

Health and Human Services Agency

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Health and Human Services Agency Summary

Regional Operations

Strategic Planning & Operational Support

Aging and Independence Services

Behavioral Health Services

Child Welfare Services

Public Health Services

Public Administrator / Public Guardian

Administrative Support

Health and Human Services Agency Summary



Agency Description

The Health and Human Services Agency's (HHSA) mission is to make residents' lives safer, healthier, and self-sufficient through the management and delivery of essential services. In support of County Strategic Initiatives for Kids and Safe and Livable Communities, the Agency's goals are assisting at-risk and vulnerable people to be safe, healthy and self-sufficient, and protecting the public's health. In carrying out the County's Required Disciplines, another Agency priority is promoting operational excellence.

In order to accomplish these goals, the Agency provides five mission critical services: prevention, access, protection, treatment and care, and preparedness and response. The Agency provides preventive health care services, access to publicly-funded health care coverage, and a wide array of mental health and substance abuse services. Protective services are provided to abused and neglected children and vulnerable adults, including older adults, the disabled, and indigent adults. The Agency works to reduce the burden of chronic diseases and contributing factors, such as childhood obesity, and helps the community prepare to respond to health emergencies and disasters should they occur.

Through six geographic service regions, the Agency administers a broad range of federal and State mandated programs. Services are delivered through a public-private partnership of County staff and more than 900 contracts with over 500 community-based providers. Although the six regions are geographically and socially diverse, continuity is maintained by several administrative support divisions.

Agency Departments include:

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

- Public Administrator / Public Guardian
- Administrative Support

Vision Statement

Safe, healthy, and thriving communities.

2007-08 Accomplishments

- Through prevention and early intervention, HHSA helps reduce long-term economic impacts of social and health issues in the community. Prevention and early intervention efforts included campaigns on pandemic flu, Earned Income Tax Credit, underage drinking, and heat emergencies. Mental Health Services conducted numerous forums to gather input from the community regarding their needs for prevention and early intervention programs. Five key activities were implemented to advance strategies in the Childhood Obesity Action Plan, a collaborative effort engaging multiple community partners.
- To improve access to health care, HHSA continued to build upon the recommendations of the Healthcare Safety Net Study. A disease management program, targeting high-cost medical conditions of diabetes and high blood pressure, was initiated. HHSA issued a request for proposals for \$5.0 million to improve care coordination, implement best practices, and strengthen linkages between hospital and clinics. Furthermore, over 25 different State health care legislative proposals were reviewed to determine impact on the local health care safety net.
- The purpose of Child Welfare Services is to protect children from further physical harm or neglect. When the department can do so safely, keeping children in their homes is the goal. HHSA reduced the numbers of children growing up in foster care through improved services to families and strong adoption efforts. Keeping children in their homes, with other family members and in their own communities, maintains stability and



- Opening a new state-of-the-art health care campus to replace the existing Edgemoor facility which first opened in 1962. Edgemoor, a 24-hour skilled nursing facility, provides long-term medical care to patients with complex medical needs. Edgemoor patients are often under Conservatorship, receive Medi-Cal and are not eligible for most nursing home environments.
- Implementing key Healthcare Safety Net strategies through a public-private partnership to improve access for uninsured residents in San Diego County. The partnership will also help address gaps in specialty care, coordination of care, and funding.
- The Agency will protect the public's health by partnering with the County Office of Emergency Services on the Mobile Field Hospital Program. This program, which will be administered by Scripps Hospital, is a new and innovative way to respond to an emergency anywhere in California. It can be deployed and be operational within 72 hours.
- The Agency will pursue strategies and technology that assist the workforce to provide timely, responsive and efficient services to the community, while preparing for local impacts of the State's continuing fiscal problems:
 - Launching eQuest, a new electronic referral system that will improve access to health services to children with physical limitations. This new system will allow hospitals, doctors and other medical providers to make and track referrals to the State mandated California Children Services program electronically, replacing a manual paper process.
 - Undertaking a multi-year project to streamline the business processes of three major federal and State mandated public assistance programs that provide access to health care, nutrition, and temporary financial assistance (Medi-Cal, Food Stamps, and CalWORKs). This major continuous improvement project will improve customer service, maintain program integrity, and increase efficiency of services provided to more than 300,000 people by over 1,000 staff throughout the Agency.
 - Implementing case imaging projects in various Agency programs and functions to reduce inefficient paper processes, and facilitate information retrieval by the workforce. This endeavor will help enhance services to customers by creating a more flexible and responsive workforce.

Related Links

For Health and Human Services Agency's Strategy Agenda, which lays out key Agency goals, actions and results, go to www.sdcountry.ca.gov/hhsa/documents/StrategyAgenda2008.pdf.

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

Budget Changes: 2007-08 to 2008-09

Overview

The Health and Human Services Agency's Fiscal Year 2008-09 plan includes appropriations of \$1.8 billion, which is an increase of \$85.0 million in the General Fund.

Adjustments to the Operational Plan include increased appropriations associated with negotiated wage and benefit adjustments, growth in In-Home Supportive Services (IHSS), expansion in mental health services associated with the Mental Health Services Act (MHSA) and appropriations to cover transitional costs with the opening of the new Edgemoor facility in early 2009.

For the past several years, HHSA has been responsible for the oversight of a contract with California Forensic Medical group (CMFG) for medical services to juvenile detainees. In Fiscal Year 2008-09, the administration of this program is transferring to the Public Safety Group, along with \$5.2 million in appropriations and General Revenue Allocations.



Health and Human Services Agency Summary

Staffing by Department

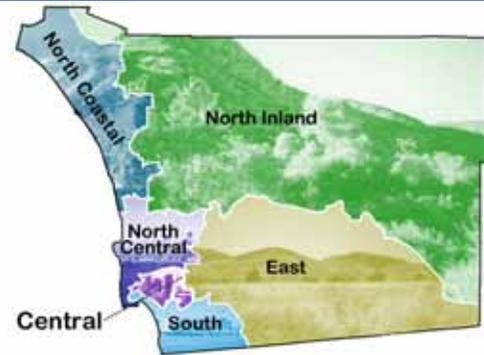
	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Regional Operations	2,658.25	2,656.25	2,656.25
Strategic Planning & Operational Support	223.50	231.00	231.00
Aging and Independence Services	322.50	323.50	323.50
Behavioral Health Services	903.50	916.00	870.50
Child Welfare Services	819.00	807.00	807.00
Public Health Services	374.25	374.25	374.25
Public Administrator / Public Guardian	36.00	36.00	36.00
Administrative Support	326.00	333.50	333.50
Total	5,663.00	5,677.50	5,632.00

Expenditures by Department

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Regional Operations	\$ 424,664,362	\$ 460,594,318	\$ 460,873,503	\$ 451,864,073	\$ 465,738,686	\$ 475,020,688
Strategic Planning & Operational Support	112,348,122	149,916,426	156,068,641	137,708,143	149,427,300	148,434,470
Aging and Independence Services	249,544,551	280,320,071	280,820,598	277,109,881	304,027,413	328,213,711
Behavioral Health Services	290,029,827	372,698,911	381,040,982	326,690,097	400,600,805	399,844,362
Child Welfare Services	226,999,930	256,143,446	257,767,103	235,834,556	264,356,319	266,783,389
Public Health Services	80,438,280	85,239,358	87,684,963	82,615,470	82,993,768	84,451,323
Public Administrator / Public Guardian	4,012,112	4,345,064	4,345,064	4,016,841	4,402,137	4,402,137
Administrative Support	65,708,791	75,351,499	79,666,804	49,681,486	98,606,549	66,928,815
Tobacco Settlement Funds	24,199,735	27,500,000	27,500,000	24,200,000	27,500,000	27,500,000
Total	\$1,477,945,709	\$1,712,109,093	\$1,735,767,658	\$1,589,720,548	\$1,797,652,977	\$1,801,578,895



Regional Operations



Department Description

The hallmark of the Health and Human Services Agency is its commitment to a service delivery system that is regionalized and accessible, community-based, and customer-oriented. Organized into six geographic service regions, the Agency's service delivery system uses a public-private partnership model to meet the needs of families in San Diego County. All services in a region are under a Regional General Manager who ensures services address local community needs, and programs are delivered in a cost effective and outcome-driven fashion.

As outlined in Appendix D, regional operations include: Child Welfare Services, Family Resource Centers/Assistance Payments, Public Health Centers, Community Health Promotion, Child Care Administration and Welfare-to-Work/Employment Administration.

Mission Statement

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

2007-08 Accomplishments – All Regions

Strategic Initiative – Kids

- Ensured 97.8% (629 of 643) of expectant mothers, who were visited by Public Health Nurses through delivery, completed the recommended number of prenatal care visits from the start of first contact, above target of 95%.
- Immunized 99.7% (2,455 of 2,463) of children, age 24 months, who were eligible for a vaccine at the regional public health centers, above target of 98%.
- Achieved a net enrollment gain of 5% (enrolled 11,211 for a total of 233,037) of eligible children in Medi-Cal and Healthy Families programs as part of a long-term goal to provide health care coverage to uninsured children, exceeding the target of 1% (enroll 2,218 children).
- Ensured that 91.9% (1,921 of 2,089) of children who reunified with their families did not re-enter foster care within the last 12 months, achieving the target of 91%.

- Ensured that 91.7% (6,278 of 6,844) of children with a substantiated allegation of neglect/abuse did not have another substantiated allegation in the next 6 months, above the target of 91.6%.
- Ensured that 77.7% (1,853 of 2,384) of children in foster care for less than 12 months had fewer than three placements during that period, below target of 80%.
- Issued 98.2% (41,299 of 42,142) of Stage 1 and Stage 2 child care payments to CalWORKs and other low-income families within 10 days of receipt of claim, just shy of 99% target.

Strategic Initiative – Safe and Livable Communities

- Secured stable employment for 95% (259 of 272) of Welfare-to-Work participants exiting cash assistance each month as indicated by their remaining off aid for six months, above 90% target.
- Increased by 85% (from 250 to 464) the number of CalWORKs families accessing Earned Income Tax Credit (EITC) Services, above target of 10%. Achievement due to increased EITC campaign and outreach activities.



2008-10 Objectives – All Regions

Strategic Initiative – Kids

- Ensure that 96% (336 of 350) of expectant mothers, who are visited by Public Health Nurses through delivery, complete the recommended number of prenatal care visits from the start of first contact.
- Immunize 99% (2,475 of 2,500) of children, age 24 months who are eligible for a vaccine when the vaccine is due and available, at the regional public health centers, thereby improving the quality of immunization service.
- Ensure a net enrollment gain of 1% (additional 2,330) of eligible children in Medi-Cal and Healthy Families programs as part of a long-term goal to provide health care coverage to uninsured children.
- Ensure that 91% (1,865 of 2,050) of children who reunify with their families do not re-enter foster care within the next 12 months.
- Ensure that 92% (5,980 of 6,500) of children with a substantiated allegation of neglect/abuse do not have another substantiated allegation in the next 6 months.
- Ensure that 80% (1,840 of 2,300) of children in foster care for less than 12 months have fewer than three placements during that period.
- During transition to CalWIN, continue to issue 99% (40,950 of 41,000) of Stage 1 and Stage 2 child care payments to CalWORKs and other low-income families within 10 days of receipt of claim.
- Increase children's participation in food stamps by 8% (from 69,000 to 74,500).

Strategic Initiative – Safe and Livable Communities

- Secure stable employment for 90% (270 of 300) of Welfare-to-Work participants exiting cash assistance each month as indicated by their remaining off aid for six months.

- Increase by 20% (from 330 to 396) the number of CalWORKs families accessing EITC Services.

Central Region

The Central Region encompasses San Diego city's urban core consisting of 48 communities with diverse culture and population. Central Region provides regional services, co-leads the Healthcare Safety Net, manages the Community Action Partnership (CAP) program, and independently administers its own Welfare-to-Work program. CAP is a countywide program committed to improving the lives of economically disadvantaged families and individuals in San Diego through provision of EITC Services, which is considered to be one of the most effective strategies to lift low-income working families out of poverty.

2007-08 Accomplishments

Strategic Initiative – Kids

- Assessed 19 foster children through the Team Decision Making (TDM) allowing more family and community participation to ensure appropriate placements after initial removal, meeting target.
- Ensured 99% (2,757 of 2,768) of youth who participated in the Critical Hours after school program demonstrated improvement in protective factors to reduce risk for delinquency and drug use, exceeding 80% target.
- Ensured 98% (1,445 of 1,474) of youth receiving Juvenile Diversion services did not have contact with the juvenile justice system, above 90% target.

Strategic Initiative – Safe and Livable Communities

- Led regional collaborative efforts to coordinate the provision of County funded homeless services, including mental health, at the city of San Diego's Winter Shelter.
 - Maximized permanent housing opportunities for 1,615 homeless individuals.



- Coordinated provision of 367 services hours and 123 hours of case management services such as assessments and referrals for mental health, medical, shelter, and eligibility determination.

2008-10 Objectives

Strategic Initiative – Kids

- Increase by 10% (from 297 to 326) the number of TDM meetings to allow more family and community participation in making best decisions for children in foster care.
- Conduct a nutrition education initiative at one elementary school in Central Region to promote the benefits of good nutrition and availability of supplemental food assistance.
- Decrease by 5% (from 1,000 to 950) the number of court cases in Central Region to safely maintain more children in their homes without intervention.

East Region

The East Region is a mixture of urban and rural communities. Health priorities include dental care, obesity/diabetes, respiratory illnesses, motor vehicle injuries and unintentional injuries. East Region had the second highest low birth weight rate in the County from 1998-2000, and the second highest percentage of substantiated cases of child abuse among children 0-17 years. East Region administers the Nurse Family Partnership (NFP), an evidence-based program helping first-time low-income mothers in East Region succeed; Neighborhoods for Kids, an initiative to improve child abuse and neglect outcomes; and, Child Care subsidy payments to support families in transition from welfare to work.

2007-08 Accomplishments

Strategic Initiative – Kids

- Improved outcomes through NFP Program, serving 49 East Region low-income mothers and their children.

- Achieved a 44% (12 of 27) decrease or cessation in smoking of NFP participants upon graduation from the program, below target of 47%.
- Ensured 96% (47 of 49) of NFP graduates' children were fully immunized at 24 months of age, above 95% target.
- Linked East County children with familiar people and places that encourage them to thrive.
 - 52% (21 of 40) of school age children in protective custody, not placed with a relative or family friend, stayed in their same school, above target of 50%.
 - 68% (301 of 440) of children coming into protective custody were placed with relatives or non-related extended family members, above target of 60%.

2008-10 Objectives

Strategic Initiative – Kids

- Ensure 47% (12 of 27) of NFP participants decrease or cease smoking upon graduation from the program.
- Ensure 96% (47 of 49) of NFP graduates' children are fully immunized at 24 months of age.
- Support East County children with familiar people and places that encourage them to thrive.
 - Ensure that 25% of all school age children, not placed with a relative or family friend, for whom a TDM is held regarding placement, continue to attend their home school.
 - 68% (292 of 430) of children coming into protective custody will be placed with a relative or a non-related extended family member.

North Central Region

The North Central Region is located within the city of San Diego and is comprised of 38 diverse communities including Miramar Air Base and other military communities. In addition to providing core regional services, North Central Region manages the California Children Services (CCS) program, which authorizes and



funds specific medical services and equipment for children with certain physical limitations and chronic health conditions or diseases. The Medical Therapy Program is a special program within CCS that provides Occupational Therapy and Physical Therapy for children with eligible conditions. Therapy services are provided at rehabilitation units located in public schools throughout San Diego County.

2007-08 Accomplishments

Strategic Initiative – Kids

- Ensured that 78% (80 of 102) of children involved in a TDM meeting had a placement outcome that enhanced permanency and stability in their living situations, above the 75% target.
- Ensured that 78% (210 of 270) of medical determinations were made within five working days on all new requests received by CCS to improve health outcomes for children who are eligible for CCS, below the target of 85%.

Required Discipline – Continuous Improvement

- Designed and piloted a Web-based referral system that reengineered CCS authorization and determination procedure.

2008-10 Objectives

Strategic Initiative – Kids

- Increase by 5% (from 143 to 150) the total number of TDM meetings to enhance permanency and stability for foster children.

Required Discipline – Continuous Improvement

- Implement CCS eQuest, a Web-based referral and case management system to improve health outcomes for eligible children with physical limitations and chronic health conditions or diseases.

- Ensure 90% (234 of 260) of new requests for service to CCS are submitted timely and accurately.
- Ensure 85% (221 of 260) of medical determinations are made within 5 working days on all new requests processed through CCS eQuest.

North Coastal Region

The North Coastal Region consists of six cities, Camp Pendleton, and more than a dozen communities. In addition to providing core regional services, North Coastal Region facilitates HealthLink North County, a school health focused, public-private partnership to improve health and education outcomes for North County's school children. Major accomplishments include: countywide School Food and Fitness Summits, Gardening & Nutrition toolkits for North County school districts, and supporting district wellness policies through training, education, and resources to schools and wellness committees. Partners include school nurses, community clinics, local and countywide programs, public health nurses, and Agency staff.

2007-08 Accomplishments

Strategic Initiative – Kids

- Ensured that 73% (204 of 281) of children involved in a TDM meeting had a change of placement outcome that enhanced permanency and stability in their living situations, below the target of 75%.
- Distributed 678 books through a Reach Out and Read Program at the North Coastal Public Health Center to promote early literacy and encouraged children to receive the recommended number of well-child check-ups, exceeding the target of 300 books.



2008-10 Objectives

Strategic Initiative – Kids

- Increase by 5% (from 180 to 189) the total number of TDM meetings to enhance permanency and stability for foster children.
- Address childhood obesity through HealthLink North County to ensure healthy communities and lifestyles by:
 - Providing education on nutrition and physical activity to families at 22 North County school districts.
 - Hosting five forums for health professionals and providing group consultation on school health issues.

Strategic Initiative – Safe and Livable Communities

- Increase Non-Assistance Food Stamps participation by 5% (from 1,575 to 1,654) for eligible families.
 - Host a North County EITC kick-off event, including nutritional education and food stamp outreach.
 - Provide food stamp education at a school resource fair and participate in San Diego Hunger Coalition monthly meetings.

North Inland Region

The North Inland Region includes four cities, remote desert communities, historic mountain towns, rural homes and farms, and numerous Indian reservations. The region's eastern border is the Imperial County line. In addition to providing core regional services, North Inland Region facilitates the Rural Health Network (RHN), a forum that brings together government and service providers to form a common voice on behalf of rural San Diego County communities. The RHN strives to improve the lives of rural families and reduce service gaps through exploring resource development opportunities, expanding service operations, strengthening partnerships, fostering communication, and implementing new technologies.

2007-08 Accomplishments

Strategic Initiative – Kids

- Distributed 317 books through a Reach Out and Read Program to promote early literacy and encouraged children to receive the recommended number of well-child check-ups, above the target of 300 books.

Required Discipline – Continuous Improvement

- Achieved a 25% (5,158 of 20,610) increase in retention rate for the Medi-Cal program through Medi-Cal eligibility process improvements.

2008-10 Objectives

Strategic Initiative – Kids

- Increase by 5% (from 180 to 189) the total number of TDM meetings to enhance permanency and stability for foster children.

Strategic Initiative – Safe and Livable Communities

- Increase Non-Assistance Food Stamps participation by 5% (from 2,274 to 2,386) for eligible families.
 - Host a North County EITC kick-off event, including nutritional education and food stamp outreach.
 - Provide food stamp education at a school resource fair, and participate in San Diego Hunger Coalition monthly meetings.
 - Establish an HHSA North Regions Web page for the Rural Health Network to improve communication and access to resources for rural communities and families in San Diego County.

South Region

The South Region has four cities and seven communities and is bordered in the south by Mexico. South Region provides regional services, leads the Healthy Eating Active Communities (HEAC) project, and manages the Office of Violence Prevention (OVP) and a Nurse Family Partnership (NFP) Program. HEAC aims to prevent childhood obesity



and ensure healthy adulthood by reducing health risks associated with obesity. OVP is a countywide program dedicated to protecting children and families from dangerous conditions through domestic violence prevention and intervention. OVP offers various contracted services for victims such as immediate services, shelter availability, crisis intervention, counseling, and connection to legal services.

2007-08 Accomplishments

Strategic Initiative – Kids

- Established evidence-based NFP Program and enrolled 75 South Region first-time mothers, meeting target.
- Assessed 10 foster children through the TDM, allowing more family and community participation to ensure appropriate placements after initial removal, meeting target.
- Ensured 13 therapists in the Safe Start Initiative completed eight trainings each for the treatment of Child Welfare Services children who have been exposed to domestic violence, above target of 12 therapists.

Strategic Initiative – Safe and Livable Communities

- Co-led regional public-private partnership process to strengthen South County's safety net by conducting 11 regional stakeholder meetings, thereby increasing resources and coordination of care for the uninsured.

2008-10 Objectives

Strategic Initiative – Kids

- Improve health outcomes related to infant mortality, morbidity, and childhood obesity by ensuring that 85% (46 of 55) of NFP clients will initiate breastfeeding.
- Increase by 10% (from 161 to 177) the number of TDM meetings to allow more family and community participation in making best decisions for children.

Strategic Initiative – Safe and Livable Communities

- Ensure that 95% (7,125 of 7,500) of Domestic Violence Hotline calls are answered by hotline staff within 60 seconds.

Related Links

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

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



Performance Measures	2006-07 Actuals	2007-08 Adopted	2007-08 Actuals	2008-09 Adopted	2009-10 Approved
Expectant mothers visited by Public Health Nurses through delivery that complete recommended number of prenatal care visits	98% of 350	95% of 350	97.8% of 643	96% of 350	96% of 350
Children enrolled in Medi-Cal and Healthy Families health care coverage ¹	221,826 (enrolled 4,582)	1% (enroll 2,218)	5% ² (enrolled 11,211 for a total of 233,037)	1% (enroll 2,330 for a total of 235,367)	1% (enroll 2,330 for a total of 235,367)
Children age 24 months served by regional public health centers immunized when vaccine is due and available	N/A	98% of 2,500	99.7% of 2,463	99% of 2,500	99% of 2,500
Children who enter foster care do not enter again within 12 months of leaving foster care ³	91.1% of 2,052	91% of 2,050	91.9% of 2,089	91% of 2,050	91% of 2,050
Children with a substantiated allegation of neglect/abuse do not have another substantiated allegation in the following 6 months ⁴	N/A	91.6% of 6,314	91.7% of 6,844	92% of 6,500	92% of 6,500
Children in foster care for less than 12 months have fewer than 3 placements during that period	75% of 2,311	80% of 2,300	77.7% of 2,384	80% of 2,300	80% of 2,300
Childcare payments to CalWORKs and other low-income families made within 10 days ⁵	99% of 70,746	99% of 41,000	98% of 42,142	99% of 41,000	99% of 41,000
Welfare-to-Work participants who secure stable employment, remaining off aid for six months	85% of 272 monthly average	90% of 300 monthly average	95% of 272 monthly average	90% of 300 monthly average	90% of 300 monthly average
CalWORKs families accessing Earned Income Tax Credit (EITC)	N/A	10% (from 275 to 302)	85% ⁶ (from 250 to 464)	20% (from 330 to 396)	20% (from 330 to 396)
Food Stamp participation increase among children ⁷	N/A	N/A	N/A	8% (from 69,000 to 74,500)	8% (from 69,000 to 74,500)



Table Notes

¹ Effective Fiscal Year 2007-08, this measure is reported as a percentage increase of net enrollment gain above prior year-end actual.

² This accomplishment was due to the shared vision, commitment and decision of Agency staff working collaboratively with diverse community partners and organizations.

³ Effective Fiscal Year 2008-09, this measure “children who enter foster care do not enter again within 12 months of leaving foster care” has been updated to align with new federal language. Original measure was “foster children who re-enter foster care within 12 months of leaving foster care (not to exceed target).” Targets have been modified to reflect change.

⁴ Effective Fiscal Year 2008-09, this measure “children with a substantiated allegation of neglect/abuse within a 6 month period, do not have another substantiated allegation in the following 6 months” has been updated to align with new federal language. Original measure was “children with a substantiated allegation of neglect/abuse within a 6 month period that have another substantiated allegation in the following 6 months.” Targets have been modified to reflect change.

⁵ This measure is a combination of two child care payment measures: 1) payments provided to CalWORKs recipients only and 2) payments made to current and former CalWORKs recipients who are income eligible for up to 24 months after exiting cash assistance.

⁶ The EITC campaign and outreach strategies for Fiscal Year 2007-08 include: 1) Family Resource Centers’ support by linking employed CalWORKs recipients with Family Self Sufficiency providers, 2) increased Employment/Welfare-to-Work engagements, and 3) mass mailing of EITC information to childcare providers through the Childcare program.

⁷ Effective Fiscal Year 2008-09, this measure has been included to better reflect strategic priorities captured in the “Agency Strategy Agenda for 2008-2013.”

Budget Changes: 2007-08 to 2008-09 – All Regions

Staffing

Net decrease of 2.00 staff years and transfers among programs based on operational needs.

- Increase of 7.00 staff years to support new mandated Medi-Cal citizenship requirements.
- Transfer out of 3.00 staff years to Child Welfare Services to support workload needs.
- Transfer out of 6.00 staff years to Administrative Support as a technical adjustment with no impact to the administration of services.

Expenditures

Net increase of \$5.1 million.

- Salaries and Benefits — net increase of \$4.0 million due to negotiated wage and benefit adjustments.
- Services and Supplies — increase of \$1.1 million due to the cost of doing business including utilities, auto, information technology and rents and leases.

Revenues

Net increase of \$5.1 million.

- Intergovernmental Revenues — increase of \$12.0 million.



- Increase of \$1.5 million in Child Care revenue.
- Increase of \$3.5 million in Realignment of which the majority is associated with the transfer of the California Forensic Medical Group (CFMG) contract to the Public Safety Group (PSG).
- Increase of \$7.0 million in administrative revenues due to a technical adjustment and to align to projected allocation levels.
- Revenue from Use of Money & Property — increase of \$0.3 million for lease payments in the South Regional Center.
- Charges for Current Services — increase of \$0.2 million due to an increase in the revenue agreement with Hospital Association of San Diego and Imperial Counties.
- Use of Fund Balance — decrease of \$1.5 million due to the elimination of one-time funding in California Children's Services for Fiscal Year 2007-08.
- General Revenue Allocation — net decrease of \$5.8 million primarily associated with the transfer of the CFMG contract to PSG and redistribution within the Agency with no impact to services.

Budget Changes: 2008-09 to 2009-10 – All Regions

Net increase of \$9.3 million due to an increase of \$9.0 million in Salaries and Benefits as an allowance for anticipated wage and benefit adjustments plus an increase of \$0.3 million in Services and Supplies.



Staffing by Program

	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Regional Self Suffic Elig	1,053.00	1,062.00	1,062.00
Regional Child Welfare Svcs	673.50	670.50	670.50
Central Region	227.00	227.00	227.00
East Region	198.50	198.50	198.50
North Central Region	263.75	255.75	255.75
North Coastal Region	88.00	88.00	88.00
North Inland Region	70.00	70.00	70.00
South Region	84.50	84.50	84.50
Total	2,658.25	2,656.25	2,656.25

Budget by Program

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Regional Self Suffic Elig	\$ 71,144,562	\$ 71,510,835	\$ 71,600,040	\$ 71,595,141	\$ 73,606,122	\$ 76,955,119
Regional Child Welfare Svcs	50,464,362	56,884,688	56,651,571	56,583,273	57,487,493	60,169,306
Central Region	80,264,479	86,245,564	86,565,841	83,103,550	87,055,169	87,803,498
East Region	85,951,166	91,980,865	91,983,045	92,139,508	93,788,009	94,462,327
North Central Region	44,505,234	51,343,083	51,384,920	48,559,831	50,179,062	51,129,962
North Coastal Region	21,680,793	23,960,640	23,961,074	23,231,352	24,074,652	24,405,774
North Inland Region	23,058,459	27,078,880	27,082,992	26,104,787	27,329,661	27,541,058
South Region	47,595,306	51,589,763	51,644,020	50,546,631	52,218,518	52,553,644
Total	\$ 424,664,362	\$ 460,594,318	\$ 460,873,503	\$ 451,864,073	\$ 465,738,686	\$ 475,020,688



Budget by Categories of Expenditures

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Salaries & Benefits	\$ 184,692,589	\$ 197,716,137	\$ 197,016,100	\$ 194,161,653	\$ 201,732,428	\$ 210,687,341
Services & Supplies	34,098,516	38,512,365	39,491,587	37,113,139	39,640,963	39,968,052
Other Charges	205,844,655	224,365,816	224,365,816	220,580,857	224,365,295	224,365,295
Capital Assets Equipment	28,603	—	—	12,132	—	—
Expenditure Transfer & Reimbursements	—	—	—	(3,708)	—	—
Total	\$ 424,664,362	\$ 460,594,318	\$ 460,873,503	\$ 451,864,073	\$ 465,738,686	\$ 475,020,688

Budget by Categories of Revenues

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Licenses Permits & Franchises	\$ 566,774	\$ 834,238	\$ 834,238	\$ 822,602	\$ 820,845	\$ 824,783
Fines, Forfeitures & Penalties	46,413	50,000	50,000	14,350	50,000	50,000
Revenue From Use of Money & Property	317,181	—	—	296,125	303,528	311,113
Intergovernmental Revenues	244,571,898	422,799,657	422,159,601	369,237,982	434,794,449	437,695,258
Charges For Current Services	1,770,144	1,685,208	1,685,208	1,730,962	1,889,480	1,889,480
Miscellaneous Revenues	411,500	1,477,470	1,477,470	256,382	1,466,361	1,466,361
Reserve/Designation Decreases	—	—	—	—	—	6,388,966
Use of Fund Balance	149,754,464	1,500,000	2,419,241	47,257,925	—	—
General Revenue Allocation	27,225,988	32,247,745	32,247,745	32,247,745	26,414,023	26,394,727
Total	\$ 424,664,362	\$ 460,594,318	\$ 460,873,503	\$ 451,864,073	\$ 465,738,686	\$ 475,020,688



Strategic Planning and Operational Support



Department Description

Strategic Planning and Operational Support (SPOS) provides timely and meaningful information, services and support that improve access to health care, advance individual self-sufficiency, strengthen children and families, safeguard program integrity, and enhance overall Agency performance so that shared community outcomes are achieved.

Mission Statement

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

2007-08 Accomplishments

Strategic Initiative – Kids

- Distributed 100% (18,582) of Healthy Families and Medi-Cal applications to appropriate regions within 5 days, a reduction of 5 days over Fiscal Year 2006-07, to facilitate access to medical and dental services, above target of 98%.

Strategic Initiative – Safe and Livable Communities

- Ensured 85% (481 of 566) of County Medical Services (CMS) diabetic patients enrolled in Project Dulce for a minimum of 12 months received annual exams to ensure a high standard of preventive care and quality treatment, above target of 84%.
- Reduced by seven days (from 29 to 22 days) the wait time for scheduling CMS eligibility determinations, above target of reducing by three days.
- Achieved 92% (126 of 137) of General Relief (GR) and Cash Aid Program for Immigrants (CAPI) clients who completed the Supplemental Security Income (SSI) application process through the Advocacy Program obtained SSI in order to promote self-sufficiency, above target of 90%.

- Increased by 28% (from 2,065 to 2,642) the number of eligible seniors receiving food stamps to improve nutrition among vulnerable adults, exceeding target of 5%.

Required Discipline – Accountability/Transparency

- Postponed public access of Medi-Cal, GR, and CAPI program policies on the Internet to Fiscal Year 2008-09. Delay due to competing priorities.

Required Discipline – Continuous Improvement

- Conducted six in-depth program and operational reviews to address operational risks, improve performance, and strengthen coordination across regions and divisions to advance strategic priorities, one short of the target of seven.
- Implemented a Web-based referral and eligibility determination system for CMS to increase operational efficiencies in the referral and application process for hospital outpatient services and clinic-based operations.

Required Discipline – Regional Leadership

- Assisted community-based organizations to bring \$11.9 million in grant funds into the region through the Office of Resource Development (ORD) network, above target of \$10.0 million.



2008-10 Objectives

Strategic Initiative – Kids

- Promote the benefits of good nutrition and the availability of supplemental food assistance for low-income children by conducting a nutrition education initiative at two elementary schools.
- Distribute 99% (14,850 of 15,000) of Healthy Families and Medi-Cal applications to appropriate regions within 5 days to facilitate access to medical and dental services.
- Support efforts to increase the County's CalWORKs recipient work participation rate by 5%, (from 510 to 585 of 1,500 recipients).

Strategic Initiative – Safe and Livable Communities

- Ensure 80% (560 of 700) of indigent adult patients enrolled in diabetes case management meet the standard of care by receiving a blood test semi-annually.
- Ensure 90% (122 of 135) of indigent adult clients who completed the SSI application process through the Advocacy Program obtain SSI in order to promote self-sufficiency.

Required Discipline – Continuous Improvement

- Complete four Agency-level continuous improvement projects to help the Agency make better management decisions.

Required Discipline – Regional Leadership

- Assist community partners to bring \$14.0 million in grant funds into the region through ORD network.

Required Discipline – Accountability/Transparency

- Initiate contact with a minimum of 90% (1,620 of 1,800) of clients within 45 calendar days of receipt of an Income Fraud Detection Report to safeguard program integrity.
- Within 48 hours, respond to 95% (9,500 of 10,000) of urgent help desk calls for the welfare eligibility computer system to ensure timely and accurate benefit issuance.

Related Links

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



Performance Measures	2006-07 Actuals	2007-08 Adopted	2007-08 Actuals	2008-09 Adopted	2009-10 Approved
Healthy Families and Medi-Cal mail-in applications distributed to appropriate regions within 5 days	N/A	98% of 15,000	100% of 18,582	99% of 15,000	99% of 15,000
Work Participation Rate increase ¹	N/A	N/A	N/A	5% (from 510 to 585)	5% (from 510 to 585)
Indigent adult diabetics enrolled in diabetes case management that receive blood tests ²	N/A	N/A	N/A	80% of 700	80% of 700
CMS diabetics enrolled in Project Dulce who will receive annual exams ²	84% of 415	84% of 380	85% of 566	N/A	N/A
SSI applicants who complete the application process through the SSI Advocacy program and obtain SSI ³	90% of 143	90% of 150	92% of 137	90% of 150	90% of 150
Agency-level continuous improvement projects ⁴	N/A	N/A	N/A	4	4
In depth program and operational reviews to advance Agency strategic priorities ⁴	8	7	6	N/A	N/A
Dollars obtained by community partners with assistance from ORD ⁵	N/A	N/A	N/A	\$14.0 million	\$14.0 million
Dollars obtained by community-based organizations with assistance from ORD ⁵	N/A	\$10.0 million	\$11.9 million	N/A	N/A
Contact initiated within 45 days of receipt of Income Fraud Detection Report ¹	N/A	N/A	N/A	90% of 1,800	90% of 1,800
Urgent help desk calls responded to within 48 hours ¹	N/A	N/A	N/A	95% of 10,000	95% of 10,000
Wait time reduction for scheduling CMS eligibility determination appointments ⁶	N/A	3 days	7 days	N/A	N/A
Food Stamp participation increase among seniors	N/A	5% (from 2,064 to 2,167)	28% ⁷ (from 2,064 to 2,642)	N/A	N/A

Table Notes

¹ Effective Fiscal Year 2008-09, this measure has been included to better reflect strategic priorities captured in the "Agency Strategy Agenda for 2008-2013."



² Effective Fiscal Year 2008-09, the measure for blood tests for diabetics replaces the measure for annual exams for diabetics. The blood test measure better captures the population eligible to enroll in diabetes case management. The blood test is the hemoglobin A1c lab test and the measure requires enrollees to receive the test semi-annually.

³ Modified measure effective Fiscal Year 2008-09. This measure has been expanded to include CMS to its target population of GR and CAPI clients.

⁴ Effective Fiscal Year 2008-09, the measure for continuous improvement projects replaces the measure for in depth program and operational reviews to better reflect the strategic priorities of the Agency.

⁵ Effective Fiscal Year 2008-09, the measure for dollars obtained by community partners replaces the measure for dollars obtained by community-based organizations to accurately reflect who is assisted by the Office of Resource Development. Community partners include community-based organizations, local governments, schools, etc.

⁶ This measure was first introduced in Fiscal Years 2006-08 Operational Plan when the baseline was established. The corresponding measure's target in Fiscal Year 2007-08 has been exceeded. The measure will no longer be reported in the Operational Plan, but will continue to be monitored internally.

⁷ The measure for senior food stamp participation was exceeded due to the intensive efforts of the Aging and Independence Services (AIS) program. AIS promoted food stamps through their Web site, monthly bulletins, presentations, and food stamps application assistance at local senior community centers. Because of this overwhelming success, the measure has been replaced with one that focuses on children. This measure about children's participation in food stamps can be found in HHS's Regional Operations section.

Budget Changes: 2007-08 to 2008-09

Staffing

Increase of 7.50 staff years and transfers between programs based on operational needs.

- Increase of 3.00 staff years to support new mandated Medi-Cal citizenship requirements.
- Increase of 4.50 staff years to support CMS program modifications.

Expenditures

Net decrease of \$0.5 million.

- Salaries and Benefits — net increase of \$0.8 million due to negotiated wage and benefit adjustments and increased staff years.
- Services and Supplies — net decrease of \$1.3 million.
 - Increase of \$1.6 million for one-time retroactive payments in CMS.
 - Increase of \$0.4 million in contracted services for Project Earn, to increase working families' economic self-sufficiency.
 - Increase of \$0.2 million for the Treatment Authorization Request (TAR) within Health Care Policy Administration (HCPA).
 - Decrease of \$1.9 million for the completion of one-time projects in Fiscal Year 2007-08.



Staffing by Program

	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Administration	87.00	86.00	86.00
Health Care Administration	35.00	36.00	36.00
Self Sufficiency Services and Support	101.50	109.00	109.00
Total	223.50	231.00	231.00

Budget by Program

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Administration	\$ 15,421,314	\$ 30,212,386	\$ 30,416,997	\$ 25,093,191	\$ 26,684,895	\$ 27,397,698
Health Care Administration	77,554,402	95,422,017	101,333,617	84,077,027	97,540,120	95,878,593
Child Care Planning Council	884,930	1,112,823	1,114,914	1,070,743	1,113,810	1,113,810
Self Sufficiency Services and Support	18,487,476	23,169,200	23,203,113	27,467,182	24,088,475	24,044,369
Total	\$ 112,348,122	\$ 149,916,426	\$ 156,068,641	\$ 137,708,143	\$ 149,427,300	\$ 148,434,470

Budget by Categories of Expenditures

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Salaries & Benefits	\$ 16,030,974	\$ 17,978,289	\$ 17,864,126	\$ 17,857,012	\$ 18,746,356	\$ 19,509,718
Services & Supplies	96,135,598	131,938,137	138,204,515	119,572,959	130,680,944	128,924,752
Other Charges	181,550	—	—	278,171	—	—
Total	\$ 112,348,122	\$ 149,916,426	\$ 156,068,641	\$ 137,708,143	\$ 149,427,300	\$ 148,434,470



Budget by Categories of Revenues

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Fines, Forfeitures & Penalties	\$ 2,394,240	\$ 2,707,019	\$ 2,707,019	\$ 2,640,846	\$ 3,349,216	\$ 3,349,216
Intergovernmental Revenues	211,127,528	108,758,589	108,734,100	119,456,274	107,417,266	108,296,803
Charges For Current Services	6,204,032	6,858,469	6,858,469	7,080,879	6,858,469	6,858,469
Miscellaneous Revenues	1,794,735	1,042,349	1,042,349	1,163,233	1,042,349	1,042,349
Other Financing Sources	17,600,000	17,600,000	17,600,000	17,600,000	17,600,000	17,600,000
Reserve/Designation Decreases	—	—	—	—	—	287,633
Use of Fund Balance	(132,772,414)	1,950,000	8,126,704	(21,233,089)	2,160,000	—
General Revenue Allocation	6,000,000	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000
Total	\$ 112,348,122	\$ 149,916,426	\$ 156,068,641	\$ 137,708,143	\$ 149,427,300	\$ 148,434,470



Aging and Independence Services



Department Description

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

Mission Statement

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

2007-08 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Achieved a 95% (9,081 of 9,538) approval rate for federal benefit claims submitted by Veterans Services staff, exceeding target of 86%.
- Ensured 92% (6,597 of 7,195) of Adult Protective Services (APS) cases were not re-referred within six months of case closing, above target of 90%.
- Maintained a 95% (6,864 of 7,195) performance rate of face-to-face APS investigations within 10 days of referral, meeting target.
- Achieved compliance in 99% (351 of 355) of sampled cases for State mandated In-Home Supportive Services (IHSS) according to quality assurance program, exceeding the target of 86%.

Required Discipline – Continuous Improvement

- Established a baseline of 400 monthly information and assistance calls in order to evaluate demand and provide appropriate level of resources.

- Implemented an automated IHSS client referral system for professionals wishing to refer to the IHSS Program. Approximately 120 referrals were received during the first eight months of operations.

2008-10 Objectives

Strategic Initiative – Safe and Livable Communities

- Ensure 91% (estimate 6,825 of 7,500) of APS cases are not re-referred within six months of case closing.
- Maintain a 95% (estimated 7,125 of 7,500) performance rate for conducting face-to-face contact within 10 days of receiving APS referrals.
- Ensure 90% (estimate 315 of 350) of sampled IHSS cases reviewed are in compliance with the State mandated IHSS quality assurance program.
- Achieve a 5% increase (from 400 to 420) in the number of monthly information and assistance calls entered into the AIS Call Center Network of Care database in order to monitor demand for services.
- Notify 80% (4,000 of 5,000) of customers, assisted by the Veterans Services Office, within 14 days of the result of their college fee waiver application.

Required Discipline – Continuous Improvement

- Complete imaging of records for AIS case management and Ombudsman programs in order to improve immediate access to needed information.



Related Links

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

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

Performance Measures	2006-07 Actuals	2007-08 Adopted	2007-08 Actuals	2008-09 Adopted	2009-10 Approved
APS cases not re-referred within 6 months of closing	91% of 6,130	90% of 6,000	92% of 7,195	91% of 7,500	91% of 7,500
Face-to-face APS investigations within 10 days	96% of 7,453	95% of 8,000	95% of 7,195	95% of 7,500	95% of 7,500
Cases in compliance with IHSS quality assurance program	89% of 283	86% of 450	99% ¹ of 355	90% of 350	90% of 350
Increase in the number of monthly calls entered into the AIS Call Center Network of Care database ²	N/A	N/A	N/A	5% (from 400 to 420)	5% (from 420 to 441)
Notification response rate within 14 days for customers applying for the college fee waiver ²	N/A	N/A	N/A	80% of 5,000	80% of 5,000
Veterans Services claims approved ³	90% of 3,831	86% of 1,400	95% of 9,538	N/A	N/A

Table Notes

¹ The target for cases in compliance with the IHSS quality assurance program was exceeded due to an increase in accurate assessment of recipient care needs by recently trained staff.

² Effective Fiscal Year 2008-09, this measure was added to better reflect strategic priorities captured in the "Agency Strategy Agenda for 2008-13."

³ Beginning Fiscal Year 2008-09, this measure will no longer be reported in the Operational Plan. However, it will continue to be monitored internally.

Budget Changes: 2007-08 to 2008-09

Staffing

Net increase of 1.00 staff year due to transfer in from Behavioral Health Services.

Expenditures

Increase of \$23.7 million.



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- Salaries and Benefits — increase of \$1.2 million due to negotiated wage and benefit adjustments and increased staff year.
 - Services and Supplies — increase of \$22.5 million for IHSS Individual Provider payments and upgrading software in Project Care.

Revenues

Net increase of \$23.7 million.

- Intergovernmental Revenues — increase of \$23.2 million due to increases in IHSS Individual Provider costs and projected allocation levels.

- Miscellaneous Revenues — decrease of \$0.1 million due to reduced grant allocation.
- Use of Fund Balance — increase of \$0.1 million for upgrading software in Project Care.
- General Revenue Allocation — increase of \$0.5 million to offset increases in Salaries and Benefits and Services and Supplies.

Budget Changes: 2008-09 to 2009-10

Increase of \$24.2 million due primarily to projected IHSS Individual Provider payments and an allowance for anticipated wage and benefit adjustments.



Staffing by Program

	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
In-Home Supportive Services	156.00	156.00	156.00
Veterans Services	8.00	8.00	8.00
Senior Health and Social Services	49.00	48.00	48.00
Protective Services	86.50	88.50	88.50
Administrative and Other Services	23.00	23.00	23.00
Total	322.50	323.50	323.50

Budget by Program

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
In-Home Supportive Services	\$ 222,755,547	\$ 251,438,729	\$ 251,438,851	\$ 249,532,666	\$ 274,076,990	\$ 298,014,818
Veterans Services	740,813	838,474	899,437	799,628	856,343	857,393
Senior Health and Social Services	13,409,597	13,930,369	14,187,443	13,325,435	14,513,015	14,411,489
Protective Services	8,624,519	9,743,613	9,920,601	9,394,392	10,114,644	10,408,115
Administrative and Other Services	4,014,075	4,368,886	4,374,267	4,057,760	4,466,421	4,521,896
Total	\$ 249,544,551	\$ 280,320,071	\$ 280,820,598	\$ 277,109,881	\$ 304,027,413	\$ 328,213,711

Budget by Categories of Expenditures

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Salaries & Benefits	\$ 25,096,617	\$ 26,514,308	\$ 26,514,308	\$ 26,677,913	\$ 27,682,544	\$ 28,588,589
Services & Supplies	214,806,066	239,819,826	240,320,353	238,398,929	262,358,932	285,639,185
Other Charges	—	5,000	5,000	—	5,000	5,000
Capital Assets Equipment	—	181,757	181,757	—	181,757	181,757
Operating Transfers Out	9,641,868	13,799,180	13,799,180	12,033,040	13,799,180	13,799,180
Total	\$ 249,544,551	\$ 280,320,071	\$ 280,820,598	\$ 277,109,881	\$ 304,027,413	\$ 328,213,711



Budget by Categories of Revenues

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Fines, Forfeitures & Penalties	\$ 298,591	\$ 185,660	\$ 185,660	\$ 279,702	\$ 185,660	\$ 185,660
Intergovernmental Revenues	243,031,935	271,670,557	271,670,557	272,330,728	294,835,641	318,216,598
Miscellaneous Revenues	148,442	139,106	139,106	125,721	65,582	65,582
Other Financing Sources	111,570	100,000	100,000	124,587	100,000	100,000
Reserve/Designation Decreases	—	—	—	—	—	906,045
Use of Fund Balance	(2,270,736)	—	500,527	(3,975,605)	120,000	—
General Revenue Allocation	8,224,748	8,224,748	8,224,748	8,224,748	8,720,530	8,739,826
Total	\$ 249,544,551	\$ 280,320,071	\$ 280,820,598	\$ 277,109,881	\$ 304,027,413	\$ 328,213,711



Behavioral Health Services



Department Description

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

Mission Statement

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

Alcohol and Drug Services

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

2007-08 Accomplishments

Strategic Initiative – Kids

- Ensured 93% (860 of 925) of adolescents discharged from an alcohol and drug treatment program completed high school or the equivalent or were enrolled in an educational setting, exceeding the target of 80%.

- Ensured 93% (1,334 of 1,440) of adolescents in non-residential treatment were successfully admitted into a program within 14 calendar days of being accepted for treatment services, exceeding the target of 70%.

Strategic Initiative – Safe and Livable Communities

- Increased health and well-being for 67% (5,118 of 7,615) of participants (adults and adolescents) in an alcohol or drug treatment program for more than 30 days, by ensuring completion or satisfactory progress of treatment upon leaving program, exceeding the target of 55%.

Required Discipline – Continuous Improvement

- Implemented Year 3 of the BHS Three-Year Strategic Plan, thereby improving alcohol, drug, and mental health services.
 - Completed first Annual Evaluation Report which reviewed baselines for co-occurring client outcomes.
 - Integrated the Mental Health Services and ADS strategy and planning units into a single BHS Strategic Planning and Administration Unit.



2008-10 Objectives

Strategic Initiative – Kids

- Ensure 88% (704 of 800) of adolescents discharged from an alcohol and drug treatment program complete high school or the equivalent or are enrolled in an educational setting.
- Ensure 85% (1,105 of 1,300) of adolescents in non-residential treatment are successfully admitted into a program within 14 calendar days of being accepted for treatment services.

Strategic Initiative – Safe and Livable Communities

- Increase health and well-being for 55% (3,850 of 7,000) of participants who remain in an alcohol or drug treatment program for more than 30 days by ensuring completion or satisfactory progress of treatment upon leaving the program.

Mental Health Services

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

2007-08 Accomplishments

Strategic Initiative – Kids

- Increased the number of transition age youth receiving outpatient mental health services by 10% (from 270 to 300) over Fiscal Year 2006-07, meeting target.

- Achieved a system-wide average wait time of four days for outpatient mental health assessments for approximately 6,500 children, an improvement over target of five days.

Strategic Initiative – Safe and Livable Communities

- Achieved a system-wide average wait time of six days for outpatient mental health assessments for approximately 13,500 adults, an improvement over target of eight days.
- Increased the number of older adults accessing mental health services by 63% (from 3,607 to 5,892) over Fiscal Year 2006-07, exceeding 5% target.

Required Discipline – Continuous Improvement

- Substantial progress has been made in Phase I of an integrated mental health information system to enhance operational efficiencies.
- Implemented Year 3 of the BHS Three-Year Strategic Plan, thereby improving alcohol, drug, and mental health services.
 - Completed first Annual Evaluation Report which reviewed baselines for co-occurring client outcomes.
 - Integrated the MHS and ADS strategy and planning units into a single BHS Strategic Planning and Administration Unit.
 - Developed plan for BHS Quality Improvement Unit.

2008-10 Objectives

Strategic Initiative – Kids

- Increase the number of transition age youth receiving outpatient mental health services by 10% (from 300 to 330) over Fiscal Year 2007-08.
- Maintain a system-wide average wait time of five days for outpatient mental health assessments for approximately 6,500 children and youth.



Strategic Initiative – Safe and Livable Communities

- Maintain a system-wide average wait time of eight days for outpatient mental health assessments for approximately 13,500 adults.
- Increase the number of older adults accessing mental health services by 5% (from 5,892 to 6,187) over Fiscal Year 2007-08.

Required Discipline – Continuous Improvement

- Complete Phase I of implementation of an integrated mental health information system and begin implementation of Phase II, an electronic health record.
- Implement Behavioral Health Quality Management Plan to improve alcohol, drug, and mental health services to better serve clients.

Inpatient Health Services

Inpatient Health Services provides care to clients who require a hospital setting. Services are provided at the San Diego County Psychiatric Hospital (SDCPH) and at Edgemoor. The Psychiatric Hospital provides services for mental health emergencies, treatment requiring intensive supervision, and short-term inpatient psychiatric hospitalization. Edgemoor provides long-term medical and nursing services for patients unable to be cared for by other skilled nursing facilities.

2007-08 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Maintained full accreditation with Joint Commission on Accreditation of Hospital Organizations (JCAHO) Standards Compliance for SDCPH to ensure continuous performance improvement, commitment to patient care, and accountability.

- Maintained a rating of substantial compliance for Edgemoor as issued by State licensing from the annual survey and site review in order to meet the health, safety, and quality of life needs of the residents.

Required Discipline – Continuous Improvement

- Developed technology, equipment, policies, and fully implemented telepsychiatry service to enhance access to services. Telepsychiatry is a means of connecting a patient at a remote site to a psychiatrist at SDCPH via audio-visual two-way technology.

2008-10 Objectives

Strategic Initiative – Safe and Livable Communities

- Maintain full accreditation with JCAHO Standards Compliance for SDCPH to ensure continuous performance improvement, commitment to patient care, and accountability.
- Obtain a rating of substantial compliance for the new Edgemoor facility as issued by State licensing from site review in order to meet the health, safety, and quality of life needs of the patients. The new facility is scheduled to open early 2009.

Related Links

For information about the Network of Care for Behavioral Health, go to sandiego.networkofcare.org/mh.

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



Performance Measures	2006-07 Actuals	2007-08 Adopted	2007-08 Actuals	2008-09 Adopted	2009-10 Approved
Adolescents discharged from alcohol and drug treatment who complete high school or the equivalent, or are enrolled in an educational setting	90% of 650	80% of 318	93% ¹ of 925	88% of 925	88% of 925
Adolescents admitted timely (within 14 calendar days) to non-residential alcohol and drug treatment ⁷	N/A	70% of 286	93% ² of 1,440	85% of 1,440	85% of 1,440
Participants in alcohol and drug treatment for more than 30 days with increased health and well-being due to completion of treatment	52% of 6,617	55% of 3,294	67% ³ of 7,615	55% of 7,000	55% of 7,000
Wait time for children's mental health outpatient treatment	4 days	5 days	4 days	5 days	5 days
Wait time for adult mental health outpatient treatment	7 days	8 days	6 days	8 days	8 days
Percent increase in number of older adults receiving mental health services	6% (from 3,432 to 3,639)	5% (from 3,639 to 3,821)	63% ⁴ (from 3,607 to 5,892)	5% (from 5,892 to 6,187)	5% (from 6,187 to 6,497)
Percent increase in number of transition age youth receiving mental health services ⁷	N/A	10% (from 7,267 to 7,994)	12% ⁵ (from 7,267 to 8,172)	10% (from 8,172 to 8,990)	10% (from 8,990 to 9,889)
Compliance rating of Edgemoor Skilled Nursing Facility	D	D	D ⁶	D	D

Table Notes

¹ The number of adolescents exceeded the goal due to stronger linkages with schools and adolescent treatment program's incorporation of ensuring client educational goals.

² The number of adolescents admitted increased due to stronger linkages and referral systems across adolescent treatment programs to facilitate timely entry into treatment.

³ This achievement was due to ongoing technical assistance and process improvement training.



⁴ The additional number of older adults accessing mental health services was achieved due to the newly implemented MHSA-funded programs, which provide outreach and comprehensive mental health wraparound services (FSP), or outreach, education and brief intervention to the homebound and homeless individuals. An additional MHSA-funded program that has assisted with the increase in access for older adults is the Culturally Competent Senior Peer/Promotora outreach program, part of the Integrated Mental Health in Primary Care initiative implemented through the Council of Community Clinics' contract.

⁵ This achievement was due to increased emphasis on transition age youth (TAY) using additional MHSA funding.

⁶ The rating of "D" indicates substantial compliance as defined by the California Department of Public Health Services Licensing and Certification Program.

⁷ This measure was added effective Fiscal Year 2007-08 to better reflect strategic priorities.

Budget Changes: 2007-08 to 2008-09

Staffing

Net increase of 12.50 staff years due to transfers from Child Welfare Services to Inpatient Health Services to bring the staffing allocation to community standard for the inpatient and emergency psychiatric unit services, and transfers to consolidate Behavioral Health administrative functions.

- Alcohol and Drug Services — decrease of 5.00 staff years.
 - Transfer out to Behavioral Health Services Administration for the consolidation of Behavioral Health administrative functions.
- Mental Health Services — decrease of 16.00 staff years.
 - Transfer out to Behavioral Health Services Administration for the consolidation of Behavioral Health administrative functions.
- Inpatient Health Services — net increase of 11.00 staff years.
 - Transfer out 1.00 staff year from Edgemoor to Aging and Independence Services.
 - Transfer out 1.50 staff years to Behavioral Health Services Administration.

- Transfer in 13.50 staff years from Child Welfare Services to San Diego County Psychiatric Hospital.
- Behavioral Health Services Administration — increase of 22.50 staff years.
 - Transfer in 5.00 staff years from Alcohol and Drug Services, 16.00 staff years from Mental Health Services and 1.50 staff year from Inpatient Health Services.

Expenditures

Increase of \$27.9 million for additional staffing and negotiated wage and benefit adjustments, contracted services, software implementation and medication costs.

- Alcohol and Drug Services — net increase of \$4.9 million.
 - Salaries and Benefits — decrease of \$0.3 million due to 5.00 staff years transferred to Behavioral Health Services Administration.
 - Services and Supplies — increase of \$5.2 million primarily for Proposition 36, *Substance Abuse and Crime Prevention Act of 2000*, and the Offender Treatment Program (OTP) contracted services to align to the Fiscal Year 2007-08 allocations.
- Mental Health Services — net increase of \$13.8 million.



- Salaries and Benefits — net increase of \$0.5 million due to negotiated wage and benefit adjustments offset by the transfer of staff years to Behavioral Health Services Administration.
- Services and Supplies — net increase of \$13.3 million.
 - ♦ Increase of \$12.7 million in contracted services for Crisis Counseling Program, Mental Health Services Act (MHSA) Community Services and Supports program and other integrated mental health services.
 - ♦ Increase of \$2.9 million for the Management Information System.
 - ♦ Increase of \$0.8 million for automation of inpatient referral in the Pharmacy.
 - ♦ Decrease of \$2.6 million in institutional services due to decrease in Inpatient Fee for Service.
 - ♦ Decrease of \$0.5 million in other services and supplies as a result of the transfer of 16.00 staff years.
- Inpatient Health Services — increase of \$6.6 million.
 - Salaries and Benefits — increase of \$4.9 million due to negotiated wage and benefit adjustments and additional staff years as well as one-time transition costs associated with the opening of the new Edgemoor Skilled Nursing Facility scheduled for early 2009.
 - Services and Supplies — increase of \$1.7 million for 15-bed expansion in SDCPH and one-time transition costs for temporary contract services associated with the new Edgemoor facility.
- Behavioral Health Services Administration — increase of \$2.6 million.
 - Salaries and Benefits — increase of \$2.5 million due to addition of 22.50 staff years.
 - Services and Supplies — increase of \$0.1 million associated with additional staff years.

Revenues

Net increase of \$27.9 million.

- Alcohol and Drug Services — net increase of \$4.9 million.
 - Intergovernmental Revenues — net increase of \$5.5 million.
 - ♦ Increase of \$6.2 million for Proposition 36 and OTP to align revenues to projected allocation levels.
 - ♦ Increase of \$0.5 million in other revenues including Comprehensive Drug Court Implementation and Juvenile Justice Crime Prevention.
 - ♦ Increase of \$0.3 million for CalWORKs Substance Abuse to align revenues to projected allocation levels.
 - ♦ Increase of \$0.2 million in Targeted Case Management to align revenues to projected allocation levels.
 - ♦ Decrease of \$1.5 million in Substance Abuse Prevention and Treatment revenues to align with projected allocation levels.
 - ♦ Decrease of \$0.2 million in Child Welfare revenue to align revenues to projected allocation levels.
 - Charges for Current Services — increase of \$0.3 million due to use of Alcohol and Drug trust funds.
 - Miscellaneous Revenues — decrease of \$0.3 million due to reduction of the Indian Gaming grant.
 - Other Financing Sources — decrease of \$0.1 million for Proposition 172 allocation from Public Safety Group due to one-time funding in Fiscal Year 2007-08.
 - General Revenue Allocation — decrease of \$0.5 million due to the transfer of costs to Behavioral Health Services Administration for the consolidation of administrative functions.
- Mental Health Services — net increase of \$13.8 million.



- Intergovernmental Revenues — net increase of \$16.2 million.
 - ♦ Increase of \$15.4 million for MHSa revenue.
 - ♦ Increase of \$4.9 million in use of Mental Health Medi-Cal Managed Care revenue due to cost of doing business.
 - ♦ Increase of \$1.8 million in federal and State and Early Periodic Screening, Diagnosis and Treatment revenues.
 - ♦ Increase of \$1.6 million in Assembly Bill (AB) 3632, *Seriously Emotionally Disturbed Children*, revenue to align to projected allocation levels.
 - ♦ Increase of \$1.0 million in federal aid for disaster revenue due to new grant for crisis counseling.
 - ♦ Increase of \$0.7 million in Senate Bill (SB) 163, *Wraparound Program*, revenue associated with foster care dollars.
 - ♦ Decrease of \$7.5 million in AB 2034, *Integrated Services to the Homeless Adults with Serious Mental Illness*, revenue due to discontinuation of funding.
 - ♦ Decrease of \$1.3 million in federal aid Medi-Cal revenue due to lower utilization of Inpatient Fee for Service.
 - ♦ Decrease of \$0.4 million in Targeted Case Management revenue.
- Charges for Current Services — decrease of \$0.4 million due to decrease in third party revenues.
- General Revenue Allocation — decrease of \$2.0 million due to the transfer of costs to BHS Administration for the consolidation of administrative functions.
- Inpatient Health Services — net increase of \$6.6 million.
 - Intergovernmental Revenues — net increase of \$4.5 million.
 - ♦ Increase \$3.2 million in Mental Health Medi-Cal Managed Care revenue in SDCPH.
 - ♦ Increase \$1.4 in Health Realignment revenue.
 - ♦ Decrease \$0.1 million in Medi-Cal revenue for Edgemoor.
 - Use of Fund Balance — increase of \$2.1 million to cover transitional costs associated with the opening of the new Edgemoor facility scheduled for early 2009.
- Behavioral Health Services Administration — increase of \$2.6 million in General Revenue Allocation due to the consolidation of administrative functions.

Budget Changes: 2008-09 to 2009-10

Net decrease of \$0.8 million. This is due to increases in Salaries and Benefits for an allowance for anticipated wage and benefit adjustments throughout Behavioral Health Services with the exception of Edgemoor, which reflects a total reduction of 46.50 staff years and a \$4.4 million savings in Realignment revenue by Fiscal Year 2009-10.



Staffing by Program

	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Alcohol and Other Drug Services	40.00	35.00	35.00
Mental Health Services	341.50	325.50	325.50
Inpatient Health Services	509.00	520.00	474.50
Behavioral Health Svcs Administration	13.00	35.50	35.50
Total	903.50	916.00	870.50

Budget by Program

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Alcohol and Other Drug Services	\$ 43,277,948	\$ 46,225,031	\$ 48,284,660	\$ 46,662,358	\$ 51,093,492	\$ 51,093,492
Adult/Older Adult Mental Health Services	119,508,006	—	4,639,102	(3,526)	—	—
Children's Mental Health Services	77,596,924	—	1,453,044	612	—	—
Mental Health Services	6,305	270,030,447	269,947,946	222,753,858	283,902,261	286,054,210
Inpatient Health Services	49,639,687	53,671,291	53,944,088	54,791,021	60,268,100	57,168,664
Behavioral Health Svcs Administration	957	2,772,142	2,772,142	2,485,774	5,336,952	5,527,996
Total	\$ 290,029,827	\$ 372,698,911	\$ 381,040,982	\$ 326,690,097	\$ 400,600,805	\$ 399,844,362



Budget by Categories of Expenditures

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Salaries & Benefits	\$ 73,029,209	\$ 80,290,581	\$ 80,290,581	\$ 78,015,913	\$ 87,847,884	\$ 86,318,368
Services & Supplies	214,686,557	289,699,732	298,041,803	246,710,652	310,044,323	310,817,396
Other Charges	2,355,879	2,518,779	2,518,779	1,941,787	2,518,779	2,518,779
Capital Assets Equipment	—	208,449	208,449	64,829	208,449	208,449
Expenditure Transfer & Reimbursements	(41,818)	(18,630)	(18,630)	(43,084)	(18,630)	(18,630)
Total	\$ 290,029,827	\$ 372,698,911	\$ 381,040,982	\$ 326,690,097	\$ 400,600,805	\$ 399,844,362

Budget by Categories of Revenues

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Revenue From Use of Money & Property	\$ (50,686)	\$ —	\$ —	\$ —	\$ —	\$ —
Intergovernmental Revenues	247,182,484	320,286,655	324,668,042	273,400,663	346,687,039	344,206,843
Charges For Current Services	20,479,162	26,650,706	26,650,706	28,473,493	26,446,814	28,808,919
Miscellaneous Revenues	7,819,753	6,215,779	6,215,779	5,621,165	5,917,181	5,917,181
Other Financing Sources	6,077,957	6,096,000	6,096,000	6,083,410	6,000,000	6,000,000
Reserve/Designation Decreases	—	—	—	—	—	1,461,648
Use of Fund Balance	(4,928,614)	—	3,960,684	(338,404)	2,100,000	—
General Revenue Allocation	13,449,771	13,449,771	13,449,771	13,449,771	13,449,771	13,449,771
Total	\$ 290,029,827	\$ 372,698,911	\$ 381,040,982	\$ 326,690,097	\$ 400,600,805	\$ 399,844,362



Child Welfare Services



Department Description

Child Welfare Services (CWS) provides leadership and support to protect children and preserve families by establishing countywide practice and policy direction, and providing centralized services for all regions. Communities are supported through the delivery of culturally competent, family-centered, and child-focused services. CWS administers: the Polinsky Children's Center, a 24-hour facility for the temporary emergency shelter of children; the San Pasqual Academy, a state-of-the-art residential education campus for foster children; foster care eligibility and licensing; group home placement services for foster youth with emotional and behavioral issues; services to emancipating foster youth; and, adoptive home assessments and placements. CWS also provides critical support services to regional operations.

Mission Statement

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

2007-08 Accomplishments

Strategic Initiative – Kids

- Established maximum baseline of 175 youth to be served by a new intensive, in-home program serving youth at risk of being placed in a group home setting or are transitioning to a lower level of care from a group home placement.
- Achieved 86% (164 of 190) high school completion (diploma, certificate, or equivalent) among foster youth in the 12th grade including youth at San Pasqual Academy and other residential care settings, above 79% target.
- Placed 638 children in adoptive homes to advance permanency for foster children, above target of 635.
- Diverted entries from Polinsky Children's Center by placing 48% (322 of 668) of entries to the assessment center in family, relative, or other foster care settings in less than 24 hours, above target of 25%.

Required Discipline – Regional Leadership

- Partnered with the community to maximize funding to better support children and families:
 - Implemented a four-year project with United Way and other community-based organizations in the fall of 2007. The project uses an evidence-based model of intervention to decrease child neglect in high-risk families.
 - Enhanced the Family Finding Services program for runaway foster youth in Residential Services through a \$305,780 grant from the Alliance Healthcare Foundation.

2008-10 Objectives

Strategic Initiative – Kids

- Enroll up to 175 youth in the intensive, in-home program for foster youth at risk of being placed in a group home setting or are transitioning to a lower level of care from a group home placement.



Performance Measures	2006-07 Actuals	2007-08 Adopted	2007-08 Actuals	2008-09 Adopted	2009-10 Approved
Foster children in 12 th grade who achieve high school completion (diploma, certificate, or equivalent)	83% of 191	79% of 190	86% of 190	81% of 190	81% of 190
Children placed in adoptive homes	632	635	638	635	635
Polinsky Children's Center (PCC) assessment center entries placed in family, relative, or other foster care settings in less than 24 hours	62% ¹ of 533	25% of 600	48% ² of 668	25% of 600	25% of 600
Number of foster youth who access services through Transitional Housing Plus ³	48	N/A	48	96	96
Number of Team Decision Making meetings held countywide ³	1,600	N/A	1,924	1,664 ⁴	1,664

Table Notes

¹ This measure exceeded the target of 20% for the time period of September 25, 2006 through June 30, 2007. However, based on trends of existing programs in other counties, it is anticipated the number of placements will not remain at the level seen during Fiscal Year 2006-07.

² Achievement due to a lower number of hard to place children entering the assessment center than originally anticipated.

³ Effective Fiscal Year 2008-09, this new measure has been included to better reflect strategic priorities captured in the "Agency Strategy Agenda for 2008-13."

⁴ The number of TDM meetings are projected to be lower than Fiscal Year 2007-08 due to anticipated State budgetary program impacts.

Budget Changes: 2007-08 to 2008-09

Staffing

Net decrease of 12.00 staff years.

- Transfer in 3.00 staff years from Regional Operations to support workload needs.
- Transfer out 13.50 staff years to Behavioral Health Services to support the San Diego County Psychiatric Hospital.

- Transfer out 1.50 staff years to Administrative Support as a technical adjustment with no impact to the administration of services.

Expenditures

Increase of \$8.2 million.

- Salaries and Benefits — net increase of \$1.1 million due to negotiated wage and benefit adjustments offset by the reduction in staff years.



- Services and Supplies — increase of \$6.9 million due to:
 - Increase of \$5.9 million in contracted services for the Transitional Housing Program Plus (THP+) which provides housing for emancipated foster youth.
 - Increase of \$0.5 million in contracted services for Family Integrated Treatment (FIT) program which provides integrated individual and family services to juvenile offenders.
 - Increase of \$0.2 million in contracted services for the AWOL program - a program that finds family for runaway foster youth.
 - Increase of \$0.2 million for one-time costs for software to measure effectiveness of contracted services.
 - Net Increase of \$0.1 million in miscellaneous expenses for cost of doing business.
- Other Charges — increase of \$0.3 million associated with County funded psychological evaluations for foster youth.

Revenues

Net increase of \$8.2 million.

- Revenue from Use of Money & Property — increase of \$0.1 million for lease payments at San Pasqual Academy.
- Intergovernmental Revenues — increase of \$7.6 million associated with THP+ and projected allocation levels.
- Miscellaneous Revenues — increase of \$0.5 million associated with grant funding for FIT and the AWOL program, offset by other grant reductions.
- Use of Fund Balance — increase of \$0.2 million due to one-time cost for software to measure effectiveness of contracted services.
- General Revenue Allocation — decrease of \$0.2 million associated with the transfer of staff years within the Agency.

Budget Changes: 2008-09 to 2009-10

Net increase of \$2.4 million as a result of an increase in Salaries & Benefits for an allowance for anticipated wage and benefit adjustments offset by a decrease in Services and Supplies.



Staffing by Program

	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Child Welfare Services	539.00	525.00	525.00
Foster Care	114.00	114.00	114.00
Adoptions	166.00	168.00	168.00
Total	819.00	807.00	807.00

Budget by Program

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Child Welfare Services	\$ 62,468,146	\$ 64,660,995	\$ 65,695,571	\$ 67,575,288	\$ 72,146,375	\$ 73,635,194
Foster Care	149,070,979	175,608,886	175,936,609	151,640,982	175,884,232	176,216,019
Adoptions	15,460,805	15,873,565	16,134,923	16,618,286	16,325,712	16,932,176
Total	\$ 226,999,930	\$ 256,143,446	\$ 257,767,103	\$ 235,834,556	\$ 264,356,319	\$ 266,783,389

Budget by Categories of Expenditures

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Salaries & Benefits	\$ 60,099,332	\$ 64,152,924	\$ 64,386,041	\$ 62,156,139	\$ 65,208,935	\$ 67,708,174
Services & Supplies	25,625,311	24,188,348	25,377,752	29,484,933	31,045,210	30,973,041
Other Charges	141,275,287	167,802,174	168,003,310	144,193,484	168,102,174	168,102,174
Total	\$ 226,999,930	\$ 256,143,446	\$ 257,767,103	\$ 235,834,556	\$ 264,356,319	\$ 266,783,389



Budget by Categories of Revenues

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Revenue From Use of Money & Property	\$ 749,608	\$ 584,308	\$ 584,308	\$ 831,237	\$ 687,506	\$ 687,506
Intergovernmental Revenues	276,122,196	245,230,567	245,854,551	282,657,956	252,883,379	252,883,379
Charges For Current Services	394,212	284,270	284,270	335,234	284,270	284,270
Miscellaneous Revenues	169,523	295,472	295,472	239,502	811,962	761,962
Reserve/Designation Decreases	—	—	—	—	—	2,627,070
Use of Fund Balance	(60,851,828)	—	999,673	(57,978,203)	150,000	—
General Revenue Allocation	10,416,219	9,748,829	9,748,829	9,748,829	9,539,202	9,539,202
Total	\$ 226,999,930	\$ 256,143,446	\$ 257,767,103	\$ 235,834,556	\$ 264,356,319	\$ 266,783,389

Public Health Services



Department Description

Public Health Services (PHS) is dedicated to community wellness and health protection in San Diego County. PHS works to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services throughout the county. Providing public health protection for County residents is a multidisciplinary and collaborative effort, involving other County Groups, as well as the private health care provider network, communities, and individuals.

Mission Statement

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

2007-08 Accomplishments

Strategic Initiative – Kids

- Ensured that 81% (3,490 of 4,298) of children in out of home placement received preventive health examinations in accordance with the Child Health and Disability Prevention Program guidelines, exceeding target of 70%.
- Implemented 14 activities which continue to advance our strategies in the Childhood Obesity Action Plan, exceeding target of five. The target was exceeded due to the community's enthusiastic response.
 - Implemented Safe Routes to School grant with the city of La Mesa, October 2007.
 - Created and disseminated a walking art trail in La Mesa, November 2007.
 - Increased park accessibility in Chula Vista, January 2008.
 - Worked with the city of San Diego planners to incorporate Public Health language into their General Plan.
- Worked with the County Department of Planning and Land Use in preparation for the County General Plan Update.
- Initiated an HHSA work group to develop a worksite lactation policy for HHSA staff.
- Collaborated with the Department of Environmental Health regarding voluntary menu labels.
- Developed a strategy to classify obesity as a reimbursable disease category.
- Provided technical assistance to all 42 school districts in developing and implementing school wellness policies.
- Initiated and participated in a School Garden Collaboration.
- Provided input on the Childcare Nutrition and Physical Activity policy for countywide rollout.
- Collaborated with the community to develop a Sports Association Nutrition Policy.
- Developed a media and marketing toolkit to support efforts in reducing childhood obesity.
- Worked on a food stamp pilot project, which resulted in City Heights Farmer's Market becoming the first Electronic Benefits Transfer (EBT) accessible farmer's market in the County of San Diego; opening day was June 7, 2008.



Strategic Initiative – Safe and Livable Communities

- Ensured 93% (255 of 273) of tuberculosis cases were reported to PHS within one working day from start of treatment, above target of 90%.
- Initiated contact and started investigation within 24 hours for 100% (67 of 67) of reported cases of selected communicable diseases, above target of 98%.
- Conducted four drills and responded to four emergencies with public health staff and community partners to evaluate the County’s level of preparedness for public health hazards or exercised response plan, above target of five:
 - Heat emergency response, September 2007.
 - Firestorm 2007 medical and health response, October 2007.
 - Exercised Golden Guardian tabletop for 2008 fall State drill, November 2007.
 - Responded to Hospital Surge Capacity needs, January through February 2008.
 - Measles outbreak response, February 2008.
 - Metropolitan Medical Strike Team exercise drill, February 2008.
 - Earthquake drill, April 2008.
 - Hospital evacuation exercise, May 2008.

2008-10 Objectives

Strategic Initiative – Kids

- Ensure that 75% (3,750 of 5,000) of children in out of home placement receive preventive health examinations in accordance with the Child Health and Disability Prevention Program guidelines.

- Provide technical assistance to a minimum of six San Diego County school districts on successful strategies for implementing their wellness policies as part of the Childhood Obesity Initiative.

Strategic Initiative – Safe and Livable Communities

- Ensure 92% (276 of 300) of tuberculosis cases are reported to PHS within one working day from start of treatment.
- Ensure 99% (89 of 90) of cases for selected communicable diseases have initial contact and investigation begun within 24 hours.
- Conduct five drills or exercises with public health staff and community partners to evaluate the County’s level of preparedness for public health hazards.
- Develop a customized checklist for data-driven decision making for city government planning as part of the Reduce and Eliminate Health Disparities Initiative (REHDI) and pilot it in one community.

Related Links

For more information about:

- Childhood Obesity Action Plan, go to ourcommunityourkids.org/childobesity_plan.html
- Health statistics that describe health behaviors, diseases and injuries for specific populations, health trends, and comparison to national targets, go to www.sdhealthstatistics.com.

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



Performance Measures	2006-07 Actuals	2007-08 Adopted	2007-08 Actuals	2008-09 Adopted	2009-10 Approved
Children in out of home placement who receive preventive health examinations in accordance with CHDP periodicity	N/A	70% of 5,000	81% ¹ of 4,298	75% of 5,000	75% of 5,000
TB cases reported to PHS within one working day from start of treatment	95% of 304	90% of 300	93% of 273	92% of 300	92% of 300
Selected communicable diseases cases contacted/investigations initiated within 24 hours	100% of 86	98%	100% of 67	99% of 90 ²	99% of 90 ²
Public Health related drills or exercises conducted with HHSA staff and community partners	8 ³	5	8 ⁴	5	5

Table Notes

¹ The target of 70% was exceeded due to the increased collaboration among the Public Health Nurses (Health Care Program for Children in Foster Care), social workers and others in Child Welfare Services to ensure children receive preventive health care.

² The estimated number of cases is based on an average and may vary from year to year since this measure is based on incidents that have not yet happened.

³ The target was exceeded due to unexpected change in the countywide full-scale exercise emphasis from chemical to biological during Fiscal Year 2006-07, resulting in more exercises.

⁴ Drills and exercises are conducted to prepare staff to respond to real emergencies. This fiscal year had four such emergencies that could not be predicted. However, lessons learned are applied just as they would during drills and exercises and are considered part of a continuous improvement process to ensure we are able to protect the public's health during such occasions.

Budget Changes: 2007-08 to 2008-09

Staffing

No change in total staff years. Transfers between programs are based on operational needs.

Expenditures

Net decrease of \$2.2 million.

- Salaries and Benefits — increase of \$1.1 million due to negotiated wage and benefit adjustments.
- Services and Supplies — net decrease of \$3.7 million due to:



- Decrease of \$5.5 million in contracted services for the California Forensic Medical Group (CFMG) which provides medical services to juvenile detainees. This contract and the administrative duties were transferred to the Public Safety Group.
- Decrease of \$2.2 million in contracted services associated with the elimination of State funding for the Outreach, Enrollment, Retention, and Utilization (OERU) program.
- Increase of \$1.9 million in contracted services to reduce the transmission of HIV/AIDS in San Diego County.
- Increase of \$1.1 million in Information Technology costs, including upgrades for Quality Assurance Net Collector System, Public Health Lab computer system and the Visual Confidential Morbidity Reporting (VCMR) System.
- Increase \$0.4 million for the Public Health Obesity Program.
- Increase \$0.6 million for Ambulance Services for the County Service Areas (CSAs).
- Capital Assets Equipment — increase of \$0.1 million for the HIV mobile clinic and digital X-ray equipment.
- Expenditure Transfers & Reimbursements — increase of \$0.3 million associated with the CFMG transfer to the Public Safety Group.
- Fines, Forfeitures and Penalties — increase of \$0.7 million due to an increase in Emergency Medical Services Penalty Assessment revenue.
- Intergovernmental Revenues — net decrease of \$2.2 million.
 - Decrease of \$2.2 million in federal and State funds for OERU access to care for kids program.
 - Increase of \$1.9 million in federal and State funds for HIV programs and services.
 - Decrease of \$1.5 million in Medi-Cal Administrative Activities revenue.
 - Decrease of \$0.4 million in various Intergovernmental Revenues.
- Charges for Current Services — decrease of \$0.1 million for the CSAs.
- Use of Fund Balance — increase of \$1.1 million to fund the Obesity Program, the VCMR system, the upgrade to the Public Health Lab computer system, and the CSAs ambulance services.
- General Revenue Allocation — decrease of \$2.0 million due to the transfer of the CFMG contract to the Public Safety Group.

Budget Changes: 2008-09 to 2009-10

Net increase of \$1.4 million due to an increase of \$1.5 million in Salaries and Benefits to allow for anticipated wage and benefit adjustments and an increase of \$0.1 million for costs associated with ambulance services, offset by a decrease of \$0.2 million for one-time prior year expenditures.

Revenues

Net decrease of \$2.2 million.

- Taxes Current Property — increase of \$0.2 million for the CSAs.



Staffing by Program

	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Administration and Other Services	30.50	30.50	30.50
Bioterrorism / EMS	56.00	57.00	57.00
Infectious Disease Control	122.25	122.25	122.25
Surveillance	95.00	94.00	94.00
Prevention Services	70.50	70.50	70.50
Total	374.25	374.25	374.25

Budget by Program

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Administration and Other Services	\$ 10,423,592	\$ 11,573,186	\$ 11,855,464	\$ 11,560,865	\$ 5,494,386	\$ 5,583,166
Bioterrorism / EMS	13,907,617	13,199,344	13,866,436	12,013,353	14,766,687	15,014,918
Infectious Disease Control	23,935,359	25,278,533	25,765,952	26,534,704	27,634,501	27,829,137
Surveillance	10,927,605	11,437,217	11,856,562	11,096,273	12,012,178	12,334,578
Prevention Services	14,248,609	16,470,738	17,034,767	14,330,585	15,222,527	15,239,425
Ambulance CSA's - Health & Human Services	6,995,498	7,280,340	7,305,782	7,079,691	7,863,489	8,450,099
Total	\$ 80,438,280	\$ 85,239,358	\$ 87,684,963	\$ 82,615,470	\$ 82,993,768	\$ 84,451,323



Budget by Categories of Expenditures

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Salaries & Benefits	\$ 32,621,023	\$ 35,172,582	\$ 35,172,582	\$ 34,079,122	\$ 36,309,165	\$ 37,830,486
Services & Supplies	47,582,363	49,922,811	52,368,182	48,776,143	46,210,903	46,347,137
Other Charges	211,995	400,000	400,234	231,594	400,000	400,000
Capital Assets Equipment	323,009	219,000	219,000	7,149	269,000	69,000
Expenditure Transfer & Reimbursements	(300,110)	(475,035)	(475,035)	(478,538)	(195,300)	(195,300)
Total	\$ 80,438,280	\$ 85,239,358	\$ 87,684,963	\$ 82,615,470	\$ 82,993,768	\$ 84,451,323



Budget by Categories of Revenues

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Taxes Current Property	\$ 1,377,558	\$ 1,490,250	\$ 1,490,250	\$ 1,459,342	\$ 1,644,225	\$ 1,653,670
Taxes Other Than Current Secured	34,186	42,390	42,390	29,397	43,004	43,004
Licenses Permits & Franchises	123,900	182,557	182,557	144,648	182,557	182,557
Fines, Forfeitures & Penalties	1,641,017	1,533,305	1,533,305	2,120,702	2,267,388	2,267,388
Revenue From Use of Money & Property	197,787	120,000	120,000	163,021	148,100	156,150
Intergovernmental Revenues	69,247,456	72,160,385	73,021,936	69,765,170	70,001,726	71,578,678
Charges For Current Services	6,229,894	6,038,664	6,038,664	5,977,171	5,955,012	6,077,370
Miscellaneous Revenues	807,183	771,776	771,776	720,664	765,278	733,778
Other Financing Sources	500,000	500,000	500,000	500,000	500,000	500,000
Reserve/Designation Decreases	—	—	—	—	29,478	8,728
Use of Fund Balance	(2,120,733)	—	1,584,054	(664,674)	1,107,000	900,000
General Revenue Allocation	2,400,031	2,400,031	2,400,031	2,400,031	350,000	350,000
Total	\$ 80,438,280	\$ 85,239,358	\$ 87,684,963	\$ 82,615,470	\$ 82,993,768	\$ 84,451,323



Public Administrator / Public Guardian



Department Description

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

Mission Statement

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

2007-08 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Increased by 14.6% (from 1,404 to 1,609) the number of registered permanent bidders in order to maximize the revenues realized at public auctions, exceeding target of 5%.
- Submitted the Inventory and Appraisal (I&A) reports on 100% (20 of 20) of the PG Program estate cases to Probate Court within 90 days of newly appointed conservatees, exceeding 80% target.
- Submitted the I&A reports on 94% (17 of 18) of PA Program cases to Probate Court within 120 days of newly appointed cases, exceeding target of 80%.
- 91% (132 of 144) of current locations of conservatees and real property were mapped by GIS, above 90% target.

Required Discipline – Skilled, Competent and Diverse Workforce

- Certified 100% (15 of 15) of deputy PA/PG staff and supervisors in accordance with the California State PA/PG certification program, above 90% target.

Required Discipline – Accountability/Transparency

- Achieved 100% (40 of 40) compliance in sampled PA/PG cases, above target of 85% target.

2008-10 Objectives

Strategic Initiative – Safe and Livable Communities

- Increase by 5% the number of registered permanent bidders (from 1,609 to 1,689) in order to maximize the revenues realized at public auctions.
- Submit at least 85% (estimated 21 of 25) of the Inventory and Appraisal (I&A) reports of the PG Program estate cases to the Probate Court within 90 days of newly appointed conservatees.
- Submit at least 85% (estimated 21 of 25) of the I&A reports of the PA Program cases to Probate Court within 120 days of newly appointed cases.
- Ensure that at least 90% (estimated 198 of 220) of clients and real property under the premises of PA/PG will be accurately mapped for emergency planning services.

Required Discipline – Skilled, Competent and Diverse



Performance Measures	2006-07 Actuals	2007-08 Adopted	2007-08 Actuals	2008-09 Adopted	2009-10 Approved
Percent increase in registered permanent bidders ¹	N/A	5% (from 1,400 to 1,470)	14.6% ² (from 1,404 to 1,609)	5% (from 1,609 to 1,689)	5% (from 1,689 to 1,773)
Estate cases in PG submits I&A reports to Probate Court within 90 days ¹	N/A	80% of 25	100% ³ of 20	85% of 25	85% of 25
Cases in PA submits I&A reports to Probate Court within 120 days ¹	N/A	80% of 25	94% ³ of 18	85% of 25	85% of 25
Client and real property accurately mapped ¹	N/A	90% of 220	91% of 144	90% of 220	90% of 220
Deputy PA/PGs certified by California State PA/PG Association ¹	100% of 16	90% of 12	100% ⁴ of 15	95% of 17	95% of 17
Sampled cases reviewed in compliance with quality assurance program ¹	N/A	85% of 40	100% ⁵ of 40	90% of 40	90% of 40

Table Notes

¹ Effective Fiscal Year 2007-08, this measure has been included to better reflect strategic priorities captured in "Agency Strategy Agenda for 2008-13."

² Achievement due to new procedures for registering permanent bidders.

³ Increased submission due to unexpected low number of appointments, allowing staff additional time to submit reports within the expected time frame.

⁴ Strong commitment and availability of certification training allowed all deputy staff to be certified within one year of their hire date.

⁵ Fiscal Year 2007-08 was the first year of implementation. Targets for the following fiscal years will be adjusted as appropriate.

Budget Changes: 2007-08 to 2008-09

Staffing

No change in staffing.

Expenditures

Increase of \$0.06 million as a result of an increase in Salaries and Benefits (\$0.03 million) for negotiated wage and benefit adjustments and an increase in Services and Supplies (\$0.03 million) for facility management and IT costs.



Revenues

Budget Changes: 2008-09 to 2009-10

Increase of \$0.06 million in General Revenue Allocation to offset increases in expenditures described above.

No changes.



Staffing by Program

	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Public Administrator/Guardian	36.00	36.00	36.00
Total	36.00	36.00	36.00

Budget by Program

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Public Administrator/ Guardian	\$ 4,012,112	\$ 4,345,064	\$ 4,345,064	\$ 4,016,841	\$ 4,402,137	\$ 4,402,137
Total	\$ 4,012,112	\$ 4,345,064	\$ 4,345,064	\$ 4,016,841	\$ 4,402,137	\$ 4,402,137

Budget by Categories of Expenditures

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Salaries & Benefits	\$ 3,010,662	\$ 3,381,598	\$ 3,381,598	\$ 3,065,575	\$ 3,408,210	\$ 3,399,507
Services & Supplies	720,330	763,466	763,466	724,073	793,927	802,630
Other Charges	168,053	200,000	200,000	227,193	200,000	200,000
Expenditure Transfer & Reimbursements	113,067	—	—	—	—	—
Total	\$ 4,012,112	\$ 4,345,064	\$ 4,345,064	\$ 4,016,841	\$ 4,402,137	\$ 4,402,137



Budget by Categories of Revenues

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Licenses Permits & Franchises	\$ 11,678	\$ —	\$ —	\$ 49,760	\$ 10,000	\$ 10,000
Revenue From Use of Money & Property	361,762	195,336	195,336	568,000	195,336	195,336
Intergovernmental Revenues	54,184	43,985	43,985	27,502	68,985	68,985
Charges For Current Services	1,328,773	1,368,100	1,368,100	1,089,834	1,368,100	1,368,100
Miscellaneous Revenues	72,210	57,242	57,242	21,698	22,242	22,242
Use of Fund Balance	(416,854)	—	—	(420,354)	—	—
General Revenue Allocation	2,600,359	2,680,401	2,680,401	2,680,401	2,737,474	2,737,474
Total	\$ 4,012,112	\$ 4,345,064	\$ 4,345,064	\$ 4,016,841	\$ 4,402,137	\$ 4,402,137

Administrative Support



Department Description

The Agency's support divisions play an important role providing essential financial, administrative, and contract support to the Agency's regions and divisions. They are critical to maintaining a high level of operational excellence and adherence to required disciplines. Financial and Support Services, Human Resources, Management Support, and Agency Contract Support divisions are included, as well as the Compliance Office, Office of Media and Public Affairs, and Office of Legislative Affairs within the Agency Executive Office.

Mission Statement

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

2007-08 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Provided training and technical assistance to Agency staff to develop legislative sponsorship proposals, resulting in additional federal funding:
 - San Pasqual Academy received \$195,000 to upgrade their technology infrastructure.
 - Emergency Medical Services - Medical Operations Center received \$278,000 for communication equipment.
 - Edgemoor Skilled Nursing Facility received \$550,000 for medical equipment and patient furniture.
- Through training, consultation, and technical assistance to Agency staff, critical information was shared with the public through various media.
 - Provided public information assistance to the County Emergency Operations Center during Firestorm 2007.

- Coordinated media campaigns on a variety of issues, including Get Off Methamphetamine, Mental Health Services Prevention & Early Intervention, Cardiac System of Care, Pandemic Flu, and Underage Drinking.

- Identified essential services provided by contractors and developed a set of key information elements needed from contractors to ensure seamless service delivery across the Agency and the provider service network during a disaster.

Required Discipline – Fiscal Stability

- Managed resources in Fiscal Year 2007-08 to ensure a minimum management reserve level of \$5.0 million and major maintenance funding of \$4.5 million, meeting target.

Required Discipline – Skilled, Competent and Diverse Workforce

- Developed linkages with local colleges such as San Diego State University, Point Loma Nazarene University and Concorde Career College and local high schools to recruit students for participation in programs to promote the County as an employer.



Required Discipline – Accountability/Transparency

- Ensured 100% (approximately 5,660) of Agency employees complete at least one training on compliance related issues, including training on the federal and State False Claims Acts, so that business is conducted ethically and in compliance with federal or State regulations.

Required Discipline – Information Technology

- Developed and documented HHSA process in which Third Party Software Applications are purchased by, and licenses managed by, the Information Technology (IT) outsourcing contractor. Phase I of the process was implemented to transfer 15 of 18 existing Third Party Software licenses to the IT outsourcing contractor and increased end to end accountability of IT outsourcing contractor for IT operations from 65% (85 of 131) to 76% (100 of 131).
- Implemented Assessment Plan to assist managers in determining whether their workforce is a viable candidate for utilizing mobile and remote technology devices.

2008-10 Objectives

Strategic Initiative – Safe and Livable Communities

- Strengthen County disaster response by increasing communication with contractors regarding service continuity:
 - Survey 100% (estimated 50) of identified emergency critical contracted programs regarding current business continuity plans.
 - Assure related HHSA Continuity of Operations Plans are consistent with emergency critical contractors' continuity plans.
- Develop an internal crisis communication plan to improve Agency communication during a disaster.

Required Discipline – Fiscal Stability

- Ensure a minimum management reserve level of \$15.0 million in Fiscal Year 2008-09 to mitigate financial risk and economic uncertainty at the federal and State levels.
- Increase by 5% (from 91 to 96) the number of contractor fiscal reviews conducted to ensure fiscal resources are expended properly and in accordance with regulations.

Required Discipline – Regional Leadership

- Submit a minimum of 10 nominations to recognize Agency leadership, initiatives, and innovations.
- Promote the Agency's accomplishments by placing 200 positive stories using **various media as appropriate**.

Required Discipline – Skilled, Competent and Diverse Workforce

- Implement one student recruitment program to promote County as employer to local educational community.
- Expand training capacities via the Learning Management System (LMS) from one Agency division to two divisions, assisting the workforce in their responsibilities.
- Implement job specific compliance training for one Agency division via LMS in order to ensure their training remains current and relevant.

Required Discipline – Accountability/Transparency

- Establish baseline for accurate and timely reimbursement of returned/denied Medicare claims by conducting an in-depth, structured review to identify trends and patterns and provide necessary corrective action and retraining.

Required Discipline – Information Technology

- Establish a baseline for rating each HHSA business portfolio application. The rating will be used annually to evaluate the efficiency and usefulness of the portfolio.



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- Establish a baseline for external Web-based referrals in order to measure the usage rate of these secure, referral systems.
 - Ensure all HHSA regions and divisions (20) review their Internet pages for current and accurate content.
 - Reduce records storage space by 5% (from 30,000 to 28,500 boxes) while increasing efficiency by improving records management through adherence to retention schedules, imaging and other related efforts.

Related Links

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



Performance Measures	2006-07 Actuals	2007-08 Adopted	2007-08 Actuals	2008-09 Adopted	2009-10 Approved
Management Reserves for HHSA	\$5 million	\$5 million	\$5 million	\$15 million ¹	\$10 million ²
Major maintenance funding	N/A	\$4 million	\$4.5 million	N/A ³	N/A ³
Critical contracted program surveyed for current business continuity plans ⁴	N/A	N/A	N/A	100% of 50	100% of 50
Increase in contractor fiscal reviews conducted ⁴	N/A	N/A	N/A	5% (from 91 to 96)	5% (from 96 to 100)
Recognition nominations for Agency leadership, initiatives, and innovations ⁴	N/A	N/A	N/A	10	10
Student recruitment programs conducted ⁴	N/A	N/A	N/A	1	2
LMS training capacity among Agency regions and divisions ⁴	N/A	N/A	1	2	3
Job specific compliance training, via LMS, among Agency regions and division ⁴	N/A	N/A	N/A	1	3
Regions and Divisions Internet pages reviewed for current and accurate content ⁴	N/A	N/A	N/A	100% of 20	100% of 20
Reduction in records storage space ⁴	N/A	N/A	N/A	5% (from 30,000 to 28,500 boxes)	10% (from 28,500 to 25,650 boxes)

Table Notes

- ¹ \$10 million for economic uncertainty at the federal and State levels; \$5 million for general reserve.
- ² Plan to adjust to economic uncertainty in 2008-09 and anticipate less uncertainty in 2009-10.
- ³ Effective Fiscal Year 2008-09, this measure will not be reported in the Operational Plan. However, the Agency is committed to major maintenance funding increasing annually in five-year financial forecast.
- ⁴ Effective Fiscal Year 2008-09, this new measure has been included to better reflect strategic priorities.

Budget Changes 2007-08 to 2008-09

Increase of 7.50 staff years.

Staffing



- Transfer in 6.00 staff years from Regional Operations as a technical adjustment to move training staff with no impact in the administration of services.
- Transfer in 1.50 staff years from Child Welfare Services as a technical adjustment with no impact to the administration of services.

Expenditures

Net increase of \$23.3 million.

- Salaries and Benefits — increase of \$1.7 million due to negotiated wage and benefit adjustments and the addition of 7.50 staff years.
- Services and Supplies — increase of \$16.0 million.
 - Increase of \$5.0 million to mitigate transitional costs associated with potential State budget reductions.
 - Increase of \$3.5 million for major maintenance projects.
 - Increase of \$3.0 million for one-time imaging projects.
 - Increase of \$2.5 million in the bioterrorism emergency reserve.
 - Increase of \$2.0 million in one-time Business Processing Reengineering projects.
- Capital Assets Equipment — decrease of \$4.5 million.
 - Decrease of \$6.5 million in one-time costs in Fiscal Year 2007-08 for Furniture, Fixtures, and Equipment (FF&E) for the new Edgemoor facility.
 - Increase \$2.0 million in additional FF&E costs for the new Edgemoor Skilled Nursing Facility.

- Management Reserves — increase of \$10.0 million due to economic uncertainties.

Revenues

Net increase of \$23.3 million.

- Intergovernmental Revenues — decrease \$0.9 million to align to projected allocation levels.
- Charges for Current Services — increase \$0.1 million for increased costs for the First Five Commission.
- Use of Fund Balance — increase of \$21.8 million for a total of \$39.5 million to fund management reserves, major maintenance and FF&E projects, Business Process Reengineering projects, imaging and IT projects, and State and economic uncertainties.
- General Revenue Allocation — increase of \$2.3 million due to redistribution within the Agency with no impact to services.

Budget Changes 2008-09 to 2009-10

Net decrease of \$31.7 million as a result of reduction in Management Reserves (\$5.0 million), decrease of \$25.6 million in Services and Supplies due to the elimination of one-time projects from prior year, and decrease in Capital Assets Equipment (\$2.0 million), offset by an increase in Salaries and Benefits of \$0.9 million for an allowance for anticipated wage and benefit adjustments.



Staffing by Program

	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Agency Executive Office	29.00	29.00	29.00
Agency Contract Support	20.00	20.00	20.00
Financial Services Division	186.00	186.00	186.00
Human Resources	62.00	69.50	69.50
Management Support	10.00	10.00	10.00
Proposition 10	19.00	19.00	19.00
Total	326.00	333.50	333.50

Budget by Program

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Agency Executive Office	\$ 4,205,471	\$ 17,589,650	\$ 15,982,113	\$ 5,242,657	\$ 39,995,630	\$ 15,637,864
Agency Contract Support	3,127,855	3,428,238	3,428,687	3,275,227	3,734,401	3,816,982
Financial Services Division	23,638,740	34,054,352	37,960,410	24,824,622	36,974,374	29,350,075
Human Resources	5,482,121	6,513,630	7,125,817	6,495,903	6,930,985	7,143,920
Management Support	24,905,938	11,809,658	13,129,606	7,918,755	8,928,597	8,971,186
Proposition 10	1,546,790	1,955,971	1,955,971	1,920,595	2,042,562	2,008,788
Strategy and Planning Division	2,801,876	—	84,200	3,726	—	—
Total	\$ 65,708,791	\$ 75,351,499	\$ 79,666,804	\$ 49,681,486	\$ 98,606,549	\$ 66,928,815



Budget by Categories of Expenditures

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Salaries & Benefits	\$ 24,799,141	\$ 26,756,311	\$ 27,346,575	\$ 26,859,643	\$ 28,478,067	\$ 29,420,599
Services & Supplies	40,884,296	36,995,188	40,666,647	21,977,864	53,028,482	27,408,216
Other Charges	13,808	—	—	—	—	—
Capital Assets Equipment	11,545	6,600,000	6,653,582	843,979	2,100,000	100,000
Management Reserves	—	5,000,000	5,000,000	—	15,000,000	10,000,000
Total	\$ 65,708,791	\$ 75,351,499	\$ 79,666,804	\$ 49,681,486	\$ 98,606,549	\$ 66,928,815

Budget by Categories of Revenues

	Fiscal Year 2006-07 Actuals	Fiscal Year 2007-08 Adopted Budget	Fiscal Year 2007-08 Amended Budget	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Approved Budget
Revenue From Use of Money & Property	\$ —	\$ —	\$ —	\$ (53,952)	\$ —	\$ —
Intergovernmental Revenues	46,339,868	57,268,825	57,772,986	34,500,747	56,320,422	53,905,092
Charges For Current Services	2,813,125	2,272,861	2,272,861	2,208,571	2,372,440	2,338,666
Miscellaneous Revenues	187,751	496,338	496,338	68,234	453,687	453,687
Other Financing Sources	2,261	—	—	428	—	—
Reserve/Designation Decreases	—	—	—	—	—	231,370
Use of Fund Balance	18,707,902	17,650,000	21,461,144	15,293,984	39,460,000	10,000,000
General Revenue Allocation	(2,342,116)	(2,336,525)	(2,336,525)	(2,336,525)	—	—
Total	\$ 65,708,791	\$ 75,351,499	\$ 79,666,804	\$ 49,681,486	\$ 98,606,549	\$ 66,928,815

