

County of San Diego

Health and Human Services Agency

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Health and Human Services Agency Summary

Agency Description

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

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

Through six geographic service regions, the Agency administers a broad range of federal and State mandated programs. Services are delivered through a public-private partnership of County staff and more than 850 contracts representing over 450 community-based providers. Although the six regions are geographically and socially diverse, business continuity is maintained by the administrative support divisions who provide essential support services to programs and staff.

HHSA Departments

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



Mission Statement

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

2008-09 Accomplishments

The Agency assisted at-risk and vulnerable people through the following efforts:

- Focused on children under 10 years of age, both through the current child welfare system and through strategies which included the following:
 - Nurse Family Partnership (NFP), an evidence-based, nurse-home visiting program that helped first-time, low-income, high-risk mothers raise healthy children. In East Region, 96% (47 of 49) of children of NFP graduates received all their immunizations. In South Region, 97% (59 of 61) of clients initiated breastfeeding.
 - KidSTART (formerly Screening, Assessment, Referral and Treatment), an initiative to develop a comprehensive continuum of services for high-risk children ages 0-5 years. Progress to date includes proposed plans for a clinical pathway, a center and a pilot project to be implemented next fiscal year.
 - School Success, a program designed to help foster children tackle the difficulties they face at home and school. This joint effort with the County Office of Education ensures that the educational needs of foster care children and youth are identified early and offers them a full array of academic support services and research. With the early implementation of the new, innovative partnership (which incorporates education



liaison services with social worker placement services at each of the Agency's six regions), 675 foster children were referred for services January through June 2009.

- Strengthened the health care safety net.
 - Provided funding for new mental health prevention and early intervention services that identify and treat early signs of mental illness. The plan for these services was submitted to the State of California Department of Health Services in November 2008, with implementation starting by mid 2009.
 - Opened a new state-of-the-art, skilled nursing facility to replace the existing Edgemoor facility. Edgemoor, a 24-hour 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.
 - ◆ New Edgemoor facility opened in March 2009 and accommodates up to 192 licensed beds, up from 175.
 - ◆ Annual operational savings for the new facility is estimated at \$4.6 million. The energy-saving features will save approximately \$207,000 in utility bills every year for the next several years.
 - Implemented key Healthcare Safety Net strategies through a public-private partnership to improve access for uninsured residents in San Diego County. The partnership continues to address gaps in specialty care, coordination of care and funding. The Agency supported this goal and achieved the following:
 - ◆ Launched a multi-year effort to address integration of public, physical and behavioral health in the Agency.
 - ◆ Increased the number of specialty physician agreements by 26% (from 67 to 85) in the County Medical Services indigent health care program.
 - Protected the public's health by partnering with the County Office of Emergency Services on the Mobile Field Hospital Program. This program, which is administered by Scripps Hospital, is a new and innovative way to respond to an emergency anywhere in California. It can be deployed and have 250 beds operational within 72 hours. The Mobile Field Hospital was successfully deployed during the State's Golden Guardian exercise held in November 2008.
- Pursued strategies and technology that assisted the workforce to provide timely, responsive and efficient services to the community, while preparing for local impacts of the State's continuing fiscal problems.
- Launched eQuest, a new referral system that will improve access to health services for 13,000 children with physical limitations. This new system allows hospitals, doctors and other medical providers to electronically make and track referrals to the State mandated California Children Services (CCS) program, improving providers' efficiency by replacing a manual process. As of June 2009, 3,776 eQuest referrals were generated with 100% reaching CCS timely and accurately.
- Embarked on a multi-year "social services safety net" project to streamline the business processes of three major federal and State mandated public assistance programs that provide access to health care, nutrition and temporary financial assistance (Medi-Cal, Food Stamps and CalWORKs). Progress to date includes the pilot of the first Customer Service Center at the North Central Family Resource Center with the goal of reducing the number of office visits for clients by simplifying processes and reducing office visits.
- Implemented case imaging projects in various Agency programs and functions to reduce inefficient paper processes and facilitate information retrieval by the workforce. One of the completed projects was the conversion of paper files to virtual files for over 17,000 clients at the North Central Family Resource Center.

2009-11 Objectives

- The Agency will assist at-risk and vulnerable children, seniors and disabled individuals by:
 - Identifying options for In-Home Supportive Services to keep its costs manageable and maintain its original intent of serving needy seniors and persons with disabilities, including preparation of legislative proposals to implement recommended changes.
 - Fully implementing *School Success*, a program designed to help foster children tackle the difficulties they face at home and school.
- The Agency will address health improvements for the people it serves by:
 - Developing a health strategy that transforms the Agency with the integration of public health, physical health and behavioral health services.



- Strengthening the health care safety net by continuous engagement with community partners and reviewing current systems for operational efficiencies.
- Pursuing enhanced funding for safety net.
- Implementing chronic disease prevention strategies to address the growing concerns of chronic diseases that are related to personal behavior such as physical inactivity, poor nutrition and smoking.
- Implementing the Mental Health Services Act's (MHSA) Prevention and Early Intervention (PEI) program for previously underserved and unserved populations.
- The Agency will pursue strategies that will allow staff to be more efficient in serving clients during the current economic and financial climate and be fiscally responsible while preparing for future trends by:
 - Realigning resources to support core mandates in response to declining revenues.
 - Putting into full practice a management control initiative that will ensure fiscal and programmatic integrity and accountability.
 - Fully implementing the multi-year "social services safety net" project to streamline the business processes of three major federal and State mandated public assistance programs that provide access to health care, nutrition and temporary financial assistance (Medi-Cal, Food Stamps and CalWORKs). This major continuous improvement project will improve customer service, maintain program integrity and increase efficiency of services provided to more than 337,000 people by over 1,000 staff throughout the Agency.
 - Implementing a Nutritional Security Plan to help with the increasing number of applicants during the current economic downturn by identifying ways to simplify the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) eligibility process while maintaining program integrity.

Appropriations are being added for In-Home Supportive Services provider payments, CalWORKs assistance payments, Child Care payments and the continued expansion associated with the Mental Health Services Act (MHSA). One-time appropriations are added to preserve and create jobs, promote economic recovery, and to provide emergency food and housing to those most impacted by the recession, which are funded through the American Reinvestment and Recovery Act of 2009 (ARRA).

In developing the Operational Plan, the Agency faced over \$70 million in funding challenges due to State Budget cuts, no support from the State for the cost of doing business, increased loss of revenues with the downturn in the economy, and the community's increased need for services during these difficult times.

In order to maintain fiscal stability and live within its resources, HHSA reduced staffing levels and contracted services. HHSA has worked with advisory boards and other key stakeholders in the development of the Operational Plan to ensure the continuation of core, mandated programs and services. However, these reductions will impact the level of service clients currently receive. Unfortunately, as a result there will be fewer programs and longer wait times for client services.

The State reduced funding for Adult Protective Services (APS), the Ombudsman Program and Alcohol and Drug Services (ADS). These reductions have already been incorporated locally, and have led to increased wait times for the APS Call Center, a reduction in nursing home visits to minimal state levels and longer wait times for clients in the ADS Proposition 36, *Substance Abuse Treatment and Crime Prevention Act*, and Offender Treatment Programs.

The decline in the economy has eroded a significant amount of sales tax, vehicle license fees and other local funding. As a result, HHSA eliminated certain programs and reduced services. In determining which programs to downsize, Agency staff reviewed criteria such as existence of State and federal mandates; priority as a core service; capacity from within the local safety net; and opportunity for redesign of the program. Services eliminated include the Well Child Visit Program for approximately 1,750 infants and children; the Critical Hours Program, which provides after school services for 4,000 middle school aged youth at 41 county sites; and the weekly AIS radio talk show, dedicated to educating seniors on health, safety and well-being. Service reductions include public health outreach efforts for immunizations, dental access to care and perinatal case management service.

Budget Changes and Operational Impact: 2008-09 to 2009-10

Overview

The Health and Human Services Agency's Fiscal Year 2009-10 plan includes appropriations of \$1.9 billion, which is an increase of \$62.9 million in the General Fund, associated with increases in Intergovernmental Revenues.



The Agency is reducing 195.50 staff years of which 34.50 staff years are due to operational efficiencies achieved with the opening of the new Edgemoor facility. The remaining reduction of 161.00 staff years includes 18.00 associated with State Budget cuts for APS and the Ombudsman Program and in programs impacted by the decline in the economy. Many of these staff year reductions are accomplished through streamlining processes and reengineering work flow while focusing on mandated core services.

The February 2009 passage of the federal Economic Stimulus Package (The American Recovery and Reinvestment Act of 2009) is projected to yield approximately \$18.0 million in additional federal revenue in Fiscal Year 2009-10. These dollars are being used to maintain core services and help mitigate the loss of Realignment revenues due to the decline in the economy. Had these federal dollars not been available, HHSA would have had to make further reductions in services and staffing. ARRA is also being used to augment senior nutrition and senior employment services, and in assisting persons in becoming self-sufficient.

- The Agency is using \$0.8 million in emergency bioterrorism/pandemic reserve funding for increased laboratory and surveillance work related to the H1N1 flu outbreak and for pandemic flu outreach and education efforts.

Unfortunately, the economic challenges and uncertainty will continue in Fiscal Year 2009-10. It is anticipated that the State will make further program cuts in HHSA programs. The Agency continues to work towards handling these reductions and further economic challenges. HHSA increased its Management Reserves to \$20.0 million as a contingency reserve due to the uncertainty of the economy, and is maintaining another \$5.0 million of one-time appropriations to transition from any future State enacted cuts or continued economic downturn. HHSA also continues to focus on Business Process Reengineering efforts in order to maximize efficiencies of existing resources.

Tobacco Settlement Funds

Tobacco settlement payments were first securitized in Fiscal Year 2001-02 to allow a stable funding stream for health and human services programs. The Special Revenue fund reflects \$27.5 million for Fiscal Year 2009-10. A shift of \$10.5 million from "Use of Fund Balance" to "Revenue from Use of Money & Property" is included in the Operational Plan to better reflect the projected interest earned from investments.



Staffing by Department

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Regional Operations	2,656.25	2,438.00	2,438.00
Strategic Planning & Operational Support	231.00	221.00	221.00
Aging and Independence Services	323.50	295.50	295.50
Behavioral Health Services	916.00	871.50	860.50
Child Welfare Services	807.00	808.50	808.50
Public Health Services	374.25	493.50	488.50
Public Administrator / Public Guardian	36.00	34.00	34.00
Administrative Support	333.50	320.00	320.00
Total	5,677.50	5,482.00	5,466.00

Expenditures by Department

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Regional Operations	\$ 451,864,073	\$ 465,738,686	\$ 478,612,359	\$ 477,970,133	\$ 475,065,062	\$ 476,011,265
Strategic Planning & Operational Support	137,708,143	149,427,300	155,005,978	148,686,136	146,812,596	147,396,376
Aging and Independence Services	277,109,881	304,027,413	303,823,376	295,166,297	333,889,728	359,180,038
Behavioral Health Services	326,690,097	400,600,805	405,016,309	353,033,850	419,717,521	421,325,145
Child Welfare Services	235,834,556	264,356,319	253,430,166	244,031,357	265,041,881	267,051,769
Public Health Services	82,615,470	82,993,768	85,572,175	80,501,132	97,637,740	98,520,671
Public Administrator / Public Guardian	4,016,841	4,402,137	4,402,137	4,253,956	4,430,992	4,494,586
Administrative Support	49,681,486	98,606,549	111,081,792	60,305,410	90,789,360	75,245,070
Tobacco Settlement Funds	24,200,000	27,500,000	27,500,000	24,200,000	27,500,000	27,500,000
Total	\$1,589,720,548	\$1,797,652,977	\$1,824,444,292	\$1,688,148,272	\$1,860,884,880	\$1,876,724,920







Regional Operations

Department Description

The hallmark of the Health and Human Services Agency is its commitment to a service delivery system that is regionalized and accessible, community-based and customer-oriented. Organized into six geographic service regions, the Agency's service delivery system uses a public-private partnership model to meet the needs of families and individuals in San Diego County. All services in a region are under a Regional General Manager who ensures services address local community needs and programs are delivered in a cost effective and outcome-driven fashion. In addition to shared goals, each Region may be responsible for oversight administration of a program, such as Welfare to Work and Child Care.

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

Mission Statement

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

2008-09 Accomplishments – All Regions

Strategic Initiative – Kids

- Ensured 98% (494 of 502) 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 by a Public Health Nurse, above target of 96%.
- Immunized 99% (1,440 of 1,457) of children, aged 24 months who were eligible for a vaccine when the vaccine was due and available, at the regional public health centers, thereby improving the quality of immunization service, meeting target.
- Ensured a net enrollment gain of 7.5% (additional 17,578; from 234,419 to a total of 250,615) 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, above target of 1%.



- Ensured 89.1% (1,320 of 1,481) of children who were reunified with their families did not re-enter foster care within the next 12 months, below the target of 90.1%.
- Ensured 93.3% (6,504 of 6,973) of children with a substantiated allegation of neglect/abuse did not have another substantiated allegation in the next 6 months, above target of 92%.
- Ensured 80% (1,672 of 2,091) of children in foster care for less than 12 months had fewer than three placements during that period, meeting the target of 80%.
- During transition to CalWIN, issued 89% (83,596 of 93,444) of Child Care payments to CalWORKs and other low-income families within 10 days of receipt of claim, below target of 99%.
- Increased children's participation in Food Stamps by 22% (from 70,948 to 86,671), exceeding target of 8%. This achievement was due in part to increased demand for services and greater collaboration with community partners.

Strategic Initiative – Safe and Livable Communities

- Secured stable employment for 89% (206 of 231) of Welfare to Work participants exiting cash assistance each month as indicated by their remaining off aid for six months, above target of 90%.
- Increased by 53% (from 330 to 504) the number of CalWORKs families who accessed Earned Income Tax Credit (EITC) Services, exceeding the target of 20%. This increase can be attributed to the economic downturn and educational outreach efforts.



2009-11 Objectives – All Regions

Strategic Initiative – Kids

- Provide prevention and early intervention services to maximize the health and well-being of at-risk children.
 - Ensure 96% (432 of 450) of pregnant women in Regional Public Health Nursing care receive the recommended number of prenatal care visits from the start of first contact by a Public Health Nurse.
 - Deliver all age-appropriate vaccines to at least 90% (13,500 of 15,000) of children age 18 years or younger at each visit who present for immunization services at a regional public health center.
 - Ensure a net enrollment gain of 1% (an additional 2,376; from 237,697 to 240,073) of eligible children in Medi-Cal and Healthy Families programs.
- Provide protection, permanency and stability to children who are at risk and have been abused and neglected.
 - Ensure 80% (1,784 of 2,230) of the children who are in foster care less than 12 months will have fewer than three placements during that period.
 - Increase Team Decision Making (TDM) meetings held countywide by 5% (from 1,725 to 1,811) to allow more family and community participation in making best decisions for children who are in, or at risk of entering, foster care.
 - Complete a Structured Decision Making (SDM) assessment on family strengths and needs for 78% (1,458 of 1,800) of new child welfare cases to help identify the most appropriate services for each family.

Strategic Initiative – Safe and Livable Communities

- Provide outreach and links to services to help at-risk children, families and vulnerable adults lead safe and healthy lives and become self-sufficient.
 - Enroll 20,000 (from 128,616 to 148,616) eligible children and seniors in the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps). This is year one of a three-year goal to enroll 50,000 participants.

Central Region

The Central Region encompasses San Diego city's urban core consisting of 48 communities with diverse cultures and populations. Central Region co-leads the implementation of the Healthcare Safety Net, manages the Community Action Partnership (CAP), the Office of Violence Prevention (OVP)

and the Earned Income Tax Credit (EITC) service, as well as oversight for the County's Welfare to Work program. CAP is a countywide program committed to improving the lives of economically disadvantaged families and individuals. OVP is a countywide program dedicated to protecting children and families from dangerous conditions through domestic violence prevention and intervention. EITC services are administered through the Family Self-Sufficiency contractors and are designed to lift low-income working families and individuals out of poverty.

2008-09 Accomplishments

Strategic Initiative – Kids

- Increased by 17% (from 297 to 347) the number of Team Decision Making (TDM) meetings which allowed more family and community participation in making the best decisions for children in foster care, above target of 10%.
- Conducted a nutrition education initiative at two elementary schools in Central Region to promote the benefits of good nutrition and availability of supplemental food assistance, above target of one school.
- Decreased by 3.9% (from 1,006 to 967) the number of court cases in Central Region to safely maintain more children in their homes without intervention. This is below the target of a 5% decrease.

2009-11 Objectives

Strategic Initiative – Kids

- Ensure that 95% (9,952 of 10,476) of annual Domestic Violence Hotline calls countywide will be answered by staff within 60 seconds or less.

Strategic Initiative – Safe and Livable Communities

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

East Region

The East Region is a mixture of urban, suburban and rural communities, including several Native American reservations located in the rural areas. East Region administers the Nurse



Family Partnership (NFP), an evidence-based program helping first-time, low-income mothers in East Region succeed; and Neighborhoods for Kids, an initiative that strives to keep abused and neglected children in safe, familiar environments and in their same schools. East Region also provides countywide administration of Child Care subsidy payments to support families in transition from Welfare to Work.

2008-09 Accomplishments

Strategic Initiative – Kids

- Ensured 47% (20 of 31) of NFP participants decreased or ceased smoking upon graduation from the program, meeting target.
- Ensured 96% (47 of 49) of NFP graduates' children were fully immunized at 24 months of age, meeting target.
- Supported East County foster children with familiar people and places that encourage them to thrive.
 - 66% (23 of 35) of all school age children, not placed with a relative or family friend, for whom a TDM meeting regarding placement was held, continued to attend their home school, exceeding the target of 25%. This achievement is due to established community relationships.
 - 60% (172 of 285) of children coming into protective custody were placed with a relative or family friend, below target of 68%.

2009-11 Objectives

Strategic Initiative – Kids

- Issue 99% (96,871 of 97,849) of Child Care payments to CalWORKs and other low-income families countywide within 10 days of receipt of claim.
- Ensure 65% (198 of 304) of East Region children coming into protective custody will be placed with a relative or family friend, promoting the Neighborhood for Kids goal of keeping children in familiar environments.
- Ensure 96% (47 of 49) of NFP graduates' children are fully immunized at 24 months of age.

North Central Region

The North Central Region is located within the City of San Diego and is comprised of 38 diverse communities including Miramar Air Base and other military communities. With a large military population, North Central Region supports the unique needs of military families through the Agency's

"Military Initiative." North Central Region also operates a customer service center for public assistance programs throughout the county. This customer service center, referred to as ACCESS, is a toll-free service for county residents, providers and other government agencies with questions about general public assistance programs. Customers may also call to inquire about their case or report changes to a team of qualified staff. Beginning Fiscal Year 2009-10, the California Children Services (CCS) program will be reported under Public Health Services.

2008-09 Accomplishments

Strategic Initiative – Kids

- Increased by 8% (from 143 to 158) the total number of Team Decision Meetings (TDM) to enhance permanency and stability for foster children, above target of 5%.

Required Discipline – Continuous Improvement

- Implemented CCS eQuest, a Web-based referral and case management system to improve health outcomes for eligible children with severe physical limitations and chronic health conditions.
 - Ensured 100% (3,776) of new requests for service to CCS from health care providers were submitted timely and accurately, above target of 90%.
 - Ensured 92% (131 of 140) of medical determinations were made within 5 working days on all new requests processed through CCS eQuest, above target of 85%.

2009-11 Objectives

Strategic Initiative – Kids

- Establish performance baselines for ACCESS, the countywide eligibility customer service center, in order to manage operations and customer service.
- Update strategic plan to address the unique needs of military families.

Required Discipline – Continuous Improvement

- Pilot a teleworking project to increase the time available for client visits in the North Central Region by decreasing the number of miles traveled by Public Health Nurses.

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.

2008-09 Accomplishments

Strategic Initiative – Kids

- Decrease of 9% (from 180 to 161) in the total number of TDM meetings to enhance permanency and stability for foster children. Target of 5% increase not met due to a decrease in the number of children requiring a TDM.
- Addressed childhood obesity through HealthLink North County to ensure healthy communities and lifestyles.
 - Provided education on nutrition and physical activity to families at 22 North County schools, meeting target.
 - Hosted five forums for health professionals and provided group consultation on school health issues, meeting target.

Strategic Initiative – Safe and Livable Communities

- Increased Non-Assistance Food Stamps participation by 80% (from 1,681 to 3,027) for eligible families, exceeding target of 5%.
 - Hosted a North County Earned Income Tax Credit (EITC) kick-off event, including nutritional education and food stamp outreach.
 - Provided food stamp education at a school resource fair and participated in community collaborative meetings.

2009-11 Objectives

Strategic Initiative – Kids

- Identify at least one new or underutilized service at each of the five HealthLink North County school-based collaborative forums for health professionals. Identified services will be evaluated for performance improvement in order to enrich the health and wellness of school age children.

Required Discipline – Continuous Improvement

- Pilot a teleworking project to increase the time available for client visits in the North Coastal Region by decreasing the number of miles traveled by Public Health Nurses.

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, a forum that brings together government and community service providers to collaborate and leverage health resources for rural San Diego County communities.

2008-09 Accomplishments

Strategic Initiative – Kids

- Decrease of 9% (from 180 to 161) in the total number of TDM meetings to enhance permanency and stability for foster children. Target of 5% increase not met due to a decrease in the number of children requiring a TDM.

Strategic Initiative – Safe and Livable Communities

- Increased Non-Assistance Food Stamps participation by 73% (from 2,282 to 3,943) for eligible families, exceeding target of 5%.
 - Hosted a North County EITC kick-off event, including nutritional education and food stamp outreach.
 - Provided food stamp education at a school resource fair and participated in community collaborative meetings.
- Established a 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.

2009-11 Objectives

Strategic Initiative – Kids

- Identify at least one new or underutilized service at each of the Rural Health Network collaborative forums. Identified services will be evaluated for performance improvement in order to enrich the health and wellness of rural communities.

Required Discipline – Continuous Improvement

- Pilot a teleworking project to increase the time available for client visits in the North Inland Region by decreasing the number of miles traveled by Public Health Nurses.



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 South Region Nurse Family Partnership Program (NFP) and the Families as Partners (FAP). HEAC aims to prevent childhood obesity and ensure healthy adulthood by reducing health risks associated with obesity. NFP is an evidence-based program that helps first-time, high-risk, low-income mothers. FAP is a public-private partnership that will provide a community safety net for South Region's children and youth who are at risk of entering foster care or who are currently in the system. Beginning Fiscal Year 2009-10, the Office of Violence Prevention will be reported in the Central Region section.

2008-09 Accomplishments

Strategic Initiative – Kids

- Improved health outcomes related to infant mortality, morbidity and childhood obesity by ensuring 97% (59 of 61) of NFP clients initiated breastfeeding during the first year of the program, exceeding target of 85%.
- Increased by 10% (from 161 to 178) the number of TDM meetings to allow more family and community participation in making best decisions for children, meeting target.

Strategic Initiative – Safe and Livable Communities

- Ensured that 98% (13,836 of 14,072) of Domestic Violence Hotline calls were answered by hotline staff within 60 seconds, above target of 95%.

2009-11 Objectives

Strategic Initiative – Kids

- Improve health outcomes related to infant mortality, morbidity and childhood obesity by ensuring that 90% (50 of 55) of NFP clients will initiate breast feeding.
- Develop and implement a sustainability plan for the Healthy Eating Active Communities project.
- Establish the Families as Partners program to provide a coordinated and multi-disciplinary care system to children and youth at risk of entering or who are currently in foster care.

Related Links

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

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



Performance Measures	2007-08 Actuals	2008-09 Adopted	2008-09 Actuals	2009-10 Adopted	2010-11 Approved
Expectant mothers visited by Public Health Nurses through delivery that complete recommended number of prenatal care visits	97.8% of 643	96% of 350	98% of 502	96% of 450	96% of 450
Children age 0-18 years receive age-appropriate vaccines ¹	N/A	N/A	N/A	90% of 15,000	90% of 15,000
Children enrolled in Medi-Cal and Healthy Families health care coverage	5% ² (enrolled 11,211 for a total of 233,037)	1% (enroll 2,330 for a total of 235,367)	7.5% ³ (enrolled 17,578 for a total of 250,615)	1% (enroll 2,506 for a total of 253,121)	1% (enroll 2,506 for a total of 253,121)
Children in foster care for less than 12 months have fewer than 3 placements during that period CWS	77.7% of 2,384	80% of 2,300	80% of 2,091	80% of 2,300	80% of 2,300
Increase in TDM meetings held countywide ⁴	N/A	N/A	1,725	5% (from 1,725 to 1,811)	5% (from 1,811 to 1,901)
Completion of SDM assessments on new child welfare cases ⁴	N/A	N/A	76% of 1,869	78% of 1,800	78% of 1,800
Eligible children and seniors enrolled in SNAP ⁴	N/A	N/A	128,616	20,000 (from 128,616 to 148,616)	20,000 (from 148,616 to 168,616)
Children age 24 months served by regional public health centers immunized when vaccine is due and available ¹	99.7% of 2,463	99% of 2,500	99% of 1,457	N/A	N/A
Children who enter foster care do not enter again within 12 months of leaving foster care ⁵	91.9% of 2,089	91% of 2,050	89.1% of 1,481	N/A	N/A
Children with a substantiated allegation of neglect/abuse do not have another substantiated allegation in the following 6 months ⁵	91.7% of 6,844	92% of 6,500	93.3% of 6,973	N/A	N/A
Child care payments to CalWORKs and other low-income families made within 10 days ⁶	96% ⁷ of 71,521	99% of 71,000	92% of 92,070	N/A	N/A
Food Stamp participation increase among children ⁵	N/A	8% (from 69,000 to 74,500)	22% ⁸ (from 70,948 to 86,671)	N/A	N/A
Welfare to Work participants who secure stable employment, remaining off aid for six months ⁶	95% of 272 monthly average	90% of 300 monthly average	89% of 231 monthly average	N/A	N/A
CalWORKs families accessing Earned Income Tax Credit ⁶	85% ⁹ (from 250 to 464)	20% (from 330 to 396)	53% ¹⁰ (from 330 to 504)	N/A	N/A

Table Notes

- ¹ Effective Fiscal Year 2009-10, the measure about *Children age 0-18 years receive age-appropriate vaccines* replaces the measure about *Children age 24 months served by regional public health centers immunized when vaccine is due and available*, to better reflect strategic priorities.
- ² In Fiscal Year 2007-08, this measure exceeded its target of 1% due to increased collaboration with community partners and organizations.
- ³ In Fiscal Year 2008-09, this measure exceeded its target of 1% due to continued collaboration with community partners and in response to the economic downturn. Of the total, 69% (173,235) were enrolled in Medi-Cal and 31% (77,370) were enrolled in Healthy Families.
- ⁴ Effective Fiscal Year 2009-10, the measure is being included in the Operational Plan to better reflect strategic priorities.
- ⁵ Effective Fiscal Year 2009-10, the measure will no longer be reported in the Operational Plan, but will continue to be monitored internally.
- ⁶ Effective Fiscal Year 2009-10, the measure is being moved to the Region responsible for oversight of the program on behalf of the other Regions and will no longer be reported in the Performance Measure table.
- ⁷ Due to staffing transitions in late Fiscal Year 2007-08, numbers were misreported. The correct year actual is 96%, not 98%. Corrections have been made to year-end actual numbers to ensure consistency in data trends. The target for Fiscal Year 2008-09 remains unchanged.
- ⁸ This measure exceeded its target of 8% due to increased demand for services in response to the current economic downturn and through collaboration with community partners and organizations.
- ⁹ In Fiscal Year 2007-08, this measure exceeded its target of 10% due to a successful outreach campaign and community partnerships.
- ¹⁰ In Fiscal Year 2008-09, this measure exceeded its target of 10% due to increased outreach efforts to educate the public about the program during the economic downturn.

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

Staffing

Net decrease of 218.25 staff years.

- Decrease of 33.50 staff years due to the loss of revenue associated with the decline in the economy. This decrease is across multiple functions and is accomplished through streamlining processes and reengineering workflow with an emphasis on core functions. Also, a decrease is a result of increased efficiency associated with the conversion to electronic public assistance records.
- Decrease of 4.00 staff years as a result of the elimination of the Well Child Visit program due to the loss of revenue associated with the decline in the economy. This program has provided periodic health assessments and health

supervision for eligible infants and children at seven county sites. Approximately 1,750 clients will be impacted and referred to a community clinic closest to their home.

- Transfer out 154.75 staff years associated with the move of California Children's Services (CCS) to Public Health Services, with no impact to services.
- Transfer out 18.00 staff years to County Child Welfare Services (CCWS) to support operational needs.
- Transfer out 5.00 staff years as a result of reengineering Agency Human Resources.
- Transfer out 1.00 staff year to Administrative Support and 2.00 staff years to Strategic Planning and Operational Support as a technical adjustment with no impact to the administration of services.

Expenditures

Net increase of \$9.3 million.



- Salaries and Benefits — decrease of \$19.4 million due to the reduction of staff years and transfers to other divisions.
- Services and Supplies — net increase of \$2.5 million.
 - Increase of \$5.4 million in one-time appropriations to preserve and create jobs, promote economic recovery and to provide emergency food and housing to those most impacted by the recession. These appropriations are funded with American Reinvestment and Recovery Act of 2009 (ARRA) funds to augment the Community Services Block Grant used.
 - Increase of \$0.3 million for rents, leases and utilities.
 - Increase of \$0.2 million in one-time appropriations for outreach, education and case management services for Native American families and children in dealing with family issues including addictive behaviors, domestic violence, mentoring, crisis intervention and other services. These appropriations are funded with one-time Indian Gaming Special Distribution Funds.
 - Decrease of \$2.0 million as a result of the elimination of the Critical Hours program due to the loss of revenue associated with the decline in the economy. This program has provided after school services annually to approximately 4,000 middle-school aged youth at 41 county sites. County Parks and Recreation department, along with other nonprofit agencies and schools, currently provide similar services and will be able to assist some of these impacted families.
 - Decrease of \$1.4 million due to the transfer of CCS.
- Other Charges — net increase of \$26.2 million.
 - Increase of \$25.9 million in CalWORKs assistance payments based on caseload growth.
 - Increase of \$4.5 million in Child Care provider payments based on caseload growth.
 - Decrease of \$4.2 million in Support & Care of Persons due to the transfer of CCS.
- Intergovernmental Revenues — net increase of \$15.3 million.
 - Increase of \$25.3 million in CalWORKs assistance payments revenue.
 - Increase of \$5.4 million in one-time federal ARRA revenue to augment the Community Services Block Grant.
 - Increase of \$4.4 million in Child Care revenue to align to the allocation.
 - Increase of \$0.4 million in Mental Health Services Act (MHSA) revenue based on reengineering the delivery of health promotion services.
 - Increase of \$0.2 million in one-time funding from Indian Gaming Special Distribution Funds for outreach, education and case management services for Native American families
 - Decrease of \$16.2 million in State and federal funding due to the move of CCS to Public Health Services.
 - Decrease of \$2.6 million in Realignment revenue due to the decline in the economy.
 - Decrease of \$1.6 million in administrative revenues to align to the allocations.
- General Revenue Allocation — decrease of \$6.0 million due to the elimination of the Critical Hours program and the transfer of CCS to Public Health Services.

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

Net increase of \$1.0 million due to an increase of \$6.5 million in Salaries and Benefits associated with negotiated wage and benefit increases offset by a decrease of \$5.5 million due to one-time expenditures in Fiscal Year 2009-10 from ARRA to augment the Community Services Block Grant and the Indian Gaming Special Distribution Fund.

Revenues

Net increase of \$9.3 million.



Staffing by Program

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Regional Self Suffic Elig	1,062.00	1,059.00	1,059.00
Regional Child Welfare Svcs	670.50	641.00	641.00
Central Region	227.00	226.00	226.00
East Region	198.50	191.50	191.50
North Central Region	255.75	89.00	89.00
North Coastal Region	88.00	84.00	84.00
North Inland Region	70.00	68.00	68.00
South Region	84.50	79.50	79.50
Total	2,656.25	2,438.00	2,438.00

Budget by Program

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Regional Self Suffic Elig	\$ 71,595,141	\$ 73,606,122	\$ 73,567,748	\$ 76,262,309	\$ 73,828,045	\$ 76,553,320
Regional Child Welfare Svcs	56,583,273	57,487,493	56,174,930	54,961,906	55,533,544	57,607,541
Central Region	83,103,550	87,055,169	91,527,051	89,503,058	100,322,415	95,519,681
East Region	92,139,508	93,788,009	96,471,902	102,207,560	103,346,096	103,711,077
North Central Region	48,559,831	50,179,062	51,201,632	48,361,392	30,965,524	31,141,116
North Coastal Region	23,231,352	24,074,652	25,136,304	24,355,568	25,740,322	25,969,002
North Inland Region	26,104,787	27,329,661	28,784,415	29,369,569	30,243,191	30,245,523
South Region	50,546,631	52,218,518	55,748,378	52,948,771	55,085,925	55,264,005
Total	\$ 451,864,073	\$ 465,738,686	\$ 478,612,359	\$ 477,970,133	\$ 475,065,062	\$ 476,011,265

Budget by Categories of Expenditures

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Salaries & Benefits	\$ 194,161,653	\$ 201,732,428	\$ 200,427,460	\$ 197,921,605	\$ 182,367,959	\$ 188,840,627
Services & Supplies	37,113,139	39,640,963	40,219,604	37,017,368	42,109,146	36,582,681
Other Charges	220,580,857	224,365,295	237,965,295	243,038,324	250,587,957	250,587,957
Capital Assets Equipment	12,132	—	—	—	—	—
Expenditure Transfer & Reimbursements	(3,708)	—	—	(7,163)	—	—
Total	\$ 451,864,073	\$ 465,738,686	\$ 478,612,359	\$ 477,970,133	\$ 475,065,062	\$ 476,011,265



Budget by Categories of Revenues

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Licenses Permits & Franchises	\$ 822,602	\$ 820,845	\$ 909,746	\$ 871,607	\$ 824,783	\$ 834,737
Fines, Forfeitures & Penalties	14,350	50,000	50,000	40,000	50,000	50,000
Revenue From Use of Money & Property	296,125	303,528	303,528	303,528	311,113	311,113
Intergovernmental Revenues	369,237,982	434,794,449	447,386,823	396,334,827	450,065,858	445,216,521
Charges For Current Services	1,730,962	1,889,480	1,889,480	1,825,181	1,874,145	1,874,145
Miscellaneous Revenues	256,382	1,466,361	1,466,361	310,796	1,444,176	1,444,176
Reserve/Designation Decreases	—	—	—	—	—	4,997,927
Use of Fund Balance	47,257,925	—	192,397	51,870,172	—	—
General Revenue Allocation	32,247,745	26,414,023	26,414,023	26,414,023	20,494,987	21,282,646
Total	\$ 451,864,073	\$ 465,738,686	\$ 478,612,359	\$ 477,970,133	\$ 475,065,062	\$ 476,011,265



Strategic Planning and Operational Support

Department Description

Strategic Planning and Operational Support (SPOS) provides a wide range of planning, policy, operational and administrative support to Agency regions and programs. SPOS promotes access to health care and advances individual self-sufficiency through public assistance programs, and safeguards program integrity by partnering with regional operations, the State and the District Attorney. SPOS administers County Medical Services for uninsured indigent adults. Through strategic planning and process management, SPOS enhances overall Agency performance in order to achieve shared community outcomes. The Commission on Children, Youth and Families, an advisory body to help strengthen children and families, is staffed by SPOS.

Mission Statement

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

2008-09 Accomplishments

Strategic Initiative – Kids

- Promoted 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, Balboa Elementary and Kimbrough Elementary.
- Distributed 100% (21,608) of Healthy Families and Medi-Cal applications to appropriate regions within 5 days, facilitating access to medical and dental services, above target of 99%.
- Supported efforts to increase the County's CalWORKs recipient work participation rate, but the rate decreased by 7% (from 38% to 31%), below the target of a 5% increase due to the economic downturn.

Strategic Initiative – Safe and Livable Communities

- Ensured 93% (120 of 129) of indigent adults 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%.



- Ensured 94% (434 of 462) of indigent adults enrolled in diabetes case management met the standard of care by receiving a blood test semi-annually, exceeding target of 80%.

Required Discipline – Regional Leadership

- Assisted community partners to bring \$5.2 million in grant funds into the region through the Office of Resource Development network, below target of \$14.0 million due to the economy.

Required Discipline – Accountability/Transparency

- Initiated contact with 100% (1,439) of clients within 45 calendar days of receipt of an *Income Fraud Detection Report*, safeguarding program integrity, above target of 90%.
- Within 48 hours, responded to 96% (15,770 of 16,383) of urgent help desk calls for the welfare eligibility computer system ensuring timely and accurate benefit issuance, above target of 95%.

Required Discipline – Continuous Improvement

- Completed four Agency-level continuous improvement projects that helped Agency mitigate risks and advance strategic priorities. These projects were part of the Agency's effort to simplify the process of determining client eligibility for services at the Family Resource Centers.

2009-11 Objectives

Strategic Initiative – Kids

- Support efforts to increase the County's CalWORKs work participation rate by 5% (from 31% to 36% sampled cases).



Strategic Initiative – Safe and Livable Communities

- Ensure 96% (144 of 150) of indigent adults who complete the SSI application process through the Advocacy Program obtain SSI in order to promote self-sufficiency.
- Increase the number of medical specialty care providers for indigent clients by 10% (from 193 to 212) to enhance capacity.
- Ensure 85% (680 of 800) of indigent adults enrolled in diabetes case management meet the standard of care by receiving a blood test semi-annually.

Required Discipline – Customer Satisfaction

- Implement a customer service center that enables customers to access information regarding their CalWORKs, Food Stamps or Medi-Cal case 24 hours a day, seven days a week.

Required Discipline – Accountability/Transparency

- Respond to 95% (16,150 of 17,000) of urgent help desk calls for the welfare eligibility computer system within 48 hours to ensure timely and accurate benefit issuance.

Required Discipline – Continuous Improvement

- Complete four Agency-level continuous improvement projects to help the Agency mitigate risks and advance strategic priorities.
- Initiate a Project Management “boot camp” to improve business process reengineering skills among agency staff in conjunction with Agency Human Resources.

Related Links

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



Performance Measures	2007-08 Actuals	2008-09 Adopted	2008-09 Actuals	2009-10 Adopted	2010-11 Approved
CalWORKs recipient work participation rate increase ¹	N/A	5%	-7% ² (from 38% to 31%)	5% (from 31% to 36%)	5% (from 36% to 41%)
SSI applicants who complete the application process through the SSI Advocacy program and obtain SSI	92% of 137	90% of 150	93% of 129	96% of 150 ³	96% of 150
Increase in medical specialty care doctors for indigent clients ⁴	N/A	N/A	N/A	10% (from 193 to 212)	10% (from 212 to 233)
Indigent adult diabetics enrolled in diabetes case management that receive blood tests	N/A	80% of 700	94% ⁵ of 462	85% of 800	85% of 800
Urgent help desk calls that remain at help desk responded to within 48 hours	N/A	95% of 10,000	96% of 16,383	95% of 17,000	95% of 17,000
Agency-level continuous improvement projects	N/A	4	4	4	4
Healthy Families and Medi-Cal mail-in applications distributed to appropriate regions within 5 days ⁶	100% of 18,582	99% of 15,000	100% of 21,608	N/A	N/A
Contact initiated within 45 days of receipt of Income Fraud Detection Report ⁷	N/A	90% of 1,800	100% of 1,439	N/A	N/A
Dollars obtained by community partners with assistance from ORD ⁸	N/A	\$14.0 million	\$5.2 million	N/A	N/A

Table Notes

¹ The performance measure for increasing the CalWORKs recipient work participation rate is based on a sampling of cases which is determined by the federal government and varies from year to year. It is not known what the sample size will be until program is notified. The intent is to increase the rate by 5% each fiscal year.

² In Fiscal Year 2008-09, this measure did not meet its target of 5% due to the economic downturn and increased competition for jobs.

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

⁴ Effective Fiscal Year 2009-10, this measure has been included to better reflect strategic priorities.

⁵ The success of the measure is due in part to disenrolling patients not utilizing the services (inactivity) as defined by Project Dulce. In addition, some of the CMS Project Dulce patients were disenrolled from Project Dulce Diabetes Care Management and enrolled (transferred) into the Coverage Initiative.

⁶ Effective Fiscal Year 2009-10, this measure will no longer be reported in the Operational Plan. The tasks associated with this measure will be transferred to the Regions and monitored internally.

⁷ Effective Fiscal Year 2009-10, this measure will no longer be reported in the Operational Plan. The measure exceeded its target due to focused efforts by staff. The tasks associated with this measure will be transferred to the Regions and monitored internally.

⁸ Effective Fiscal Year 2009-10, this measure will no longer be reported in the Operational Plan. The Office of Resource Development was closed mid-year due to budget constraints.



Budget Changes and Operational Impact: 2008-09 to 2009-10

Staffing

Net decrease of 10.00 staff years.

- Transfer in 2.00 staff years from Regional Operations to support the increase in the number of hearings due to public assistance caseload growth.
- Transfer out 1.00 staff year to Administrative Support as result of reengineering Agency Human Resources.
- Decrease of 11.00 staff years due to the loss of revenue associated with the decline in the economy. These reductions will have no impact to clients or service delivery.

Expenditures

Net decrease of \$2.6 million.

- Salaries and Benefits — decrease of \$0.6 million due to the reduction of staff years.
- Services and Supplies — net decrease of \$2.0 million.

- Increase of \$0.2 million associated with increased cost for public assistance fraud and prosecution offset by savings in other services and supplies.
- Decrease of \$1.6 million associated with one-time prior year retro payments for County Medical Services.
- Decrease of \$0.6 million associated with the completion of one-time projects.

Revenues

Net decrease of \$2.6 million.

- Intergovernmental Revenues — decrease of \$0.5 million associated with the decline in the economy.
- Charges for Current Services — increase of \$0.1 million of child abuse fines.
- Use of Fund Balance — decrease of \$2.2 million due to the completion of one-time prior year projects.

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

Increase of \$0.6 million in Salaries and Benefits due to negotiated wage and benefit increases.



Staffing by Program

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Administration	86.00	78.00	78.00
Health Care Administration	36.00	35.00	35.00
Self Sufficiency Services and Support	109.00	108.00	108.00
Total	231.00	221.00	221.00

Budget by Program

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Administration	\$ 25,093,191	\$ 26,684,895	\$ 26,724,969	\$ 26,193,470	\$ 26,058,093	\$ 26,312,661
Health Care Administration	84,077,027	97,540,120	103,087,962	96,868,548	95,747,432	95,831,490
Child Care Planning Council	1,070,743	1,113,810	1,120,102	1,065,420	1,113,810	1,113,810
Self Sufficiency Services and Support	27,467,182	24,088,475	24,072,945	24,558,698	23,893,261	24,138,415
Total	\$ 137,708,143	\$ 149,427,300	\$ 155,005,978	\$ 148,686,136	\$ 146,812,596	\$ 147,396,376

Budget by Categories of Expenditures

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Salaries & Benefits	\$ 17,857,012	\$ 18,746,356	\$ 18,746,356	\$ 19,216,085	\$ 18,181,205	\$ 18,764,985
Services & Supplies	119,572,959	130,680,944	136,259,622	129,513,923	128,631,391	128,631,391
Other Charges	278,171	—	—	(43,873)	—	—
Total	\$ 137,708,143	\$ 149,427,300	\$ 155,005,978	\$ 148,686,136	\$ 146,812,596	\$ 147,396,376



Budget by Categories of Revenues

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Fines, Forfeitures & Penalties	\$ 2,640,846	\$ 3,349,216	\$ 3,349,216	\$ 3,117,884	\$ 3,349,216	\$ 3,349,216
Intergovernmental Revenues	119,456,274	107,417,266	107,417,266	122,835,848	106,911,954	106,911,954
Charges For Current Services	7,080,879	6,858,469	6,858,469	11,635,373	6,909,077	6,918,600
Miscellaneous Revenues	1,163,233	1,042,349	1,042,349	2,588,331	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	—	—	—	—	—	574,257
Use of Fund Balance	(21,233,089)	2,160,000	7,738,678	(20,091,300)	—	—
General Revenue Allocation	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000
Total	\$ 137,708,143	\$ 149,427,300	\$ 155,005,978	\$ 148,686,136	\$ 146,812,596	\$ 147,396,376



Aging & Independence Services

Department Description

Aging & Independence Services (AIS) is committed to improving the lives of seniors and individuals with special needs in San Diego County by offering access to information, case management, health services and community services in a caring and supportive manner. This division serves seniors, veterans, disabled adults, 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 delivering essential services.

2008-09 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Ensured 93% (6,316 of 6,815) of Adult Protective Services (APS) cases were not re-referred within six months of case closing, above target of 91%.
- Ensured 96% (6,526 of 6,815) performance rate for conducting face-to-face contact within 10 days of receiving APS referrals, above target of 95%.
- Ensured 99% (280 of 281) of sampled In-Home Supportive Services (IHSS) cases reviewed were in compliance with the State mandated IHSS quality assurance program, above target of 90%.
- Entered 315 Information and Assistance calls monthly into the AIS Call Center Network of Care database. The goal to increase the number of calls entered into the database by 5% (from 400 to 420) was not met due to unexpected technical complications with the database.
- Notified 99% (5,294 of 5,325) of customers assisted by the Veterans Services Office of the result of their college fee waiver application within 14 days, exceeding target of 80%. This achievement was due to the automation of the application process and an increase in volunteers.

Required Discipline – Continuous Improvement

- Completed technical requirements that will allow the conversion of manual records to an electronic format in the AIS case management and Ombudsman programs in



order to improve access and retrieval of needed information. Implementation of these requirements is scheduled for Fiscal Year 2009-10.

2009-11 Objectives

Strategic Initiative – Safe and Livable Communities

- Maintain a 95% (7,125 of 7,500) performance rate for conducting face-to-face contacts within 10 days of receiving APS referral.
- Ensure 91% (6,825 of 7,500) of APS cases are not re-referred within six months of case closing.
- Ensure 96% (15,840 of 16,500) of annual IHSS reassessments are updated and documented by the recertification due date. Timely completion of reassessments ensures IHSS clients receive the appropriate level of care to remain safely in their own home.
- Notify 90% (4,500 of 5,000) of customers assisted by Veteran's Services of the result of their college tuition waiver application within 14 days.

Required Discipline – Continuous Improvement

- Ensure 95% (618 of 650) of sampled IHSS cases reviewed are in compliance with the State mandated IHSS quality assurance program and the assessed service hours are correctly calculated and authorized.
- Implement the new IHSS statewide computer system, Case Management Information and Payrolling System (CMIPS) II, which will allow better management of recipient and provider data as cases migrate from paper to electronic.



Related Links

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

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

Performance Measures	2007-08 Actuals	2008-09 Adopted	2008-09 Actuals	2009-10 Adopted	2010-11 Approved
Face-to-face APS investigations within 10 days	95% of 7,195	95% of 7,500	96% of 6,815	95% of 7,500	95% of 7,500
APS cases not re-referred within 6 months of closing	92% of 7,195	91% of 7,500	93% of 6,815	91% of 7,500	91% of 7,500
IHSS reassessments are updated/ documented by recertification due date ¹	N/A	N/A	N/A	96% of 16,500	96% of 16,500
Notification response rate within 14 days for customers applying for the college fee waiver	N/A	80% of 5,000	99% ² of 5,325	90% of 5,000	90% of 5,000
Cases in compliance with IHSS quality assurance program	99% of 355	90% of 350	99% of 281	95% of 650	95% of 650
Increase in number of monthly calls entered into the AIS Call Center Network of Care database ³	N/A	5% (from 400 to 420)	-21% ³ (from 400 to 315)	N/A	N/A

Table Notes

¹ Effective Fiscal Year 2009-10, this measure was added to better reflect State mandated requirements for the IHSS program. The annual reassessment completion dates are entered/documentated in the Case Management Information and Payroll System by their due date. The timely assessment ensures no disruption in services to clients and timely payments to providers.

² In Fiscal Year 2008-09, this measure was exceeded due to the automation of the application process and an increase in volunteer workforce.

³ Effective Fiscal Year 2009-10, this measure will not be reported in the Operational Plan due to technical difficulties with the database system. In Fiscal Year 2007-08 a baseline was established for this measure. In Fiscal Year 2008-09, the target was a 5% increase above the baseline. During the year, technical issues arose negatively impacting staff ability to enter data and requiring an upgrade to the system. In Fiscal Year 2009-10, the upgraded system will be piloted. Based on these events, this objective is not included for the upcoming fiscal year.

Budget Changes and Operational Impact: 2008-09 to 2009-10

Staffing

Net decrease of 28.00 staff years.

- Decrease of 18.00 staff years in Adult Protective Services and Ombudsman program due to State budget reductions. This will increase wait times for the APS Call Center, the APS caseloads are expected to increase and some clients

will no longer be seen on a face-to-face basis. Nursing home visits will be reduced to minimal state levels. With fewer staff in the Ombudsman Program it will lead to a reduction in Ombudsman volunteers.

- Decrease of 8.00 staff years throughout AIS due to the loss of revenue associated with the decline in the economy. Every effort was made to accomplish these reductions through streamlining processes and reengineering



workflow with an emphasis on mandated core functions. However, the reduction will lead to increased wait time by clients in APS and IHSS and other Aged programs.

- Transfer out of 2.00 staff years to Administrative Support as a result of reengineering Agency Human Resources.

Expenditures

Net increase of \$29.9 million.

- Salaries and Benefits — decrease of \$1.9 million due to the reduction of staff years.
- Services and Supplies — increase of \$31.8 million.
 - Increase of \$30.0 million for IHSS Individual Provider (IP) payments.
 - Increase of \$1.5 million for implementation of Case Management Information Payroll System (CMIPS II).
 - Increase of \$0.6 million in one-time appropriations for senior nutrition and employment services. These appropriations are funded with American Recovery and Reinvestment Act of 2009 funds to provide meals for seniors and to increase the number of seniors served by the Senior Community Employment Program.
 - Increase of \$0.3 million in one-time appropriations for educational efforts and investigation of financial abuse for seniors and dependent adults. These appropriations are funded with the Indian Gaming Special Distribution Funds.
 - Decrease of \$0.5 million in various services and supplies associated with loss of revenue.
 - Decrease of \$0.2 million due to one-time cost associated with Project Care and the elimination of the AIS radio talk show, which impacts seniors who will have less access to information on health, safety and well-being.

Revenues

Net increase of \$29.9 million.

- Intergovernmental Revenues — net increase of \$29.1 million.

- Increase of \$25.8 million associated with the increased IHSS Individual Provider costs.
- Increase of \$11.1 million in federal revenue associated with the American Recovery and Reinvestment Act of 2009.
- Increase of \$1.5 million in State funding for CMIPS II implementation.
- Increase of \$0.3 million in one-time Indian Gaming Special Distribution Funds to support educational and investigative efforts described above.
- Decrease of \$8.4 million in Realignment revenue due to the decline in the economy.
- Decrease of \$1.2 million associated with the State cuts to the Ombudsman and APS programs.
- Reserve/Designation Decreases — increase of \$0.9 million in the use of the Designated Realignment use of fund balance associated with the increase in IHSS Individual Provider costs. This designation was established during good economic times when Realignment receipts exceeded demand for services and is being utilized now to mitigate a projected shortfall in Realignment receipts in the coming year.
- Use of Fund Balance — decrease of \$0.1 million for one-time prior year costs associated with Project Care.
- General Revenue Allocation — decrease of \$0.05 million, which reflects the impact of the downturn in the overall economy.

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

- Increase of \$25.3 million due to \$0.7 million in Salaries and Benefits for negotiated wage and benefit increases and \$24.6 million in projected IHSS Individual Provider payments. The increase in IHSS Individual Provider payments is funded primarily by federal and State IHSS Personal Care revenue as well as the use of the County's Designated Realignment fund balance.



Staffing by Program

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
In-Home Supportive Services	156.00	151.00	151.00
Veterans Services	8.00	8.00	8.00
Senior Health and Social Services	48.00	48.00	48.00
Protective Services	88.50	67.50	67.50
Administrative and Other Services	23.00	21.00	21.00
Total	323.50	295.50	295.50

Budget by Program

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
In-Home Supportive Services	\$ 249,532,666	\$ 274,076,990	\$ 274,076,990	\$ 267,787,079	\$ 304,758,223	\$ 330,620,999
Veterans Services	799,628	856,343	856,343	927,575	927,972	950,972
Senior Health and Social Services	13,325,435	14,513,015	14,627,297	13,485,019	15,176,894	14,710,458
Protective Services	9,394,392	10,114,644	9,779,782	8,603,282	8,832,484	8,636,927
Administrative and Other Services	4,057,760	4,466,421	4,482,964	4,363,341	4,194,155	4,260,682
Total	\$ 277,109,881	\$ 304,027,413	\$ 303,823,376	\$ 295,166,297	\$ 333,889,728	\$ 359,180,038

Budget by Categories of Expenditures

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Salaries & Benefits	\$ 26,677,913	\$ 27,682,544	\$ 27,338,800	\$ 27,073,248	\$ 25,783,838	\$ 26,503,455
Services & Supplies	238,398,929	262,358,932	262,498,639	255,961,773	294,119,953	318,690,646
Other Charges	—	5,000	5,000	7,358	5,000	5,000
Capital Assets Equipment	—	181,757	181,757	—	181,757	181,757
Operating Transfers Out	12,033,040	13,799,180	13,799,180	12,123,919	13,799,180	13,799,180
Total	\$ 277,109,881	\$ 304,027,413	\$ 303,823,376	\$ 295,166,297	\$ 333,889,728	\$ 359,180,038



Budget by Categories of Revenues

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Fines, Forfeitures & Penalties	\$ 279,702	\$ 185,660	\$ 185,660	\$ 274,342	\$ 185,660	\$ 185,660
Intergovernmental Revenues	272,330,728	294,835,641	294,602,192	285,931,704	323,963,647	340,915,781
Miscellaneous Revenues	125,721	65,582	65,582	6,489,563	78,452	78,452
Other Financing Sources	124,587	100,000	100,000	105,278	100,000	100,000
Reserve/Designation Decreases	—	—	—	—	891,189	9,206,365
Use of Fund Balance	(3,975,605)	120,000	149,412	(6,355,120)	—	—
General Revenue Allocation	8,224,748	8,720,530	8,720,530	8,720,530	8,670,780	8,693,780
Total	\$ 277,109,881	\$ 304,027,413	\$ 303,823,376	\$ 295,166,297	\$ 333,889,728	\$ 359,180,038







Behavioral Health Services

Department Description

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

Mission Statement

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

2008-09 Accomplishments - Behavioral Health

Strategic Initiative – Safe and Livable Communities

- Initiated the implementation process for a cross threaded Behavioral Health Quality Management Plan, to improve alcohol, drug and mental health services to better serve clients. Developed policies and procedures for reporting of Serious Incidents and Unusual Occurrences for both Mental Health Services (MHS) and Alcohol and Drug Services (ADS), thereby facilitating tracking and response and improving overall quality of care.
- Consolidated medical record and quality assurance review processes for both MHS and ADS, thereby promoting adherence to clear documentation requirements, decreasing the risk of disallowances by Medi-Cal and improving overall quality of care to consumers.

2009-11 Objectives - Behavioral Health

Strategic Initiative – Safe and Livable Communities

- Enhance care coordination between physical health and behavioral health services.
- Implement the Behavioral Health Quality Management Plan to improve alcohol, drug and mental health services for clients with co-occurring disorders.



Alcohol and Drug Services

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

2008-09 Accomplishments

Strategic Initiative – Kids

- Ensured 94% (1,117 of 1,186) of adolescents discharged from an alcohol and drug treatment program completed high school or the equivalent or were enrolled in an educational setting, above target of 88%.
- Successfully admitted 94% (1,662 of 1,772) of adolescents in non-residential treatment into a program within 14 calendar days of being accepted for treatment services, above target of 85%.

Strategic Initiative – Safe and Livable Communities

- Increased health and well-being for 67% (5,346 of 7,992) of participants who remained in an alcohol or drug treatment program for more than 30 days by ensuring completion or satisfactory progress of treatment upon leaving the program, exceeding target of 55%.



2009-11 Objectives

Strategic Initiative – Kids

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

Strategic Initiative – Safe and Livable Communities

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

Mental Health Services

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

2008-09 Accomplishments

Strategic Initiative – Kids

- Increased the number of transition age youth receiving outpatient mental health services by 21% (from 8,172 to 9,911) over Fiscal Year 2007-08, exceeding target of 10%. This previously underserved group received a large number of unanticipated referrals due to the economic downturn. Increases in services were accommodated due to Mental Health Services Act (MHSA) funding.
- Achieved a systemwide average wait time of 7 days for outpatient mental health assessments for approximately 6,500 children and youth. Target of 5 days for a systemwide average wait time was not met due to an increased number of children needing services.

Strategic Initiative – Safe and Livable Communities

- Achieved a systemwide average wait time of 8 days for outpatient mental health assessments for approximately 13,500 adults, meeting the target of 8 days.
- Increased the number of older adults accessing mental health services by 18% (from 5,892 to 6,943) over Fiscal Year 2007-08, exceeding the target of 5%. Though unanticipated, BHS successfully accommodated this increase in requests for services which was a result of the economic downturn.

Required Discipline – Continuous Improvement

- Completed Phase I of implementation of an integrated mental health information system and began implementation of Phase II, development of an electronic health record.

2009-11 Objectives

Strategic Initiative – Kids

- Maintain an average wait time of 5 days or less for children and youth to be provided outpatient mental health assessment.
- Implement a new evidence-based program designed to reduce risk of behavioral/emotional problems in children 0-5 years of age by enrolling 500 families.

Strategic Initiative – Safe and Livable Communities

- Maintain an average wait time of 8 days or less for new adult clients to be provided outpatient mental health assessment.
- Increase by 5% (from 6,187 to 6,497) the number of older adults accessing and receiving outpatient mental health services.

Required Discipline – Information Technology

- Implement the Electronic Mental Health Record to enhance customer service by improving operational effectiveness and efficiency.

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 Hospital Distinct Part Skilled Nursing Facility (DPSNF). The Psychiatric Hospital has 45 licensed beds and provides services for mental health emergencies, treatment requiring intensive



supervision and short-term inpatient psychiatric hospitalization. Edgemoor DPSNF has 192 licensed beds and provides long-term medical and nursing services for patients unable to be cared for by other skilled nursing facilities.

2008-09 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Maintained full accreditation with Joint Commission Standards Compliance for SDCPH to ensure continuous performance improvement, commitment to patient care and accountability.
- Obtained a rating of substantial compliance for the new Edgemoor DPSNF 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 opened February 2009.

2009-11 Objectives

Strategic Initiative – Safe and Livable Communities

- Maintain full accreditation with Joint Commission Standards Compliance for SDCPH to ensure continuous performance improvement, commitment to patient care and accountability. The essential elements required for this periodic performance review include: leadership, nursing, environment of care, medical staff, life safety and emergency management.
- Maintain a rating of substantial compliance for the new Edgemoor DPSNF as issued by State licensing in order to meet the health, safety and quality of life needs of the patients.

Related Links

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

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





Performance Measures	2007-08 Actuals	2008-09 Adopted	2008-09 Actuals	2009-10 Adopted	2010-11 Approved
Adolescents discharged from alcohol and drug treatment who complete high school or the equivalent, or are enrolled in an educational setting	93% ¹ of 925	88% of 925	94% of 1,186	90% of 925	90% of 925
Adolescents admitted timely (within 14 calendar days) to non-residential alcohol and drug treatment	93% ² of 1,440	85% of 1,440	94% of 1,772	85% of 1,440	85% of 1,440
Participants in alcohol and drug treatment will complete treatment ³	N/A	N/A	N/A	35% of 13,000	35% of 13,000
Wait time for children's mental health outpatient treatment	4 days	5 days	7 days ⁴	5 days	5 days
Wait time for adult mental health outpatient treatment	6 days	8 days	8 days	8 days	8 days
Increase in number of older adults receiving mental health services	63% ⁵ (from 3,607 to 5,892)	5% (from 5,892 to 6,187)	18% (from 5,892 to 6,943)	5% (from 6,187 to 6,497)	5% (from 6,497 to 6,821)
Compliance rating of Edgemoor DPSNF	D	D	D ⁶	D	D
Participants in alcohol and drug treatment for more than 30 days with increased health and well-being due to completion of treatment ³	67% of 7,615	55% of 7,000	67% of 7,992	N/A	N/A
Percentage increase in number of transition age youth receiving mental health services ⁷	12% (from 7,267 to 8,172)	10% (from 8,172 to 8,990)	21% (from 8,172 to 9,911)	N/A	N/A

Table Notes

¹ In Fiscal Year 2007-08, the number of adolescents exceeded the target of 80% due to stronger linkages with schools and adolescent treatment program's incorporation of ensuring client educational goals.

² In Fiscal Year 2007-08, the number of adolescents admitted exceeded the target of 70% due to stronger linkages and referral systems across adolescent treatment programs to facilitate timely entry into treatment.

³ Effective Fiscal Year 2009-10, the measure for *participants in alcohol and drug treatment completing treatment* replaces the measure about *participants in alcohol and drug treatment for more than 30 days completing treatment*.

⁴ In Fiscal Year 2008-09, the average wait time of 5 days for children was met due to an increased number of unfunded children needing services.

⁵ In Fiscal Year 2007-08, this measure exceeded its target of 5% due to the newly implemented MHSA-funded programs, which provided outreach and comprehensive mental health wraparound services or outreach, education and brief intervention to the homebound and homeless individuals. An additional program that contributed to the increase in access was 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.

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

⁷ Effective Fiscal Year 2009-10, this measure will no longer be reported in the Operational Plan, but be monitored internally. The program has reached capacity and in the absence of additional funds, service expansion is not anticipated.



Budget Changes and Operational Impact: 2008-09 to 2009-10

Staffing

Decrease of 44.50 staff years.

- Decrease of 34.50 staff years in Inpatient Health Services. This includes a decrease of 23.50 staff years due to operational efficiencies achieved with the opening of the new Edgemoor facility and the transfer out of 11.00 staff years to the Department of General Services for facility maintenance at the new facility.
- Decrease of 7.00 staff years due to the loss of revenue associated with the decline in the economy. These additional reductions in Inpatient Health Services and in Mental Health Services will have no impact to clients or services. Remaining staff are absorbing these reductions through prioritization of the work, streamlining processes and focusing on core mandated services.
- Transfer out 2.00 staff years due to the reengineering of Agency Human Resources.
- Transfer out 1.00 staff year to Administrative Support to support operational needs.

Expenditures

Net increase of \$19.1 million associated primarily with the expansion of MHSA services.

- Salaries and Benefits — decrease of \$4.7 million due to the reduction of staff years.
- Services and Supplies — increase of \$23.8 million.
 - Increase of \$22.6 million in contracted services primarily for MHSA for Prevention and Early Intervention (PEI) and Community Services and Support (CSS) enhancements, as well as Early Periodic Screening, Diagnosis and Treatment (EPSDT) and other integrated mental health services.
 - Increase of \$1.7 million in facilities management for the new Edgemoor facility and additional leased space for mental health.
 - Increase of \$1.3 million in application services for mental health services.
 - Increase of \$1.2 million for San Diego County Psychiatric Hospital associated with temporary contracted services and medication costs.
 - Increase of \$0.6 million in regulatory risk compliance services.

- Decrease of \$3.6 million in Proposition 36, *Substance Abuse and Crime Prevention Act of 2000*, and Offender Treatment Program (OTP) contracted services due to State reductions. This will result in longer wait times for clients and reduces the availability and accessibility of non-residential and residential treatment services.

Revenues

Net increase of \$19.1 million.

- Intergovernmental Revenues — net increase of \$19.7 million.
 - Increase of \$25.0 million in MHSA revenues for PEI, CSS and other integrated mental health services.
 - Increase of \$9.0 million in federal revenues by leveraging other mental health funds.
 - Increase of \$5.0 million associated with the American Recovery and Reinvestment Act of 2009.
 - Increase of \$3.9 million in Managed Care revenue to offset loss of Mental Health Realignment.
 - Decrease of \$12.8 million in Mental Health Realignment due to the decline in the economy.
 - Decrease of \$4.6 million in Health Realignment associated with operational savings at the new Edgemoor facility.
 - Decrease of \$4.0 million in allocations due to State reductions, primarily for Proposition 36.
 - Decrease of \$1.5 million in Senate Bill 90, *Seriously Emotionally Disturbed Children*, due to delayed reimbursement from State.
 - Decrease of \$0.3 million due to reductions in other miscellaneous revenues.
- Charges for Current Services — increase \$4.7 million primarily associated with Institutional Care reimbursement due to additional bed capacity at the new Edgemoor facility and a technical adjustment transfer from Miscellaneous Revenue.
- Miscellaneous Revenues — decrease of \$0.8 million due to a technical adjustment transfer to Charges for Current Services.
- Use of Fund Balance — decrease of \$2.1 million in one-time funding associated with prior year transitional cost to the new Edgemoor facility.
- General Revenue Allocation — decrease of \$2.4 million, which reflects the impact of the downturn in the overall economy.



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

Decrease of 11.00 staff years associated with completion of the transition to the new Edgemoor facility. Increase of \$2.4 million in Salaries and Benefits due to negotiated wage and benefits increases offset by a one-time prior year cost of \$0.8 million for software purchases.



Staffing by Program						
		Fiscal Year 2008-09 Adopted Budget			Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Alcohol and Other Drug Services		35.00			36.00	36.00
Mental Health Services		325.50			321.25	321.25
Inpatient Health Services		520.00			482.25	471.25
Behavioral Health Svcs Administration		35.50			32.00	32.00
Total		916.00			871.50	860.50

Budget by Program						
	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Alcohol and Other Drug Services	\$ 46,662,358	\$ 51,093,492	\$ 51,813,443	\$ 46,043,518	\$ 51,278,208	\$ 51,278,208
Adult/Older Adult Mental Health Services	(3,526)	—	—	—	—	—
Children's Mental Health Services	612	—	—	—	—	—
Mental Health Services	222,753,858	283,902,261	287,157,091	241,594,169	302,622,187	303,103,186
Inpatient Health Services	54,791,021	60,268,100	60,708,406	59,877,570	57,323,182	58,127,135
Behavioral Health Svcs Administration	2,485,774	5,336,952	5,337,369	5,518,593	8,493,944	8,816,616
Total	\$ 326,690,097	\$ 400,600,805	\$ 405,016,309	\$ 353,033,850	\$ 419,717,521	\$ 421,325,145

Budget by Categories of Expenditures						
	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Salaries & Benefits	\$ 78,015,913	\$ 87,847,884	\$ 87,172,329	\$ 82,684,754	\$ 83,107,794	\$ 85,468,418
Services & Supplies	246,710,652	310,044,323	315,142,856	267,614,821	333,901,129	333,148,129
Other Charges	1,941,787	2,518,779	2,518,779	2,556,292	2,518,779	2,518,779
Capital Assets Equipment	64,829	208,449	200,975	210,221	208,449	208,449
Expenditure Transfer & Reimbursements	(43,084)	(18,630)	(18,630)	(32,237)	(18,630)	(18,630)
Total	\$ 326,690,097	\$ 400,600,805	\$ 405,016,309	\$ 353,033,850	\$ 419,717,521	\$ 421,325,145



Budget by Categories of Revenues

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Intergovernmental Revenues	\$ 273,400,663	\$ 346,687,039	\$ 348,356,038	\$ 303,433,554	\$ 366,389,292	\$ 366,435,321
Charges For Current Services	28,473,493	26,446,814	26,446,814	28,508,847	31,177,517	31,043,688
Miscellaneous Revenues	5,621,165	5,917,181	5,917,181	1,051,845	5,080,591	5,080,591
Other Financing Sources	6,083,410	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000
Reserve/Designation Decreases	—	—	—	—	—	1,695,424
Use of Fund Balance	(338,404)	2,100,000	4,846,505	589,833	—	—
General Revenue Allocation	13,449,771	13,449,771	13,449,771	13,449,771	11,070,121	11,070,121
Total	\$ 326,690,097	\$ 400,600,805	\$ 405,016,309	\$ 353,033,850	\$ 419,717,521	\$ 421,325,145



Child Welfare Services

Department Description

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

Mission Statement

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

2008-09 Accomplishments

Strategic Initiative – Kids

- Conducted 1,843 Team Decision Making (TDM) meetings countywide, exceeding target of 1,664. TDM meetings allowed more family and community participation in making best decisions for children in foster care.
- Diverted entries from Polinsky Children's Center by placing 43% (360 of 829) of children entering the assessment center with family, relative, or other foster care settings in less than 24 hours. This achievement exceeded the target of 25% due to a lower number of hard to place children entering the assessment center than originally projected.
- Ensured 87% (167 of 192) of foster youth in the 12th grade achieved high school completion (diploma, certificate, or equivalent), including youth at San Pasqual Academy and other residential care settings, above target of 81%.



- Enrolled 204 youth in an intensive, in-home program for foster youth who are at risk of being placed in a group home setting or who transitioned to a lower level of care from a group home placement, above target of 175.
- Placed 660 children in adoptive homes to advance permanency for foster children, above target of 635.
- Increased the number of foster youth from 48 to 170 who accessed services through Transitional Housing Program – Plus (THP-Plus), a program that offers support services and housing to youth ages 18-24. The program supports youth transitioning from the foster care system to independence. This achievement exceeded the target of 96 youth accessing THP-Plus services due to an increase in State allocation for the program.

2009-11 Objectives

Strategic Initiative – Kids

- Divert entries from Polinsky Children's Center by placing 45% (270 of 600) of children entering the assessment center in family, relative or other foster care settings in less than 24 hours.
- Ensure 20% (121 of 607) of children in the child welfare system who are adopted are placed with their new family within 24 months. This time period is from the date of the latest removal from the home to a finalized adoption.
- Ensure 50% (60 of 120) of the youth enrolled in the intensive, wraparound program will be in a family-like setting, an increase of 5%. This program is for foster youth at risk of being placed in a group home setting or who are transitioning to a lower level of care from a group home placement.



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

Related Links

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

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

Performance Measures	2007-08 Actuals	2008-09 Adopted	2008-09 Actuals	2009-10 Adopted	2010-11 Approved
Number of TDM meetings held countywide ¹	1,924	1,664	1,843	N/A	N/A
Polinsky Children's Center (PCC) assessment center entries placed in family, relative, or other foster care settings in less than 24 hours	48% of 668	25% of 600	43% ² of 829	45% of 600	45% of 600
Children who were adopted are placed with their new family within 24 months of entering child welfare services ³	N/A	N/A	16% of 607	20% of 607	20% of 607
Youth in intensive, wraparound program in a family-like setting ⁴	N/A	N/A	45% of 120	50% of 120	50% of 120
Foster children in 12 th grade who achieve high school completion (diploma, certificate, or equivalent)	86% of 190	81% of 190	87% of 192	82% of 190	82% of 190
Children placed in adoptive homes ³	638	635	660	N/A	N/A
Number of foster youth who access services through Transitional Housing Program - Plus ⁵	48	96	170	N/A	N/A

Table Notes

- 1 Effective Fiscal Year 2009-10, the measure on *number of TDM held countywide* will be reported in the Regional Operations sections to reflect cross threaded efforts.
- 2 This measure exceeded the target of 25% due to a lower number of hard to place children entering the assessment center than originally projected.
- 3 Effective Fiscal Year 2009-10, the measure about the number of children adopted within 24 months replaces the measure about the number of children being placed in adoptive homes to better reflect strategic priorities.
- 4 Effective Fiscal Year 2009-10, this new measure has been included to better reflect strategic priorities.
- 5 Effective Fiscal Year 2009-10, this measure will no longer be reported in the Operational Plan, but will continued to be monitored internally. The THP-Plus program reached capacity in Fiscal Year 2008-09. The number of children served is based on State revenue.



Budget Changes and Operational Impact: 2008-09 to 2009-10

Staffing

Net increase of 1.50 staff years.

- Transfer in 18.00 staff years from Regional Operations Child Welfare Services (CWS), to support operational needs and redeploy CWS positions to meet core CWS priorities.
- Transfer in 1.00 staff year from Public Health Services to support operational needs.
- Transfer out 2.50 staff years to Administrative Support as a result of reengineering Agency Human Resources.
- Decrease of 15.00 staff years, associated with non-case carrying CWS positions, due to the loss of revenue associated with the decline in the economy. Every effort was made to accomplish these reductions through streamlining processes and reengineering workflow with an emphasis on mandated core functions. Staff positions were shifted from non-case carrying to case-carrying programs to avoid impacts on core child welfare services to clients.

Expenditures

Increase of \$0.7 million.

- Salaries and Benefits — increase of \$0.4 million due to increase of staff years and benefit adjustments.
- Services and Supplies — increase of \$0.3 million in miscellaneous expenses for the Polinsky Children's Center.

Revenues

Net increase of \$0.7 million.

- Intergovernmental Revenues — net decrease of \$2.9 million.
 - Increase of \$2.4 million in federal revenue associated with the American Recovery and Reinvestment Act of 2009.
 - Increase of \$0.2 million of various federal and State revenues to align to the allocations.
 - Decrease of \$5.5 million in Realignment revenue due to the decline in the economy.
- Charges For Current Services — increase of \$3.5 million.
 - Increase of \$3.3 million of First Five revenue to support Polinsky Children's Center and respite services.
 - Increase of \$0.2 million in Independent Adoptions Fees.
- Miscellaneous Revenues — increase of \$0.3 million for Polinsky Children's Center donations.
- Use of Fund Balance — decrease of \$0.2 million due to the completion of one-time projects.

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

Increase of \$2.0 million in Salaries and Benefits due to negotiated wage and benefit increases.





Staffing by Program						
		Fiscal Year 2008-09 Adopted Budget			Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Child Welfare Services		525.00			534.50	534.50
Foster Care		114.00			111.00	111.00
Adoptions		168.00			163.00	163.00
Total		807.00			808.50	808.50

Budget by Program						
	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Child Welfare Services	\$ 67,575,288	\$ 72,146,375	\$ 74,927,962	\$ 76,140,848	\$ 73,322,713	\$ 74,597,887
Foster Care	151,640,982	175,884,232	162,327,317	151,282,392	175,725,743	175,985,390
Adoptions	16,618,286	16,325,712	16,174,887	16,608,117	15,993,425	16,468,492
Total	\$ 235,834,556	\$ 264,356,319	\$ 253,430,166	\$ 244,031,357	\$ 265,041,881	\$ 267,051,769

Budget by Categories of Expenditures						
	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Salaries & Benefits	\$ 62,156,139	\$ 65,208,935	\$ 66,516,656	\$ 64,600,733	\$ 65,564,382	\$ 67,574,270
Services & Supplies	29,484,933	31,045,210	32,336,337	34,761,611	31,375,325	31,375,325
Other Charges	144,193,484	168,102,174	154,577,174	143,893,376	168,102,174	168,102,174
Capital Assets Equipment	—	—	—	775,638	—	—
Total	\$ 235,834,556	\$ 264,356,319	\$ 253,430,166	\$ 244,031,357	\$ 265,041,881	\$ 267,051,769



Budget by Categories of Revenues

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Revenue From Use of Money & Property	\$ 831,237	\$ 687,506	\$ 687,506	\$ 334,026	\$ 687,506	\$ 687,506
Intergovernmental Revenues	282,657,956	252,883,379	240,308,381	278,125,134	249,943,839	249,943,839
Charges For Current Services	335,234	284,270	284,270	669,387	3,809,372	3,809,372
Miscellaneous Revenues	239,502	811,962	1,561,962	725,078	1,061,962	1,061,962
Reserve/Designation Decreases	—	—	—	—	—	2,009,888
Use of Fund Balance	(57,978,203)	150,000	1,048,845	(45,361,470)	—	—
General Revenue Allocation	9,748,829	9,539,202	9,539,202	9,539,202	9,539,202	9,539,202
Total	\$ 235,834,556	\$ 264,356,319	\$ 253,430,166	\$ 244,031,357	\$ 265,041,881	\$ 267,051,769







Public Health Services

Department Description

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

Mission Statement

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

2008-09 Accomplishments

Strategic Initiative – Kids

- Ensured 86% (3,188 of 3,725) of children in out-of-home placement received preventive health examinations in accordance with the Child Health and Disability Prevention Program (CHDP) guidelines, exceeding target of 75% in response to economic downturn.
- Provided technical assistance to 12 San Diego County school districts on successful strategies for implementing their wellness policies as part of the Childhood Obesity Initiative, above the target of six.

Strategic Initiative – Safe and Livable Communities

- Ensured 100% (40) of cases for selected communicable diseases had initial contact and that an investigation was begun within 24 hours, above target of 99%.
- Ensured 95% (238 of 251) of tuberculosis cases were reported to PHS within one working day from start of treatment, above the target of 92%.
- Conducted 11 drills and exercises with public health staff and community partners to evaluate the County's level of preparedness for public health hazards, exceeding the



target of five. This achievement was due to additional requests for participation from federal, State and community partners.

- Developed and piloted in one community a customized checklist for data-driven decision making for city government planning as part of the Reduce and Eliminate Health Disparities Initiative (REHDI).

2009-11 Objectives

Strategic Initiative – Kids

- Ensure 77% (3,465 of 4,500) of children in out-of-home placement receive preventive health examinations in accordance with the CHDP State guidelines.
- Increase the number of eQuest referrals by 10% (from 14% to 24% of 50,000 total referrals) in order to expedite referrals to CCS and improve the accuracy of provider referrals.

Strategic Initiative – Safe and Livable Communities

- Ensure 99% (79 of 80) of all reported cases of selected communicable disease have investigations initiated within 24 hours.
- Ensure 95% of tuberculosis cases (276 of 300) are reported to Public Health Services within one working day from start of treatment.
- Ensure 90% (900 of 1,000) of new case management clients are enrolled with an HIV primary care provider within 90 days of enrollment into case management.
- Conduct 7 drills or exercises with public health staff and community partners to evaluate the County's level of preparedness for public health hazards.





Related Links

For more information about: Childhood Obesity Action Plan, go to http://ourcommunityourkids.org/childobesity_plan.html; for health statistics that describe health behaviors, diseases

and injuries for specific populations, health trends and comparison to national targets, go to <http://www.sdhealthstatistics.com/>.

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

Performance Measures	2007-08 Actuals	2008-09 Adopted	2008-09 Actuals	2009-10 Adopted	2010-11 Approved
Children in out-of-home placement who receive preventive health examinations in accordance with CHDP guidelines	81% ¹ of 4,298	75% of 5,000	86 ² of 3,725	77% of 4,500	77% of 4,500
Increase in number of eQuest referrals ³	N/A	N/A	14% of 50,000	24% of 50,000	34% of 50,000
Selected communicable diseases cases contacted/investigations initiated within 24 hours ⁴	100% of 67	99% of 90	100% of 40	99% of 80	99% of 80
TB cases reported to PHS within one working day from start of treatment ⁴	93% of 273	92% of 300	95% of 251	95% of 300	95% of 300
New clients enrolled with an HIV primary care provider within 90 days ^{3, 4}	N/A	N/A	N/A	90% of 1,000	90% of 1,000
Public Health-related drills or exercises conducted with HHSA staff and community partners ⁵	8 ⁶	5	11 ⁷	7 ⁸	7

Table Notes

¹ In Fiscal Year 2007-08, the target of 75% was exceeded at 81% 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 In Fiscal Year 2008-09, the target of 75% was exceeded at 86% due to focused efforts by Public Health Nurses to assist foster parents during the economic downturn.

³ Effective Fiscal Year 2009-10, this measure has been included to reflect strategic priorities.

⁴ The estimated numbers of cases listed in the Adopted and Approved columns are based on an average and may vary from year to year since these measures are based on incidents that have not yet happened.

⁵ Drills encompass chemical, biological, radiological, nuclear and explosive scenarios and include participation with community partners in the public and/or private sectors. Planned exercises range from a Table Top Exercise to a Full Functional Exercise. Responses to a natural or man made disaster during a fiscal year will replace a drill or exercise.

⁶ In Fiscal Year 2007-08, four emergencies occurred. Lessons learned were used to improve drills and exercises which are conducted to prepare staff to respond to real emergencies.

⁷ In Fiscal Year 2008-09, there were four federal and Statewide exercises. Each included a tabletop exercise before the actual exercise causing the count for these to double. This is not a typical number of exercises for the federal and State government to conduct. In addition, community partners requested Public Health participation in three of their exercises.

⁸ The target for Fiscal Year 2009-10 was not increased beyond 7 drills or exercises due to an anticipated 5% increase in the reduction of federal funding for the upcoming fiscal year. This is in addition to the reduction of \$1.4 million for Fiscal Year 2008-09.



Budget Changes and Operational Impact: 2008-09 to 2009-10

Staffing

Net increase of 119.25 staff years.

- Net increase in California Children's Services of 146.75 staff years associated with the move to Public Health Services.
 - Transfer in of 154.75 staff years from Regional Operations.
 - Transfer out 1.00 staff year to Child Welfare Services to support operational needs.
 - Decrease of 7.00 staff years due to the decline in the economy. These reductions are being absorbed through enhanced use of technology which streamlines the eligibility and case management processes.
- Decrease of 26.50 staff years throughout Public Health due to loss of revenue associated with the decline in the economy. Every effort was made to accomplish these reductions through streamlining processes and reengineering workflow. Priorities will be shifted to primarily focus on essential and mandated public health services. Examples include: reduce EMS office hours to the public for the certification/recertification of Emergency Medical Technicians, Paramedics and Mobile Intensive Care Nurses; reduced ability to collect and maintain core public health data; increase time to respond to community requests.
 - 5.00 staff years are being retained in Fiscal Year 2009-10 due to increased laboratory and surveillance work related to the H1N1 flu outbreak. These positions are not included in Fiscal Year 2010-11 as the Agency is working towards using an outsourcing strategy in the future when needing to temporarily increase resources to address pandemic flu issues.
- Transfer out 1.00 staff year to Administrative Support Services to support operational needs.

Expenditures

Net increase of \$14.6 million.

- Salaries and Benefits — increase of \$11.9 million due primarily to the transfer in of CCS staff years.
- Services and Supplies — decrease of \$1.1 million.

- Increase of \$1.4 million in various services and supplies due to the move of the CCS program.
- Increase of \$0.4 million in contracted services associated with pandemic flu outreach and education efforts.
- Net decrease of \$1.4 million in contracted services associated with reduction in revenue and the decline in the economy.
 - ◆ Decrease of \$1.2 million in immunization services. There will be a reduction in outreach efforts which may result in a reduction in the percentage of children immunized in the county.
 - ◆ Decrease of \$0.8 million in Maternal, Child and Family Health Services (MCFHS). There will be a reduction in outreach and preventative services for children's dental health and perinatal outreach to at-risk expectant mothers.
 - ◆ Increase of \$0.6 million in the Office of AIDS Coordination.
- Decrease of \$0.4 million due to the completion of one-time projects.
- Decrease of \$1.1 million in various services and supplies, application services and other IT costs.
- Other Charges — increase of \$4.1 million due to the move of CCS costs for Support and Care of Persons.
- Capital Assets Equipment — decrease of \$0.2 million due to prior year purchase of digital X-ray equipment.

Revenues

Net increase of \$14.6 million.

- Intergovernmental Revenues — net increase of \$11.6 million.
 - Increase of \$15.7 million due to the transfer in of the CCS program.
 - Increase of \$0.7 million in Ryan White HIV/AIDS Program funding.
 - Increase of \$0.8 million in one-time use of Tobacco revenue transferred from Administrative Support for pandemic flu outreach and education efforts.
 - Increase of \$0.3 million in State revenue for Viral Load testing, related to HIV monitoring.
 - Decrease of \$4.7 million in Realignment revenue due to the decline in the economy.
 - Decrease of \$1.3 million in various State and federal revenues.



- Use of Fund Balance — decrease of \$0.7 million due to the completion of one-time prior year projects.
- General Revenue Allocation — net increase of \$3.7 million.
 - Increase of \$4.1 million due to the transfer in of the CCS Program.
 - Decrease of \$0.4 million in public education campaign.

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

Net increase of \$0.9 million for Salaries and Benefits due to negotiated wage and benefit increases and offsetting decrease of 5.00 staff years added in Fiscal Year 2009-10 due to the H1N1 outbreak.

Staffing by Program

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Administration and Other Services	30.50	26.00	26.00
Bioterrorism / EMS	57.00	49.00	49.00
Infectious Disease Control	122.25	111.25	110.25
Surveillance	94.00	93.00	89.00
Prevention Services	70.50	67.50	67.50
California Childrens Services	—	146.75	146.75
Total	374.25	493.50	488.50

Budget by Program

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Administration and Other Services	\$ 11,560,865	\$ 5,494,386	\$ 5,651,821	\$ 4,745,860	\$ 4,803,066	\$ 4,875,239
Bioterrorism / EMS	12,013,353	14,766,687	16,004,916	14,678,388	13,487,433	13,305,082
Infectious Disease Control	26,534,704	27,634,501	28,344,340	28,314,488	26,944,438	27,167,493
Surveillance	11,096,273	12,012,178	12,141,595	11,692,450	11,880,131	11,759,461
Prevention Services	14,330,585	15,222,527	15,566,014	13,544,413	12,454,611	12,649,688
California Childrens Services	—	—	—	—	19,837,969	20,276,163
Ambulance CSA's - Health & Human Services	7,079,691	7,863,489	7,863,489	7,525,534	8,230,092	8,487,545
Total	\$ 82,615,470	\$ 82,993,768	\$ 85,572,175	\$ 80,501,132	\$ 97,637,740	\$ 98,520,671

Budget by Categories of Expenditures

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Salaries & Benefits	\$ 34,079,122	\$ 36,309,165	\$ 36,309,165	\$ 35,473,848	\$ 48,182,787	\$ 49,197,167
Services & Supplies	48,776,143	46,210,903	48,631,578	44,836,851	45,117,253	44,985,804
Other Charges	231,594	400,000	400,000	256,160	4,500,000	4,500,000
Capital Assets Equipment	7,149	269,000	426,731	114,490	33,000	33,000
Expenditure Transfer & Reimbursements	(478,538)	(195,300)	(195,300)	(180,217)	(195,300)	(195,300)
Total	\$ 82,615,470	\$ 82,993,768	\$ 85,572,175	\$ 80,501,132	\$ 97,637,740	\$ 98,520,671



Budget by Categories of Revenues

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Taxes Current Property	\$ 1,459,342	\$ 1,644,225	\$ 1,644,225	\$ 1,493,460	\$ 1,653,670	\$ 1,690,049
Taxes Other Than Current Secured	29,397	43,004	43,004	55,711	43,004	43,949
Licenses Permits & Franchises	144,648	182,557	182,557	155,743	174,557	174,557
Fines, Forfeitures & Penalties	2,120,702	2,267,388	2,267,388	2,328,860	2,257,388	2,257,388
Revenue From Use of Money & Property	163,021	148,100	148,100	81,145	156,150	126,000
Intergovernmental Revenues	69,765,170	70,001,726	70,564,817	69,277,274	81,581,984	80,761,401
Charges For Current Services	5,977,171	5,955,012	5,955,012	5,874,117	6,007,416	6,268,910
Miscellaneous Revenues	720,664	765,278	765,278	708,967	739,453	739,453
Other Financing Sources	500,000	500,000	500,000	502,505	500,000	500,000
Reserve/Designation Decreases	—	29,478	29,478	29,478	—	1,446,061
Use of Fund Balance	(664,674)	1,107,000	3,122,316	(356,128)	438,180	426,965
General Revenue Allocation	2,400,031	350,000	350,000	350,000	4,085,938	4,085,938
Total	\$ 82,615,470	\$ 82,993,768	\$ 85,572,175	\$ 80,501,132	\$ 97,637,740	\$ 98,520,671



Public Administrator / Public Guardian

Department Description

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

Mission Statement

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

2008-09 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Increased by 9% (from 1,609 to 1,767) the number of registered permanent bidders in order to maximize the revenues realized at public auctions, above the target of 5%.
- Submitted 100% (18) 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, exceeding the target of 85% due to lower than expected number of cases.
- Submitted 53% (10 of 19) of the I&A reports of the PA Program cases to Probate Court within 120 days of newly appointed cases, below the target of 85% due to staffing transitions.
- Accurately mapped 100% (211) of clients and real property under the purview of PA/PG for emergency planning services, exceeding the target of 90%.



Required Discipline – Skilled, Competent and Diverse Workforce

- Ensured 100% (19) of deputy PA/PG staff and supervisors were certified or maintained certification in accordance with the mandated California State PA/PG certification program, exceeding target of 95%.

Required Discipline – Accountability/Transparency

- Achieved 100% (40) compliance in sampled PA/PG cases, exceeding target of 90%.

2009-11 Objectives

Strategic Initiative – Safe and Livable Communities

- Maintain 95% (200 of 210) accuracy in mapping of all clients and real property under the purview of PA/PG for emergency planning, response and recovery services.

Required Discipline – Customer Satisfaction

- Increase by 10% (from 924 to 1,016) the number of subscribers registered for the Web subscription service for PA/PG auctions in order to increase auction proceeds which benefit the conservatee or estate associated with the auctioned items.
- Ensure at least 95% (24 of 25) of all estate cases in the PG Program submit I&A reports to the Probate Court within 90 days.
- Ensure at least 85% (estimated 17 of 20) of all formal probate cases in the PA Program will submit I&A reports to the Probate Court within 120 days. A formal probate case is an estate valued over \$100,000 and under court supervision.



Required Discipline – Skilled, Adaptable and Diverse Workforce

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

Related Links

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

Performance Measures	2007-08 Actuals	2008-09 Adopted	2008-09 Actuals	2009-10 Adopted	2010-11 Approved
Client and real property accurately mapped	91% of 144	90% of 220	100% of 211	95% of 210	95% of 210
Increase in subscribers registered for Web subscription service for PA/PG auctions ¹	N/A	N/A	1,846	10% (from 1,846 to 2031)	10% (from 2,031 to 2,234)
Estate cases in PG submits I&A reports to Probate Court within 90 days	100% ² of 20	85% of 25	100% ³ of 18	95% of 25	95% of 25
Formal probate cases in PA submits I&A reports to Probate Court within 120 days	94% ² of 18	85% of 25	53% ⁴ of 19	85% of 20	85% of 20
Deputy PA/PGs certified by California State PA/PG Association	100% of 15	95% of 17	100% of 19	95% of 19	95% of 19
Percentage increase in registered permanent bidders ¹	6% ⁵ (from 1,404 to 1,488)	5% (from 1,488 to 1,562)	9% (from 1,488 to 1,767)	N/A	N/A
Sampled cases reviewed in compliance with quality assurance program ⁶	100% of 40	90% of 40	100% of 40	N/A	N/A

Table Notes

¹ Effective Fiscal Year 2009-10, the measure about *increase in subscribers registered for Web subscription services for PA/PG auctions* replaces the measure about *increase in registered permanent bidders*. The latter will continue to be monitored internally.

² In Fiscal Year 2007-08, these measures exceeded their respective targets due to unexpected low number of appointments, allowing staff additional time to submit reports within the expected time frame.

³ In Fiscal Year 2008-09, this measure is projected to exceed its target of 85% due to the unexpected lower number of estate cases received for submission to the Probate Court.

⁴ In Fiscal Year 2008-09, this measure did not meet its target of 85% due to staff transitions during the first two quarters of the fiscal year.

⁵ In Fiscal Year 2007-08 the numbers of registered permanent bidders was incorrectly reported at 14.6% (from 1,404 to 1,609). The correct year-end achievement was 6% (from 1,404 to 1,488). The denominator for Fiscal Year 2008-09 has been adjusted to reflect this correction. The Fiscal Year 2008-09 target of 5% remains unchanged.

⁶ Effective Fiscal Year 2009-10, this measure will no longer be reported in the Operational Plan due to two consecutive years of achievement. However, it will be continued to be monitored internally.



Budget Changes and Operational Impact: 2008-09 to 2009-10

Staffing

Decrease of 2.00 staff years due to the loss of revenue associated with the decline in the economy. This is accomplished through the prioritization of work, streamlining processes and reengineering workflow with an emphasis on mandated core functions.

Expenditures

Net increase of \$0.03 million is due primarily to a decrease in Salaries and Benefits (\$0.03 million) as a result of the reduction in staff years, offset by a minor increase in Services and Supplies and an increase in Other Charges (\$0.05 million) for indigent burial costs.

Revenues

Net increase of \$0.03 million is the result of an increase of \$0.06 million in Revenue from Use of Money & Property for interest on deposits and investments, offset by a decrease of \$0.04 million in General Revenue Allocation, which reflects the impact of the downturn in the overall economy.

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

Increase of \$0.1 million due to negotiated wage and benefit increases.



Staffing by Program

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Public Administrator/ Guardian	36.00	34.00	34.00
Total	36.00	34.00	34.00

Budget by Program

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Public Administrator/ Guardian	\$ 4,016,841	\$ 4,402,137	\$ 4,402,137	\$ 4,253,956	\$ 4,430,992	\$ 4,494,586
Total	\$ 4,016,841	\$ 4,402,137	\$ 4,402,137	\$ 4,253,956	\$ 4,430,992	\$ 4,494,586

Budget by Categories of Expenditures

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Salaries & Benefits	\$ 3,065,575	\$ 3,408,210	\$ 3,408,210	\$ 3,341,494	\$ 3,378,362	\$ 3,441,956
Services & Supplies	724,073	793,927	793,927	734,908	802,630	802,630
Other Charges	227,193	200,000	200,000	177,554	250,000	250,000
Total	\$ 4,016,841	\$ 4,402,137	\$ 4,402,137	\$ 4,253,956	\$ 4,430,992	\$ 4,494,586

Budget by Categories of Revenues

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Licenses Permits & Franchises	\$ 49,760	\$ 10,000	\$ 10,000	\$ 46,528	\$ 10,000	\$ 10,000
Revenue From Use of Money & Property	568,000	195,336	195,336	265,000	260,000	260,000
Intergovernmental Revenues	27,502	68,985	68,985	80,837	68,985	68,985
Charges For Current Services	1,089,834	1,368,100	1,368,100	1,253,454	1,368,100	1,368,100
Miscellaneous Revenues	21,698	22,242	22,242	30,023	22,242	22,242
Use of Fund Balance	(420,354)	—	—	(159,359)	—	—
General Revenue Allocation	2,680,401	2,737,474	2,737,474	2,737,474	2,701,665	2,765,259
Total	\$ 4,016,841	\$ 4,402,137	\$ 4,402,137	\$ 4,253,956	\$ 4,430,992	\$ 4,494,586



Administrative Support

Department Description

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

Mission Statement

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

2008-09 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Strengthened County disaster response by increasing communication with contractors regarding service continuity:
 - Surveyed 100% (219) of identified emergency critical contracted programs regarding current business continuity plans, meeting target of 100%.
 - Assured related HHSA Continuity of Operations Plans were consistent with emergency critical contractors' continuity plans.
- Developed an internal crisis communication plan for various Agency, County and hospital Public Information officers, in order to improve Agency communication during a disaster.

Required Discipline – Fiscal Stability

- Ensured 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, meeting target.
- Increased by 5% (from 93 to 98) the number of contractor fiscal reviews conducted to ensure fiscal resources were properly expended in accordance with regulations, meeting target of 5%.



Required Discipline – Regional Leadership

- Submitted 10 nominations to recognize Agency leadership, initiatives and innovations, meeting target.
- Promoted the Agency's accomplishments by placing 800 positive educational stories using various media as appropriate, above target of 200 stories.

Required Discipline – Skilled, Competent and Diverse Workforce

- Implemented a student recruitment program at San Diego Unified School District and continuing to reach out to other educational communities to promote the County as employer, meeting target.
- Expanded training development capacity via the Learning Management System (LMS) from one to two Agency divisions, meeting target.
- Implemented job specific compliance training for one Agency division via LMS in order to ensure their training remains current and relevant, meeting target.

Required Discipline – Accountability/Transparency

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

Required Discipline – Information Technology

- Ensured all (20) HHSA regions and divisions reviewed their Internet pages for current and accurate content, meeting target.



- Established a baseline of 18% (27,414 of 148,195) external Web-based referrals in order to measure the usage rate of secure referral systems.
- Established a rating system to evaluate the efficiency and usefulness of approximately 140 HHSA business portfolio technology applications.
- Reduced records storage space by 9% (from 30,996 to 28,109 boxes) while increasing efficiency by improving records management through adherence to retention schedules, imaging and other related efforts, above target of 5%.

2009-11 Objectives

Required Discipline – Fiscal Stability

- Ensure a minimum management reserve level of \$20.0 million in Fiscal Year 2009-10 to mitigate financial risk and economic uncertainty at the federal and State levels.
- Increase by 5% (from 98 to 103) the number of contractor fiscal reviews conducted to ensure fiscal resources are expended properly and in accordance with regulations.
- Maximize external revenues received by decreasing the number of returned/denied Medicare claims by 10%.

Required Discipline – Regional Leadership

- Promote the Agency's accomplishments by placing 600 educational stories for public benefit using various media as appropriate.
- In collaboration with Mental Health Services, develop and launch a media campaign for the Prevention and Early Intervention program of the Mental Health Services Act.

Required Discipline – Skilled, Adaptable and Diverse Workforce

- Implement two student recruitment programs to promote the County as employer of choice to local educational communities.
- Expand training development capacity via the LMS from two to three Agency divisions to better support development of knowledge workers.
- Implement job specific compliance training from one to three Agency divisions via LMS to ensure their knowledge of regulations remains current and relevant.

Required Discipline – Information Technology

- Train and support representatives from all (20) HHSA regions and divisions to create, maintain and update content on their Internet pages using a new Web publishing tool.
- Increase use of Web-based referral systems from 18% to 25% (from 27,414 to 37,049) of the estimated 148,195 external referrals received annually.
- Reduce records storage space by 10% (from 28,109 to 25,298 boxes) to increase efficiency by improving records management.

Related Links

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

Performance Measures	2007-08 Actuals	2008-09 Adopted	2008-09 Actuals	2009-10 Adopted	2010-11 Approved
Management Reserves for HHSA	\$5 million	\$15 million ¹	\$15 million	\$20 million ²	\$15 million ³
Increase in contractor fiscal reviews conducted	N/A	5% (from 91 to 96)	5% (from 93 to 98)	5% (from 98 to 103)	5% (from 103 to 108)
Decrease in returned/denied Medicare claims ⁴	N/A	N/A	N/A	10%	10%
Student recruitment programs conducted ⁵	N/A	1	1	2	3
LMS training capacity among Agency regions and division	1	2	2	3	4
Job specific compliance training, via LMS, among Agency regions and division	N/A	1	1	3	4
Regions and Divisions Internet pages reviewed for current and accurate content	N/A	100% of 20	100% of 20	100% of 20	100% of 20
Increase average use of Web-based referral systems ⁶	N/A	N/A	18% of 148,195	25% of 148,195	30% of 149,195
Reduction in records storage space	N/A	5% (from 30,000 to 28,500 boxes)	9% (from 30,996 to 28,109 boxes)	10% (from 28,109 to 25,298 boxes)	10% (from 25,298 to 22,768 boxes)
Critical contracted program surveyed for current business continuity plans ⁷	N/A	100% of 50	100% of 50	N/A	N/A
Recognition nominations for Agency leadership, initiatives and innovations ⁸	N/A	10	10	N/A	N/A

Table Notes

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

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

³ For Fiscal Year 2010-11, plan to adjust to economic uncertainty in Fiscal Year 2009-10 and anticipate less uncertainty in Fiscal Year 2010-11.

⁴ Effective Fiscal Year 2009-10, this measure has been included to better reflect strategic priorities.

⁵ A student recruitment program involves a formal agreement with the educational institution and includes activities such as mentoring, job shadowing and hosting 'meet and greet' sessions.

⁶ Effective Fiscal Year 2009-10, this measure has been included to better reflect strategic priorities.

⁷ Effective Fiscal year 2009-10, this measure will no longer be reported in the Operational Plan. The objective was completed within one fiscal year.

⁸ Effective Fiscal year 2009-10, this measure will no longer be reported in the Operational Plan as it does not reflect a core service.



Budget Changes and Operational Impact: 2008-09 to 2009-10

Staffing

Net decrease of 13.50 staff years.

- Transfer in 15.50 staff years from throughout the Agency as a result of reengineering Agency Human Resources.
- Decrease of 19.00 staff years due to loss of revenue. These reductions will have no impact to clients or service delivery. Staff in human resources, finance and other administrative positions are absorbing these reductions through prioritization of the work, streamlining processes, enhancing information technology and focusing on core support services.
- Decrease of 10.00 staff years as a result of increased efficiency associated with the conversion to electronic public assistance records.

Expenditures

Net decrease of \$7.8 million.

- Salaries and Benefits — decrease of \$0.3 million due to the reduction of staff years.
- Services and Supplies — decrease of \$10.5 million.
 - Increase of \$0.3 million in the bioterrorism emergency reserve.
 - Decrease of \$5.4 million in one-time business process reengineering, information technology (IT) and imaging projects.
 - Decrease of \$4.0 million for major maintenance projects.
 - Decrease of \$0.8 million due to a transfer of appropriations from the bioterrorism emergency reserve to Public Health Services. This is to support pandemic flu preparedness and response activities related to the recent H1N1 outbreak.

- Decrease of \$0.6 million in various services and supplies associated with loss of revenue.
- Capital Assets Equipment — decrease of \$2.0 million in one-time costs for Furniture, Fixtures & Equipment for the new Edgemoor facility, which opened in early 2009.
- Management Reserves — increase of \$5.0 million for a total of \$20.0 million to mitigate financial risk and economic uncertainty.

Revenues

Decrease of \$7.8 million.

- Intergovernmental Revenues — decrease of \$1.2 million due to transfer of \$0.8 million in Tobacco Settlement revenue to Public Health Services to support pandemic flu preparedness and response activities and \$0.4 million in Realignment revenue associated with the decline in the economy.
- Charges for Current Services — decrease of \$0.1 million for the First Five Commission due to a technical adjustment with no impact to services.
- Use of Fund Balance — decrease of \$6.5 million for a total of \$33.0 million to fund management reserves, major maintenance, business process reengineering, imaging and IT projects, and State and economic uncertainties.

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

Net decrease of \$15.5 million as a result of a reduction of \$16.4 million in Services and Supplies due to the elimination of one-time projects from prior year, offset by an increase of \$0.9 million associated with negotiated wage and benefit increases in Salaries and Benefits.

Staffing by Program

	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Agency Executive Office	29.00	26.00	26.00
Agency Contract Support	20.00	18.00	18.00
Financial Services Division	186.00	167.00	167.00
Human Resources	69.50	81.00	81.00
Management Support	10.00	9.00	9.00
Proposition 10	19.00	19.00	19.00
Total	333.50	320.00	320.00

Budget by Program

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Agency Executive Office	\$ 5,242,657	\$ 39,995,630	\$ 40,007,014	\$ 5,284,654	\$ 41,508,928	\$ 25,192,900
Agency Contract Support	3,275,227	3,734,401	3,734,401	3,133,730	3,533,318	3,564,748
Financial Services Division	24,824,622	36,974,374	48,301,487	33,197,253	26,629,367	27,083,240
Human Resources	6,495,903	6,930,985	7,259,907	7,377,012	8,325,752	8,521,394
Management Support	7,918,755	8,928,597	9,736,420	9,196,571	8,850,362	8,876,998
Proposition 10	1,920,595	2,042,562	2,042,562	2,116,189	1,941,633	2,005,790
Strategy and Planning Division	3,726	—	—	—	—	—
Total	\$ 49,681,486	\$ 98,606,549	\$ 111,081,792	\$ 60,305,410	\$ 90,789,360	\$ 75,245,070

Budget by Categories of Expenditures

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Salaries & Benefits	\$ 26,859,643	\$ 28,478,067	\$ 28,475,314	\$ 28,127,977	\$ 28,159,822	\$ 29,033,535
Services & Supplies	21,977,864	53,028,482	60,722,525	30,998,909	42,529,538	26,111,535
Other Charges	—	—	—	(30)	—	—
Capital Assets Equipment	843,979	2,100,000	6,883,953	1,178,555	100,000	100,000
Management Reserves	—	15,000,000	15,000,000	—	20,000,000	20,000,000
Total	\$ 49,681,486	\$ 98,606,549	\$ 111,081,792	\$ 60,305,410	\$ 90,789,360	\$ 75,245,070



Budget by Categories of Revenues

	Fiscal Year 2007-08 Actuals	Fiscal Year 2008-09 Adopted Budget	Fiscal Year 2008-09 Amended Budget	Fiscal Year 2008-09 Actuals	Fiscal Year 2009-10 Adopted Budget	Fiscal Year 2010-11 Approved Budget
Revenue From Use of Money & Property	\$ (53,952)	\$ —	\$ —	\$ —	\$ —	\$ —
Intergovernmental Revenues	34,500,747	56,320,422	56,360,151	5,720,357	55,067,282	51,649,279
Charges For Current Services	2,208,571	2,372,440	2,372,440	2,429,049	2,268,391	2,289,516
Miscellaneous Revenues	68,234	453,687	453,687	1,110,954	453,687	453,687
Other Financing Sources	428	—	—	237	—	—
Reserve/Designation Decreases	—	—	—	—	—	852,588
Use of Fund Balance	15,293,984	39,460,000	51,895,514	51,044,813	33,000,000	20,000,000
General Revenue Allocation	(2,336,525)	—	—	—	—	—
Total	\$ 49,681,486	\$ 98,606,549	\$ 111,081,792	\$ 60,305,410	\$ 90,789,360	\$ 75,245,070