

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

Purpose

This is a summary report of input received from fifteen (15) public advisory boards on the prioritization of programs, functions and services performed or administered by the County's Health and Human Services Agency in preparation for development of the proposed County Operational Plan for Fiscal Years 2009-2010 and 2010-2011.

Background

On December 5, 2008, the Agency director convened a meeting of advisory board chairpersons and Agency executives to provide a budget overview, including assumptions and risks associated with the State's fiscal crisis, and to request the participation of advisory board chairpersons and their members in providing their perspectives on the prioritization of over 200 Agency programs, functions and services. The focus of all efforts was Fiscal Year 2009-2010. On February 6, 2009, the group reconvened, and participating boards provided feedback. This document summarizes the input received.

Participants

The participating advisory bodies were as follows:

- Aging & Independence Services, Advisory Council for
- Alcohol & Drug Advisory Board
- Child Care & Development Planning Council
- Commission on Children, Youth and Families
- Community Action Partnership Administering Board
- Emergency Medical Care Committee
- Foster Care Services Committee
- Health Services Advisory Board
- Healthy San Diego Joint Consumer & Professional Advisory Committee
- HIV Health Services Planning Council
- HIV Prevention Community Planning Board
- Mental Health Board
- In-Home Supportive Services Advisory Committee
- Social Services Advisory Board
- Veterans Advisory Council

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

Priority Characteristics

High

- **Critically important** to the public's immediate health and/or safety; or
- Program/population outcomes indicate an **effective** program, service or strategy **critical** to the safety, health & self-sufficiency of at-risk and vulnerable populations or protecting the public's health; or
- Evidence-based approach that **directly results** in the safety, health & self-sufficiency of at-risk and vulnerable populations or protecting the public's health

Medium

- **Important** to the public's health and/or safety; or
- Program/population outcomes **suggest that the program contributes** to the safety, health & self-sufficiency of at-risk and vulnerable populations or protecting the public's health; or
- Evidence-based approach that **facilitates** the safety, health & self-sufficiency of at-risk and vulnerable populations or protecting the public's health

Low

- Contributes to San Diego County residents' **quality of life**; or
- **No outcomes** as yet or outcomes **not on target**; or
- **Unproven** strategy or approach

Eliminate – Recommend that the program be discontinued altogether

Service Level Definitions

Keep As Is - Recommend that the program be maintained at current service levels in current service delivery mode

Reduce/Change - Recommend program, function or service:

- Eliminate some component of the current program;
- Reduce the program budget and service levels overall (e.g. serve 500 instead of 1000);
- Change program content; or
- Change service delivery mode (e.g. contract vs. county operated, group rather than one-on-one intervention)

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

Alignment of Information

The information in this report was derived from the input provided by the advisory boards. Programs were prioritized as high (H), medium (M), low (L) or E (eliminate); ranked in descending order; and recommended to remain unchanged (As Is) or to be modified (Change/Reduce). That information and additional comments or notes from the advisory boards are incorporated in this report, with programs categorized by County Strategic Initiative (Kids or Safe/Livable Communities) or Required Discipline*, and in the following groupings:

☐ Aging and Independence Services (pp. 4-6)

- Aging & Independence Services, Advisory Council for
 - In-Home Supportive Services Advisory Committee
 - Veterans Advisory Council

☐ Behavioral Health (pp. 7-12)

- Alcohol & Drug Advisory Board
- Mental Health Board—Adult/Older Adult
- Mental Health Board—Children’s

☐ Child Welfare Services (pp. 13-18)

- Commission on Children, Youth and Families
- Foster Care Services Committee

☐ Public/Physical Health (pp. 19-23)

- Health Services Advisory Board
- Emergency Medical Care Committee
- HIV Health Services Planning Council
- HIV Prevention Community Planning Board

☐ Self Sufficiency (pp. 24-29)

- Social Services Advisory Board
- Child Care & Development Planning Council
- Community Action Partnership Administering Board
- Healthy San Diego Joint Consumer & Professional Advisory Committee

NOTE: Items highlighted in yellow have been reviewed by more than one advisory board.

* **Required Disciplines**, key strategic enablers, allow the County to maintain operational excellence and accomplish strategic initiative goals: fiscal stability, customer satisfaction, regional leadership, skilled/competent workforce, essential infrastructure (facilities and physical resources), information management, accountability/transparency and continuous improvement.

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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PROGRAM/FUNCTION/SERVICE	PRIORITY LEVEL H=High M=Medium L=Low E=Eliminate	SERVICE DELIVERY A=As Is C=Change R=Reduce	ADDITIONAL INFORMATION/COMMENTS	COUNTY STRATEGIC ALIGNMENT K=Kids C=Communities RD=Required Discipline	ADVISORY BOARD
1. Adult Protective Services (APS)	H	R	Reduce by 10% - State Budget decrease Highest priority protection, includes Project Care, and Outreach & Education.	C	Advisory Council for Aging & Independence Services (AIS)
2. Ombudsman (for long term care)	H	R	Reduced by 70% - State Budget decrease. Keep program functional, look at other funding options (e.g., transfer of funding from other Title III or discretionary programs) Bring volunteers in to assist with admin roles. Consider contracting options.	C	AIS Advisory Council
3. Call Center (APS)	H	R	Reduction in services may occur due to APS cut. Wait times and call volumes will increase.	C	AIS Advisory Council
4. In-Home Supportive Services (IHSS)	H	C	Change in response to changes from the State. Fewer services may become available for lower priority clients (per State proposals).	C	AIS Advisory Council
5. Mental Health Senior Team	H	A	Continue to work with Heritage Clinic, contracted provider of senior MH services. Could be contracted.	C	AIS Advisory Council
6. Home Delivery Meals	H	A	May increase in funding long-term. This program is federally funded. Smaller contractors experiencing more challenges in making ends meet.	C	AIS Advisory Council
7. Congregate Meals	H	A	May increase in funding long-term. This program is federally funded.	C	AIS Advisory Council
8. Edgemoor	H	A		C	AIS Advisory Council

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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9. Veterans (County Veterans Service Office)	H	A		C	AIS Advisory Council
10. Retired Senior Volunteer Program (RSVP)	H	A	During time of fiscal constraints, need volunteers to help out with critical activities more than ever.	C	AIS Advisory Council
1. Multi-Purpose Senior Service Program (MSSP)	M	R	Reduced by 10% in State Budget Case Management. Staff, client and client service reductions have occurred. Could be contracted.	C	AIS Advisory Council
2. Linkages	M	A	Case Management. Could be contracted.	C	AIS Advisory Council
3. Senior Options, Advocacy, and Referral (SOAR) Title III	M	A	Case Management. Could be contracted. Funding could be used to support other AIS programs (Ombudsman)	C	AIS Advisory Council
4. Adult Day Care	M	A	Includes Social and Health Care Funding could be used to support other AIS programs (Ombudsman)	C	AIS Advisory Council
5. Alzheimer's Day Care Resource Center	M	A	Current ability to live independently, services to most vulnerable	C	AIS Advisory Council
6. Intergenerational Services	M	A	Low cost, high visibility, among most effective in USA	C	AIS Advisory Council
7. Health Promotions (<i>includes Feeling Fit programs</i>)	M	A	Low cost, high visibility	C	AIS Advisory Council
8. Long Term Care Integration	M	C	Look for new options for integrated pilot Need legislation to implement pilot for integrated client services.	C	AIS Advisory Council
9. Family Caregiver Support Services	M	A	Pass through of Federal Funding	C	AIS Advisory Council

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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10. Health Insurance Counseling and Advocacy (HICAP)	M	A	Pass through of Federal Funding	C	AIS Advisory Council
11. Legal Services	M	A	Pass through of Federal Funding	C	AIS Advisory Council
12. MOMeals	M	A	Funded by private donors	C	AIS Advisory Council
1. Guardian Angels	L	C	Review ability to transfer funding to support other programs (Ombudsman) Supervisor Jacob initiated this program.	C	AIS Advisory Council
2. Oasis	L	C	Review ability to transfer funding to support other programs (Ombudsman)	C	AIS Advisory Council
3. Senior Employment	L	A	Pass through of Federal Funding	C	AIS Advisory Council
4. Senior Companions	L	A	Pass through of State funding	C	AIS Advisory Council
5. Brown Bag	L	A	Pass through of State funding	C	AIS Advisory Council

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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PROGRAM/FUNCTION/SERVICE	PRIORITY LEVEL H=High M=Medium L=Low E=Eliminate	SERVICE DELIVERY A=As Is C=Change R=Reduce	ADDITIONAL INFORMATION/COMMENTS	COUNTY STRATEGIC ALIGNMENT K=Kids C=Communities RD=Required Discipline	ADVISORY BOARD
1. Residential – Pregnant and Parenting Women	H	A		K	Alcohol & Drug Advisory Board (ADAB)
2. Residential – Adolescents	H	C	Shorten program length	K	ADAB
3. Residential – General Adults (male and female)	H	---	Keep a mix of both short-term and long-term residential beds	C	ADAB
4. Residential – Special Populations	H	R	Reduce services to ethnic/population specific programs: a. Deaf and Hearing Impaired b. Co-Occurring c. Gay and Lesbian d. Asian/Pacific Islander e. Native American Ethnic/population specific services, and co-occurring specific services can be integrated into general programs, but monolingual and deaf/hard of hearing services cannot be integrated	C	ADAB
5. Non-Residential – Pregnant and Parenting Women	H	R	Reduce services or capacity. Currently fund 6 sites	K	ADAB
6. Non-Residential – Adolescents	H	R	Reduce services of the number of Teen Recovery Centers. Currently fund 11 sites	K	ADAB
7. Non-Residential – General Adults	H	R	Reduce services or the number of Regional Recovery Centers. Currently fund 10 sites	C	ADAB
8. Non-Residential – Special Populations	H	C	Eliminate services for ethnic/population specific programs and integrate into General Adult Regional Recovery Centers Deaf/hard of hearing services cannot be integrated	C	ADAB

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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9. Detoxification	H	R	Reduce number of funded detoxification beds	C	ADAB
1. Inpatient/Emergency Screening unit (EPU)	H	A	The overall system of care should be enhanced/reorganized to reduce the demand for more costly EPU, Jail and PERT usage, including addressing recidivism rates.	C	Mental Health Board (MHB) - Adult/Older Adult
2. Outpatient/Rehabilitation	H	A	Wait times are an ongoing concern, and an increase can lead to clients using higher levels of care. Safety net services are of the highest priority.	C	MHB Adult/Older Adult
3. Crisis Residential	H	A		C	MHB Adult/Older Adult
4. Case Management/Assertive Community Treatment (ACT)	H	A	Some Case Management functions can be done through peer recovery services.	C	MHB Adult/Older Adult
5. Psychiatric Emergency Response Team (PERT)	H	A		C	MHB Adult/Older Adult
6. Peer Recovery/Outreach	H	A		C	MHB Adult/Older Adult
7. Long Term Care	H	A		C	MHB Adult/Older Adult

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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8. Other Residential	H	A		C	MHB Adult/Older Adult
9. Technology	H	A	Reanalyze the scope of the Anasazi system to incorporate applications that will allow optimum treatment and fiscal savings.	C	MHB Adult/Older Adult
1. Critical Care/Emergency Screening Unit	H	A		K	MHB Advisory Board - Children's
2. Outpatient	H	A		K	MHB Children's
3. Inpatient (tied with #4 below, TBS)	H	A		K	MHB Children's
4. Therapeutic Behavioral Services (TBS) (tied with #3 above, Inpatient)	H	A		K	MHB Children's
5. Case Management/Wraparound	H	A		K	MHB Children's
6. Outreach/Family Peer Support	H	A		K	MHB Children's
7. Technology	H	A		K	MHB Children's
1. Prevention	M	A	Funding currently 100% categorical and required to be used for prevention	C	ADAB

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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1. Administration	M	A	Streamline processes and procedures to reduce time for implementation.	RD	MHB Adult/Older Adult
2. Conservatorship	M	A	Conservatorship is a State requirement so priority is high.	C	MHB Adult/Older Adult
3. State Hospital	M	A		C	MHB Adult/Older Adult
4. Forensic Services	M	A		C	MHB Adult/Older Adult
5. Advocacy	M	A	There was a suggestion that Case Managers be trained to do some of the advocacy functions.	C	MHB Adult/Older Adult
6. Training	M	A		RD	MHB Adult/Older Adult
1. Day Treatment	M	A		C	MHB Children's
2. Evaluation and Outcomes	M	A		RD	MHB Children's
3. Administration	M	A		RD	MHB Children's

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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4. Residential	M	A		C	MHB Children's
5. Forensics (tied with M-6, Advocacy)	M	A		C	MHB Children's
6. Advocacy (tied with M-5, Forensics)	M	A		C	MHB Children's
7. Training	M	A		RD	MHB Children's
1. Case Management	<u>L</u> H	R	Reduce/eliminate case management services that are not funded through categorical revenue streams. Parolee and juvenile case management services are funded currently through 100% categorical revenue streams Note: SARMS program ranked High by Commission on Children, Youth & Families (CCYF)	K/C	<u>ADAB</u> CCYF
2. Sobering Services	L	R	Reduce/eliminate inebriate sobering service. Impact on Sheriff – serves Central San Diego, also impacts municipalities and quality of life through resulting decreased arrests and more inebriates on the street.	C	ADAB
3. HIV (counseling and testing)	L	A	Funding currently 100% categorical and required to be used for HIV counseling and testing	C	ADAB
4. CASBIRT (Screening, Brief Intervention and Referral to Treatment)	L	A	Grant funded. Eliminate upon expiration of grant funds.	C	ADAB

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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5. Education: <ul style="list-style-type: none"> • DUI • PC1000 	L	A	Regulatory, mandated service, provided via revenue contracts – all program costs are offset by client fees and are a revenue source to the County via statutory administrative fees <i>DUI - Driving Under the Influence Program</i> <i>PC1000 - Delayed Entry of Judgment and AIDS Education Programs</i>	C	ADAB

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

INFORMATION ALIGNMENT: CHILD WELFARE SERVICES					
PROGRAM/FUNCTION/SERVICE	PRIORITY LEVEL H=High M=Medium L=Low E=Eliminate	SERVICE DELIVERY A=As Is C=Change R=Reduce	ADDITIONAL INFORMATION/COMMENTS	COUNTY STRATEGIC ALIGNMENT K=Kids C=Communities RD=Required Discipline	ADVISORY BOARD
Child Sexual Abuse Treatment	H	---		K	Commission on Children, Youth & Families (CCYF)
CWS Emergency Response	H	---		K	CCYF
CWS Hotline	H	---		K	CCYF
Community Services for Families	H	---		K	CCYF
Family Finding	H	---		K	CCYF
Independent Living Skills (ILS) Transitional Housing	H	---		K	CCYF
Multi Systemic Therapy	H	---	Increase if funding becomes available	K	CCYF
Polinsky Children's Center Early Periodic Screening, Diagnosis & Treatment	H	---		K	CCYF
Polinsky Children's Center Developmental Screenings	H	---		K	CCYF
Polinsky Children's Center Emergency Shelter Care Unit	H	---		K	CCYF
Public Health OLDS	H	---		K	CCYF
Residential Services Institutions Evaluation Unit	H	---		K	CCYF
Respite (foster parents)	H	---		K	CCYF

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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San Pasqual Academy	H	---		K	CCYF
School Success	H	---	Foster Youth Services staff is located in regional CWS offices to provide educational support to foster youth. Joint effort with County Office of Education.	K	CCYF
Special Education Legal Advocacy	H-M	---		K	CCYF
Way Station	H	---		K	CCYF
1. CWS-Foster Home Licensing-Monitoring	H	A	Maintain at current funding level or increase as funds may be available. This is a valuable program best provided locally.	K	Foster Care Services Committee
2. CWS-Foster Home Licensing – Retention	H	A	Current staffing is absolute minimum and needs 1-2 more staff to support new foster parents and those who struggle with the foster care system.	K	Foster Care Services Committee
3. CWS-Foster Home Licensing- Investigation	H	A		K	Foster Care Services Committee
4. CWS-Adoption Services – Adoption Assistance Program	H M	C	Program will be affected by new federal legislation that will increase need of funding in this critical support to adoptive families. Note: CCYF priority includes Adoption Assistance (M), Post-Adoption (M), and Services Recruitment (M)	K	Foster Care Services Committee CCYF
5. CWS-Polinsky Children's Center- Emergency Shelter Care Unit	H H	---		K	Foster Care Services Committee CCYF

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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6. CWS-Foster Home Licensing – Options	H	A		K	Foster Care Services Committee
7. CWS-Independent Living Skills	H H-M	C	Possible expansion of services and funding for youth emancipating from the foster care system. Increase funding for children who are members of Indian tribes through funding to tribal governments.	K	Foster Care Services Committee CCYF
8. CWS-Foster/Kin/Parent Respite	H M	C	Increase funding to previous funding level and more if possible. Difficulty in retention.	K	Foster Care Services Committee CCYF
CWS Case Management	M	---		K	CCYF
CWS Interstate Compact Placement Coordination	M	---		K	CCYF
Child Welfare Services CWS-CMS	M	---		K	CCYF
CWS Kin Gap	M	---		K	CCYF
ILS After Care Services for Emancipated Minors	M	---		K	CCYF
1. CWS-Family Visitation Centers – Kinship Center	M H	A		K	Foster Care Services Committee CCYF

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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2. CWS-Foster Home Licensing – Recruitment and Training Unit	M M	A	Current staffing is minimum and could use one or two more additional staff to recruit new foster parents.	K	Foster Care Services Committee CCYF
3. CWS- Foster Home Licensing – Placement Coordinators Office`	M	A		K	Foster Care Services Committee
4. CWS-Independent Living Skills – Transitional Housing	M	A		K	Foster Care Services Committee
5. CWS- Office of the Ombudsman	M	A	It is important for caretakers to have a neutral person review their complaints/concerns.	K	Foster Care Services Committee
6. CWS – Independent Living Skills – Foster Youth Mentoring Program	M H	A		K	Foster Care Services Committee CCYF
7. EAST – Neighborhoods for Children – Regional Way Station Program	M	C	Recommend look at combining with some of the Emergency Shelter Care concepts and revisit effectiveness of program.	K	Foster Care Services Committee
8. N. Coastal/N. Inland CWS – Child Assessment Network North	M M-H	A		K	Foster Care Services Committee CCYF

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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1. CWS-Drug Endangered Children	L H	A		K	Foster Care Services Committee CCYF
2. CWS-ILS-Independent Readiness Conferences	L	A		K	Foster Care Services Committee
3. CWS-Family to Family	L H	A		K	Foster Care Services Committee CCYF
4. CWS-Family Unity Meeting	L L	A		K	Foster Care Services Committee CCYF
5. CWS-Polinsky Children's Center – Youth to Youth	L	C	Recommend that this become a volunteer program with a part-time staff assignment to coordinate.	K	Foster Care Services Committee
6. CWS-Recruitment and Retention	L M	---		K	Foster Care Services Committee CCYF
7. EAST – Public Health	L	---		K	Foster Care Services Committee

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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8. N. Central –CWS – Family Violence Program	L	A		K	Foster Care Services Committee
9. CWS-Kinship Guardianship Legal Services	L M	A		K	Foster Care Services Committee CCYF
10. CWS – Violence Prevention-First Response Program	L M	A		K	Foster Care Services Committee CCYF
11. CWS-Intensive Family Preservation Program	L	A		K	Foster Care Services Committee

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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1. County Medical Services	H	A		C	Health Services Advisory Board (HSAB)
2. California Children's Services	<u>H</u> H	A	Note: CCYF priority includes CCS Medical Therapy Program	K	<u>HSAB</u> CCYF
3. Public Health Lab	H	A		C	HSAB
4. Community Epidemiology Branch	H	C	Staff to review and rank based on critical vs. non critical need and potential savings in <i>Data Analysis</i> and <i>Lead Poisoning Prevention</i> .	C	HSAB
5. Tuberculosis	H	R	Staff to review and rank for critical need and potential savings in <i>Education and Outreach</i> .	C	HSAB
6. HIV, STD & Hepatitis Branch	H	C	Staff to review and rank for critical need and potential savings in <i>Administration, Prevention, and STD Surveillance</i> . Look at public/private partnership to obtain goals.	C	HSAB
7. Immunization	H	C	Staff to review and rank for critical need and potential savings in <i>Community Education & Outreach</i> and <i>Administration & Contracts</i> .	C	HSAB
8. Maternal, Child and Family Health Services	H	A	How effective is the <i>San Diego Kids Health Assurance Network (SD-KHAN)</i> ? Too much funding goes to incentives, but people still are disenrolled at high rates.	K/C/RD	HSAB
9. Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM)	H	A		RD	HSAB
10. Vital Records	H	A		C	HSAB

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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PROGRAM/FUNCTION/SERVICE	PRIORITY LEVEL H=High M=Medium L=Low E=Eliminate	SERVICE DELIVERY A=As Is C=Change R=Reduce	ADDITIONAL INFORMATION/COMMENTS	COUNTY STRATEGIC ALIGNMENT K=Kids C=Communities RD=Required Discipline	ADVISORY BOARD
11. Public Health Nursing (PHN) Administration	H	C	Staff to review and rank for critical need and potential savings. <i>Annual Jail Inspection Audit</i> is unfunded mandate - shift from HHSA to Public Safety Group.	C/RD	HSAB
12. Emergency Medical Services- Emergency Preparedness & Disaster Medical Services	<u>H</u> H	C	Staff to review and rank for critical need and potential savings in <i>Administration</i> . See Emergency Medical Care Committee comments below	C/RD	<u>HSAB</u> Emergency Medical Care Committee
13. Emergency Medical Services	<u>H</u> H	C	Staff to review and rank for critical need and potential savings in <i>Administration, Epidemiology & Surveillance, and Community Health Statistics</i> . See Emergency Medical Care Committee comments below	C/RD	<u>HSAB</u> Emergency Medical Care Committee
1. Management of medical emergency transport systems within County of San Diego: paramedic coordination, surveillance, reporting base hospital coordination.	H	A	EMCC recommends investing funds in IT arena to increase efficiency in providing EMS core functions and meeting EMS regulatory requirements.	C	Emergency Medical Care Committee
2. Management of Trauma Services System for San Diego County.	H	A		C	Emergency Medical Care Committee
3. Management of County of San Diego Emergency Medical response disaster and coordination activities.	H	A		C	Emergency Medical Care Committee

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

INFORMATION ALIGNMENT: PUBLIC/PHYSICAL HEALTH

PROGRAM/FUNCTION/SERVICE	PRIORITY LEVEL H=High M=Medium L=Low E=Eliminate	SERVICE DELIVERY A=As Is C=Change R=Reduce	ADDITIONAL INFORMATION/COMMENTS	COUNTY STRATEGIC ALIGNMENT K=Kids C=Communities RD=Required Discipline	ADVISORY BOARD
Core Medical Services	H	A	Categorical funding. Mandated by Federal Health Resources and Services Administration (HRSA) as part of the Ryan White Treatment Modernization Act, Parts A and B. Allocations to service categories legally decided by HIV Planning Council membership.	C	HIV Health Services Planning Council
Support Services	H	A	Categorical funding. Mandated by Federal Health Resources and Services Administration (HRSA) as part of the Ryan White Treatment Modernization Act, Parts A and B. Allocations to service categories legally decided by HIV Planning Council membership.	C	HIV Health Services Planning Council
Epidemiologic Profile	H	C	Propose reducing E&TP meeting from 6 to 4 times a year. Explore feasibility of using the same report for Planning Council and Prevention Board	C	HIV Prevention Community Planning Board
Community Services Assessment	H	C	Propose reducing PS&E meetings from 6 to 4 times a year. Propose reducing CofC meetings from 12 to 6 times per year.	C	HIV Prevention Community Planning Board
Prioritize Target Populations	H	C		C	HIV Prevention Community Planning Board

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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Appropriate Science-Based Prevention Activities and Interventions	H	C	Propose establishing guidelines to assess the effectiveness of interventions. Propose reducing PS&E meetings from 6 to 4 times a year.	C	HIV Prevention Community Planning Board
Letter of Concurrence	H	A		C	HIV Prevention Community Planning Board
1. HSAB: Chronic Disease Tobacco Prevention Mandated (in MCFHS Budget)	M	A		C	HSAB
Action Plans	M	C	Propose folding action plans into the comprehensive plan. Plans have different purpose and format so consolidating may pose challenges	RD	HIV Prevention Community Planning Board
1. Obesity Initiative	L	A		C	HSAB
2. Regional Health Promotion	L	A		C	HSAB
3. Perinatal Care Network (PCN)	L	A		K	HSAB
4. Asthma Initiative	L	A		K	HSAB
5. Public Health NFP	L	A		C	HSAB
6. Chronic Disease Health Promotion	L	A		C	HSAB

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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7. MHQ Clinical Quality Management	L	A		C	HSAB
8. Border Health	L	A		C	HSAB
9. Child Passenger Safety	L	A		K	HSAB
10. CHYC Clinics	L	A		K	HSAB
Serve as a Clearinghouse	L	A		---	HIV Prevention Community Planning Board

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

INFORMATION ALIGNMENT: SELF-SUFFICIENCY					
PROGRAM/FUNCTION/SERVICE	PRIORITY LEVEL H=High M=Medium L=Low E=Eliminate	SERVICE DELIVERY A=As Is C=Change R=Reduce	ADDITIONAL INFORMATION/COMMENTS	COUNTY STRATEGIC ALIGNMENT K=Kids C=Communities RD=Required Discipline	ADVISORY BOARD
1. CalWORKs Employment Services	H	A	Reduce case load proportionally if State fund cut	K	Social Services Advisory Board (SSAB)
1. CalWORKs Eligibility Program	H	A	Reduce case load proportionally if State fund cut	K	SSAB
1. CalWORKs Stage 1 Child Care	H H	A	Reduce case load proportionally if State fund cut	K	SSAB Child Care & Development Planning Council
1. Medi-Cal	H	A	Reduce case load proportionally if State fund cut	K/C	SSAB
1. Hospital Outstation Services	H	A	Inseparably link to Medi-Cal and County Medical Services (CMS)	C	SSAB
1. Non-Assistance Food Stamps (NAFS)	H	A	Maximize enrollment of eligible & maintain program integrity	K/C	SSAB
1. Food Stamp Employment Training (FSET)	H	A		C	SSAB
1. General Relief	H	A		C	SSAB
1. General Relief SSI Advocacy	H	A		C	SSAB
1. CalWIN	H	A	Vital to efficient management	RD	SSAB

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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1. Eligibility Business Process Re-engineering (BPR) Project	H	A	Inseparably linked to CalWORKs, Food Stamps & Medi-Cal	RD	SSAB
1. Fraud and Integrity	H	A	In the event of resource reductions precluding continuance at present levels, functions could be reduced according to priority ranking, but must be continued at some level. Function inseparably linked to CalWORKs	RD	SSAB
1. Overpayment Specialist Unit	H	A	Inseparably linked to CalWORKs, Food Stamps & Medi-Cal	RD	SSAB
1. Quality Control	H	A	Inseparably linked to Food Stamps	RD	SSAB
1. Appeals	H	A	Inseparably linked to CalWORKs, Food Stamps & Medi-Cal	RD	SSAB
1. Public Assistance and Information Unit	H	A	Inseparably linked to CalWORKs, Food Stamps & Medi-Cal	RD	SSAB
1. Civil Rights	H	A	Inseparably linked to all programs	RD	SSAB
1. CSBG: Family Self-Sufficiency	H	A	Leverages additional money brought into the community through EITC.	K	Community Action Board
2. Homeless Services	H	A		K/C	Community Action Board
3. Juvenile Diversion	H	A	Independent research supports program efficacy and cost avoidance. Used to leverage other dollars.	K	Community Action Board
4. Critical Hours	H M	A		K	Community Action Board CCYF
5. 2-1-1 San Diego	H	A		C	Community Action Board

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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6. Domestic Violence	<u>H</u> H	A	Public safety and cost avoidance benefits. Note: CCYF ranking includes Fatality Review (M), Hotline (H), and Response Team (M)	K/C	Community <u>Action Board</u> CCYF
1. CalWORKs Stage 1 Child Care	<u>H</u> H	A	<ul style="list-style-type: none"> • Reducing availability of child care results in increases in unemployment, welfare costs, homelessness, and risks to children. • The recommendation is that the programs be continued at current levels. The Planning Council makes no recommendation what agency should administer the programs. • We encourage the County to examine administrative efficiencies and possible alternatives in its Stage 1 child care contract to reduce Stage 1 administration costs. • A discussion is needed regarding possible changes to improve the processes among the stages that would result in savings. • If funding is reduced for these programs, the priorities should be, first to last: Stage 1, Stage 2, Stage 3, and alternative payment program. • The Child Care and Development Planning Council recommend supporting the part of the Governor's 2009 proposed budget that increases family fees. 	K	Child Care & Development Planning <u>Council</u> SSAB
2. CalWORKs Stage 2 Child Care	H	A	See comments for CalWORKs Stage 1 Child Care	K	Child Care & Development Planning Council

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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3. CalWORKs Stage 3 Child Care	H	A	See comments for CalWORKs Stage 1 Child Care	K	Child Care & Development Planning Council
4. General Alternative Payment Program Child Care	H	A	See comments for CalWORKs Stage 1 Child Care	K	Child Care & Development Planning Council
1. Healthy San Diego Enrollment/Education	H	---	Low default rate of Medi-Cal Beneficiaries in choosing Health Plans. Saves money for State and Health Plans.	K/C	Healthy San Diego (HSD) Joint Consumer and Professional Advisory Committee
2. Healthy San Diego Facility Review/QI	H	---	Provides savings to other county programs, MDs, Clinics and other health facilities. Site reviews are used for CMS clinic audits. Would cost more to cut.	RD	HSD Joint Consumer and Professional Advisory Committee

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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3. Consumer Center for Health Education & Advocacy/Grievance process	H	---	Reduce potential re-enrollment costs by serving as a patient advocate for consumers.	RD	HSD Joint Consumer and Professional Advisory Committee
1. Refugee Cash Assistance Program	M	C	Merge with CalWORKs cash program	C	SSAB
2. Refugee Employment Services Program	M	C	Merge with CalWORKs employment services program	C	SSAB
1. Court Referred Child Safety Seat Program	M	A	Waives the fines for drivers cited for not having children properly restrained in the car.	K	Community Action Board
2. Refugee Services	M	A	Helps refugees obtain employment and reduce CalWORKs benefits.	C	Community Action Board
1. AB 212 (CARES) program	M	A		K	Child Care & Development Planning Council
2. Child Care and Development Planning Council	M	A		K	Child Care & Development Planning Council

County of San Diego Health and Human Services Agency

Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input Summary

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1. Geo Access/On Line Provider Directory	M	---	Saves staff time by helping consumers choose MDs and Health Plans.	RD	HSD Joint Consumer and Professional Advisory Committee
1. Alternate Dispute Resolution (ADR)	L	A	Cost avoidance for courts.	C	Community Action Board
1. CalWORKs Cal Learn	L/E	---	Low outcomes, not cost effective; eliminate if necessary	C	SSAB
2. Cash Assistance Program for Immigrants (CAPI)	E	---	Should not be State responsibility	C	SSAB
3. Refugee Services Elderly and Access Services	E	---	Refer to Local providers – keep County out of the middleman role. Refugee services administered by Community Action Partnership (CAP) other than employment and interpretive services	C	SSAB

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: AIS Advisory Council		Executive Staff: Pamela Smith	Date: January 23, 2008
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
HIGH PRIORITY			
1. Adult Protective Services		Reduce by 10% - State Budget decrease.	Highest priority protection, includes Project Care, and Outreach & Education. Sensitive and high visibility – Personal Safety/Safe Communities
2. Ombudsman		Reduced by 70% - State Budget decrease. Keep program functional, look at other funding options (e.g., transfer of funding from other Title III or discretionary programs)	Bring volunteers in to assist with admin roles. Consider Contracting options. Sensitive and high visibility– Personal Safety/Safe Communities
3. Call Center (APS)		Reduction in services may occur due to APS cut.	Wait times and call volumes will increase. Sensitive and high visibility– Personal Safety/Safe Communities
4. IHSS In-Home Supportive Services		Change in response to changes from the State.	Fewer services may become available for lower priority clients (per State proposals). Sensitive and high visibility – Current ability to live independently
5. Mental Health Senior Team	X		Continue to work with Heritage Clinic, contracted provider of senior MH services. Could be contracted– Personal Safety/Safe Communities
6. Home Delivered Meals (contracted)	X	May increase in funding long-term. This program is federally funded.	Smaller contractors experiencing more challenges in making ends meet. Sensitive and high visibility – Current ability to live independently
7. Congregate Meals (contracted)	X	May increase in funding long-term. This program is federally funded.	Sensitive and high visibility– Current ability to live independently
8. Edgemoor	X		Very effective, sensitive and very high visibility

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: AIS Advisory Council		Executive Staff: Pamela Smith	Date: January 23, 2008
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
9. Veterans	X		Sensitive and very high visibility
10. Retired Senior Volunteer Program	X		Livable Communities – kids/ability to contribute. During time of fiscal constraints, need volunteers to help out with critical activities more than ever.
<i>MEDIUM PRIORITY</i>			
1. MSSP		Reduced by 10% in State Budget	Case Management. Staff, client and client service reductions have occurred. Could be contracted – Current ability to live independently
2. Linkages	X		Case Management. Could be contracted – Current ability to live independently
3. Title III – SOAR	X		Case Management. Could be contracted. Funding could be used to support other AIS programs (Ombudsman) – Current ability to live independently
4. Adult Day Care (contracted)	X	Includes Social and Health Care	Funding could be used to support other AIS programs (Ombudsman) – Current ability to live independently
5. Alzheimer's Day Care (contracted)	X		Current ability to live independently, services to most vulnerable
6. Intergenerational Services	X		Low cost, high visibility, among most effective in USA – Livable communities – kids/ability to contribute.
7. Health Promotions	X	Includes Feeling Fit programs	Low cost, high visibility – Personal safety/stable health access/fraud protection
8. Long Term Care Integration		Look for new options for integrated pilot	Need legislation to implement pilot for integrated client services – Personal

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: AIS Advisory Council		Executive Staff: Pamela Smith	Date: January 23, 2008
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
			safety/stable health access/fraud protection
9. Caregiver Support Services (contracted)	X	Pass through of Federal Funding	Personal safety/stable health access/fraud protection
10. Health Insurance Counseling and Advocacy (HICAP) (contracted)	X	Pass through of Federal Funding	Personal safety/stable health access/fraud protection
11. Legal Services (contracted)	X	Pass through of Federal Funding	Personal safety/stable health access/fraud protection
12. Momeals	X	Funded by private donors	Current ability to live independently
LOW PRIORITY			
1. Guardian Angels (contracted)		Review ability to transfer funding to support other programs (Ombudsman)	Supervisor Jacob initiated this program. Safe Community Supplemental
2. Oasis (contracted)		Review ability to transfer funding to support other programs (Ombudsman)	Livable communities/work/learn
3. Senior Employment (contracted)	X	Pass through of Federal Funding	Livable communities/work/learn
4. Senior Companions (contracted)	X	Pass through of State funding	Safe Community Supplemental
5. Brown Bag (contracted)	X	Pass through of State funding	Live Independently Supplemental

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: ADAB		Executive Staff: Susan Bower	Date: 1/23/09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
HIGH PRIORITY			
1. Residential – Pregnant and Parenting Women	(√)		
2. Residential – Adolescents		Shorten program length	
3. Residential – General Adults (male and female)			Keep a mix of both short-term and long-term residential beds
4. Residential – Special Populations		Reduce services to ethnic/population specific programs: <ul style="list-style-type: none"> ▪ Deaf and Hearing Impaired ▪ Co-Occurring ▪ Gay and Lesbian ▪ Asian/Pacific Islander ▪ Native American 	Ethnic/population specific services, and co-occurring specific services can be integrated into general programs, but monolingual and deaf/hard of hearing services cannot be integrated
5. Non-Residential – Pregnant and Parenting Women		Reduce services or capacity	Currently fund 6 sites
6. Non-Residential – Adolescents		Reduce services or the number of Teen Recovery Centers	Currently fund 11 sites
7. Non-Residential – General Adults		Reduce services or the number of Regional Recovery Centers	Currently fund 10 sites
8. Non-Residential – Special Populations		Eliminate services for ethnic/population specific programs and integrate into General Adult Regional Recovery Centers	Deaf/hard of hearing services cannot be integrated
9. Detoxification		Reduce number of funded detoxification beds	

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: ADAB		Executive Staff: Susan Bower	Date: 1/23/09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
<i>MEDIUM PRIORITY</i>			
1. Prevention	(√)		Funding currently 100% categorical and required to be used for prevention
<i>LOW PRIORITY</i>			
1. Case Management		Reduce/eliminate case management services that are not funded through categorical revenue streams	Parolee and juvenile case management services are funded currently through 100% categorical revenue streams
2. Sobering Services		Reduce/eliminate inebriate sobering services	Impact on Sheriff – serves Central San Diego, also impacts municipalities and quality of life through resulting decreased arrests and more inebriates on the street
3. HIV (counseling and testing)	(√)		Funding currently 100% categorical and required to be used for HIV counseling and testing
4. CASBIRT (Screening, Brief Intervention and Referral to Treatment)	(√)		Grant funded. Eliminate upon expiration of grant funds.
5. Education: DUI PC1000	(√) Mandated, Revenue Generating		Regulatory, mandated service, provided via revenue contracts – all program costs are offset by client fees and are a revenue source to the County via statutory administrative fees

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Child Care and Development Planning Council		Executive Staff: Dale Fleming	Date: 1-5-09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
HIGH PRIORITY			
1. CalWORKs Stage 1 Child Care	X		<p>Reducing availability of child care results in increases in unemployment, welfare costs, homelessness, and risks to children.</p> <p>The recommendation is that the programs be continued at current levels. The Planning Council makes no recommendation what agency should administer the programs.</p> <p>We encourage the County to examine administrative efficiencies and possible alternatives in its Stage 1 child care contract to reduce Stage 1 administration costs.</p> <p>A discussion is needed regarding possible changes to improve the processes among the stages that would result in savings.</p> <p>If funding is reduced for these programs, the priorities should be, first to last: Stage 1, Stage 2, Stage 3, and alternative payment program.</p> <p>The Child Care and Development Planning Council recommends supporting the part of the Governor's 2009 proposed budget that increases family fees.</p>
2. CalWORKs Stage 2 Child Care	X		
3. CalWORKs Stage 3 Child Care	X		
4. General Alternative Payment Program Child Care	X		
5.			
6.			
7.			
8.			
9.			
10.			

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Child Care and Development Planning Council		Executive Staff: Dale Fleming	Date: 1-5-09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
<i>MEDIUM PRIORITY</i>			
1. AB 212 (CARES) program	X		AB 212 uses \$964,784 in State funding to train child care providers, thereby increasing the quality of child care services.
2. Child Care and Development Planning Council	X		\$135,877 in State funds for a mandated Child Care Planning Council

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Commission on Children, Youth and Families	Executive Staff: Tonya Torosian	Date: Jan 23, 2009
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Program	RATING	Other Information/Comments
Adoption Services Adoption Assistance Program - Provides financial assistance to families for adopted children. Families are eligible to receive financial payments and Medi-Cal insurance coverage for children even after the adoption is finalized.	MEDIUM	
Adoption Services Post Adoption Services - Information about the child provided to relinquishing parent after adoption finalization. This is done by cards, letters, etc.	MEDIUM	
Adoption Services Recruitment - Advertising, public announcements, speaking engagements soliciting individuals to become adoptive applicants. Also Adopt 8 Project with Channel 8, Calendar Project and faith-based community outreach.	MEDIUM	
Alcohol and Drug Services Dependency Court Recovery Project (SARMS) – The County of San Diego’s Substance Abuse Recovery Management System (SARMS) Housing Program is an integral component of the Dependency Court Recovery Project designed to reunite families in recovery. Case managers document that affordable safe, decent, and sanitary housing is essential for successfully returning the children to the home and reuniting with their families. Eligible families receive rental assistance and pay no more than 30 percent of their monthly-adjusted income towards rent for up to 24 months. This creates a stable living environment, increasing the chances of successful recovery and keeping the family unit intact. Substance Abuse Recovery Management System (SARMS) has been rated by the CEBC in the area of Substance Abuse (Parental). SARMS is a collaboration of the Juvenile Dependency Court, San Diego County Drug and Alcohol Services, Child Welfare Services, attorneys, and treatment programs. SARMS was created to assist the parent of a child in the dependency system with his/her own substance abuse problem. The goal of the program is to expedite treatment and monitoring so that the possibility of reunification is enhanced. If reunification is not feasible, the goal is to make a timely decision about the child’s permanent placement and reduce the time in foster care. SARMS is a court ordered program with sanctions for the parent if they do not comply with the court mandates.	HIGH	
California Children Services – Is a countywide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS authorizes and pays for specific medical services and equipment provided by CCS approved specialists.	HIGH	

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Program	RATING	Other Information/Comments
<p>California Children Services Medical Therapy Program – Is a special program within California Children Services that provides Occupational Therapy and Physical Therapy for children with eligible conditions. Therapy services are provided at rehabilitation units located in six public schools throughout San Diego County. These units are called “Medical Therapy Units.”</p>	<p align="center">HIGH</p>	
<p>Child Assessment Network – North - Is a project designed to provide prevention, assessment and intervention services for North County children 0-17 years of age who are in need of protective custody. CANN was developed through a community partnership between HHSA, New Alternatives, Green Oak Ranch, Casa de Amparo, North County Collaboratives and other community partners with the goal of keeping North County children in North County communities.</p>	<p align="center">MEDIUM -HIGH</p>	
<p>Child Sexual Abuse Treatment – Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for child victims of sexual abuse, their siblings and (if indicated) the non-offending parent in order to educate them about the dynamics of intra-family sexual abuse, reduce emotional sequelae associated with the abuse and facilitate safe reunification, when possible.</p>	<p align="center">HIGH</p>	
<p>Child Welfare Services CWS/CMS - Child Welfare Services Case Management System (CWS/CMS) is a result of Chapter 1294, Statutes of 1989, and Senate Bill 370. SB370 required the development of a statewide computer system to automate the functions of County child welfare offices. Allows for a centralized statewide system that allows State or County child welfare workers to share information on child abuse cases. Public Law 96272</p>	<p align="center">MEDIUM</p>	
<p>Child Welfare Services Drug Endangered Children - Children Program is collaboration between the District Attorney's Office, law enforcement and Children's Services to have consistent and immediate response when children are exposed to dangerous drugs. This includes the chemicals associated with the manufacture and production of drugs and, the use and selling of drugs. The program identifies the physical, psychological and sociological effects on children and provides necessary and appropriate services.</p>	<p align="center">HIGH</p>	
<p>Child Welfare Services Emergency Response – Evaluates reports of abuse, neglect or exploitation of children and determines what services the family needs.</p>	<p align="center">HIGH</p>	

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Program	RATING	Other Information/Comments
Child Welfare Services Family to Family – Family-Centered, Neighborhood-based Services. An approach to working with children, families and communities. Based on the principle that the first and greatest investment in time and resources should be made in the care and treatment of children in their own homes, and when not possible, in their own communities. Based on the premise that neighborhoods are the primary source of opportunity and support for families and are therefore, primarily responsible for assuring the safety and vitality of their members. Integration of this approach into daily practice does require partnerships, strong relationships and true collaboration between all of the stakeholders, i.e. birth family, foster care providers, service providers and community agencies.	HIGH	
Child Welfare Services Family Unity Meeting Program - Meetings with families who have children about to be placed out-of-home. Meetings help families identify all possible out-of-home placement options.	LOW	
Child Welfare Services Family Visitation Centers - Sites where parents can visit their children who are placed out of the home by Juvenile Court. The Centers reduce out-of-home caregivers responsibility for arranging and supervising visits.	HIGH	
Child Welfare Services Hotline	HIGH	
Child Welfare Services Independent Living Skills – Provides case management services to approximately 1800 foster youth, ages 16-21, to help them be successful and knowledgeable in the areas of employment, education, money management, housing and decision-making. Social Workers develop a Transitional Independent Living Plan (TILP) for each of the youth and make referrals to community agencies that are contracted to provide ILS services in each region.	HIGH	
Child Welfare Services Interstate Compact Placement Coordination - All children who require placement outside of California must meet ICPC requirements. A specialized unit within special programs oversees these.	MEDIUM	
Child Welfare Services Kin Gap - Legislation established Kin-GAP to serve dependent children whose dependencies are dismissed when their relative caregivers assume legal guardianship. 1110198-99 Minute Order #6 State Grant \$150,000.	MEDIUM	
Child Welfare Services Kinship Guardianship – Guardianship legal services for relative guardians.	MEDIUM	
Child Welfare Services Recruitment and Retention - Liaison with HHS Personnel and DHR. Work to recruit applicants for positions within Children's Services.	MEDIUM	

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Program	RATING	Other Information/Comments
Community Services for Families – Countywide services are primarily provided as home-based services to meet outcomes that address the goals of Child Safety, Child-Well Being, Stable Living Environments and Permanency. Other program services include parent education classes, kinship support services, specialized parent education classes and parent support groups.	HIGH	
Critical Hours - A partnership of The Children's Initiative, the County of San Diego and community collaboratives to provide after-school programs for middle school youth. The Critical Hours Program is a collaborative effort of public and private agencies. Their goal is to provide middle school age youth with on-going prevention and intervention programs to encourage positive alternatives to crime and at-risk behaviors.	MEDIUM	
Family Finding – Provides identification, search, and engagement services with family members, relatives and/or significant others for children referred to Child Welfare Services. The services assist referred Youth by serving as a means for family members, relatives and/or significant adults to begin or re-establish communication with the Youth. The County may use the contracted services to explore permanency options for the Youth.	HIGH	
Independent Living Skills After Care Services Emancipated Youth Stipend - Authorization for this program is from the Foster Care Independence Act of 1999, PL 106-169. Emancipated foster youth are eligible for additional services up to their 21st birthday including education, employment, housing and financial assistance.	MEDIUM	
Independent Living Skills Foster Youth Mentoring - Specialized social services unit working with individuals establishing legal guardianship of a child.	HIGH	
Independent Living Skills Transitional Housing - HUD funds used to develop two-year rental assistance for emancipated foster youth. Can receive housing vouchers to supplement the cost of rent.	HIGH	
Multi Systemic Therapy – Home-based therapy for families of youth at risk of entering the Child Welfare Services system or youth who are dependents of the Juvenile Court who could be reunified with parents or relatives if intensive family-focused therapeutic services were provided. MST is an evidenced-based, intensive family and community-based treatment that addresses multiple determinants of serious antisocial and other problem behaviors in juvenile’s ages 12 – 17 years.	HIGH	Increase if funding becomes available
Polinsky Children’s Center Developmental Screenings - All children under the age of six entering Polinsky Children's Center receive developmental screenings and follow-up services.	HIGH	

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Program	RATING	Other Information/Comments
Polinsky Children’s Center Early Periodic Screening Diagnosis & Treatment – Provides mental health services to identified high risk children to prepare children for out of home placements or return to their own home. The program provides day rehabilitation, mental health assessments and consultation.	HIGH	
Polinsky Children’s Center Emergency Shelter Care Unit – Attempts to place children directly from the field or from PCC with experienced foster parents until a permanent placement is made. ESCU staff arrange for short-term placements away from PCC, place children in Emergency Shelter Care (ESC) homes, and place children in short-term adjunct beds.	HIGH	
Public Health OLDS - The Nurse Family Partnership Program is an evidence-based program that provides low income, first time mothers with home visitation services from Public Health Nurses. Proven results Board Letter or Policy include: improved birth outcomes; reduced rates of subsequent pregnancy; reduced rates of childhood injury, abuse and neglect; decreased smoking and alcohol use. Public Health Nurse visits begin early in pregnancy and continue for two years after the child is born. Public Health Service or Benefit Level Nurses work intensively with these mothers to improve maternal, prenatal and early childhood health and well-being, with the expectation that this intervention will help achieve long-term improvements in the lives of these at-risk families. The intervention is effective because it focuses on developing therapeutic relationships with the family and is designed to improve 5 broad domains of family functioning: health (physical and mental); home and neighborhood environment; family and friend support; parental roles; and major life events (pregnancy planning, education, and employment).	HIGH	
Residential Services Institutions Evaluation Unit - The IEU serves three major functions: 1) Program Development: Responsible for ongoing recruitment of new therapeutic placement providers (i.e. licensed group homes and Foster Family Agencies). 2) Program Monitoring: Responsible for resolving problems reported by HHSA staff and on-going quality control of the above placement providers. 3) Liaison to Community Care Licensing: for problems reported by social workers or the public that occur in group homes or FFA's. Authorized by the Board of Supervisors.	HIGH	
Respite (foster parents) – Contracted services to recruit and train respite providers, and link respite providers to foster parents and relative kin caregivers to provide emergency respite and respite for other allowable activities such as attending foster parent trainings and going to medical appointments.	HIGH	

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Program	RATING	Other Information/Comments
San Pasqual Academy Residential Educational Academy - A first-in-the-nation residential education campus for adolescent foster youth. The Academy expands placement options for youth and provides them with a stable home, individualized education, work readiness and independent living skills training within campus learning environments.	HIGH	
School Success – County Office of Education – Foster Youth Services staff is located in regional CWS offices to provide educational support to foster youth.	HIGH	
Special Education Legal Advocacy – Provide quality special education advocacy for foster youth and non-dependent youth living with relatives who are eligible to receive special education services.	HIGH- MEDIUM	
Violence Prevention Domestic Violence Fatality Review Team - Is a coordinated effort between the County of San Diego Health and Human Services Agency's Office of Violence Prevention, and the County of San Diego District Attorney's Office. This multi-disciplinary team's purpose is to make recommendations for system's change, in order to prevent future deaths from intimate relationship violence.	MEDIUM	
Violence Prevention Domestic Violence Hotline – This is a 24-hour a day Domestic Violence Hotline for crisis calls, resources, referrals, and shelter availability.	HIGH	
Violence Prevention Domestic Violence Response Team - The Domestic Violence Team responds with law enforcement to domestic violence calls to counsel and assist victims.	MEDIUM	
Way Station - Way Station foster parents take children into their home at the point of removal from their families. The children can remain in the foster home for 10 - 30 days, until a relative or familiar family can be located, thus minimizing disruption in the child's life. While in a Way Station home, children continue to attend their same school.	HIGH	

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

The following were determined to be “organizational or structural issues” and were not rated.

Child Abuse Prevention, Intervention, and Treatment – To provide prevention and early intervention services that will keep children safe, healthy and free from abuse and neglect.
Child Welfare Services Intensive Family Preservation Program - Assists families with additional services to avoid out-of-home placement and/or facilitate an expedited return of the children to the home.
Child Welfare Services Medically Fragile Unit
Child Welfare Services Office of the Ombudsman - Authorization for this program is understood to be by a Board Letter. An internal review for conducting independent reviews of complaints. Members of the public, community organizations and agencies can lodge complaints.
Child Welfare Services Office of the Ombudsman - Authorization for this program is understood to be by a Board Letter. An internal review for conducting independent reviews of complaints. Members of the public, community organizations and agencies can lodge complaints.
Independent Living Skills Repeat Offender Prevention Program
Indian Specialty Unit
Intergenerational Services
Polinsky Children’s Center Critical Assessment and Release Early (CARE) – Provides an early diversion program to facilitate reunification. Assessments are made to determine if a child can be returned home quickly and safely. CARE works to involve the child’s family in a plan to deliver services to the family. CARE assumes responsibility for evaluating relatives/non-relative extended family members for placement of children housed in the Assessment Center and assigned to Regional Court Intervention Workers.
Residential Services Residential Group Home and Foster Family Agency Placement and Follow Up
Violence Prevention Youth Violence Prevention

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Community Action Board		Executive Staff: René G. Santiago	Date: 1/22/2009
Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
HIGH PRIORITY			
1. CSBG: Family Self-Sufficiency	✓		Strategic Initiatives: ACCESS ✓ Addresses safety and health issues for families and children. ✓ Leverages additional money brought into the community through EITC. ✓ Prevention; poverty is a key risk factor for all other social and health problems. ✓ Important for families to stabilize economically and socially, and achieve self-sufficiency. ✓ Anti-poverty program is a form of prevention to avoid/reduce future problems such as juvenile/adult crime and domestic violence.
2. Homeless Services	✓		Strategic Initiatives: ACCESS ✓ Safety issues for families and children. ✓ Addresses health issues. ✓ Crime prevention/intervention.
3. Juvenile Diversion	✓		Strategic Initiatives: PREVENTION ✓ Independent research supports program efficacy and cost avoidance. ✓ Used to leverage other dollars. ✓ Prevention – youths do not become adult offenders. ✓ Prevents future domestic violence. ✓ Public safety. ✓ Strong program performance.

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Community Action Board		Executive Staff: René G. Santiago	Date: 1/22/2009
Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
			<ul style="list-style-type: none"> ✓ Protects kids; safety refuge for runaway/throwaway youth. ✓ Prevents homelessness. ✓ Children of ex-offenders are six times more likely to become offenders in the criminal justice system.
4. Critical Hours	✓		Strategic Initiatives: PREVENTION <ul style="list-style-type: none"> ✓ Prevention based after school programs for middle school age youth. ✓ Increase protective factors of youth. ✓ Prevent entry/re-entry of youth into the juvenile justice system.
5. 2-1-1 San Diego	✓		Strategic Initiatives: ACCESS and COMMUNITCATION <ul style="list-style-type: none"> ✓ Provides 24 hour comprehensive Information and Referral (I&R) services. ✓ One contact for all services; "One Stop Shop". ✓ First point of contact for the homeless voucher program. ✓ Provides information on Earned Income Tax Credit (EITC) Volunteer Income Tax Assistance (VITA) sites. ✓ Keeping database updated serves as link between hospitals, schools, and communities. ✓ Provides reciprocity between other I&R agencies.

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Community Action Board		Executive Staff: René G. Santiago	Date: 1/22/2009
Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
6. Domestic Violence	✓		Strategic Initiatives: PREVENTION, PROTECTION and COMMUNICATION <ul style="list-style-type: none"> ✓ Increasing/growing problem. ✓ Correlation to homelessness. ✓ Direct impact on families, children, and community. ✓ Cuts across all socio-economic groups. ✓ Public safety and cost avoidance benefits. ✓ DVLINKS is a 24 hour/365 day a year hotline that provides victims domestic violence immediate assistance. ✓ Domestic Violence Response Team (DVRT). ✓ Domestic Violence Fatality Review Team (DVFRT). ✓ Domestic Violence Services for Families (DVSF). ✓ Safe Start Program – Four-year pilot project implemented in Central, North Central, and East HHS regions
MEDIUM PRIORITY			
1. Court Referred Safety Seat Program	✓		Strategic Initiatives: PROTECTION <ul style="list-style-type: none"> ✓ Waives the fines for drivers cited for not having children properly restrained in the car. These drivers attend a child passenger education program that distributes, inspects, or installs car seats. The curriculum includes “Kaitlyn’s Law” information regarding unattended children left in vehicles.

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Community Action Board		Executive Staff: René G. Santiago	Date: 1/22/2009
Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
2. Refugee Services	✓		Strategic Initiatives: ACCESS ✓ Helps refugees obtain employment and reduce CalWORKs benefits. ✓ County Refugee Coordinator ✓ County Refugee Coordinator continuously assesses, monitors, and determines impacts on a variety of services. The Refugee Coordinator links potentially eligible refugees in need of assistance with available resources to achieve the goal of economic self-sufficiency and effective resettlement.
LOW PRIORITY			
1. Alternative Dispute Resolution (ADR)	✓		Strategic Initiatives: PREVENTION ✓ Cost avoidance for courts. ✓ Reduces potential for violence. ✓ ADR services provided are mediation, conciliation, mitigation and arbitration.
ELIMINATE [none listed]			

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Emergency Medical Care Committee (EMCC)		Executive Staff:	Date: January 22, 2009
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
HIGH PRIORITY			
1. Management of medical emergency transport systems within County of San Diego: paramedic coordination, surveillance, reporting base hospital coordination.	YES	N/A	EMCC recommends investing funds in IT arena to increase efficiency in providing EMS core functions and meeting EMS regulatory requirements.
2. Management of Trauma Services System for San Diego County.	YES	N/A	
3. Management of County of San Diego Emergency Medical response disaster and coordination activities.	YES	N/A	

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Foster Care Services		Executive Staff: Mary Harris	Date:
Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
HIGH PRIORITY			
1. CWS-Foster Home Licensing-Monitoring	X		Maintain at current funding level or increase as funds may be available. This is a valuable program best provided locally.
2. CWS-Foster Home Licensing – Retention	X		Current staffing is absolute minimum and needs 1-2 more staff to support new foster parents and those who struggle with the foster care system. Orientations are to be conducted by licensing staff required by state licensing regulations. This program is valuable to maintain sufficient pool of foster parents to serve the needs of children placed in out of home care. The Kid's Line is extremely critical to provide support to foster families.
3. CWS-Foster Home Licensing- Investigation	X		This program allows a separate licensing evaluator to investigate complaints against licensed foster homes and these evaluators develop an expertise in resolving difficult issues with foster parents.
4. CWS-Adoption Services – Adoption Assistance Program		Program will be affected by new federal legislation that will increase need of funding in this critical support to adoptive families. See H.R. 6893	H.R.6893 extends, expands and improves the Adoption Incentives Program which provides financial bonuses to states and also provides federal adoption assistance to all special needs children expanding the program.
5. CWS-Polinsky Children's Center- Emergency Shelter Care Unit		Program is valuable and is used to support foster families and make short term placements. The program supports the regional placement coordinators.	
6. CWS-Foster Home Licensing – Options	X		

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Foster Care Services		Executive Staff: Mary Harris	Date:
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
7. CWS-Independent Living Skills		This program will also be affected by H.R. 6893 in that it expands services and funding for youth emancipating from the foster care system. Increases funding for children who are members of Indian tribes through funding to tribal governments.	
8. CWS-Foster/Kin/Parent Respite		Increase funding to previous funding level and more if possible. The cuts in the program have made retention of foster families very difficult.	
<i>MEDIUM PRIORITY</i>			
1. CWS-Family Visitation Centers – Kinship Center	X		
2. CWS-Foster Home Licensing – Recruitment and Training Unit	X		Current staffing is minimum and could use one or two more additional staff to recruit new foster parents.
3. CWS- Foster Home Licensing – Placement Coordinators Office`	X		Caregivers value the checks and balances that this program provides to the regions in identifying appropriate homes for children.
4. CWS-Independent Living Skills – Transitional Housing	X		Caregivers see the value for the youth but this does not directly affect caretakers.
5. CWS- Office of the Ombudsman	X		It is important for caretakers to have a neutral person review their complaints/concerns.
6. CWS – Independent Living Skills – Foster Youth Mentoring Program	X		Caregivers see the value for the youth but this does not directly affect caretakers.
7. EAST – Neighborhoods for Children – Regional Way Station Program		It is our understanding that this program is fairly new and struggling to become county wide. Recommend look at combining with some of the Emergency Shelter Care concepts and revisit effectiveness of program.	Caregivers support the least restrictive placement options for children and prefer homes versus institutions.

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Foster Care Services		Executive Staff: Mary Harris	Date:
Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
8. N. Coastal/N. Inland CWS – Child Assessment Network North	X		Because of the large geographical nature of San Diego County it is good to have a local assessment center wherever possible. One for the north and one for the remainder of the county is sufficient.
LOW PRIORITY			
1. CWS-Drug Endangered Children	X		This is low priority for foster caregivers but it is recognized as a valuable service to children.
2. CWS-Independent Living Skills – Independent Readiness Conferences	X		
3. CWS-Family to Family	X		
4. CWS-Family Unity Meeting	X		This is low priority for foster caregivers but it is recognized as a valuable service to relative caregivers.
5. CWS-Polinsky Children's Center – Youth to Youth		Recommend that this become a volunteer program with a part-time staff assignment to coordinate.	
6. CWS-Recruitment and Retention			Caregivers have no investment in this position.
7. EAST – Public Health			Caregivers feel this is not a program that they are involved in at this time.
8. N. Central –CWS – Family Violence Program	X		This is low priority for foster caregivers but it is recognized as a valuable service to families.
9. CWS-Kinship Guardianship Legal Services	X		This is low priority for foster caregivers but it is recognized as a valuable service to relative caregivers.

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Foster Care Services		Executive Staff: Mary Harris	Date:
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
10. CWS – Violence Prevention-First Response Program	X		This is low priority for foster caregivers but it is recognized as a valuable service to families.
11. CWS-Intensive Family Preservation Program	X		This is low priority for foster caregivers but it is recognized as a valuable service to families.

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Health Services Advisory Board		Executive Staff: Wilma Wooten, PHO	Date: 1/28/09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
HIGH PRIORITY			
1. County Medical Services	X		
2. California Children's Services	X		
3. Public Health Lab (Budget \$5,730,957) Mandated	X		
4. Community Epidemiology Branch (Total Budget \$4,618,849)	X		See below for programs specific to Community Epidemiology Branch.
a. Disease Reporting (\$3,616,544) Mandated	X		
b. Data Analysis (\$387,248) Mandated	X		Staff to review and rank based on critical vs. non critical need and potential savings.
c. Lead Poisoning Prevention (\$615,057) Mandated		Reduce	Staff to review and rank based on critical vs. non critical services/need and potential savings.
5. Tuberculosis (Total Budget \$8,179,737)	X		See below for programs specific to TB.
a. Surveillance (\$2,061,620) Mandated	X		
b. Critical Services (\$2,480,319) Mandated	X		
c. Case Management (\$1,907,504) Mandated	X		

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Health Services Advisory Board		Executive Staff: Wilma Wooten, PHO	Date: 1/28/09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
HIGH PRIORITY			
d. Education and Outreach (\$795,294) Mandated		Reduce	Staff to review and rank for critical need and potential savings.
e. Refugee Health Program (\$935,000) Mandated	X		
6. HIV, STD & Hepatitis Branch (HSHB) (Total Budget \$19,454,429)	X		Comments for HSHB overall. HSHB staff to review and rank for critical need and potential savings. Look at public/private partnership to obtain goals. Please see below for additional comments on specific programs.
a. Administration (\$1,506,532)		Reduce to medium	Staff to review and rank for critical need and potential savings.
b. AIDS Case Management (\$571,167) Mandated	X		
c. Clinical Services (\$2,081,334) Mandated	X		
d. Field and Community Services (\$1,524,584) Mandated	X		
e. HIV/AIDS Care and Treatment (\$10,289,550) Mandated	X		
HIGH PRIORITY			

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Health Services Advisory Board		Executive Staff: Wilma Wooten, PHO	Date: 1/28/09
Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
f. HIV, STD & Hepatitis Prevention (#3,338,100) Mandated	X		Staff to review and rank for critical need and potential savings.
g. STD Surveillance (\$143,497) Mandated	X		Staff to review and rank for critical need and potential savings.
7. Immunization (Total Budget \$5,804,553)	X		See below for comments to specific programs.
a. Clinical Services (\$4,093,107) Mandated	X		
b. Community Education & Outreach (\$431,431)		(Reduce) HSAB to review and provide further comments to come to agreement to reduce or keep "as is".	Staff to review and rank for critical need and potential savings.
c. Administration & Contracts (\$418,800)		Reduce	Staff to review and rank for critical need and potential savings.
d. Immunization Registry (\$861,215) Mandated	X		
8. Maternal, Child and Family Health Services (MCFHS) (Total Budget \$9,417,975)	X		Please see below for comments to specific programs within MCFHS.
a. Black Infant Health (\$930,807) Mandated	X		
HIGH PRIORITY			

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Health Services Advisory Board		Executive Staff: Wilma Wooten, PHO	Date: 1/28/09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
b. Child Health & Disability Program (CHDP) (\$1,895,327) Mandated	X		
c. Child Health and Disability Program Treatment Reimbursement (CHDP-TR) (\$400,000) Mandated	X		
d. Chronic Disease/Health Disparity (\$1,164,399)	X		
e. Dental Health Initiative/Share the Care & Nutrition (\$764,486)	X		
f. Fetal & Infant Mortality Review (FIMR) (\$63,575)	X		
g. Healthcare Program for Children in Foster Care (\$569,387)Mandated	X		
h. Maternal and Child Health/Perinatal Care Network (\$1,550,045) Mandated	X		(Listed as a low priority at bottom of this sheet.)
HIGH PRIORITY			

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Health Services Advisory Board		Executive Staff: Wilma Wooten, PHO	Date: 1/28/09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
i. MCFHS Assessment & Case Management (\$1,103,515) Mandated	X		
j. San Diego Kids Health Assurance Network (SD-KHAN) (\$857,659) Mandated		Reduce	How effective is this? Too much funding goes to incentives, but people still are dis-enrolled at high rates.
k. MCFHS Nutrition (\$118,775) Mandated	X		
9. Probation Health Services			No longer under PHS, please delete from this list.
10. Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM) (\$1,244,003) Mandated	X		
11. Vital Records (\$1,662,372) Mandated	X		
12. Public Health Nursing Administration (Total Budget \$1,043,866)		Reduce	Staff to review and rank for critical need and potential savings.
a. Title 15-Annual Jail Inspection Audit (\$326,686) Mandated		C (low priority for HHSA)	Unfunded mandate. Shift this to from HHSA to Public Safety Group
13. Community Health Assessment, Planning and Promotion			No longer a program, please delete from this list.
HIGH PRIORITY			

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Health Services Advisory Board		Executive Staff: Wilma Wooten, PHO	Date: 1/28/09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
14. Emergency Medical Services-Emergency Preparedness & Disaster Medical Services (Total Budget \$6,402,605)	X		
a. Administration (\$1,744,644)		Reduce	Staff to review and rank for critical need and potential savings.
b. Disaster Medical Services (\$2,084,645)	X		
c. Health Emergency Responses (\$1,163,342)	X		
d. Hospital Preparedness Program (\$1,409,974)	X		
17. Emergency Medical Services (Total Budget \$8,364,082) Mandated	X		
a. Administration (\$1,371,106)		Reduce	Staff to review and rank for critical need and potential savings.
b. Base Hospital, Trauma & Specialty Care Centers (\$2,276,002 Mandated)	X		
c. Pre-hospital Operations (\$2,163,477) Mandated	X		
HIGH PRIORITY			

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Health Services Advisory Board		Executive Staff: Wilma Wooten, PHO	Date: 1/28/09
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
d. Information Communication (\$1,430,767) Mandated	X		
e. Epidemiology & Surveillance (\$229,991) Mandated	X		Staff to review and rank for critical need and potential savings.
f. Community Health Statistics (\$378,207) Mandated	X		Staff to review and rank for critical need and potential savings.
g. Disaster Medical Response (\$255,100) Mandated	X		
h. Hospital Preparedness Program (\$259,433)	X		
<i>MEDIUM PRIORITY</i>			
1. HSAB: Chronic Disease Tobacco Prevention Mandated (in MCFHS Budget)	X		
<i>LOW PRIORITY</i>			
1. Obesity Initiative	X	Request for HSAB to reassess this to increase priority due to many chronic health issues are directly related to obesity.	
2. Regional Health Promotion	X		
3. Perinatal Care Network (PCN)	X	Request for HSAB to reassess this to increase priority due to the importance of prevention.	

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Health Services Advisory Board		Executive Staff: Wilma Wooten, PHO		Date: 1/28/09	
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments		
<i>LOW PRIORITY</i>					
4. Asthma Initiative	X				
5. Public Health NFP (\$1,800,000)	X				
6. Chronic Disease Health Promotion	X				
7. MHQ Clinical Quality Management	X				
8. Border Health (\$594,668)	X				
9. Child Passenger Safety	X				
10. CHYC Clinics	X				
<i>ELIMINATE</i>					
1.	not applicable	not applicable			

County of San Diego Health and Human Services Agency
Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

INSTRUCTIONS TO HHSA EXECUTIVES - Based on Advisory Board deliberations, please record the Advisory Board/Committee's position on prioritization of Health and Human Services Agency programs and services as provided to Executives and Advisory Board Chairs on 12/8/08, using the following ***guiding principles*** and ***definitions***:

GUIDING PRINCIPLES

- Maintain high priority & mandated programs and activities
- Align decisions with our Strategy Agenda
- Use outcome data to support decisions
- Make reductions to both contracted services and County staffed services
- Preserve funding that matches or leverages other dollars, if appropriate
- Use one time resources for one time costs, not ongoing expenses
- Where State cuts funding, County will not backfill

PRIORITY DEFINITIONS

- **High** (Those programs or services that meet all three components of this definition should be at the top of the list, and so on.)
 - ***Critically important*** to the public's immediate health and/or safety; or
 - Program/population outcomes indicate an ***effective*** program, service or strategy ***critical*** to the safety, health & self-sufficiency of at-risk and vulnerable populations or protecting the public's health; or
 - Evidence-based approach that ***directly results*** in the safety, health & self-sufficiency of at-risk and vulnerable populations or protecting the public's health
- **Medium** (Those programs or services that meet all three components of this definition should be at the top of the list, and so on.)
 - ***Important*** to the public's health and/or safety; or
 - Program/population outcomes ***suggest that the program contributes*** to the safety, health & self-sufficiency of at-risk and vulnerable populations or protecting the public's health; or
 - Evidence-based approach that ***facilitates*** the safety, health & self-sufficiency of at-risk and vulnerable populations or protecting the public's health
- **Low**
 - Contributes to San Diego County residents' ***quality of life***; or
 - ***No outcomes*** as yet or outcomes ***not on target***; or
 - ***Unproven*** strategy or approach
- **Eliminate** – Recommend that the program be discontinued altogether

SERVICE LEVEL DEFINITIONS

- **Keep As Is** - Recommend that the program be maintained at current service levels in current service delivery mode
- **Reduce/Change** - (provide some specifics)
 - Eliminate some component of the current program;
 - Reduce the program budget and service levels overall (e.g. serve 500 instead of 1000);
 - Change program content; or
 - Change service delivery mode (e.g. contract vs. county operated, group rather than one-on-one intervention)

OTHER INFORMATION/COMMENTS

- As deemed appropriate by the Advisory Board

County of San Diego Health and Human Services Agency
 Fiscal Year 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: HSD Consumer Committee Chair: Knoll **Executive Staff Support:** Dale Fleming **Date:** January 2009
 Professional Advisory Committee Chair: Seldin

Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
High Priority			
1. Healthy San Diego Enrollment/Education			\$86,117 in county costs. Local Control. Pass-through of State funding. Economy, efficiency. Low default rate of Medi-Cal Beneficiaries in choosing Health Plans. Saves money for State and Health Plans. Provides choice in healthcare provider and continuity of care.
2. Healthy San Diego Facility Review/QI			\$161,625 in county costs. AmeriChoice contract. Includes provider site audits, central data collection system. Health Plans fund site audits. Provides savings to other county programs, MDs, Clinics and other health facilities. Site reviews are used for CMS clinic audits. Would cost more to cut.
3. Consumer Center for Health Education & Advocacy/Grievance process			\$677,925 in county costs. State contract requirement to serve as patient advocate for consumers. Mental Health patient advocate responsibilities are mandated by the Federal government. Increased access and increased efficiencies for consumers and Health Plans through retention in Medi-Cal program thus reducing potential costs to re-enroll.
Medium Priority			
1. Geo Access/On Line Provider Directory			\$43,511.60 in county costs. Helps consumers choose MDs and Health Plans and saves staff time.

County of San Diego Health and Human Services Agency

Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: HIV Health Services Planning Council

Board Chair (Acting): Scott Suckow

Executive Staff Support: Terry Cunningham

Date: January 20, 2009

Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
High Priority			
Core Medical Services, including ambulatory/outpatient medical care; short term medications; medical specialty care, psychiatric care; oral health care; home health/home hospice care; medical case management; mental health; outpatient substance abuse services; early intervention services for women, children and families; and early intervention services-regional services	✓		Categorical funding. Mandated by Federal Health Resources and Services Administration (HRSA) as part of the Ryan White Treatment Modernization Act, Parts A and B. Allocations to service categories legally decided by HIV Planning Council membership.
Support Services, including; housing services; residential substance abuse services; transportation; home delivered meals; information and referral emergency financial assistance; legal services; non-medical case management (peer advocacy); emergency financial assistance; and representative payee	✓		Categorical funding. Mandated by Federal Health Resources and Services Administration (HRSA) as part of the Ryan White Treatment Modernization Act, Parts A and B. Allocations to service categories legally decided by HIV Planning Council membership.

County of San Diego Health and Human Services Agency

Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: HIV Prevention Community Planning Board

Executive Staff Support: Terry Cunningham

Date: January 30, 2009

County Co Chair - Lori Jones

Community Co Chair - John Kua

Past Community Co Chair – Felipe Garcia

Future Co Chair Micha Suarez

Program Listing	Keep As Is (X)	Reduce/Change (Explain)	Other Information/Comments
<i>High Priority</i>			
		Propose reducing E&TP meeting from 6 to 4 times a year	Explore feasibility of using the same report for Planning Council and Prevention Board
<p>Community Services Assessment – HSHB staff and Prevention Board complete the following:</p> <ul style="list-style-type: none"> ▪ <u>Needs Assessment</u> in collaboration with the HIV Health Services Planning Council to assess the prevention needs of populations at risk for HIV infection. Continuum of Care Committee (CofC) reviews these data. ▪ <u>Resource Inventory</u> includes descriptions of existing resources for HIV prevention and related services. Prevention Strategies and Evaluation Committee reviews these data. ▪ <u>Gap Analysis</u> identifies service gaps in different populations and regions of the county based on the epidemiologic data and service delivery data. Prevention Strategies and Evaluation Committee reviews these data. 		Propose reducing PS&E meetings from 6 to 4 times a year. Propose reducing CofC meeting from 12 to 6 times per year.	Explore feasibility of extending gap analysis to include data to inform testing and care services for a comprehensive HIV services gap analysis.
<p>Prioritize Target Populations – HSHB staff and Prevention Board adhere to guidance from OA and CDC to prioritize BRGs as well as utilized the epidemiologic profile and community services assessment to prioritize BRGs requiring prevention efforts due to high rates of HIV infection and high incidence of risky behaviors. Full Prevention Board ranks BRGs (see attached document for current BRGs)</p>		Propose reviewing data to confirm BRGs are ranked appropriately based on data and not changing unless data changes.	Given OA provides guidance on the BRGS, the role of the Prevention Board is to just ensure the BRG are ranked as appropriate for our local health jurisdiction.

County of San Diego Health and Human Services Agency

Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: HIV Prevention Community Planning Board

Executive Staff Support: Terry Cunningham

Date: January 30, 2009

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Program Listing	Keep As Is (X)	Reduce/Change (Explain)	Other Information/Comments
<p>Appropriate Science-Based Prevention Activities and Interventions – HSHB contracts with community-based organization to implement prevention activities and interventions, based on intervention effectiveness and cultural/ethnic appropriateness, necessary to reduce transmission in prioritized BRGs adhering to OA approved interventions. The intervention types include: targeted prevention activities, group level interventions, individual level interventions, comprehensive risk counseling services, partner counseling and referral services and health communication and public information activities. Prevention Strategies and Evaluation Committee reviews these interventions.</p>		Propose establishing guidelines to assess the effectiveness of interventions. Propose reducing PS&E meetings from 6 to 4 times a year.	Given OA provides guidance on the interventions, the role of the Prevention Board is to ensure interventions are effective but data to assess this has been limited but may be available through the newly developed local Prevention Outcome Database (POD).
<p>Letter of Concurrence A letter is in effect indicating the community planning group and the health department are in agreement about the priorities set in the comprehensive plan. Full Prevention Board ranks BRGs (see attached document for current BRGs)</p>	X		
<i>Medium Priority</i>			
<p>Action Plans Develop actions plans as mandated by OA and/or as appropriate for high risk BRGS.</p>		Propose folding action plans into the comprehensive plan.	Plans have different purpose and format so consolidating may pose challenges.
<i>Low Priority</i>			
<p>Serve as a Clearing house Make available materials and presentations on HIV prevention related information.</p>	X		

County of San Diego Health and Human Services Agency

Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: HIV Prevention Community Planning Board

Executive Staff Support: Terry Cunningham

Date: January 30, 2009

County Co Chair - Lori Jones

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Future Co Chair Micha Suarez

Program Listing	Keep As Is (X)	Reduce/Change (Explain)	Other Information/Comments
<i>Eliminate</i>			
Improve Efficiency and Reduce meetings: As possible improve the efficiency of meetings and when possible reduce the number of meetings.		As noted above propose to the full Board a reduction in the number of meetings. Consider using technology to save time and effort.	By reducing the number of meetings support staff will have more time to prepare and increase the efficiency of meetings.

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Mental Health Board		Executive Staff: Alfredo Aguirre, LCSW	Date: January 8, 2009
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
HIGH PRIORITY			
Adult and Older Adult Mental Health Services			
1. Inpatient/Emergency Screening unit (EPU)	√		The overall system of care should be enhanced/reorganized to reduce the demand for more costly EPU, Jail and PERT usage, including addressing recidivism rates.
2. Outpatient/Rehabilitation	√		Wait times are an ongoing concern, and an increase can lead to clients using higher levels of care. Safety net services are of the highest priority.
3. Crisis Residential	√		
4. Case Management/Assertive Community Treatment (ACT)	√		Some Case Management functions can be done through peer recovery services.
5. Psychiatric Emergency Response Team (PERT)	√		
6. Peer Recovery/Outreach	√		
7. Long Term Care	√		
8. Other Residential	√		
9. Technology	√		Technology is the key to better client care in the future. The County has certain staff and a new computer system being implemented that do

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Mental Health Board		Executive Staff: Alfredo Aguirre, LCSW	Date: January 8, 2009
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
			not support integration care by being able to pull up both physical and mental health records. This will create a new monetary demand in the near future, costs to the County today and impacts the health of clients. And is not on trend with research data that shows that it is in the best interests of the patient and save money at the same time. Nor is it in sync with stakeholder groups in the county and at the state level including legislators who seek to integrate care. This is an opportunity to reanalyze the scope of the Anasazi system to incorporate applications that will allow optimum treatment and fiscal savings.
Children's Mental Health Services			
1. Critical Care/Emergency Screening Unit	√		
2. Outpatient	√		
3. Inpatient (tied with #4, TBS)	√		
4. Therapeutic Behavioral Services (TBS) (tied with #3, Inpatient)	√		
5. Case Management/Wraparound	√		
6. Outreach/Family Peer Support	√		

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Mental Health Board		Executive Staff: Alfredo Aguirre, LCSW	Date: January 8, 2009
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
7. Technology	√		
<i>MEDIUM PRIORITY</i>			
Adult and Older Adult Mental Health Services			
1. Administration	√		Streamline processes and procedures to reduce time for implementation. BHS is unable to be tactical. While personnel should rank high as to need, processes and organizational structure should be examined for the purposes of streamlining time and ability to react to advances in research, and client and stakeholder input.
2. Conservatorship	√		Conservatorship is a State requirement so priority is high.
3. State Hospital	√		
4. Forensic Services	√		
5. Advocacy	√		There was a suggestion that Case Managers be trained to do some of the advocacy functions.
6. Training	√		
Children's Mental Health Services			
1. Day Treatment	√		
2. Evaluation and Outcomes	√		

County of San Diego Health and Human Services Agency
 Fiscal Years 2009-10 & 2010-11 Operational Planning Advisory Board Input

Advisory Board: Mental Health Board		Executive Staff: Alfredo Aguirre, LCSW	Date: January 8, 2009
Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
3. Administration	√		
4. Residential	√		
5. Forensics (tied with #6, Advocacy)	√		
6. Advocacy (tied with #5, Forensics)	√		
7. Training	√		
CHILDREN'S MENTAL HEALTH SERVICES			
<i>LOW PRIORITY</i>			
1.			
<i>ELIMINATE</i>			
1.	not applicable	not applicable	

Advisory Board: Social County of San Diego Health and Human Services Agency

Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: Social Services

Chair: Rev. John Hughes

Executive Staff Support: Kim Forrester

Date: 1/21/09

Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
High Priority			
1. CalWORKs Employment Services	✓	Reduce case load proportionally if State fund cut	Rated as 1A
2. CalWORKs Eligibility Program	✓	Reduce case load proportionally if State fund cut	Rated as 1A
3. CalWORKs Stage 1 Child Care	✓	Reduce case load proportionally if State fund cut	Rated as 1A
4. Medi-Cal	✓	Reduce case load proportionally if State fund cut	Rated as 1A
5. Hospital Outstation Services	✓		Rated 1A – Inseparably linked to Medi-Cal & County Medical Service (CMS)
6. Non-Assistance Food Stamps (NAFS)	✓	Maximize enrollment of eligible & maintain program integrity	Rated as 1A
7. Food Stamp Employment Training (FSET)	✓		Rated as 1A
8. General Relief	✓		Rated as 1A
9. General Relief SSI Advocacy	✓		Rated as 1A
10. CalWIN	✓		Rated as 1A – Vital to efficient management
11. Business Process Re-engineering (BPR)	✓		Rated 1A – Inseparably linked to CalWORKs, Food Stamp & Medi-Cal

Advisory Board: Social County of San Diego Health and Human Services Agency

Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: Social Services

Chair: Rev. John Hughes

Executive Staff Support: Kim Forrester

Date: 1/21/09

Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
12. Fraud and Integrity	√	In the event of resource reductions precluding continuance at present levels, functions rated 1B – 1F could be reduced according to priority ranking, but must be continued at some level.	Rated 1A - function inseparably linked to CalWORKs –
13. Overpayment Specialist Unit	√		Rated 1A - Inseparably linked to CalWORKs, Food Stamp & Medi-Cal
14. Quality Control	√		Rated 1A - Inseparably linked to Food Stamp
15. Appeals	√		Rated 1A - Inseparably linked to CalWORKs, Food Stamp & Medi-Cal
16. Public Assistance and Information Unit	√		Rated 1A - Inseparably linked to CalWORKs, Food Stamp & Medi-Cal
17. Civil Rights	√		Rated 1A - Inseparably linked to all programs
Medium Priority			
1. Refugee Cash Assistance Program		Merge with CalWORKs cash program	Like services
2. Refugee Employment Services Program		Merge with CalWORKs employment services program	Like services
Low Priority			
1. CalWORKs Cal Learn			Rated 3
Eliminate			

Advisory Board: Social County of San Diego Health and Human Services Agency

Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: Social Services

Chair: Rev. John Hughes

Executive Staff Support: Kim Forrester

Date: 1/21/09

Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
2. Cash Assistance Program for Immigrants (CAPI)		eliminate	Should not be State responsibility
3. Refugee Services Elderly and Access Services		Eliminate	Refer to Local providers – keep County out of the middleman role. Refugee services administered by Community Action Partnership (CAP) other than employment and interpretive services

Advisory Board: Social County of San Diego Health and Human Services Agency
 Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: Social Services

Chair: Rev. John Hughes

Executive Staff Support: Kim Forrester

Date: 1/21/09

Program Listing	Keep As Is (✓)	Reduce/Change (Explain)	Other Information/Comments
High Priority			
1. CalWORKs Employment	✓		Rated as 1A
2. CalWORKs Eligibility Program	✓		Rated as 1A
3. CalWORKs Stage 1 Child Care	✓		Rated as 1A
4. Medi-Cal	✓		Rated as 1A
5. Hospital Outstation Services	✓		Rated as 1A
6. Non-Assistance Food Stamps (NAFS)	✓		Rated as 1A
7. Food Stamp Employment Training (FSET)	✓		Rated as 1A
8. General Relief	✓		Rated as 1A
9. General Relief SSI Advocacy	✓		Rated as 1A
10. CalWIN	✓		Rated as 1A
11. Business Process Re-engineering (BPR)	✓		Rated as 1A
12. Fraud and Integrity	✓	In the event of resource reductions precluding continuance at present levels, functions rated 1B – 1F could be reduced according to priority ranking, but must be continued at some level.	Rated 1B - function inseparably linked to CalWORKs –

RANK ALL PROGRAMS IN PRIORITY ORDER

Advisory Board: Social County of San Diego Health and Human Services Agency

Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: Social Services

Chair: Rev. John Hughes

Executive Staff Support: Kim Forrester

Date: 1/21/09

Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
13. Overpayment Specialist Unit	√	In the event of resource reductions precluding continuance at present levels, functions rated 1B – 1F could be reduced according to priority ranking, but must be continued at some level.	Rated 1B - function inseparably linked to CalWORKs
14. Quality Control	√	In the event of resource reductions precluding continuance at present levels, functions rated 1B – 1F could be reduced according to priority ranking, but must be continued at some level.	Rated 1C - function inseparably linked to CalWORKs
15. Appeals	√	In the event of resource reductions precluding continuance at present levels, functions rated 1B – 1F could be reduced according to priority ranking, but must be continued at some level.	Rated 1D - function inseparably linked to CalWORKs
16. Public Assistance and Information Unit	√	In the event of resource reductions precluding continuance at present levels, functions rated 1B – 1F could be reduced according to priority ranking, but must be continued at some level.	Rated 1E - function inseparably linked to CalWORKs

RANK ALL PROGRAMS IN PRIORITY ORDER

Advisory Board: Social County of San Diego Health and Human Services Agency
 Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: Social Services

Chair: Rev. John Hughes

Executive Staff Support: Kim Forrester

Date: 1/21/09

Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
17. Civil Rights	√	In the event of resource reductions precluding continuance at present levels, functions rated 1B – 1F could be reduced according to priority ranking, but must be continued at some level.	Rated 1F - function inseparably linked to CalWORKs
Medium Priority			
1. Refugee Cash Assistance Program		Merge with CalWORKs cash program	Like services
2. Refugee Employment Services Program		Merge with CalWORKs employment services program	Like services
Low Priority			
Eliminate			
1. CalWORKs Cal Learn		Eliminate	Low outcomes – not cost effective
2. Cash Assistance Program for Immigrants (CAPI)		Eliminate	Should not be State responsibility

RANK ALL PROGRAMS IN PRIORITY ORDER

Advisory Board: Social County of San Diego Health and Human Services Agency

Fiscal Year 2009-10 Operational Planning Advisory Board Input

Advisory Board: Social Services

Chair: Rev. John Hughes

Executive Staff Support: Kim Forrester

Date: 1/21/09

Program Listing	Keep As Is (√)	Reduce/Change (Explain)	Other Information/Comments
3. Refugee Services Elderly and Access Services		Eliminate	Refer to Local providers – keep County out of the middleman role. Refugee services administered by Community Action Partnership (CAP) other than employment and interpretive services

RANK ALL PROGRAMS IN PRIORITY ORDER