County programs for the Office of Military and Veterans Affairs. Major initiatives funded include an expansion of Military and Veterans services to increase counseling and outreach to previously underserved communities; expansion of a police/citizen joint training program aimed at improving conflict resolution in at-risk communities; continuation of training and technical assistance programs for small, minority-owned businesses providing health and social services; expansion of the Peace Makers gang prevention and intervention program; and continued one-time funding associated with the last phase of the design, development and implementation of ConnectWellSD which will modernize information technology systems to enable information sharing and collaboration among County programs.

Staffing

Net increase of 63.00 staff years

- ◆ Increase of 48.00 staff years associated with reflecting regional administrative support staff years previously budgeted in Regional Operations under one Administrative Support budget.
- ◆ Net Increase of 16.00 staff years in the Office of Military and Veterans Affairs
 - ◆ Increase of 13.00 staff years associated with reflecting Office of Military and Veterans Affairs staff years previously budgeted in Aging & Independence Services under one Administrative Support budget.
 - ◆ Increase of 3.00 staff years to support increased counseling and outreach services.
- ◆ Increase of 8.00 staff years in Financial Support Services Division, Management Support, and Human Resources to support program growth, primarily in Self-Sufficiency Services.
- ◆ Net decrease of 8.00 staff years associated with transfer to Self-Sufficiency Services to support operational needs.
- ◆ Decrease of 1.00 staff year associated with transfer to Child Welfare Services to support operational needs.





- ◆ Additionally, staff were transferred among related programs within Administrative Support (Agency Contract Support, Financial Services Division, Management Support, First 5, and Office of Strategy and Innovation) to manage operational needs.

Expenditures

Net increase of \$18.2 million

- ◆ Salaries & Benefits—increase of \$9.3 million.
 - ◆ Increase of \$6.9 million associated with reflecting regional administrative support and Office of Military and Veterans Affairs staff years previously budgeted in Regional Operations and Aging & Independence Services under one Administrative Support budget.
 - ◆ Increase of \$1.4 million as a result of negotiated labor agreements and an increase in retirement contributions.
 - ◆ Increase of \$1.0 million due to the addition of 11.00 staff years to support program growth, primarily in Self-Sufficiency Services and Office of Military and Veterans Affairs.
- ◆ Services & Supplies—net increase of \$8.9 million.
 - ◆ Increase of \$9.9 million primarily in one-time information technology costs for software upgrades, networks services and technological advancements for Behavioral Health Services, Public Health Services, and Aging & Independence Services.
 - ◆ Increase of \$5.8 million associated with reflecting regional administrative support and Office of Military and Veterans Affairs costs previously budgeted in Regional Operations and Aging & Independence Services under one Administrative Support budget.
 - ◆ Increase of \$1.5 million in contracted services for community improvement projects related to health and social services programs, including conflict resolution and gang prevention efforts, training and technical assistance for small, minority-owned health and social services businesses, and emerging workforce skills development.
 - ◆ Increase of \$0.3 million in rents, leases, and facilities costs.
 - ◆ Decrease of \$8.6 million in costs related to the ConnectWellSD project. This includes a decrease of \$26.1 million in prior year one-time costs for the first phases of development, offset by \$17.5 million in costs for the last year of design, development and implementation.
- ◆ Increase of \$7.2 million in Social Services federal and State administrative revenue to support Salaries & Benefits and Services & Supplies.
- ◆ Increase of \$5.7 million in Realignment revenue to support Salaries & Benefits, and Services & Supplies for one-time projects, based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs for health and human services programs.
- ◆ Increase of \$1.9 million in Mental Health Services Act (MHSA) revenue for one-time projects related to information system enhancements in Behavioral Health Services.
- ◆ Charges for Current Services—decrease of \$0.6 million in First 5 revenue to align to a reduction in First 5 administrative costs.
- ◆ Other Financing Sources—decrease of \$1.7 million in Operating Transfer from the Proposition 172 Fund for prior year one-time costs related to the ConnectWellSD project.
- ◆ Use of Fund Balance—decrease of \$8.6 million. A total of \$44.8 million is budgeted.
 - ◆ \$20.0 million for management reserves.
 - ◆ \$13.1 million for the last phase of the design, development and implementation of the ConnectWellSD system to support information sharing and collaboration among County programs.
 - ◆ \$6.8 million for one-time major maintenance projects.
 - ◆ \$4.9 million for one-time costs associated with information technology upgrades and advancements.
- ◆ General Purpose Revenue Allocation—increase of \$3.0 million.
 - ◆ Increase of \$1.9 million associated with reflecting regional administrative support and Office of Military and Veterans Affairs costs previously budgeted in Regional Operations and Aging & Independence Services under one Administrative Support budget.
 - ◆ Increase of \$0.6 million as a result of negotiated labor agreements and an increase in retirement contributions.
 - ◆ Increase of \$0.5 million due to the addition of 3.00 staff years in the Office of Military and Veterans Affairs to support increased counseling and outreach services.

Recommended Budget Changes and Operational Impact: 2016–17 to 2017–18

Net decrease of \$23.6 million is primarily the result of the elimination of \$24.3 million in prior year one-time information technology projects, partially offset by an increase of \$0.7 million in Salaries & Benefits due to negotiated labor agreements.

Revenues

Net increase of \$18.2 million

- ◆ Intergovernmental Revenues—increase of \$26.1 million.
 - ◆ Increase of \$11.3 million associated with reflecting regional administrative support and Office of Military and Veterans Affairs costs previously budgeted in Regional Operations and Aging & Independence Services under one Administrative Support budget.



Staffing by Program					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Agency Executive Office	24.00	26.00	26.00	0.0	26.00
Agency Contract Support	18.00	20.00	22.00	10.0	22.00
Financial Services Division	161.00	162.00	166.00	2.5	166.00
Human Resources	83.00	84.00	76.00	(9.5)	76.00
Management Support	21.00	21.00	24.00	14.3	24.00
Proposition 10	23.00	23.00	19.00	(17.4)	19.00
Regional Administration	0.00	0.00	48.00	0.0	48.00
Office of Military and Veterans Affairs	0.00	0.00	16.00	0.0	16.00
Office of Strategy and Innovation	35.00	31.00	33.00	6.5	33.00
Community Action Partnership	12.00	12.00	12.00	0.0	12.00
Total	377.00	379.00	442.00	16.6	442.00

Budget by Program					
	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Agency Executive Office	\$ 40,305,558	\$ 33,343,155	\$ 38,026,056	14.0	\$ 34,079,142
Agency Contract Support	2,463,495	2,774,154	3,264,280	17.7	3,303,374
Financial Services Division	34,524,593	35,733,706	36,139,300	1.1	36,307,147
Human Resources	10,556,868	11,362,732	10,548,962	(7.2)	10,722,300
Management Support	20,778,528	47,078,788	45,422,437	(3.5)	25,307,567
Proposition 10	2,882,295	2,932,961	2,325,201	(20.7)	2,344,677
Regional Administration	—	—	10,965,708	0.0	11,025,224
Office of Military and Veterans Affairs	—	—	2,537,522	0.0	2,573,181
Office of Strategy and Innovation	5,318,131	5,310,442	5,957,320	12.2	5,957,817
Community Action Partnership	5,399,155	5,367,465	6,915,410	28.8	6,929,229
Total	\$ 122,228,623	\$ 143,903,403	\$ 162,102,196	12.6	\$ 138,549,658





Budget by Categories of Expenditures

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Salaries & Benefits	\$ 38,908,281	\$ 40,113,900	\$ 49,407,716	23.2	\$ 50,089,913
Services & Supplies	62,177,040	83,789,503	92,694,480	10.6	68,459,745
Fund Balance Component Increases	1,143,302	—	—	0.0	—
Management Reserves	20,000,000	20,000,000	20,000,000	0.0	20,000,000
Total	\$ 122,228,623	\$ 143,903,403	\$ 162,102,196	12.6	\$ 138,549,658

Budget by Categories of Revenues

	Fiscal Year 2014–15 Adopted Budget	Fiscal Year 2015–16 Adopted Budget	Fiscal Year 2016–17 Recommended Budget	% Change	Fiscal Year 2017–18 Recommended Budget
Fines, Forfeitures & Penalties	\$ 50,000	\$ 50,000	\$ 50,000	0.0	\$ 50,000
Intergovernmental Revenues	82,399,133	82,887,866	109,067,181	31.6	109,746,130
Charges For Current Services	4,386,096	4,364,115	3,730,271	(14.5)	3,730,271
Miscellaneous Revenues	26,000	26,000	—	(100.0)	—
Other Financing Sources	—	1,700,000	—	(100.0)	—
Use of Fund Balance	35,367,394	53,423,008	44,842,312	(16.1)	20,000,000
General Purpose Revenue Allocation	—	1,452,414	4,412,432	203.8	5,023,257
Total	\$ 122,228,623	\$ 143,903,403	\$ 162,102,196	12.6	\$ 138,549,658

