

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 (HHS) is committed to providing critical services to the general population of more than 3 million residents and to roughly 750,000 recipients of federal, State and County funded programs and services such as Medi-Cal (Medicaid), CalFresh (nutrition assistance), CalWORKs (a welfare to work and cash assistance program), Foster Care Aid, and Adoption Assistance. With the Live Well San Diego initiative as its guide, HHS services are aligned to help County residents lead healthy, safe and thriving lives. This includes services such as preventive health care, access to publicly funded health care coverage and self-sufficiency services, and mental health and substance abuse programs. Additionally, protective services are provided to abused and neglected children and vulnerable adults, including seniors, veterans, the disabled and indigent adults. HHS also works to reduce the burden of chronic diseases and contributing factors, such as heart disease and childhood obesity, and helps the community prepare to respond to health emergencies and disasters.

Through six geographic regions, HHS provides services through a public-private partnership of more than 5,400 County employees, hundreds of volunteers, 189 citizen advisory boards and commissions and more than 900 contracts representing more than 500 community-based providers. Although the six regions are geographically and socially diverse, business continuity is assured through the administrative support divisions.

Effective Fiscal Year 2013-14, HHS reorganized some of its departments to facilitate operational effectiveness and efficiency and improve service delivery. Strategic Planning and Operational Support (SPOS) was reorganized resulting in a transfer of its three major functions. The two major functions of eligibility operations and health care policy will become part of the Regional Operations section of the HHS Operational Plan. The third SPOS function of strategy innovation will become part of the Administrative Support section. Additionally, the Public Administrator/Public Guardian and Behavioral Health Conservator unit



will be integrated to become the Public Administrator/Public Guardian/Public Conservator (PA/PG/PC) and will be included as part of Aging and Independence Services.

HHS Departments

- Regional Operations, includes Eligibility Operations and Health Care Policy
- Aging and Independence Services, includes Veterans, PA/PG/PC
- Behavioral Health Services
- Child Welfare Services
- Public Health Services
- Administrative Support

Mission Statement

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

2012-13 Accomplishments -

During Fiscal Year 2012-13, HHS continued implementation of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Healthy Families

- **Built a better service delivery system that is innovative and outcome-driven.** A few examples include the following:
 - Implemented the first phase of the multi-year Community Based Care Transitions Program (CCTP) to reduce readmissions to hospitals by Medicare recipients. Public Health Nurses at Aging and

Independence Services are receiving referrals from 13 participating private and public hospitals throughout the county. CCTP improves the quality of care for more than 21,000 high-risk, high-cost, fee-for-service Medicare patients as they transition from the acute care hospital to other care providers in the community, and reduces the risk of an avoidable hospital readmission which results in improved quality of life for the participants and reduced costs to taxpayers.

- Evaluated data from the two pilot programs integrating physical and behavioral health services. Two programs established with one providing comprehensive counseling and mental health services for children and adults (ICARE), and the second program adding psychiatric consultations to support primary care providers (SmartCare).
- Established Extended Foster Care program, an outcome from Assembly Bill (AB) 12, the *California Fostering Connections to Success Act* (2010), which extends the age limit of foster care to 21 years of age. More than 500 youth received transitional services in the first year, assisting them to become self-sufficient adults.
- Implemented Legacy Corps, a new Aging and Independence Services/Veteran's Services program that provides free respite services to family members providing care for veterans of any age.
- **Supported positive choices that empower residents to take responsibility for their own health and well-being.** A few examples include the following:
 - Implemented the multi-year Community Nutrition Education Program grant to provide nutrition education and promote access to healthy foods to 3,432 at-risk, low-income individuals who receive or are potentially eligible to receive CalFresh nutrition assistance.
 - Implemented the multi-year Community Transformation Grant (CTG) in support of public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and decrease health care costs for the region. Key accomplishments to date include procurements for tobacco-free living activities, promotion of active modes of transportation including walking and bicycling, and services that increase access to healthy food and beverages.
 - Piloted a program, which received 576 referrals, for high-risk individuals with severe mental illness to help them take required medication and participate in treatment.

■ **Pursued policy and environmental changes that made it easier for people to engage in healthy and safe behaviors.** A few examples include the following:

- Developed six regional *Live Well San Diego* Neighborhood-based plans by using a standardized process for engaging community partners and aligning efforts in advancing a public-private partnership.
- Partnered with the Escondido Union School District on a successful proposal for the Paving the Way for Safe Routes to School State grant that will invest \$375,000 over two years to improve the safety of walking and bicycling by school-aged children and their families in the neighborhoods surrounding several Escondido schools.
- Partnered with the San Diego Association of Governments (SANDAG) and San Diego State University on a project to install bicycle counters in streets and along bike paths throughout the county to encourage healthy lifestyles and activities to prevent obesity.
- **Improved the culture from within by increasing employees' knowledge of health and safety.** A few examples include the following:
 - Partnered with health care providers on the second annual *Love Your Heart* campaign, to provide more than 2,000 free blood pressure screenings to the public on February 14.
 - Supported employee-oriented campaigns such as walking clubs, weight loss challenges and onsite popular exercise programs, such as Zumba, that promote an active, healthy lifestyle.
 - Deployed online employee training to raise awareness about the symptoms and signs of trauma so that employees can seek help if they, or someone in their presence, is experiencing trauma.

Required Discipline for Excellence – Continuous Improvement

- Advanced operational excellence in service delivery and operational effectiveness by creating the Operations Eligibility Division to focus primarily on program and regional support of self-sufficiency programs such as Medi-Cal, CalFresh, and CalWORKs.
- Completed consolidation and co-location of the Public Administrator/Public Guardian and the Behavioral Health Conservator unit to improve service coordination.

Required Discipline for Excellence – Customer Satisfaction

- Implemented eligibility improvements to improve customer service in self-sufficiency programs
 - Established video interviews for customers who have difficulty visiting a Family Resource Center.
 - Continued upgrades to Family Resource Center facilities in order to enhance services and efficiency.
 - Identified a new ACCESS Customer Service Center facility to accommodate the increase of staff necessary to respond to call volume.

Required Discipline for Excellence – Information Services

- Began multi-year Supplemental Nutrition Assistance Program (SNAP) grant activities to implement a system for electronic documents conversion and tracking, and to help streamline reduce processing time.
- Building on the completion of the first phase (Readiness Assessment) in Fiscal Year 2011-12, began the second phase of the Knowledge Integration Project (KIP) to develop the foundation for information exchange across multiple disciplines to improve the information available and coordinate services for shared HHS customers.

2013-15 Objectives

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative - Healthy Families

- **Built a better service delivery system that is innovative, impactful, and outcome driven.** A few examples include the following:
 - Provide public health nurse home visits to CCTP participants to help them proactively manage their chronic medical conditions and avoid costly hospital readmissions.
 - Continue implementation of the multi-year Community Transformation Grant to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and decrease health care costs.

- Strengthen Child Welfare Services by implementing/expanding trauma-informed practices to and co-locating with staff from community based organizations to improve outcomes such as timely reunification and stable out-of-home placements.

- **Support positive choices that empower residents to take responsibility for their own health and well-being.** A few examples include the following:

- Continue implementation of the multi-year Supplemental Nutrition Assistance Program Education (SNAP-Ed) grant to promote nutrition education and obesity prevention services to low-income families that are potentially eligible for the federally funded CalFresh food assistance program. This project is a continuation of the grant formerly known as the Community Nutrition Education program.

- Implement a program for high-risk individuals with severe mental illness to take required medications and participate in treatment.

- **Pursue policy and environmental changes that make it easier for people to engage in healthy and safe behaviors.** A few examples include the following:

- Implement regional community health improvement plans through the participation or leadership of Resident Leadership Academy (RLA) graduates. The purpose of RLA is to build community capacity for health improvement in local neighborhoods.

- Support Department of Human Resources wellness initiatives that promote healthy and safe behaviors in the workplace.

Required Discipline for Excellence – Customer Satisfaction

- Continue transition of Healthy Families and Low Income Health Program participants into appropriate health programs to promote continuity of care and a medical home, providing patient-centered, comprehensive, and coordinated care.

Required Discipline for Excellence – Accountability and Transparency

- Pursue voluntary Public Health Accreditation status to promote accountability and continuous improvement.
- Continue electronic information exchange activities including Beacon Health Information Exchange with hospitals and KIP procurement efforts.



Related Links

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

Budget Changes and Operational Impact: 2012-13 to 2013-14

Overview

The Health and Human Services Agency's Fiscal Year 2013-14 budget includes appropriations of \$2.0 billion, an increase of \$68.2 million.

Significant changes to the Operational Plan include an increase of 307.25 staff years to support expansion of new and existing programs: Healthy Families, the Community Based Care Transitions Program (CCTP), the SNAP-Ed project, changes to the Foster Care system due to the passage of AB 12 and additional positions to support operational needs.

The 2012-13 California Budget called for the transition of Healthy Families program recipients Statewide to the Medi-Cal program. On April 23, 2013, the Board of Supervisors approved the addition of 265.00 staff years to support the transition of California's Healthy Families recipients to the Medi-Cal program. Historically, the Healthy Families program has provided low cost health insurance for children who do not have insurance and do not qualify for zero share of cost Medi-Cal. The Medi-Cal program provides basic health care safety net services to qualified, low-income residents of California.

On October 30, 2012, the Board of Supervisors approved the addition of 20.00 staff years to support the CCTP in Aging and Independence Services. Through a partnership between AIS and area hospitals, CCTP will improve the quality of care for high-risk, fee-for-service Medicare patients as they transition from the acute care hospital to

other care providers in the community and reduce the risk of an avoidable hospital readmission to reduce costs to taxpayers.

On October 9, 2012, the Board of Supervisors approved the addition of 4.00 staff years to support the SNAP-Ed project which provides nutrition education and obesity prevention services to low-income families in the regions that are potentially eligible for the federally funded CalFresh food assistance program.

The passage of AB 12 changed the foster care system by extending foster care until age 21. With this change, HHSA has seen an increase in clients wanting these extended services. To meet this need, HHSA is adding 15.50 staff years to this program.

HHSA increased appropriations in AIS for contracted services associated with the CCTP program. Additional appropriations are included for Aid to Adoptive Children payments, due to projected case increases, and for the Transitional Housing Program, to expand services to emancipated youth as well as an increase for the North County Short Term Acute Residential Treatment (START) program and for Long Term Care (LTC) for increased capacity for residents with severe mental diseases.

The County is required to administer State and federal programs. There continues to be uncertainty and challenges about the future roles and responsibilities of HHSA. One of the main issues is the pending implementation of Medicaid expansion. For example, the State intends to roll-out CalHEERs, an automated eligibility and enrollment system that will be used by California's Health Benefits Exchange board (Covered California) to enroll participants in Medi-Cal or one of the health exchange plans. Implementation of this effort will be challenging and will require additional staff. Additionally, the federal financial impacts of sequestration and other budget reductions are uncertain. The full impact of any changes is dependent on additional federal and State action and also on the ongoing economic situation. Moving forward, HHSA will return to the Board of Supervisors and adjust its budget as needed to align ongoing funding with core, essential services. HHSA will continue to

work with its citizen advisory boards, the County Office of Strategy and Intergovernmental Affairs and other key stakeholders in these efforts.

Tobacco Settlement Funds

Tobacco settlement payments were first securitized in Fiscal Year 2001-02 to allow a stable funding stream for health and human services programs. The Special Revenue fund reflects \$27.5 million for Fiscal Year 2013-14. No change is proposed between years.

Budget Changes and Operational Impact: 2013-14 to 2014-15

Net decrease of \$11.0 million due to a \$22.5 million decrease in Services and Supplies due primarily to the elimination of one-time projects from the prior year, offset by an increase of \$11.5 million in Salaries and Benefits due to an increase in County retirement contributions.



■ ■ ■ Health and Human Services Agency Summary

Group Staffing by Department

	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Regional Operations	2,432.00	2,838.00	2,838.00
Strategic Planning & Operational Support	211.00	—	—
Aging and Independence Services	291.50	379.00	379.00
Behavioral Health Services	829.50	791.00	791.00
Child Welfare Services	717.50	752.00	752.00
Public Health Services	483.75	484.50	484.50
Public Administrator / Public Guardian	34.00	—	—
Administrative Support	307.00	369.00	369.00
Total	5,306.25	5,613.50	5,613.50

Group Expenditures by Department

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Regional Operations	\$ 425,717,725	\$ 467,713,267	\$ 468,892,703	\$ 429,657,920	\$ 730,255,328	\$ 735,827,207
Strategic Planning & Operational Support	247,444,685	235,222,731	294,296,144	303,107,096	—	—
Aging and Independence Services	300,959,318	312,514,970	305,517,314	297,293,572	329,246,054	329,981,684
Behavioral Health Services	381,396,291	431,072,490	414,635,030	390,794,611	423,558,464	424,307,813
Child Welfare Services	222,813,488	248,498,925	248,528,654	230,113,630	264,598,530	265,772,240
Public Health Services	101,791,485	101,441,269	105,348,788	93,910,219	105,705,151	105,826,402
Public Administrator/ Public Guardian	4,513,622	4,457,052	4,517,052	4,256,287	—	—
Administrative Support	59,355,161	100,483,108	97,662,731	64,588,357	116,554,358	97,262,849
Tobacco Settlement Funds	24,329,478	27,500,000	27,500,000	24,327,520	27,500,000	27,500,000
Total	\$ 1,768,301,653	\$ 1,928,903,812	\$ 1,966,898,416	\$ 1,838,049,211	\$ 1,997,417,885	\$ 1,986,478,195

Regional Operations

Department Description

The Health and Human Services Agency's (HHSAs) service delivery system is organized into six geographic service regions, using a public-private partnership model to meet the needs of families and individuals in San Diego County. Core regional operations include: Public Health Services, Child Welfare Services and Family Resource Centers public assistance payments and health care. For more information about public assistance payments, see Appendix D.

Effective Fiscal Year 2013-14, the functions of eligibility operations and health care policy administration, originally with Strategic Planning and Operational Support, will become part of Regional Operations to facilitate operational efficiency and effectiveness.

Mission Statement

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

2012-13 Accomplishments – All Regions

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Safe Communities

- Built a better service delivery system by providing protection, permanency and stability to children who are at-risk or have been abused and neglected.
 - Improved outcomes for children by having 42% (2,282 of 5,375) of families participate in joint case planning and meetings, above target of 34%.
 - Supported stability of foster youth by placing 46% (1,418 of 3,079) with a relative or non-related extended family member, above target of 44%.
 - Supported stability of children in foster care (8 days or more, but less than 12 months) by ensuring 83% (1,531 of 1,838) have fewer than three placements, above target of 81%.

Strategic Initiative – Healthy Families

- Built a better service delivery system to maximize the health and well-being of at-risk children and families.
 - Promoted healthy outcomes by ensuring 52% (137 of 265) of women in the Maternal Child Health and NFP programs continue to breastfeed their infant at 6



months of age, exceeding the target of 40%. This increase is due to the efforts of Public Health Nurses (PHN) in educating and supporting mothers of newborns.

- Reduced the onset of preventable illness or disease by immunizing 99.5% (1,891 of 1,901) of children age 0-4 years and 99.4% (1,297 of 1,305) of children and adolescents age 11-18 years served at Public Health Centers and clinics, above respective targets of 98%.
- Decreased in enrollment of 16.5% (from 278,402 to 232,543) of children in Medi-Cal and Healthy Families programs, not meeting target of 1% increase. The decrease is attributed to confusion caused by the State's required enrollment into the Healthy Families program.

Required Discipline for Excellence – Customer Satisfaction

- Advanced operational excellence in customer service through technology, timely processing and improved accuracy.
 - Improved customer experience at the Family Resource Centers by acquiring a lobby management system. This technological enhancement is being piloted at the Lemon Grove Family Resource Center.
 - Through a variety of strategies implemented, the average wait time at the ACCESS Customer Call Center improved by 11 minutes, 24 seconds from the prior year (from 29 minutes, 18 seconds to 17 minutes, 54 seconds).
 - Ensured clients eligible for CalFresh received and maintained their benefits through timely processing of 87% (8,106 of 9,312) of CalFresh applications at the Family Resource Centers and ACCESS, below the target of 90%.



- Implemented a pilot at three Family Resource Centers to improve timely processing. Results will be evaluated for rollout to other Family Resource Centers.
- Implemented plan to improve accuracy of payment and valid decisions of CalFresh benefits. Restructured operations for quality assurance, quality control and corrective action in order to improve processes and data analysis.

2013-15 Objectives – All Regions

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Safe Communities

- Build a better service delivery system by providing protection, permanency and stability to children who are at-risk or have been abused and neglected.
 - Improve outcomes for children by having 44% (2,442 of 5,550) of families participate in joint case planning and meetings.
 - Support stability of foster youth by placing 49% (1,421 of 2,900) with a relative or non-related extended family member.
 - Support stability of children in foster care (8 days or more, but less than 12 months) by ensuring 83% (1,718 of 2,070) have fewer than three placements.

Strategic Initiative – Healthy Families

- Build a better service delivery system to maximize the health and well-being of at-risk children and families, and vulnerable adults.
 - Promote healthy outcomes by ensuring 41% (31 of 75) of women in the Maternal Child Health and NFP programs continue to breastfeed their infant at 6 months of age.
 - Reduce the onset of preventable illness or disease by immunizing 98% (1,583 of 1,615) of children age 0-4 years and 98% (1,470 of 1,500) of children and adolescents age 11-18 years served at Public Health Centers and clinics.
 - Enroll 80% (98,320 of 122,900) of Health Care Options attendees in a managed care plan of their choice.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service through technology, timely processing and improved accuracy.

- Implement plan to enroll newly eligible Medi-Cal recipients anticipated from the federal Affordable Care Act.
- Implement technological enhancements to improve customer service at the Family Resource Centers.
- Implement plan to improve accuracy and timely processing of CalFresh benefits.
- Increase by 20% (from 52 to 62) the number of ACCESS call center agents trained to perform eligibility determinations for more than two public assistance programs.
- Ensure timely processing of 91% (of 12,000) of CalFresh applications at the Family Resource Centers and the ACCESS call center.

South Region

The South Region has four cities and seven communities and is bordered in the south by Mexico. HHSA staff from the South Region provide regional services, lead the Healthy Eating Active Communities (HEAC) project, and manage the South Region NFP and 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.

2012-13 Accomplishments

Strategic Initiative – Safe Communities

- Built a better service delivery system by improving care coordination and communication.
 - Deployed the South Region Referral Pathway Tools to the 2-1-1 San Diego web directory for pregnant and postpartum women. The tool provides easy access and real time, updated information for referral agencies and community residents.
 - Established a referral and communication process for families served through South Region Child Welfare System, Public Health Maternal Child Health Program and NFP Program. Best practices were identified for increasing awareness amongst all Public Health and Child Welfare Services staff.
 - Strengthened the community safety net to support stability for children at risk of entering protective custody by increasing service providers participating in FAP from 30 to 42.

Required Discipline for Excellence – Customer Satisfaction

- Advanced operational excellence in customer service by improving access to public assistance programs by increasing the number of video interview clients by 61% (from 275 to 442), exceeding the target of 5% due to service expansion by community partners at multiple locations.

2013-15 Objectives

Strategic Initiative – Safe Communities

- Promote stability and permanency by developing and implementing a strategic plan for the Neighborhood for Kids initiative using data, to keep abused and neglected children in safe, familiar environments such as schools.

Required Discipline for Excellence – Customer Satisfaction

- Improve customer service and operational efficiencies by increasing the number of customers using the web-based online appointment scheduling system by 40% (from 46 to 64) for accessing Public Health services.

Central Region

The Central Region encompasses San Diego city's urban core consisting of 50 neighborhoods with a multitude of diverse culture and population. Central Region is bordered to the North by Interstate 8, extending eastward to the cities of Lemon Grove and La Mesa, continuing south to National City, and westward to the San Diego Bay. HHS staff from the Central Region provides regional services and lead countywide efforts such as a pilot on eliminating disparities of African-American children in Child Welfare and key initiatives on improving access and outcomes for the homeless population. Effective Fiscal Year 2013-14, the ACCESS Customer Service Center, an extension of the County of San Diego's Family Resource Centers will be reported under Central Region. ACCESS serves residents, providers and other agencies related to self-sufficiency programs and services.

2012-13 Accomplishments

Strategic Initiative – Safe Communities

- Supported positive choices for pregnant and parenting foster youth through the creation of a referral and tracking system that connects to PHN services.

Strategic Initiative – Healthy Families

- Built a better service delivery system to support the health of the children who seek routine immunizations at the 'Vaccines are Important for Preschoolers' clinic, by connecting them to a certified application assistant for health care coverage.

2013-15 Objectives

Strategic Initiative – Safe Communities

- Promote stability and permanency by developing and implementing a strategic plan for the Neighborhood for Kids initiative using data, to keep abused and neglected children in safe, familiar environments such as schools.

Required Discipline for Excellence – Customer Satisfaction

- Improve customer service and access to public assistance benefits by establishing video interviewing in a Southeast community in Central Region.

North Central Region

The North Central Region comprises the central-western portions of the County, 38 diverse communities that extend from coastal to inland, stretching from Del Mar in the north, to Point Loma in the south, and east to Scripps Ranch and Mira Mesa. Interstate 8 marks the regions southern border. Also within the region are three military installations and two major universities. HHS staff support the large military population found in North Central Region by participating in efforts through multiple venues and access points, such as engaging in efforts through the Healthy Start Military Cluster and San Diego Military Family Collaborative including the North Central *Live Well San Diego* initiative. Effective Fiscal Year 2013-14, the Health Coverage Access program will be reported under North Central Region. This program assists clients with accessing healthcare at more than 35 sites including hospitals and mental/physical health clinics.

2012-13 Accomplishments

Strategic Initiative – Healthy Families

- Built a better service delivery system through NFP, resulting in healthy outcomes for children of NFP participants.
 - 100% (119) of NFP participants initiated breast feeding, above target of 90%.
 - 96% (52 of 54) of children enrolled in the NFP program received their required immunizations by 6 months of age, above target of 90%.



■ ■ ■ Regional Operations

- Promoted safe and healthy living by supporting military families through effective community relationships.
 - Promoted the *Live Well San Diego* initiative with Military Family collaborative and at the annual Military Services Providers Conference.
 - Held a Military Resource Fair to provide health education and outreach to military families.

Required Discipline for Excellence – Customer Satisfaction

- Advanced operational excellence through customer service by ensuring timely service to clients by maintaining an average wait time of 11 days for County Medical Services eligibility appointments, exceeding the target of 30 days or less.

2013-15 Objectives

Strategic Initiative – Healthy Families

- Build a better service delivery system through NFP, resulting in healthy outcomes for children of NFP participants.
 - 90% (124 of 138) of NFP participants will initiate breast feeding.
 - 90% (66 of 73) of children enrolled in the NFP program will receive their required immunizations by 6 months of age.
- Support community involvement and participation by developing leaders and making positive changes to the quality of life in neighborhoods by encouraging participation in the Resident Leadership Academies (RLA) and the Communities of Excellence projects. The purpose of the RLA is to build community capacity for health improvement in local neighborhoods.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence through customer service.
 - Enhance customer experience by making improvements to lobby and application process.
 - Expand outreach activities and sites to accept CalFresh applications thereby increasing access to nutritious food.

East Region

The East Region is a mixture of urban, suburban and rural communities, including several Native American reservations and a large Iraqi refugee population. East Region was the first region to administer NFP, an evidence-based program helping first-time, low-income mothers to succeed.

East Region also administers Neighborhoods for Kids, an initiative that strives to keep abused and neglected children in safe, familiar environments and in their same schools. East Region houses the Document Processing Center which supports Family Resources Centers in all regions by converting documents to electronic records.

2012-13 Accomplishments

Strategic Initiative – Safe Communities

- Built a better service delivery system that promotes stability and permanency of at-risk children through the Neighborhood for Kids initiative.
 - 72% (197 of 273) of children will be placed in a familiar environment, such as protective custody with a relative or family friend, or a school, below target of 75%.
 - 49% (78 of 160) of children will be placed with their parents within 12 months, below target of 75%. The target was not met due to a State change to compare the number of all children taken into custody instead of the number of children who are reunified. The new State target is 48%.

Strategic Initiative – Healthy Families

- Supported positive choices for healthy living of NFP participants and their children.
 - 95% (704 of 744) of NFP participants initiated breast feeding, above target of 91%. The numbers represent all participants in East Region's NFP program since inception.
 - 26% (11 of 43) of NFP parents decreased smoking, below target of 32%, but exceeds State and national results of 18% and 16% respectively.
- Supported positive choices by linking culturally appropriate service providers to refugee families to promote self-sufficiency.
 - Collaborated with stakeholders to minimize gaps in services, build language capacity and addressed service demands. This included the implementation of a program that uses a health literacy curriculum and community mentors to teach English as a second language.

2013-15 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system that promotes stability and permanency of at-risk children through the Neighborhood for Kids initiative.

- 75% (236 of 315) of children will be placed in a familiar environment, such as protective custody with a relative or family friend, or a school.
- 48% (72 of 150) of children will be placed with their parents within 12 months.

Strategic Initiative – Healthy Families

- Support positive choices for healthy living of NFP participants and their children.
 - 92% (782 of 850) of NFP participants will initiate breast-feeding.
 - 33% (13 of 40) of NFP parents will decrease smoking.
- Promote healthy living of children in protective custody by ensuring they are up to date on health exams.
 - 90% (222 of 247) of children in protective custody are current on annual medical exams.
 - 90% (142 of 158) of children in protective custody are current on annual dental exams.
- Support positive choices by linking culturally appropriate service providers to refugee families to promote self-sufficiency by supporting community involvement and participation.
- Develop leaders through participation in the RLA and Communities of Excellence projects.

North Inland Region

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

2012-13 Accomplishments

Strategic Initiative – Safe Communities

- Built a better service delivery system for vulnerable children through implementing the first year of a two-year Neighborhoods for Kids model implementation plan which supports stability and educational growth of

children coming into protective custody by placing children in a home where they can attend their school of origin.

Strategic Initiative – Healthy Families

- Built a better service delivery system through NFP, improving health outcomes for NFP children. First year implementation outcomes include:
 - 96% (26 of 27) of NFP graduates' children were immunized by 24 months of age, above target of 91%.
 - 96% (65 of 68) of NFP participants initiated breastfeeding, above the 91% target.

Required Discipline for Excellence – Customer Satisfaction

- Advanced operational excellence in customer service by improving access to public assistance programs by increasing the number of video interview clients by 77% (from 635 to 1,126), exceeding the target of 5% due to efforts between staff and the communities.

2013-15 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system by implementing the second year of the Neighborhood for Kids model.

Strategic Initiative – Healthy Families

- Build a better service delivery system through NFP, improving health outcomes for NFP children.
 - 91% (58 of 64) of NFP participants' children will be current with immunizations.
 - 91% (67 of 74) of NFP participants will initiate breastfeeding.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service by improving access to public assistance programs by increasing the number of video interview clients by 5% (from 1,000 to 1,050).

North Coastal Region

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



school children. North County Cares is a collaboration of the HHSA, community partners, families, and child welfare services working together to improve outcomes for North County children and their families.

2012-13 Accomplishments

Strategic Initiative – Safe Communities

- Built a better service delivery system by providing PHN services and implementing the first year of a two-year Neighborhood for Kids model implementation plan.
 - Provided 627 monthly PHN service contacts to military families, building effective community relationships for the safety and protection of children and military families, above the target of 600.
 - Implemented the first year of the Neighborhood for Kids model which supports stability and educational growth of children coming into protective custody by placing children in a home where they can attend their school of origin.

Strategic Initiative – Healthy Families

- Built a better service delivery system through NFP, improving health outcomes for NFP children.
 - 83% (5 of 6) of NFP graduates' children were immunized by 24 months of age, below target of 91%.
 - 100% (40) of NFP participants initiated breastfeeding, above target of 91%.

2013-15 Objectives

Strategic Initiative – Safe Communities

- Build a better service delivery system by providing PHN services and implementing the second year of the Neighborhood for Kids model.
 - Provide at least 640 PHN service contacts to military families, in order to support the safety and protection of children and military families.
 - Implement the second year of the Neighborhood for Kids model which will support stability and educational growth of children coming into protective custody by placing these children in a home where they can attend their school of origin.

Strategic Initiative – Healthy Families

- Build a better service delivery system through NFP, improving health outcomes for vulnerable children.
 - 91% (30 of 33) of NFP participants' children will be current with their immunizations.
 - 91% (31 of 34) of NFP participants will initiate breastfeeding.

Related Links

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

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

Performance Measures	2011-12 Actuals	2012-13 Adopted	2012-13 Actuals	2013-14 Adopted	2014-15 Approved
Family participation in joint case planning and meetings	41% of 5,675	34% of 11,300	42% of 5,375	44% of 5,500	44% of 5,500
Children in foster care that are in kin placements	45% of 3,079	44% of 3,000	46% of 3,079	49% of 2,900	49% of 2,900
Children in foster care for less than 12 months have fewer than 3 placements during that period	81% of 2,101	81% of 1,907	83% of 1,838	83% of 2,070	83% of 2,070
Mothers who continue to breastfeed their infant at 6 months of age ¹	N/A	40% of 550	52% of 265	40% of 75	40% of 75
Children age 0-4 years receive age-appropriate vaccines	99% of 2,263 ²	98% of 4,000	99.5% of 1,901	98% of 1,615	98% of 1,615
Children age 11-18 years receive age-appropriate vaccines	99% of 1,493 ²	98% of 4,000	99.4% of 1,305	98% of 1,500	98% of 1,500
Children enrolled in Medi-Cal and Healthy Families health care coverage ³	-0.3% (decrease from 278,478 to 278,402)	1% (enroll 2,784 for a total of 281,186)	-16.5% (decrease from 278,402 to 232,543)	N/A ⁴	N/A ⁴
Timely processing of CalFresh applications per month ¹	N/A	90% of 12,000	87% of 9,312	91% of 12,000	92% of 12,000

Table Notes

¹New measure effective Fiscal Year 2012-13 to reflect HHSA's priorities.

²The numbers for the immunization measures are lower than projected due to staff efforts encouraging clients to use their insurance if they have it.

³In Fiscal Years 2011-12 and 2012-13, the target of 1% increase over prior fiscal years were not met. The decrease in both years is in alignment with State numbers which reflected a strong decrease in enrollment state wide. In particular, the lower enrollment for Fiscal Year 2012-13 is attributed to confusion about required enrollment into the Healthy Families program

⁴Effective Fiscal Year 2013-14, the Medi-Cal and Healthy Families measure will no longer be reported in the Operational Plan due to the upcoming transition of Healthy Families participants to another health care program.

Budget Changes and Operational Impact: 2012-13 to 2013-14 – All Regions

Staffing

Net increase of 406.00 staff years.

- Increase of 249.00 staff years to support Healthy Families program.

- Increase of 165.00 staff years due to a transfer from Strategic Planning & Operational Support (SPOS).
- Increase of 11.00 staff years due to a transfer from Behavioral Health Services (BHS).
- Increase of 1.00 staff year due to a transfer from Public Health Services (PHS).
- Increase of 1.00 staff year for the Supplemental Nutrition Assistance Program Education (SNAP-Ed) project.



■ ■ ■ Regional Operations

- Decrease of 7.00 staff years due to a transfer to Administrative Support.

The following breakdown shows the same net change in staffing presented by program.

- Increase of 225.00 staff years in Regional Self Sufficiency Eligibility (RSSE) due to the addition of 229.00 staff years to support Healthy Families program, the transfer in of 12.00 staff years from SPOS, transfer in of 3.00 staff years from North Coastal Region, transfer in of 1.00 staff year from Mental Health Services (MHS), transfer in of 1.00 staff year from Foster Care offset by the transfer out of 13.00 staff years to Eligibility Operations Administration, transfer out of 5.00 staff years to North Central Region, transfer out of 1.00 staff year to Management Support, transfer out of 1.00 staff year to Office of Strategy and Innovation (OSI) and transfer out 1.00 staff year to Child Welfare Services (CWS) for programmatic needs.
- Decrease of 16.00 staff years in Regional Child Welfare Services due to the transfer out of 16.00 staff years to CWS primarily to support AB12 and transfer out of 1.00 staff year to Human Resources for programmatic needs, offset by the transfer in of 1.00 staff year from Foster Care for programmatic needs.
- Increase of 6.00 staff years in Central Region due to the transfer in of 10.00 staff years from SPOS, transfer in of 1.00 staff year from Office of Legislative Affairs, transfer in of 1.00 staff year from BHS, addition of 1.00 staff year to support Healthy Families, addition of 1.00 staff year for the SNAP-Ed project offset by the transfer out of 8.00 staff years to Community Action Partnership (CAP) due to reorganization of the program.
- Decrease of 1.00 staff year in East Region due to the transfer of 1.00 staff year to North Central Region to support Health Promotions program.
- Increase of 12.00 staff years in North Central Region due to addition of 1.00 staff year to support Healthy Families, transfer in of 5.00 staff years from RSSE, transfer in of 2.00 staff years from Inpatient Health Services (IHS), transfer in of 2.00 staff years from MHS, transfer in of 1.00 staff year from CWS, and transfer in of 1.00 staff year from East Region to support Health Coverage Access (HCA).
- Decrease of 3.00 staff years in North Coastal Region due to the transfer out of 3.00 staff years to RSSE, transfer out of 1.00 staff year to North Inland Region offset by the addition of 1.00 staff year to support Healthy Families.

- Increase of 1.00 staff year in North Inland Region due to the transfer of 1.00 staff year from North Coastal Region to support Public Health Services clinics.
- Increase of 147.00 staff years in Eligibility Operations due to the addition of 17.00 staff years to support Healthy Families, transfer in of 110.00 staff years from SPOS, transfer in of 13.00 staff years from RSSE, transfer in of 2.00 staff years from BHS, transfer in of 3.00 staff years from MHS, transfer in of 1.00 staff year from the HHS Agency Executive Office (AEO), and transfer in of 1.00 staff year from Management Support to support Eligibility Operations and Healthy Families program.
- Increase of 35.00 staff years in Health Care Policy Administration (HCPA) due to the transfer in of 33.00 staff years from SPOS, transfer in of 1.00 staff year from PHS, and transfer in of 1.00 staff year from AEO.

Expenditures

Increase of \$262.5 million

- Salaries and Benefits — increase of \$32.5 million due to the addition of 406.00 staff years and an increase in County retirement contributions.
- Services and Supplies — increase of \$229.7 million.
 - Increase of \$197.1 million in contracted services primarily for contracts transferring from SPOS to Eligibility Operations Administration and Health Care Policy Administration.
 - Increase of \$10.5 million associated with California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) to provide access to health care coverage under the federal Affordable Care Act.
 - Increase of \$9.2 million related to the MOU with the District Attorney for Public Assistance Fraud due to the transfer from SPOS.
 - Increase of \$5.2 million in IT primarily due to the transfer from SPOS.
 - Increase of \$3.7 million in rents primarily due to the addition of staff to support Healthy Families.
 - Increase of \$4.0 million in various services and supplies primarily related to basic supplies and computers for additional staff.
- Other Charges — increase of \$0.3 million in General Relief assistance payments to align with caseload.

Revenues

Net increase of \$262.5 million

- Fines, Forfeitures & Penalties — increase of \$3.3 million for Emergency Medical Services (EMS) Penalty due to transfer from SPOS.

- Revenue From Use of Money & Property — increase of \$1.0 million due to transfer from SPOS for EMS Penalty fees to HCPA.
- Intergovernmental Revenues — net increase of \$219.7 million primarily related to the transfer from SPOS and the addition of 255.00 staff years.
 - Increase of \$76.3 million of Health Coverage Initiative revenue related to the transfer from SPOS.
 - Increase of \$71.2 million in Social Services administrative revenue related to the transfer from SPOS.
 - Increase of \$46.3 million in Realignment revenue for various social services programs primarily due to the transfer of HCPA from SPOS.
 - Increase of \$18.9 million Social Services administrative revenue due to the addition of staff to support the Healthy Families program.
 - Increase of \$9.8 million associated with California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) to provide access to health care coverage under the federal Affordable Care Act.
 - Increase of \$0.9 million in SNAP-Ed revenue.
 - Decrease of \$3.5 million CAP revenue due to the transfer to Administrative Support.
 - Decrease of \$0.2 million in Regional Public Health Clinic revenue.
- Charges for Current Services — increase of \$9.0 million due to the transfer from SPOS.
- Miscellaneous Revenue — decrease of \$0.07 million associated with the elimination of a one-time private donation.
- Other Financing Sources — increase of \$20.6 million for Operating Transfer from Tobacco Securitization due to the transfer from SPOS.
- Use of Fund Balance — decrease of \$2.4 million due to \$1.2 million of prior year one-time Salary and Benefit pay out and \$1.2 million for Juvenile Diversion to support community based strategies that strengthen individuals and families to foster healthy relationships.
- General Purpose Revenue Allocation — increase of \$11.4 million due to the transfer of \$11.0 million from SPOS to HCPA, an increase of \$0.3 million due to General Relief assistance payments and increase of \$0.1 million to cover operating cost.

Budget Changes and Operational Impact: 2013-14 to 2014-15 – All Regions

Net increase of \$5.6 million is the result of an increase of \$6.2 million in Salaries and Benefits due to the increase in County retirement contributions, offset by a decrease of \$0.6 million in Services and Supplies due to the elimination of one-time projects.



Regional Operations

Staffing by Program						
		Fiscal Year 2012-13 Adopted Budget			Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Regional Self Suffic Elig		1,272.00			1,497.00	1,497.00
Regional Child Welfare Svcs		621.00			605.00	605.00
Central Region		147.00			153.00	153.00
East Region		94.50			93.50	93.50
North Central Region		94.00			106.00	106.00
North Coastal Region		61.00			58.00	58.00
North Inland Region		66.00			67.00	67.00
South Region		76.50			76.50	76.50
Eligibility Operations Administration		—			147.00	147.00
Health Care Policy Administration		—			35.00	35.00
Total		2,432.00			2,838.00	2,838.00

Budget by Program						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Regional Self Suffic Elig	\$ 304,851,702	\$ 337,995,218	\$ 338,518,822	\$ 305,852,537	\$ 367,043,984	\$ 370,213,322
Regional Child Welfare Svcs	52,697,721	56,948,047	56,948,047	52,896,162	55,989,759	57,483,216
Central Region	20,580,765	21,911,769	22,288,521	20,962,771	19,739,038	20,048,143
East Region	11,989,140	12,423,214	12,471,398	12,639,171	10,085,225	10,297,564
North Central Region	9,339,359	9,686,781	9,686,781	9,417,605	9,618,300	9,822,627
North Coastal Region	8,044,471	8,844,055	8,886,247	8,032,364	7,340,031	7,478,232
North Inland Region	7,793,269	8,714,183	8,768,472	8,423,349	7,224,367	7,359,770
South Region	10,421,299	11,190,000	11,324,414	11,436,468	9,327,480	9,471,531
Eligibility Operations Administration	—	—	—	(2,505)	80,180,387	79,945,877
Health Care Policy Administration	—	—	—	—	163,706,757	163,706,925
Total	\$ 425,717,725	\$ 467,713,267	\$ 468,892,703	\$ 429,657,920	\$ 730,255,328	\$ 735,827,207

Budget by Categories of Expenditures

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Salaries & Benefits	\$ 175,928,586	\$ 190,512,587	\$ 193,376,908	\$ 188,498,117	\$ 223,048,506	\$ 229,215,726
Services & Supplies	29,487,227	32,679,533	33,617,371	31,843,521	262,385,675	261,790,334
Other Charges	220,305,284	244,521,147	241,790,315	209,201,485	244,821,147	244,821,147
Capital Assets Equipment	—	—	108,108	114,797	—	—
Expenditure Transfer & Reimbursements	(3,372)	—	—	—	—	—
Total	\$ 425,717,725	\$ 467,713,267	\$ 468,892,703	\$ 429,657,920	\$ 730,255,328	\$ 735,827,207

Budget by Categories of Revenues

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Licenses Permits & Franchises	\$ 4,000	\$ —	\$ —	\$ —	\$ —	\$ —
Fines, Forfeitures & Penalties	36,655	50,000	50,000	32,020	3,349,216	3,349,216
Revenue From Use of Money & Property	—	—	—	—	1,019,083	1,019,083
Intergovernmental Revenues	409,629,403	442,765,258	446,411,649	398,953,977	662,437,063	662,107,492
Charges For Current Services	5,169,690	1,901,051	1,901,051	1,060,771	10,899,612	10,899,612
Miscellaneous Revenues	565,443	771,235	801,235	1,680,649	699,183	699,183
Other Financing Sources	153	—	—	—	20,600,000	20,600,000
Fund Balance Component Decreases	—	—	—	—	—	4,764,846
Use of Fund Balance	(9,121,149)	2,371,157	(125,798)	8,075,938	—	—
General Purpose Revenue Allocation	19,433,529	19,854,566	19,854,566	19,854,566	31,251,171	32,387,775
Total	\$ 425,717,725	\$ 467,713,267	\$ 468,892,703	\$ 429,657,920	\$ 730,255,328	\$ 735,827,207



Strategic Planning and Operational Support

Department Description

Strategic Planning and Operational Support (SPOS) supports implementation of self-sufficiency programs, ensures program integrity, and in collaboration with the community, delivers essential services including eligibility, enrollment, and indigent health care in order to advance Live Well San Diego. Additionally, SPOS provides strategic planning and support for continuous improvement throughout the Health and Human Services Agency (HHSA).



Effective Fiscal Year 2013-14, HHSA reorganized SPOS to facilitate operational effectiveness and efficiency in order to improve service delivery to clients. Two major functions, eligibility operations and health care policy will be part of Regional Operations. The remaining function, strategy innovation will be part of Administrative Support.

Mission Statement

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

2012-13 Accomplishments

Ensured integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Healthy Families

- Built a better service delivery system to support self-sufficiency among clients eligible for public assistance programs.
 - 25% (2,416 of 9,739) of Welfare to Work participants had paid employment, moving them closer to self-sufficiency, below the target of 30%.
 - 68% (1,813 of 2,649) of enrollees referred for case management participated in case management services, strengthening care and treatment for the indigent health program enrollees, below target of 85%. The target was not met due to several contributing factors such as an unusually high transient population and unexpected staff turnover.

- 80% (5,347 of 6,718) of Low Income Health Program (LIHP) enrollees, who entered the program through a LIHP Mental Health Clinic, accessed physical health care services through a LIHP community clinic, above target of 70%.
- Supported positive choices among eligible participants in CalFresh, a public assistance nutrition program, by enrolling 100% (29,000) of eligible participants in the February 2013 launch of the CalFresh Restaurant Meals Program, above target of 90% enrollment.

Required Discipline for Excellence – Accountability, Transparency and Ethical Conduct

- Advanced operational excellence through accountability by supporting program integrity and ensuring services are accurately authorized by conducting 1,432 unannounced In-Home Supportive Services home visits, below the target of 2,000 due to unexpected staffing changes.

Required Discipline for Excellence – Continuous Improvement and Innovation

- Advanced operational excellence by enhancing the capability to measure, analyze, review and improve processes and performance, while ensuring these improvements are aligned with priorities, through the following continuous improvement projects for HHSA.
 - Identified opportunities to increase efficiency and effectiveness in the Eligibility Appeals process while adhering to due processes and state hearing requirements for approximately 900 clients per month.

■ ■ ■ Strategic Planning and Operational Support

- Identified opportunities to streamline and improve timeliness in the processing of approximately 11,000 Medi-Cal redeterminations per month in order to meet State requirements and provide continuity of health care coverage to San Diego residents.
- Identified operational and administrative efficiencies gained by merging Office of Public Conservator and Public Administrator/Public Guardian functions and tasks.
- Reviewed the parent-search and relative approval process within the regions to increase the rate of placements with permanent parent-relative (also called kin placements) which contributes to better outcomes for children and their families in the child welfare system.
- Identified improvements to the process by which data moves through collection and standardization in order to improve efficiencies of epidemiologists and

biostatisticians preparing data as well as to enhance timeliness and quality of data available online to the community.

- Identified opportunities to realize efficiencies and reduce time to resolve call requests to Agency hotlines and leverage opportunities with 2-1-1.

2013-15 Objectives

Effective Fiscal Year 2013-14, HHSa reorganized SPOS to facilitate operational effectiveness and efficiency in order to improve service delivery to clients. Two major functions, eligibility operations and health care policy will be part of Regional Operations. The remaining function, strategy innovation will be part of Administrative Support.

Related Links

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

Performance Measures	2011-12 Actuals	2012-13 Adopted	2012-13 Actuals	2013-14 Adopted	2014-15 Approved
Welfare to Work participants that have paid employment	20% of 11,102	30% of 11,000	25% of 9,739	N/A ¹	N/A ¹
Enrollees referred for case management participate in case management services ²	N/A	85% of 1,300	68% of 2,649 ³	N/A ¹	N/A ¹
Low Income Health Program enrollees access physical health care services ²	N/A	70% of 2,100	80% of 6,718	N/A ¹	N/A ¹
Unannounced home visits in the In-Home Supportive Services program	2,166	2,000	1,432 ⁴ of 2,000	N/A ¹	N/A ¹

Table Notes

¹Effective Fiscal Year 2013-14, this measure will no longer be reported in the Operational Plan, but will continue to be monitored internally.

²Effective Fiscal Year 2012-13, measure was added to better reflect strategic priorities.

³The target of 85% was not met for case management participation due to a large transient population and staff turnover.

⁴The target of 2,000 unannounced home visits in the In-Home Supportive Services program was not met because staff was temporarily reassigned to assist with client recertification. The temporary reassignment was necessary to ensure clients continued to receive needed services despite unanticipated issues related to the deployment of the State's pilot Case Management Information and Payroll System during the Spring of 2013.

Budget Changes and Operational Impact: 2012-13 to 2013-14

With the dissolution of SPOS, the staff years, expenditure appropriations and revenues have been transferred to Regional Operations and Administrative Support.

Staffing

Decrease of 211.00 staff years.

Expenditures

Decrease of \$235.2 million.

Revenues

Decrease of \$235.2 million.

■ ■ ■ Strategic Planning and Operational Support

Staffing by Program						
		Fiscal Year 2012-13 Adopted Budget			Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Administration		89.00			—	—
Health Care Administration		36.00			—	—
Self Sufficiency Services and Support		86.00			—	—
Total		211.00			—	—

Budget by Program						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Administration	\$ 24,837,020	\$ 30,511,519	\$ 33,158,886	\$ 33,827,324	\$ —	\$ —
Health Care Administration	176,194,301	162,175,130	216,904,039	226,424,502	—	—
Child Care Planning Council	719,482	725,326	725,356	717,933	—	—
Self Sufficiency Services and Support	45,693,881	41,810,756	43,507,863	42,137,338	—	—
Total	\$ 247,444,685	\$ 235,222,731	\$ 294,296,144	\$ 303,107,096	\$ —	\$ —

Budget by Categories of Expenditures						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Salaries & Benefits	\$ 17,326,137	\$ 19,188,107	\$ 19,188,107	\$ 18,439,949	\$ —	\$ —
Services & Supplies	229,987,934	216,034,624	272,485,314	281,922,880	—	—
Other Charges	130,614	—	—	121,544	—	—
Capital Assets Equipment	—	—	2,622,724	2,622,724	—	—
Total	\$ 247,444,685	\$ 235,222,731	\$ 294,296,144	\$ 303,107,096	\$ —	\$ —

Budget by Categories of Revenues

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Fines, Forfeitures & Penalties	\$ 3,261,052	\$ 3,349,216	\$ 3,349,216	\$ 3,071,552	\$ —	\$ —
Revenue From Use of Money & Property	1,110,661	1,019,083	1,019,083	936,411	—	—
Intergovernmental Revenues	158,990,422	187,993,662	229,493,662	214,440,139	—	—
Charges For Current Services	15,074,799	11,201,118	11,201,118	19,522,351	—	—
Miscellaneous Revenues	271,531	5,000	5,000	533,394	—	—
Other Financing Sources	17,600,000	20,600,000	20,600,000	20,600,000	—	—
Use of Fund Balance	40,136,220	54,652	17,628,065	33,003,250	—	—
General Purpose Revenue Allocation	11,000,000	11,000,000	11,000,000	11,000,000	—	—
Total	\$ 247,444,685	\$ 235,222,731	\$ 294,296,144	\$ 303,107,096	\$ —	\$ —





Aging & Independence Services

Department Description

Aging & Independence Services (AIS) provides services to older adults, people with disabilities and their family members, help keep clients safely in their homes, promote healthy and vital living, and publicize positive contributions made by older adults and persons with disabilities. The Office of Veterans Services, within AIS, provides assistance to military veterans and their dependents and survivors who are entitled to benefits from the United States Department of Veterans Affairs, the State of California, and other agencies.



Effective Fiscal Year 2013-14, the Public Administrator/Public Guardian and Behavioral Health Conservator unit will become Public Administrator/Public Guardian/Public Conservator (PA/PG/PC) and part of AIS to reflect Health and Human Service Agency's reorganization to improve effectiveness and efficiency in service delivery.

Mission Statement

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

2012-13 Accomplishments

Ensured integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Healthy Families

- Built a better service delivery system to protect seniors and dependent adults from abuse and neglect, and improve their quality and efficient care.
 - Ensured 97% (6,759 of 6,944) of face-to-face contacts were conducted within 10 days of receiving an Adult Protective Services (APS) referral, above the target of 95%.
 - Ensured 91% (6,329 of 6,944) of APS cases were not re-referred within six months of case closing, meeting the target.
 - Implemented the first phase of the multi-year Community Based Care Transitions Program (CCTP) to reduce readmissions to hospitals for Medicare

recipients. Public Health Nurses in AIS received referrals from participating hospitals' staff for individuals who would benefit from short-term assistance to proactively manage their chronic medical conditions.

- Supported positive choices that foster independence among seniors and educational opportunities for veterans and their families.
 - Connected 2,159 older adults with volunteer opportunities, promoting *Live Well San Diego* through active living, below the target of 2,295 due to lower participation among community members
 - Maintained 97% (535 of 550) participation in the Multipurpose Senior Services Program (MSSP) case management program thereby helping to avoid, delay or remedy inappropriate placement in nursing facilities, above target of 95%.
 - Notified 98% (6,472 of 6,611) of customers assisted by Veteran's Services within 14 calendar days of the result of their college tuition waiver application, meeting target.

Required Discipline for Excellence – Customer Satisfaction

- Advanced operational excellence in customer service by ensuring 75% (16,273 of 21,841) of annual In-Home Supportive Services (IHSS) reassessments were recertified timely so that clients received the appropriate level of care to remain safely in their own home. The target of 96% was not met due to difficulties encountered during the implementation of a State pilot computer system.

2013-15 Objectives

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Safe Communities

- Build a better service delivery system by safeguarding and protecting vulnerable adults from neglect and abuse, including financial, physical and emotional.
 - 96% (7,200 of 7,500) of face-to-face contacts are conducted within 10 days of receiving an APS referral.
 - 91% (6,825 of 7,500) of APS cases are not re-referred within six months of case closing.
 - Ensure that 100% (1,230) of conservatorship investigations for Public Guardian (PG) and Public Conservator (PC) begin within two business days of assignment to an investigator as mandated by the Omnibus Conservatorship and Guardianship Reform Act.
 - Complete 95% (119 of 125) of follow-up face-to-face visits with conservatees living in San Diego County within 30 days of previous date of face-to-face visit.
 - Begin 96% (480 of 500) of all bank inquiries within two business days to safeguard and protect the assets and resources of clients.
 - Submit 100% (10) of Inventory and Appraisal reports of all estate cases in the PG Program within 90 days of receiving letters of conservatorship to the Court.
 - Ensure 95% (998 of 1,050) of Public Administrator (PA) investigations are begun within two business days of a referral being assigned for investigation.
 - Submit 100% (20) Inventory and Appraisal reports of all formal probate cases in the PA Program within 120 days of receiving letters of Administration to the Court. A formal probate case is an estate valued at more than \$150,000 and is under court supervision.

Strategic Initiative – Healthy Families

- Build a better service delivery system to improve quality and efficient care for vulnerable adults ensuring 90% (3,111 of 3,457) of high-risk CCTP Medicare fee-for-service beneficiaries who receive a Care Transitions Intervention (CTI) or CTI Care Enhancement interven-

tion by AIS, will have a home visit completed within three calendar days of discharge from a partner Acute Care Hospital or Skilled Nursing Facility.

- Support positive choices that foster independence among seniors and educational opportunities for veterans and their families.
 - Connect 2,318 older adults with volunteer opportunities, promoting *Live Well San Diego* through active living.
 - Maintain 96% (528 of 550) participation in the MSSP case management program helping to avoid, delay or remedy inappropriate placement in nursing facilities.
 - Notify 99% (4,950 of 5,000) of customers assisted by Veteran's Services within 14 calendar days of the result of their college tuition waiver application.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service by ensuring 96% (15,840 of 16,500) of annual IHSS reassessments are recertified timely so that clients receive the appropriate level of care to remain safely in their own home.

Required Discipline for Excellence – Skilled, Adaptable and Diverse Workforce

- Advance operational excellence of a skilled workforce by maintaining 100% (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

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

For additional information on the programs offered by Aging & Independence Services, refer to the website at www.sdcounty.ca.gov/hhsa/programs/ais.

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

Performance Measures	2011-12 Actuals	2012-13 Adopted	2012-13 Actuals	2013-14 Adopted	2014-15 Approved
Face-to-face APS investigations conducted within 10 days of referral	96% of 7,537	95% ¹ of 7,500	97% of 6,944	96% of 7,500	96% of 7,500
APS cases not re-referred within 6 months of closing	91% of 7,537	91% ¹ of 7,500	91% of 6,944	91% of 7,500	91% of 7,500
Number of older adults linked with RSVP and Intergenerational volunteer opportunities ²	1,962	2,295	2,195	2,318	2,318
Average monthly number of MSSP case management slots filled	99% of 550	95% ³ of 550	97% of 550	96% of 550	96% of 550
Notification response rate within 14 days for customers applying for the college fee waiver	100% of 7,241	98% of 5,000	98% of 6,611	99% of 5,000	99% of 5,000
IHSS reassessments recertified timely	93% of 20,242	96% ⁴ of 16,500	75% _{of 21,841} ⁵	96% of 16,500	96% of 16,500
High-risk CCTP Medicare fee-for-service beneficiaries will have a home visit completed within three (3) calendar days of discharge from a partner Acute Care Hospital or Skilled Nursing Facility ⁶	N/A	N/A	N/A	90% of 3,457	90% of 3,457
PG and PC Conservatorship investigations begin within 2 business days of referral being assigned ⁷	See Table Note 10	See Table Note 10	See Table Note 10	100% of 1,230	100% of 1,230
Face to face visits with conservatees completed within 30 days of previous visit ⁶	See Table Note 10	See Table Note 10	See Table Note 10	95% ⁸ of 125	95% of 125
All bank inquiries begin within 2 business days	See Table Note 10	See Table Note 10	See Table Note 10	96% of 500	96% of 500
PG Estate cases submit I&A reports to Probate Court within 90 days of receipt of Letters of Conservatorship	See Table Note 10	See Table Note 10	See Table Note 10	100% of 10	100% of 10
PA investigations begin within 2 days of referral	See Table Note 10	See Table Note 10	See Table Note 10	95% ⁹ of 1,050	95% of 1,050
PA formal probate cases submit I&A reports to Probate Court within 120 days of receiving Letters of Administration	See Table Note 10	See Table Note 10	See Table Note 10	100% of 20	100% of 20
Deputy PA/PGs certified by California State PA/PG Association	See Table Note 10	See Table Note 10	See Table Note 10	100% of 19	100% of 19



Table Notes

¹Effective Fiscal Year 2012-13, the target has been revised to more accurately reflect staffing capacity and efforts. In Fiscal Year 2012-13, the number of reports to APS have increased by more than 10% despite a reduction in staff due to budget constraints. There has been an overall workload increase for APS investigators of 13% since staffing was reduced. All efficiencies have been explored and staff are working at the highest level possible without placing the County and clients at risk.

²Effective Fiscal Year 2011-12, this measure has been revised to “maintain” the number of older adults linked with the Retired Senior Volunteer Program (RSVP) and Intergenerational volunteer opportunities.

³Effective Fiscal Year 2012-13, the target for monthly number of MSSP case management slots has been revised to reflect the State contract obligation of 95%.

⁴Effective Fiscal Year 2012-13, the target has been revised to better accurately reflect staffing capacity and efforts. The State mandated target for IHSS reassessments recertified timely is 90%.

⁵During Fiscal Year 2012-13, the IHSS program launched a new computer system as a pilot county, Case Management Information and Payroll System (CMIPS) II to track this measure. The reporting feature for the new system has been extremely problematic and the data produced has not been accurate. Staff are working with CMIPS II State personnel on a way to more accurately capture this information for Fiscal Year 2013-14 and beyond. Additionally, the introduction of this new system has resulted in a work slowdown for staff, resulting in the need for additional time to complete all required paperwork and impacting their ability to complete timely reassessments.

⁶Effective Fiscal Year 2013-14, this is a new measure to reflect strategic priorities.

⁷Effective Fiscal Year 2013-14, this measure was expanded to include Public Conservator thus increasing the total number of referrals being investigated.

⁸Effective Fiscal Year 2013-14, the target goal for this measure was increased from 85% to 95% to align with staffs’ high performance rate; the target goal of 85% was established as a baseline for the first year the measure was introduced. To minimize risk to our clients and to provide quality customer service, careful monitoring and regular feedback to staff to emphasize the importance of these activities resulted in a significant increase in timely visits.

⁹Effective Fiscal Year 2013-14, the target goal for this measure was increased from 80% to 95% to align with staffs’ high performance rate; the target goal of 80% was established as a baseline for the first year the measure was introduced. To minimize risk to our clients and to safeguard estate assets, careful monitoring and regular feedback to staff to emphasize the importance of these activities resulted in a significant increase in the initiation of PA Investigations.

¹⁰Prior to Fiscal Year 2013-14, these measures were reported in the Public Administrator/Public Guardian section of the Operational Plan.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Staffing

Net increase of 87.50 staff years.

- Increase of 20.00 staff years for the Community Based Care Transitions Program (CCTP).
- Increase of 55.00 staff years due to the transfer of Public Administrator/Public Guardian/Public Conservator (PA/PG/PC) to AIS.

- Increase of 9.00 staff years due to a transfer from Strategic Planning and Operational Support (SPOS).
- Increase of 1.00 staff year for the Dementia Support program.
- Increase of 2.50 staff years due to operational needs.

The following breakdown shows the same net change in staffing presented by program.

- Increase of 10.00 staff years in In-Home Supportive Services (IHSS) due to the transfer in of 9.00 staff from SPOS, Fraud and Integrity unit to support IHSS anti-

fraud activities and addition of 2.00 staff years for the CCTP, offset by 1.00 staff year transferred to Adult Protective Services.

- Increase of 16.00 staff years in Senior Health and Social Services due to addition of 18.00 staff years for CCTP, offset by 2.00 staff years transferred out to Adult Protective Services.
- Increase of 5.50 staff years in Adult Protective Services including the addition of 2.50 staff years due to operational need and the transfer in of 2.00 staff year from the Senior Health and Social Services and transfer in of 1.00 staff year from IHSS due to operational needs.
- Increase of 56.00 staff years in PA/PG/PC due to the move of PA/PG Division, 33.00 staff years, and Conservator Unit, 22.00 staff years, and the addition of 1.00 staff year for the Dementia Support program.

Expenditures

Net increase of \$16.7 million

- Salaries and Benefits — increase of \$8.6 million primarily due to the addition of 87.50 staff years and an increase in County retirement contributions.
- Services and Supplies — increase of \$7.8 million.
 - Increase of \$5.9 million in contracted services for the CCTP.
 - Increase of \$1.9 million in various services and supplies primarily related to the transfer of appropriations from PA/PG and Conservator Unit to PA/PG/PC.
- Other Charges — increase of \$0.3 million due to transfer of appropriations for indigent burial costs from PA/PG to PA/PG/PC.

Revenues

Net increase of \$16.7 million

- Licenses, Permit and Franchises — increase of \$0.05 million related to the transfer of the Conservator unit to PA/PG/PC.

- Revenues From Use of Money and Property — increase of \$0.04 million related to the transfer of the Conservator unit to PA/PG/PC.
- Intergovernmental Revenues — increase of \$11.9 million.
 - Increase of \$7.7 million in CCTP revenue.
 - Increase of \$2.5 million in Realignment related to the transfer of \$2.3 million from Conservator unit to PA/PG/PC, and \$0.2 million for the Dementia Support program.
 - Increase of \$1.1 million in IHSS administrative revenue.
 - Increase of \$0.6 million in various other revenues to align with allocations.
- Charges for Current Services — increase of \$0.9 million in estate fees related to the transfer of PA/PG to PA/PG/PC.
- Miscellaneous Revenue — increase of \$0.06 million primarily related to the transfer of the Conservator unit to PA/PG/PC.
- Use of Fund Balance — decrease of \$0.03 million. A total of \$0.06 million budgeted to fund the Grandparents Raising Grandchildren symposium.
- General Purpose Revenue Allocation — increase of \$3.8 million related to the transfer of PA/PG to PA/PG/PC.

Budget Changes and Operational Impact: 2013-14 to 2014-15

Net increase of \$0.7 million is the result of an increase of \$0.8 million in Salaries and Benefits due to an increase in County retirement contributions, offset by a decrease of \$0.1 million in Services and Supplies due to the completion of one-time contracted services.



■ ■ ■ Aging & Independence Services

Staffing by Program						
		Fiscal Year 2012-13 Adopted Budget			Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
In-Home Supportive Services		150.00			160.00	160.00
Veterans Services		8.00			8.00	8.00
Senior Health and Social Services		44.00			60.00	60.00
Protective Services		66.50			72.00	72.00
Administrative and Other Services		23.00			23.00	23.00
Public Administrator/ Guardian/Conservator		—			56.00	56.00
Total		291.50			379.00	379.00

Budget by Program						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
In-Home Supportive Services	\$ 274,650,062	\$ 284,713,146	\$ 271,733,941	\$ 269,316,218	\$ 285,912,754	\$ 286,249,462
Veterans Services	949,908	947,256	947,256	946,873	982,923	1,000,316
Senior Health and Social Services	13,274,426	14,405,024	19,086,830	14,412,131	21,890,107	21,952,440
Protective Services	7,634,926	8,353,562	9,358,087	8,701,555	8,884,081	9,047,301
Administrative and Other Services	4,449,997	4,095,982	4,391,200	3,916,795	4,292,035	4,345,252
Public Administrator/ Guardian/Conservator	—	—	—	—	7,284,154	7,386,913
Total	\$ 300,959,318	\$ 312,514,970	\$ 305,517,314	\$ 297,293,572	\$ 329,246,054	\$ 329,981,684

Budget by Categories of Expenditures						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Salaries & Benefits	\$ 25,351,277	\$ 26,355,581	\$ 27,489,885	\$ 26,849,868	\$ 34,977,670	\$ 35,773,300
Services & Supplies	263,141,959	272,957,956	264,825,996	257,722,191	280,816,951	280,756,951
Other Charges	44,206	5,000	5,000	42,561	255,000	255,000
Operating Transfers Out	12,421,876	13,196,433	13,196,433	12,678,952	13,196,433	13,196,433
Total	\$ 300,959,318	\$ 312,514,970	\$ 305,517,314	\$ 297,293,572	\$ 329,246,054	\$ 329,981,684

Budget by Categories of Revenues

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Licenses Permits & Franchises	\$ —	\$ —	\$ —	\$ —	\$ 46,000	\$ 46,000
Fines, Forfeitures & Penalties	286,629	185,660	185,660	314,132	185,660	185,660
Revenue From Use of Money & Property	—	—	—	—	40,000	40,000
Intergovernmental Revenues	291,890,620	303,535,138	294,762,436	287,214,649	315,427,706	315,764,414
Charges For Current Services	—	—	—	—	893,838	893,838
Miscellaneous Revenues	514,951	111,333	111,333	101,763	172,043	172,043
Other Financing Sources	123,360	100,000	100,000	88,980	100,000	100,000
Fund Balance Component Decreases	—	—	—	—	—	458,922
Use of Fund Balance	(448,766)	86,498	1,861,544	1,077,707	60,000	—
General Purpose Revenue Allocation	8,592,524	8,496,341	8,496,341	8,496,341	12,320,807	12,320,807
Total	\$ 300,959,318	\$ 312,514,970	\$ 305,517,314	\$ 297,293,572	\$ 329,246,054	\$ 329,981,684





Behavioral Health Services

Department Description

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

Effective Fiscal Year 2013-14, the Conservator unit will be integrated with Public Administrator/Public Guardian which in turn will become part of Aging and Independence Services.

Mission Statement

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

2012-13 Accomplishments

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Healthy Families

- Built a better service delivery system for children and adults with behavioral and physical health needs.
 - Provided timely intervention to children who have complex behavioral/emotional needs through the KidSTART program by serving 250 children ages 0-5 years, exceeding the target of 100 children served.
 - Improved quality and efficient care by integrating physical and behavioral health services with two modified service delivery system pilot programs, ICARE and SmartCare. The ICARE program provided comprehensive counseling and mental health services for children and adults. The SmartCare program added psychiatric consultation services to support primary care providers in serving children and adults with mental health challenges.
- Supported positive choices among participants in alcohol and drug treatment programs.



- Supported educational growth and overall well-being of adolescents who completed alcohol and drug treatment by ensuring 95% (554 of 581) either completed high school (or the equivalent) or were enrolled in an educational setting, above the target of 90%. Supported healthy and safe living by ensuring 42% (5,576 of 13,148) of participants completed alcohol and drug treatment, above the target of 35%.
- Pursued policy and environmental changes by increasing use and efficiency at outpatient mental health clinics by reducing the number of adults who canceled or failed to show by 5% (from 18,137 to 17,230), below the target of a 10% reduction.

Required Discipline for Excellence – Customer Satisfaction

- Advanced operational excellence in customer service through timely and improved access to services.
 - Ensured access to outpatient mental health assessments for at-risk children and youth by maintaining an average wait time of four days, better than the target of five days average wait time.
 - Ensured access to care and treatment in nonresidential alcohol and drug treatment programs for adolescents by admitting 99% (1,156 of 1,172) within 14 days, exceeding the target of 85%. This target was exceeded because the Teen Recovery Centers' were able to admit quickly and efficiently, resulting in no wait list for services.
 - Monitored access to outpatient mental health services to older adults; 16% fewer clients were served (from 5,662 to 4,757), below the target of a 5% increase. The decrease in number of outpatient clients is attributed to the successful linkages of clients to their primary care providers and the mental health anti-stigma campaign, *It's Up to Us!*

- Implemented the County's In Home Outreach Team (IHOT). This voluntary pilot program assists patients with severe mental illness who have been resistant to treatment with taking their required medications, participating in treatment and linking to appropriate community services.

Required Discipline for Excellence – Accountability, Transparency and Ethical Conduct

- Advance operational excellence by demonstrating accountability and commitment to outstanding patient care.
 - Maintained full accreditation with the Joint Commission Standards Compliance for SDCPH.
 - Maintained a State rating of substantial compliance for Edgemoor DPSNF.
 - The national benchmark of 1.78 occurrences or less per 1,000 patient days for the use of mechanical or manual restraints at SDCPH was not met, with 6.67 occurrences per 1,000 patient days, due to increased acuity of new patients entering SDCPH.

2013-15 Objectives

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Healthy Families

- Build a better service delivery system for children and adults with behavioral and physical health needs by providing timely intervention to children who have complex behavioral/emotional needs through the KidSTART program by serving 250 children ages 0-5 years.
- Build a better service delivery system through the integration of physical and behavioral health services with two modified service delivery system programs.
 - ICARE program.
 - ♦ Maintain baseline of 3% (6 of 200) of participants reporting inpatient hospitalization for physical health reasons.
 - ♦ Maintain baseline of 20% (40 of 200) of participants reporting an emergency room visit.
 - ♦ Maintain current levels of program satisfaction among participants.
 - SmartCare program.
 - ♦ Continue enhancement of psychiatric consultation services.
 - ♦ Increase the use of the wellness blog in the online newspaper *Ramona Patch* that serves the rural community.
 - ♦ Maintain 90% (270 of 300) client satisfaction with

the integrated care model.

- Support positive choices among participants in alcohol and drug treatment programs.
 - Support educational growth and overall well-being of adolescents who complete alcohol and drug treatment by ensuring 90% (833 of 925) either complete high school (or the equivalent) or are enrolled in an educational setting.
 - Support healthy and safe living by ensuring that 35% (4,550 of 13,000) of participants complete alcohol and drug treatment.

Required Discipline for Excellence – Customer Satisfaction

- Advance operational excellence in customer service through timely and improved access to services.
 - Ensure access to outpatient mental health assessments for at-risk children and youth by maintaining an average wait time of five days or less.
 - Ensure access to care and treatment in nonresidential alcohol and drug treatment programs for adolescents by admitting 85% (1,224 of 1,440) within 14 days.
 - Improve access for older adults by serving an additional 5% (from 5,832 to 6,123), including through senior-focused prevention, early intervention, and treatment services.

Required Discipline for Excellence – Accountability, Transparency and Ethical Conduct

- Advance operational excellence by demonstrating accountability and commitment to outstanding patient care.
 - Maintain full accreditation with the Joint Commission Standards Compliance for SDCPH.
 - Maintain a State rating of substantial compliance for Edgemoor DPSNF.
 - Maintain a readmission rate at SDCPH that is lower than the readmission rate for fee-for-service hospitals of 26.56% for Fiscal Year 2012-13.

Related Links

For information about mental illness, how to recognize symptoms, use local resources and access assistance, go to www.up2sd.org.

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

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

Performance Measures	2011-12 Actuals	2012-13 Adopted	2012-13 Actuals	2013-14 Adopted	2014-15 Approved
Children 0-5 years served in KidSTART ¹ program	384	100	250 ²	250	250
Adolescents discharged from alcohol and drug treatment who complete high school (or the equivalent), or are enrolled in an educational setting	97% of 790	90% of 925	95% of 581	90% of 925	90% of 925
Participants in alcohol and drug treatment who complete treatment	43% of 11,891	35% of 13,000	42% of 13,148	35% of 13,000	35% of 13,000
Decrease in the number of adult clients who cancel or fail to show for outpatient mental health appointment ³	0% (the rate remained constant)	10% (from 20,152 to 18,137)	5% (from 18,137 to 17,230)	N/A ³	N/A
Wait time for children's mental health outpatient treatment	5 days	5 days	4 days	5 days	5 days
Adolescents admitted timely (within 14 calendar days) to non-residential alcohol and drug treatment	92% of 1,296	85% of 1,440	99% ⁴ of 1,172	85% of 1,440	85% of 1,440
Increase in number of older adults receiving mental health services, including senior-focused prevention, early intervention, and treatment services ⁵	9% (from 5,398 to 5,899)	5% (from 5,899 to 6,193)	-16% ⁶ (from 5,662 to 4,757)	5% (from 4,757 to 4,994)	5% (from 4,994 to 5,253)
Compliance rating of Edgemoor DPSNF ⁷	D	D	D	D	D

Table Notes

¹KidSTART is a multidisciplinary program with Child Welfare Services and funded by the First 5 Commission. The program provides screening, triage, assessment, referral and treatment.

²The target of 100 was exceeded in Fiscal Year 2012-13 due to conservative projections on how many children would be assessed and provided mental health treatment.

³Effective Fiscal Year 2013-14 this measure will be discontinued due to continuing challenges in identifying a reliable and accurate method of measuring "no shows" or cancellations throughout the various contractor sites.

⁴The target of 85% of adolescents admitted timely to non-residential alcohol and drug treatment was exceeded due to the ability of the Teen Recovery Centers to admit clients quickly and efficiently, resulting in no wait list during the Fiscal Year 2012-13.

⁵The baseline number of older adults receiving services for the Fiscal Year 2012-13 estimated actual was changed to reflect a more accurate number, and therefore does not match the Fiscal Year 2012-13 adopted number.

⁶The target of 5% increase in outpatient mental health services for older adults was not met. The decrease of 16% fewer clients served is attributed to the successful linkages of clients to their primary care providers and the mental health anti-stigma campaign, *It's Up to Us!*



⁷The rating of “D” is the highest possible rating. The rating comes from an annual survey, in adherence to Title 22 statute, and looks at more than 2,000 requirements. It indicates substantial compliance as defined by the California Department of Public Health Services Licensing and Certification Program, which means there are no widespread deficiencies and minimal physical, mental and/or psychological discomfort to the residents. There are facilities (out of 91) with a zero deficiency in San Diego County.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Staffing

Net decrease of 38.50 staff years.

- Decrease of 22.00 staff years due to a transfer from the Conservator unit to Aging and Independence Services (AIS).
- Decrease of 11.00 staff years due to a transfer to Regional Operations.
- Decrease of 5.00 staff years due to a transfer to Administrative Support.
- Decrease of 5.00 staff years due to a transfer to Child Welfare Services (CWS) to support Assembly Bill (AB) 12, the *California Fostering Connections to Success Act (2010)*.
- Increase 1.00 staff year due to a transfer from Strategic Planning and Operational Support (SPOS).
- Increase of 1.00 staff year to support Healthy Families.
- Increase of 2.50 staff years for programmatic needs.

The following breakdown shows the same net change in staffing presented by program:

- Decrease of 6.00 staff years in Alcohol and Drug Services (ADS) due to transfer of staff to Behavioral Health Services Administration.
- Decrease of 62.00 staff years in Mental Health Services (MHS) due to the transfer out of 22.00 staff years from the Conservator unit to AIS, transfer out of 17.00 staff years to Inpatient Health Services, transfer out of 9.00 staff years to Behavioral Health Services Administration, transfer out of 3.00 staff years to Eligibility Operations Administration, transfer out of 2.00 staff years to North Central Region, transfer out of 1.00 staff years to Regional Self Sufficiency, transfer out of 4.50 staff years to CWS, transfer out of 1.00 staff year to HHSA Human Resources, transfer out of 1.00 staff year to Proposition 10, transfer out of 2.00 staff years to Office of Strategy and Innovation (OSI) offset by the addition of 0.50 staff year for programmatic needs.

- Increase of 16.50 staff years in Inpatient Health Services, which decreases the use of temporary agency staff, accommodates the increased acuity of patients, ensures continuity of care and manages associated risks by having direct supervision of staff (as opposed to temporary agency supervision), due to the transfer in of 17.00 staff years from Mental Health Services and the addition of 2.00 staff years for programmatic needs offset by the transfer out of 2.00 staff years to North Central Region and transfer out of 0.50 staff year to CWS.
- Increase of 13.00 staff years in Behavioral Health Services Administration, resulting from reorganization and to increase operational efficiency, due to the transfer in of 9.00 staff years from MHS, the transfer in of 6.00 staff years from ADS, the transfer in of 1.00 staff year from SPOS and the addition of 1.00 staff year to support Healthy Families, offset by the transfer out of 2.00 staff years to Eligibility Operations Administration, the transfer out of 1.00 staff year to Central Region and the transfer out of 1.00 staff year to OSI.

Expenditures

Net decrease of \$7.5 million

- Salaries and Benefits — net decrease of \$4.1 million due to the reduction of 38.50 staff years and an increase in County retirement contributions.
- Services and Supplies — net decrease of \$4.6 million.
 - Decrease of \$6.5 million in Mental Health Services contracted services due to a reduction of \$6.2 million related to the transfer of the Wraparound program to CWS and a \$3.0 million reduction to align with allocations, offset by an increase of \$1.7 million for the North County Short Term Acute Residential Treatment (START) program and an increase of \$1.0 million for Long Term Care (LTC).
 - Decrease of \$0.7 million in various services and supplies including information technology costs and rent and lease decreases.
 - Decrease of \$0.4 million due to the transfer of the Conservator unit to AIS.

- Increase of \$3.0 million in ADS contracts for Substance Abuse and Prevention Treatment programs.
- Other Charges — increase of \$1.2 million due to an increase of State hospital rates set by the State of California.

Revenues

Decrease of \$7.5 million

- Intergovernmental Revenues — decrease of \$7.2 million.
 - Decrease of \$3.2 million in Short Doyle Medi-Cal revenue due to the transfer of \$1.8 million in wraparound revenue related to the transfer of the Wraparound program to CWS and a reduction of \$1.4 million to align with program trends.
 - Decrease of \$2.6 million in Mental Health Services Act revenue related to the transfer of the Wraparound program to CWS.
 - Decrease of \$1.9 million in Mental Health Realignment due to a \$2.3 million reduction related to the transfer of the Conservator unit to AIS offset by an increase of \$0.4 million to align with program trends.
 - Decrease of \$1.8 million in CWS wraparound revenue related to the transfer of the Wraparound program to CWS.
- Decrease of \$1.4 million in Drug Medi-Cal revenues related to a redesign of the Narcotics Treatment Program revenue structure.
- Increase of \$3.0 million in Substance Abuse and Prevention Treatment revenue due to increased contracts.
- Increase of \$0.7 million in CalWORKs Substance Abuse revenue to align with the State allocation.
- Charges for Current Services — increase of \$1.3 million for Inpatient Health Services.
- Miscellaneous Revenues — decrease of \$1.7 million due to discontinuance of contracts with the school districts.
- Use of Fund Balance — increase of \$0.1 million. A total of \$0.3 million is budgeted to fund one-time the KRONOS Workforce Scheduler project.

Budget Changes and Operational Impact: 2013-14 to 2014-15

Increase of \$0.7 million is the result of an increase of \$1.2 million in Salaries and Benefits due to an increase in County retirement contributions, offset by a decrease of \$0.5 million in Services and Supplies.



Behavioral Health Services

Staffing by Program						
		Fiscal Year 2012-13 Adopted Budget			Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Alcohol and Other Drug Services		25.00			19.00	19.00
Mental Health Services		284.25			222.25	222.25
Inpatient Health Services		459.25			475.75	475.75
Behavioral Health Svcs Administration		61.00			74.00	74.00
Total		829.50			791.00	791.00

Budget by Program						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Alcohol and Other Drug Services	\$ 50,240,303	\$ 59,483,556	\$ 56,311,038	\$ 52,608,617	\$ 62,356,996	\$ 62,397,839
Children's Mental Health Services	—	—	—	3,068	—	—
Mental Health Services	263,969,309	299,301,560	285,772,971	268,639,375	285,117,462	285,660,496
Inpatient Health Services	59,718,022	63,488,189	63,748,351	60,631,774	65,617,750	65,616,085
Behavioral Health Svcs Administration	7,468,657	8,799,185	8,802,670	8,911,777	10,466,256	10,633,393
Total	\$ 381,396,291	\$ 431,072,490	\$ 414,635,030	\$ 390,794,611	\$ 423,558,464	\$ 424,307,813

Budget by Categories of Expenditures						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Salaries & Benefits	\$ 78,249,753	\$ 85,452,776	\$ 85,452,776	\$ 76,232,182	\$ 81,399,796	\$ 82,642,441
Services & Supplies	302,440,756	351,462,632	335,025,172	318,663,902	346,857,092	346,363,796
Other Charges	2,461,578	3,030,506	3,030,506	4,207,645	4,175,000	4,175,000
Capital Assets Equipment	13,371	170,000	170,000	43,698	170,000	170,000
Expenditure Transfer & Reimbursements	(1,769,168)	(9,043,424)	(9,043,424)	(8,352,817)	(9,043,424)	(9,043,424)
Total	\$ 381,396,291	\$ 431,072,490	\$ 414,635,030	\$ 390,794,611	\$ 423,558,464	\$ 424,307,813

Budget by Categories of Revenues

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Intergovernmental Revenues	\$ 329,856,738	\$ 383,194,071	\$ 363,561,841	\$ 345,989,108	\$ 375,988,641	\$ 376,867,593
Charges For Current Services	36,298,807	34,624,144	34,624,144	32,103,147	35,880,681	35,878,726
Miscellaneous Revenues	6,625,387	2,554,573	2,554,573	1,545,243	891,000	891,000
Other Financing Sources	6,007,305	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
Fund Balance Component Decreases	—	—	—	—	—	172,352
Use of Fund Balance	(4,890,088)	201,560	3,396,330	658,971	300,000	—
General Purpose Revenue Allocation	7,498,142	7,498,142	7,498,142	7,498,142	7,498,142	7,498,142
Total	\$ 381,396,291	\$ 431,072,490	\$ 414,635,030	\$ 390,794,611	\$ 423,558,464	\$ 424,307,813





Child Welfare Services

Department Description

Child Welfare Services (CWS) delivers 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. In addition to these services, CWS administers the Polinsky Children's Center (PCC), a 24-hour temporary emergency shelter for children, and San Pasqual Academy, a first-in-the-nation residential education campus for adolescent foster youth.



Mission Statement

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

2012-13 Accomplishments

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Healthy Families

- Built a better service delivery system for vulnerable children and youth by promoting stability, strengthening families, and supporting activities for a successful transition to adulthood.
 - Placed 74% (133 of 179) of children entering Polinsky Children's Center with a family, relative or other foster care setting in less than 24 hours, above the target of 65%.
 - Strengthened families by ensuring 19% (72 of 373) of children were adopted within 24 months of entering child welfare services, below the target of 30% due to parents and attorneys exercising their rights to continuances and trials which extended timelines for finalization.
 - Placed 76% (205 of 270) of youth in an intensive, wraparound program that provides a family-like setting, exceeding the target of 65% due to increase in referrals from the Probation department. Wraparound is an alternative approach to group home care that values the engagement of the child and his/her family, with the goal of providing intensive, individualized services and support to families allowing the child to be placed in a stable, permanent family environment.

- Supported educational achievement of foster youth in the 12th grade, including children in San Pasqual Academy and other residential settings, by ensuring 83% (126 of 152) earned a high school diploma or equivalent, below the target of 85% due to the complex needs of youth remaining in foster care.
- Established the Extended Foster Care program to promote the successful transition of former foster youth, ages 18 through 21 years who otherwise would have aged out of the system at age 18, to adulthood. In the first year, 302 youth received transitional services. All youth turning 18 are automatically enrolled in the program and have the right to opt out if desired. As part of this new program, 2 specialized units with 16 protective service workers were established.

2013-15 Objectives

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Safe Communities

- Build a better service delivery system to protect vulnerable children and youth by improving child welfare practices.
 - Improve community engagement and service integration by identifying new opportunities for co-location of Child Welfare Services staff with staff from community-based organizations and other public agencies in order to make it easier for children and parents to access services in their neighborhoods and in familiar environments.

- Improve child well-being outcomes, such as timely reunification and stable out-of-home placements, through the implementation of a practice framework that includes continuous quality improvement, trauma-informed practice, and improved staff development and training.

Strategic Initiative – Healthy Families

- Build a better service delivery system for vulnerable children and youth by strengthening families and supporting transitions to adulthood.
 - Place 70% (175 of 250) of youth enrolled in intensive home-based services (i.e. Wraparound) in a home-like setting to improve their connections to home and community and to reduce the use of costly group home placements.
 - Promote housing stability by maintaining safe and secure placements for at least 96% (259 of 270) of the young adults that are in Extended Foster Care in order to promote self-sufficiency and prevent homelessness.

Required Discipline for Excellence – Continuous Improvement and Innovation

- Build a trauma informed Child Welfare system by developing and implementing an action plan to address the negative impact of trauma on children’s development, which can include behavioral and physical problems in adulthood.

Related Links

For information about San Diego County Adoptions, go to www.iadoptu.org and for San Pasqual Academy, go to www.sanpasqualacademy.org.

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

Performance Measures ¹	2011-12 Actuals	2012-13 Adopted	2012-13 Actuals	2013-14 Adopted	2014-15 Approved
Polinsky Children’s Center assessment center entries placed in family, relative or other foster care settings in less than 24 hours	64% of 152	65% of 300	74% of 179	N/A ²	N/A
Children who were adopted from the child welfare system were adopted within 24 months	24% of 447	30% of 644	19% of 373	N/A ³	N/A
Youth in intensive, wraparound program in a family-like setting	73% of 223	65% of 139	76% ⁴ of 270	70% of 250	70% of 250
Foster children in 12th grade who achieve high school completion (diploma, certificate, or equivalent) ⁵	79% of 199	85% of 190	83% of 152	N/A ⁵	N/A
Stable housing for youth in Extended Foster Care ⁶	N/A	N/A	N/A	96% of 270	96% of 270

Table Notes

¹For more Child Welfare Services performance measures, see the HHS Regional Operations section.

²Effective Fiscal Year 2013-14 this measure will be discontinued. While the practice of placing children with relatives as soon as possible continues, the efforts of regional staff have greatly reduced the number of children placed at the Polinsky Children’s Center.

³Effective Fiscal Year 2013-14 this measure will no longer be reported in the Operational Plan, but will be monitored internally. While the County has not met its stretch target of 30% in Fiscal Year 2012-13, it has exceeded the Fiscal Year 2009-10 system improvement goal of 20% to the State since its submission.

⁴The increase in youth in the wraparound program is due to the increase in referrals from the Probation department.

⁵Effective Fiscal Year 2013-14 this measure will no longer be reported in the Operational Plan, but will be monitored internally. Foster care graduation rates in the State and nation range from 50% to 80%.

⁶This is a new measure effective Fiscal Year 2013-14 to replace the measure for “foster care graduation.”

Budget Changes and Operational Impact: 2012-13 to 2013-14

Staffing

Net increase of 34.50 staff years.

- Increase of 10.25 staff years related to the passage of Assembly Bill (AB) 12, the *California Fostering Connections to Success Act*.
- Increase of 14.00 staff years due to a transfer from Regional Operations.
- Increase of 5.00 staff years due to a transfer from Behavioral Health Services (BHS).
- Increase of 3.25 staff years due to a transfer from Public Health Services (PHS).
- Increase of 1.00 staff year due to a transfer from Strategic Planning and Operational Support (SPOS).
- Increase of 1.00 staff year due to a transfer from Administrative Support.

The following breakdown shows the same net change in staffing presented by program.

- Increase of 34.50 staff years in Child Welfare Services.
 - Increase 15.50 staff years related to the passage of AB 12 the addition of 6.25 staff years, the transfer in of 4.00 staff years from BHS, the transfer in of 3.25 staff years from PHS and the transfer in of 2.00 staff years from Regional Child Welfare Services (RCWS).
 - Increase of 19.00 staff years due to the transfer in of 14.00 staff years from RCWS, the transfer in of 1.00 staff year from Regional Self Sufficiency Eligibility (RSSE), the transfer in of 1.00 staff year from BHS, the transfer in of 1.00 staff year from HHS Human Resources, the transfer in of 1.00 staff year from Foster Care, the transfer in of 1.00 staff year from Adoptions and the transfer in of 1.00 staff year from SPOS, offset by the transfer out of 1.00 staff year to North Central region due to programmatic needs.
- Increase of 1.00 staff year in Foster Care due to the addition of 4.00 staff years related to the passage of AB 12, offset by the transfer out of 1.00 staff year to

Child Welfare Services, the transfer out of 1.00 staff year to RSSE and the transfer out of 1.00 staff year to RCWS.

- Decrease of 1.00 staff year in Adoptions due to the transfer out of 1.00 staff year to Child Welfare Services.

Expenditures

Net increase of \$16.1 million.

- Salaries and Benefits — increase of \$3.9 million due to the addition of 34.50 staff years and an increase in County retirement contributions.
- Services and Supplies — increase of \$9.7 million.
 - Increase of \$6.2 million due to the transfer of Wraparound contracts from Behavioral Health Services.
 - Increase of \$1.3 million for the expansion of the Transitional Housing Program to serve emancipated youth.
 - Increase of \$1.1 million in Child Abuse Foundation Commission contracts from Strategic Planning and Operational Support.
 - Increase of \$0.2 million for the Kinship Support Services to serve the increasing number of relative caregivers for foster children.
 - Increase of \$0.2 million for the Cultural Broker contract to enhance child safety and family stability outcomes for children.
 - Increase of \$0.6 million in various services and supplies primarily related to the increase in staff years including rents and leases, internal service funds charges, and information technology costs.
- Other Charges — increase of \$2.6 million.
 - Increase of \$4.6 million in Aid for Adopted Children to align with caseload trends.
 - Decrease of \$2.0 million in Foster Care to align with caseload trends.

Revenues

Net increase of \$16.1 million.

- Intergovernmental Revenues — increase of \$17.6 million.



- Increase of \$9.1 million in Realignment revenues.
- Increase of \$4.2 million in funding associated with the transfer of the Wraparound program from Behavioral Health Services (BHS).
- Increase of \$1.5 million in Behavioral Health Realignment associated with the transfer of the Wraparound program from BHS.
- Increase of \$2.1 million due to an anticipated increase in Aid for Adopted Children payments.
- Increase of \$1.2 million in Wraparound revenue due to an increase of \$0.7 million associated with the expansion of the Transitional Housing Program and \$0.5 million due to the transfer of the Wraparound program from BHS.
- Increase of \$0.5 million in Realignment revenues associated with Domestic Violence contracts.
- Increase of \$0.1 million in federal funding related to the transfer in of the Child Abuse Foundation Commission contracts.
- Decrease of \$1.0 million due to a reduction in Foster Care.
- Decrease of \$0.1 million due to a reduction in Family Integrated Treatment grant funding.
- Charges for Current Services — increase of \$0.3 million.
 - Increase of \$1.0 million in Child Abuse fees related to the transfer in of the Child Abuse Foundation Commission contracts.
 - Increase of \$0.4 million in Developmental Screening and Enhancement Program (DSEP) contracts with the addition of Healthy Development Services, a First 5 funded service.
 - Decrease of \$1.1 million due to the reduction of the KidSTART program which was transferred to First 5 San Diego.
- Miscellaneous Revenues — decrease of \$1.7 million related to Transitional Housing Program revenue, which is now realized in Intergovernmental Revenues.
- Use of Fund Balance — decrease of \$0.2 million. A total of \$0.2 million is budgeted for the Cultural Broker contract to enhance the child safety and family stability outcomes for children.
- General Purpose Revenue Allocation — increase of \$0.04 million to cover operating costs.

Budget Changes and Operational Impact: 2013-14 to 2014-15

Net increase of \$1.2 million is the result of an increase of \$1.4 million in Salaries and Benefits due to an increase in County retirement contributions, offset by \$0.2 million decrease in Services and Supplies.

Staffing by Program

	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Child Welfare Services	485.50	520.00	520.00
Foster Care	94.00	95.00	95.00
Adoptions	138.00	137.00	137.00
Total	717.50	752.00	752.00

Budget by Program

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Child Welfare Services	\$ 70,130,711	\$ 72,092,486	\$ 72,122,215	\$ 71,331,077	\$ 85,640,545	\$ 86,375,063
Foster Care	138,514,770	161,814,273	161,814,273	144,972,642	164,281,674	164,419,182
Adoptions	14,168,007	14,592,166	14,592,166	13,809,911	14,676,311	14,977,995
Total	\$ 222,813,488	\$ 248,498,925	\$ 248,528,654	\$ 230,113,630	\$ 264,598,530	\$ 265,772,240

Budget by Categories of Expenditures

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Salaries & Benefits	\$ 57,295,068	\$ 60,988,821	\$ 60,988,821	\$ 58,669,395	\$ 64,867,526	\$ 66,241,236
Services & Supplies	31,868,200	32,878,758	32,907,487	31,532,949	42,533,133	42,333,133
Other Charges	133,650,220	154,631,346	154,632,346	139,911,286	157,197,871	157,197,871
Total	\$ 222,813,488	\$ 248,498,925	\$ 248,528,654	\$ 230,113,630	\$ 264,598,530	\$ 265,772,240



Budget by Categories of Revenues

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Licenses Permits & Franchises	\$ 1,146,281	\$ 654,000	\$ 654,000	\$ 626,572	\$ 654,000	\$ 654,000
Revenue From Use of Money & Property	638,240	681,211	681,211	542,936	681,211	681,211
Intergovernmental Revenues	262,107,525	230,913,784	230,913,784	233,740,670	248,558,214	248,558,214
Charges For Current Services	4,010,301	4,615,622	4,615,622	4,522,565	4,917,233	4,917,233
Miscellaneous Revenues	4,758,652	1,791,450	1,791,450	290,160	91,450	91,450
Other Financing Sources	3,565	—	—	—	—	—
Fund Balance Component Decreases	4,000,000	—	—	—	—	1,373,710
Use of Fund Balance	(63,390,279)	387,995	417,724	(19,064,136)	200,000	—
General Purpose Revenue Allocation	9,539,202	9,454,863	9,454,863	9,454,863	9,496,422	9,496,422
Total	\$ 222,813,488	\$ 248,498,925	\$ 248,528,654	\$ 230,113,630	\$ 264,598,530	\$ 265,772,240

Public Health Services

Department Description

Public Health Services (PHS) promotes wellness, healthy behaviors and access to quality care; prevents injuries, disease, disabilities and epidemics; and protects against environmental hazards, disasters, and other public health threats. PHS seeks to identify and address root causes of priority health issues to achieve health equity among all San Diego County residents. Providing public health protection for residents and visitors is a multidisciplinary and collaborative effort, involving other County business groups, as well as the private health care provider network, schools, businesses, communities and individuals.

Mission Statement

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

2012-13 Accomplishments

Ensured integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people at the right time, for the best possible outcome.

Strategic Initiative – Safe Communities

- Built a better service delivery system through implementation of programs to protect the health of the public.
 - Reduced the spread of disease by investigating 98% (101 of 103) of reported selected communicable disease cases within 24 hours, below target of 100%.
 - Prevented transmissions of tuberculosis (TB) by ensuring 97% (223 of 231) of cases were reported within one working day from start of treatment, above target of 95%.
 - Increased access to healthcare by connecting 100% (779) of new case management clients with an HIV primary care provider within 90 days, above target of 98%.
 - Ensured preparedness for response during a disaster or public health threat by activating the public health emergency response system a minimum of five times, meeting target.
 - ◆ Mass Casualty Drill Miramar Air Show (October 2012).
 - ◆ Statewide Tabletop Exercise (October 2012).



- ◆ Point of Dispensing Vaccination Drill – East and North Central Regions (November 2012).
- ◆ Statewide Full Scale Exercise (November 2012).
- ◆ Hospital Preparedness Program Exercise (May 2013).

Strategic Initiative – Healthy Families

- Built a better service delivery system for vulnerable children.
 - Ensured preventive health examinations were performed to identify and correct health issues for 85% (2,205 of 2,584) of children in out-of-home placement, meeting target.
 - Expedited California Children Services (CCS) referrals and improved accuracy by receiving 63% (27,874 of 44,320) of referrals electronically, above target of 55%
- Promoted positive choices through the Community Transformation Grant by working with the San Diego Unified School District to increase the amounts of fruits and vegetables served and/or decrease sodium content in school meals.

Required Discipline for Excellence – Continuous Improvement and Innovation

- Advanced operational excellence by conducting six quality improvement projects, including:
 - CCS Transition Planning Services
 - Death Certificate Process Improvement
 - QuantiFERON® Testing for TB Contacts
 - Public Health Nursing Skills Day
 - Public Health Data Availability Process Redesign
 - Enhancing Stroke Care through the Implementation of a Countywide Stroke System

2013-15 Objectives

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people at the right time, for the best possible outcome.

Strategic Initiative – Safe Communities

- Build a better service delivery system through implementation of programs to protect the health of the public.
 - Reduce the spread of disease by investigating 99% (130) of reported selected communicable disease cases within 24 hours.
 - Prevent transmission of tuberculosis (TB) by ensuring 96% (250 of 260) of cases are reported within one working day from start of treatment.
 - Increase access to healthcare by connecting 98% (980 of 1,000) of new case management clients with an HIV primary care provider within 90 days.
 - Ensure preparedness for response during a disaster or public health threat by activating the public health emergency response system a minimum of five times.
 - Support Health and Human Services Agency (HHS) regions in the implementation and monitoring of *Live Well San Diego* Community Health Improvement Plans.

Strategic Initiative – Healthy Families

- Build a better service delivery system for vulnerable children.
 - Ensure preventive health examinations are performed to identify and correct health issues for 86% (2,580 of 3,000) of children in out-of-home placement.

- Expedite CCS referrals and improve accuracy by receiving 60% (27,000 of 45,000) of referrals electronically.
- Promote positive nutrition choices throughout the county.
 - Work with the San Diego Unified School District to change procurement practices that will lead to improved school meals that incorporate more fresh fruits and vegetables and decrease sodium content as part of the Community Transformation Grant activities.
- Implement the first year of the Supplemental Nutrition Assistance Program Education (SNAP-Ed) activities, to provide nutrition education and obesity prevention services to low-income families who are potentially eligible for the federally funded CalFresh food assistance program.

Required Discipline for Excellence – Continuous Improvement and Innovation

- Advance operational excellence through continuous improvement.
 - Conduct a minimum of six quality improvement projects.
- Apply to the Public Health Accreditation Board for national public health accreditation.

Related Links

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

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

Performance Measures ¹	2011-12 Actuals	2012-13 Adopted	2012-13 Actuals	2013-14 Adopted	2014-15 Approved
Selected communicable diseases cases contacted/investigations initiated within 24 hours ²	99% of 102	100% of 80	98% of 103	99% ³ of 130	99% ³ of 130
TB cases reported to PHS within one working day from start of treatment ²	97% of 259	95% of 260	97% of 231	96% of 260	96% of 260
New clients enrolled with an HIV primary care provider within 90 days ²	96% of 1,333	98% of 1,000	100% of 779	98% of 1,000	98% of 1,000
Activation of public health emergency response system for drills, exercises and actual responses	6	5	5	5	5
Children in out-of-home placements who receive preventive health examinations in accordance with CHDP ⁴ guidelines	87% of 2,932	85% of 3,000	85% of 2,548	86% of 3,000	86% of 3,000
Number of eQuest referrals to CCS	47% of 65,379	55% ⁵ of 65,000	63% of 44,320 ⁶	60% of 45,000 ⁶	65% of 45,000 ⁶

Table Notes

¹For more Public Health Services performance measures, see the HHS Regional Operations section.

²The number of cases listed in the Fiscal Year 2012-13 Adopted columns for these measures are estimates based on the average number of cases. These numbers may vary from year to year since the targets are based on incidents that have not yet happened, and cannot be predicted.

³In Fiscal Year 2013-14, this measure will be slightly modified to include San Diego County resident cases that are more challenging to investigate. The target number of cases in Fiscal Years 2013-14 and 2014-15 have been adjusted accordingly.

⁴The Child Health and Disability Prevention program (CHDP) is a preventive program that delivers periodic health assessments and services to low income children and youth in California.

⁵Effective Fiscal Year 2012-13, this target has been lowered to reflect the challenges of bringing on smaller-sized community partners who face technology hurdles.

⁶The denominator for eQuest referrals has been revised to reflect the findings of a quality improvement project where errors were identified in the denominator count. Subsequent year targets will be adjusted accordingly in the.



Budget Changes and Operational Impact: 2012-13 to 2013-14

Staffing

Net increase of 0.75 staff years.

- Increase of 3.00 staff years for SNAP-Ed project.
- Increase of 1.00 staff year in the Sexually Transmitted Disease Control unit
- Increase of 1.00 staff year due to a transfer from Strategic Planning and Operational Support (SPOS).
- Decrease of 3.25 staff years due to a transfer to Child Welfare Services (CWS) to support Assembly Bill (AB) 12, the *California Fostering Connections to Success Act (2010)*.
- Decrease of 1.00 staff year due to a transfer to Health Care Policy Administration (HCPA).

The following breakdown shows the same net change in staffing presented by program.

- Increase of 1.00 staff year in Administration and Other Services due to the transfer in of 2.00 staff years from Infectious Disease Control, offset by the transfer out of 1.00 staff year to Prevention Services.
- Increase of 1.00 staff year in Emergency Medical Services due to the transfer in of 1.00 staff year from SPOS.
- Decrease of 1.00 staff year in Infectious Disease Control due to the transfer out of 2.00 staff years to Administration and Other Services and offset by the transfer in of 1.00 staff year from Prevention Services.
- Increase of 4.00 staff years in Prevention Services due to the addition of 3.00 staff years for the SNAP-Ed project, the addition of 1.00 staff year in the Sexually Transmitted Disease Control unit to maintain services as mandated by law and the transfer in of 1.00 staff year from Administration and Other Services, offset by the transfer out of 1.00 staff year to Infectious Disease.
- Decrease of 4.25 staff years in CSS due to the transfer out of 3.25 staff years to CWS to support AB 12 and the transfer out of 1.00 staff year to HCPA.

Expenditures

Net increase of \$4.3 million.

- Salaries and Benefits — increase of \$1.2 million primarily due to an increase in County retirement contributions.
- Services and Supplies — net increase of \$3.0 million.
 - Increase of \$2.3 million for SNAP-Ed contracted services.

- Increase of \$0.5 million for the San Diego Beacon Community Project.
- Increase of \$0.4 million in one-time information technology (IT) costs for the Lab Information Management System (LIMS) and Prehospital Information System Assessment.
- Increase of \$0.3 million in annual user license costs for the Web Referral & Census Track system.
- Increase of \$0.3 million in various other services and supplies.
- Decrease of \$0.7 million in contracts and laboratory services related to the Expanded HIV Testing in Healthcare Settings program.

Revenues

Net increase of \$4.3 million.

- Intergovernmental Revenues — increase of \$3.7 million.
 - Increase of \$2.6 million for SNAP-Ed services.
 - Increase of \$1.5 million in Realignment.
 - Increase of \$0.3 million in federal Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM) Medicaid funding.
 - Increase of \$0.4 million in various other revenues to align with allocations.
 - Decrease of 0.7 million in Federal HIV Prevention and Care funding primarily associated with the end of the HIV Testing in Healthcare Settings program.
 - Decrease of \$0.4 million in federal *American Recovery and Reinvestment Act of 2009* Communities Putting Prevention to Work funding.
- Charges for Current Services — increase of \$0.3 million related to increased State fees for certified copies, the First 5 Rapid Digit Dialing grant and increased revenue for non-resident transport fees for County Service Area 17.
- Miscellaneous Revenues — decrease of \$0.1 million.
- Use of Fund Balance — increase of \$0.4 million to fund one-time technology projects. A total of \$0.5 million is budgeted to fund one-time projects related to IT upgrades.

Budget Changes and Operational Impact: 2013-14 to 2014-15

Net increase of \$0.1 million is the result of an increase of \$1.1 million in Salaries and Benefits due to an increase in County retirement contributions, offset by a decrease of \$1.0 million in Services and Supplies.

Staffing by Program

	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Administration and Other Services	27.00	28.00	28.00
Bioterrorism/EMS	48.00	49.00	49.00
Infectious Disease Control	108.25	107.25	107.25
Surveillance	84.00	84.00	84.00
Prevention Services	75.50	79.50	79.50
California Childrens Services	141.00	136.75	136.75
Total	483.75	484.50	484.50

Budget by Program

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Administration and Other Services	\$ 4,296,897	\$ 5,476,625	\$ 5,604,841	\$ 4,729,694	\$ 5,804,954	\$ 5,894,209
Bioterrorism/EMS	11,335,469	11,822,371	12,607,974	11,634,177	11,984,045	12,021,639
Infectious Disease Control	27,612,505	28,943,895	30,227,371	27,371,504	28,600,453	28,387,634
Surveillance	10,857,719	11,415,770	11,541,878	10,858,045	12,133,563	11,875,142
Prevention Services	19,248,138	13,837,019	15,048,634	12,106,245	17,109,593	17,274,109
California Childrens Services	19,654,708	19,896,224	19,897,642	17,998,864	19,683,178	19,984,304
Ambulance CSA's— Health & Human Services	8,786,049	10,049,365	10,420,448	9,211,690	10,389,365	10,389,365
Total	\$ 101,791,485	\$ 101,441,269	\$ 105,348,788	\$ 93,910,219	\$ 105,705,151	\$ 105,826,402

Budget by Categories of Expenditures

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Salaries & Benefits	\$ 48,057,486	\$ 50,335,517	\$ 50,863,868	\$ 47,669,142	\$ 51,541,320	\$ 52,675,950
Services & Supplies	48,747,639	46,570,982	49,839,978	43,152,187	49,615,061	48,601,682
Other Charges	5,109,271	4,585,000	4,585,000	3,225,940	4,599,000	4,599,000
Capital Assets Equipment	74,808	145,070	255,242	58,443	145,070	145,070
Expenditure Transfer & Reimbursements	(197,720)	(195,300)	(195,300)	(195,493)	(195,300)	(195,300)
Total	\$ 101,791,485	\$ 101,441,269	\$ 105,348,788	\$ 93,910,219	\$ 105,705,151	\$ 105,826,402



Budget by Categories of Revenues

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Taxes Current Property	\$ 1,436,386	\$ 1,602,726	\$ 1,602,726	\$ 1,477,395	\$ 1,602,726	\$ 1,602,726
Taxes Other Than Current Secured	11,248	26,784	26,784	13,351	26,784	26,784
Licenses Permits & Franchises	183,009	179,039	179,039	224,230	207,613	207,613
Fines, Forfeitures & Penalties	1,914,347	2,263,805	2,263,805	1,953,862	2,263,805	2,263,805
Revenue From Use of Money & Property	29,128	79,000	79,000	29,022	79,000	79,000
Intergovernmental Revenues	87,402,519	84,000,021	85,303,396	81,377,220	87,638,356	87,112,338
Charges For Current Services	6,795,431	7,480,303	7,480,303	7,701,337	7,812,285	7,608,812
Miscellaneous Revenues	2,055,989	1,096,303	1,096,303	1,909,955	1,018,644	1,019,035
Other Financing Sources	503,107	500,000	500,000	500,079	500,000	500,000
Fund Balance Component Decreases	—	—	—	—	—	1,320,351
Use of Fund Balance	(2,625,617)	127,350	2,731,494	(5,362,171)	470,000	—
General Purpose Revenue Allocation	4,085,938	4,085,938	4,085,938	4,085,938	4,085,938	4,085,938
Total	\$ 101,791,485	\$ 101,441,269	\$ 105,348,788	\$ 93,910,219	\$ 105,705,151	\$ 105,826,402

Public Administrator/Public Guardian

Department Description

The Public Administrator/Public Guardian provides 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) administers estates of persons who die without a will or an appropriate person to act as an administrator, 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.



Effective Fiscal Year 2013-14, Public Administrator/Public Guardian, along with the Behavioral Health Conservator unit, will become part of Aging & Independence Services to reflect the reorganization of the Health and Human Service Agency (HHS), to improve effectiveness and efficiency in service delivery.

Mission Statement

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

2012-13 Accomplishments

Ensured integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Safe Communities

- Built a better service delivery system by safeguarding and protecting vulnerable adults from financial, physical and emotional abuse.
 - Ensured 100% (239) of conservatorship investigations began within two business days of referral being assigned to an investigator as mandated by the Omnibus Conservatorship and Guardianship Reform Act, meeting target.
 - Completed 99% (450 of 453) of face-to-face visits with conservatees living in San Diego County within 30 days of the date of their previous face-to-face

visit, exceeding the target of 85%, due to the implementation of recommendations from an operational review to mitigate risk to clients.

- Initiated 100% (495) of all bank inquiries within two business days to safeguard and protect the assets and resources of clients, above the target of 95%.
- Submitted 100% (6) of Inventory and Appraisal reports of all estate cases in the PG Program within 90 days of receiving letters of conservatorship to the court, meeting target.
- Ensured 97% (1,085 of 1,114) of PA investigations began within two business days of a referral assigned for investigation, exceeding the target of 85%, due to focused efforts by management and staff.
- Submitted 100% (16 Inventory and Appraisal reports of all formal probate cases in the PA Program within 120 days of receiving letters of Administration to the Court. A formal probate case is an estate valued at more than \$150,000 and is under court supervision.

Required Discipline for Excellence – Skilled, Adaptable and Diverse Workforce

- Advanced operational excellence of a skilled workforce by maintaining 100% (16) of mandated California State PA/PG certification for applicable PA/PG staff in order to improve services to conservatees and families of decedents.

Required Discipline for Excellence – Customer Satisfaction

- Advanced operational excellence through service coordination by completing co-location with the Mental Health Conservator Office to improve coordination of services with shared clients.

2013-15 Objectives

Effective Fiscal Year 2013-14, Public Administrator/Public Guardian and Behavioral Health Conservator unit will become part of Aging & Independence Services to reflect the reorganization of HHSa to improve effectiveness and efficiency in service delivery.

Related Links

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

Performance Measures	2011-12 Actuals	2012-13 Adopted	2012-13 Actuals	2013-14 Adopted	2014-15 Approved
Conservatorship investigations begin within two business days of referral being assigned	99% of 226	100% of 180	100% of 239	See Table Note 3	See Table Note 3
Face to face visits with conservatees completed within 30 days of previous visit ¹	N/A	85% of 127	99% ² of 453	See Table Note 3	See Table Note 3
All bank inquiries begin within two business days	100% of 754	95% of 491	100% of 495	See Table Note 3	See Table Note 3
PG Estate cases submit I&A reports to Probate Court within 90 days of receipt of Letters of Conservatorship	100% of 10	100% of 10	100% of 6	See Table Note 3	See Table Note 3
PA investigations begin within two days of referral ¹	N/A	80% of 1,056	95% ² of 1,114	See Table Note 3	See Table Note 3
PA formal probate cases submit I&A reports to Probate Court within 120 days of receiving Letters of Administration	100% of 21	100% of 20	100% of 16	See Table Note 3	See Table Note 3
Deputy PA/PGs certified by California State PA/PG Association	100% of 19	100% of 19	100% of 16	See Table Note 3	See Table Note 3

Table Notes

¹Effective Fiscal Year 2012-13, this is a new measure to reflect strategic priorities.

²Exceeded target due to the implementation of recommendations from an operational review to mitigate risk to clients.

³Effective Fiscal Year 2013-14, these measures will be reported in the Aging and Independence Services section of the Operational Plan.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Effective Fiscal Year 2013-14, Public Administrator/Public Guardian will be transferred to Aging and Independence Services (AIS), Public Administrator/Public Guardian/Public Conservator to facilitate operational effectiveness and effi-

ciency in order to improve service delivery to clients.

Staffing

Decrease of 34.00 staff years.

- Transfer of 33.00 staff years to AIS, 1.00 staff year transferred to County Counsel.

Expenditures

Decrease of \$4.5 million.

Revenues

Decrease of \$4.5 million.



Public Administrator/Public Guardian

Staffing by Program						
		Fiscal Year 2012-13 Adopted Budget			Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Public Administrator/ Guardian		34.00			—	—
Total		34.00			—	—

Budget by Program						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Public Administrator/ Guardian	\$ 4,513,622	\$ 4,457,052	\$ 4,517,052	\$ 4,256,287	\$ —	\$ —
Total	\$ 4,513,622	\$ 4,457,052	\$ 4,517,052	\$ 4,256,287	\$ —	\$ —

Budget by Categories of Expenditures						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Salaries & Benefits	\$ 3,410,913	\$ 3,404,165	\$ 3,404,165	\$ 3,348,942	\$ —	\$ —
Services & Supplies	896,438	802,887	862,887	723,905	—	—
Other Charges	206,272	250,000	250,000	183,440	—	—
Total	\$ 4,513,622	\$ 4,457,052	\$ 4,517,052	\$ 4,256,287	\$ —	\$ —

Budget by Categories of Revenues						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Licenses Permits & Franchises	\$ 50,566	\$ 46,000	\$ 46,000	\$ 52,134	\$ —	\$ —
Revenue From Use of Money & Property	50,000	40,000	40,000	40,000	—	—
Intergovernmental Revenues	69,734	—	—	—	—	—
Charges For Current Services	1,098,249	893,838	893,838	1,213,036	—	—
Miscellaneous Revenues	39,225	30,000	30,000	41,628	—	—
Use of Fund Balance	504,184	404,165	464,165	(133,560)	—	—
General Purpose Revenue Allocation	2,701,665	3,043,049	3,043,049	3,043,049	—	—
Total	\$ 4,513,622	\$ 4,457,052	\$ 4,517,052	\$ 4,256,287	\$ —	\$ —

Administrative Support

Department Description

The Health and Human Services Agency's (HHS) support divisions provide financial, administrative, planning and policy direction to the Agency's regions and divisions. Support divisions include: Financial Services and Support, Human Resources, Management Information Support, Contract Support, and Executive Office.

Effective Fiscal Year 2013-2014, the Live Well San Diego support team, Knowledge Integration Project, and the Communication Action Partnership (CAP) program will be part of Administrative Support due to the reorganization of Strategic Planning and Operational Support. CAP is the federally designated Community Action Agency and administers the Community Services Block Grant for the San Diego region, including the HHS funded Juvenile Diversion program.

Mission Statement

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

2012-13 Accomplishments

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Healthy Families

- Built a better service delivery system.
 - Supported successful implementation of the *Live Well San Diego* Building Better Health strategy including:
 - ◆ Reduced readmissions to hospitals for Medicare recipients through the Community Based Care Transitions Program.
 - ◆ Modified service delivery system to integrate physical health and mental health care.
 - ◆ Continued integration and expansion of services for children and youth who reside in residential group homes.
 - ◆ Promoted procurement changes that support positive nutrition in schools.
 - ◆ Implemented strategies to improve operations of programs that provide access to health care, nutrition and temporary financial assistance.



- Increased records storage space by 1% (from 18,865 to 20,077 boxes), below target of 5% reduction due to retention requirements for records in the CalWORKs program.
- Promoted positive choices by educating the public about physical and mental health through campaigns such as Behavioral Health Services' It's Up to Us and Courage to Call. The former is a campaign to remove the stigma associated with mental health. The latter is a campaign to help veterans, active duty military and their families connect to services.

Required Discipline for Excellence – Regional Leadership

- Advanced operational excellence by pursuing policy and environmental changes that support healthy, safe and thriving communities by proactively identifying appropriate legislation that supported *Live Well San Diego*.

Required Discipline for Excellence - Accountability, Transparency and Ethical Conduct

- Advanced operational excellence by monitoring how public funds were spent and results achieved.
 - Completed 21 comprehensive financially focused compliance review of contractors, above target of 20 reviews. A comprehensive financial focused compliance review consists of testing financial material, review of contractor financial systems and controls, and observation of contractor systems, activities and processes. A review can take from one month to nine months to complete.
 - Completed 28 quality assurance reviews of Region/ Divisions to ensure adherence to contracting policies and procedures, meeting target.

Required Discipline for Excellence – Information Services

- Advanced operational excellence through technology by supporting improvements in HHSA’s technological framework to help HHSA build a better service delivery system.
 - Began the process of enhancing or replacing legacy information technology (IT) systems so they will be capable of interfacing with the Enterprise Information Exchange (EIE) technology. EIE will allow various IT systems that could not interact to be able to exchange information.
 - Ensured any new IT systems met the criteria for interfacing with EIE by evaluating all new applications and presenting to the HHSA Information Management Steering Committee for review and approval.

Required Discipline for Excellence – Skilled, Adaptable and Diverse Workforce

- Advanced operational excellence through a skilled workforce by implementing the second phase of the succession plan to advance the *Live Well San Diego* initiative. This phase incorporates the Department of Human Resources countywide succession plan.

2013-15 Objectives

Ensure integration and achievement of *Live Well San Diego* strategies to provide the right services, to the right people, at the right time for the best possible outcome.

Strategic Initiative – Safe Communities

- Support positive choices by ensuring 50% (650 of 1,300) of youth participating in a juvenile diversion program do not enter, or reenter, the system.

Required Discipline for Excellence – Skilled, Adaptable and Diverse Workforce

- Support operational excellence in the workforce by implementing a comprehensive ergonomic plan, including a thorough assessment of new employees within 90 days of their start date.

Required Discipline for Excellence – Accountability, Transparency and Ethical Conduct

- Advance operational excellence by ensuring public funds are used in accordance with funding requirements.
 - Complete 21 comprehensive financially focused compliance reviews of contractors. A comprehensive financial focused compliance review consists of

testing financial material, review of contractor financial systems and controls, and observation of contractor systems, activities and processes. A review can take from one month to nine months to complete.

- Complete 15 quality assurance reviews of Region/ Divisions to ensure adherence to contracting policies and procedures. Beginning Fiscal Year 2013-14, the selection methodology for review has been revised to reflect integration of administrative efforts within HHSA. All departments with contracts will receive one integrated quality assurance review report. Departments, such as Behavioral Health Services (BHS) and Public Health Services (PHS), both with more than 100 contracts will receive two integrated quality assurance review reports.
- Conduct 15 internal reviews of offices with petty cash to ensure appropriate controls are in place.

Required Discipline for Excellence – Continuous Improvement and Innovation

- Advance operational excellence by supporting implementation of *Live Well San Diego* through efforts such as the Resident Leadership Academy (RLA). The purpose of RLA is to build community capacity for health improvement in local neighborhoods.

Required Discipline for Excellence – Information Services

- Advance operational excellence by supporting improvements in HHSA’s technological framework to help HHSA build a better service delivery system.
 - Establish policies and practices to improve access to quality data and information so that services are delivered efficiently and effectively.
 - Identify and move program information to more efficient and cost-effective IT systems.
 - Implement second phase of Knowledge Integration Project to procure vendor for electronic information exchange system.
 - Establish an operations research unit and use discipline to analyze and improve services to the community.

Related Links

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

Performance Measures	2011-12 Actuals	2012-13 Adopted	2012-13 Actuals	2013-14 Adopted	2014-15 Approved
Completed comprehensive fiscal-compliance reviews ¹	20	20	21	21	22
Completed quality assurance reviews ²	N/A	28	28	15 ²	15
Reduction in records storage space ³	9% (from 20,751 to 18,865 boxes)	5% (from 18,865 to 17,921 boxes)	1% increase (from 18,865 to 20,077) ³	N/A	N/A

Table Notes

¹A comprehensive financial focused compliance review consists of testing financial material, review of contractor financial systems and controls, and observation of contractor systems, activities and processes. A review can range from one month to nine months to complete.

²New measure effective Fiscal Year 2012-13. Effective Fiscal Year 2013-14, the selection methodology for review has been revised to reflect integration of administrative efforts within the HHSA. All departments with contracts will receive one integrated quality assurance review report. Departments, such as Behavioral Health Services and Public Health Services, with more than 100 contracts will receive two integrated quality assurance review reports. In prior years BHS would receive 3 individual reports and PHS would receive 5 individual reports.

³Effective Fiscal Year 2013-14, the records storage space performance measure will no longer be reported in the Operational Plan. In Fiscal Year 2012-13, the target of 5% reduction was not met due to retention requirements for clients cases in the CALWorks program.

Budget Changes and Operational Impact: 2012-13 to 2013-14

Staffing

Net increase of 62.00 staff years.

- Increase of 15.00 staff years to support Healthy Families.
- Increase of 1.00 staff year to support the *Live Well San Diego* initiative.
- Increase of 1.00 staff year to support Refugee Services program.
- Increase of 34.00 staff years due to a transfer from Strategic Planning & Operational Support (SPOS).
- Increase of 7.00 staff years due to a transfer from Regional Operations.
- Increase of 5.00 staff years due to a transfer from Behavioral Health Services (BHS)
- Decrease of 1.00 staff year due to the transfer to Child Welfare Services (CWS).

The following breakdown shows the same net change in staffing presented by program.

- Decrease of 2.00 staff years in the Agency Executive Office (AEO) due to the transfer out of 1.00 staff year to Health Care Policy Administration (HCPA), transfer out of 1.00 staff year to Eligibility Operations Administration, transfer out 1.00 staff year to Central Region, transfer out 1.00 staff year to Office of Strategy and Innovation (OSI) and transfer out of 1.00 staff year to Financial Services Division offset by the transfer in of 3.00 staff years from SPOS.
- Increase of 3.00 staff years in the Financial Services Division due to the addition of 1.00 staff year to support Healthy Families program, transfer in of 1.00 staff year from SPOS and transfer in of 1.00 staff year from the AEO.
- Increase of 5.00 staff years in Human Resources due to the addition of 4.00 staff years to support Healthy Families program, transfer in of 1.00 staff year from BHS, and transfer in of 1.00 staff year from Regional Child Welfare Services (RCWS) offset by the transfer out of 1.00 staff year due to a transfer to CWS.



■ ■ ■ Administrative Support

- Increase of 4.00 staff years in Management Support due to the addition of 3.00 staff years to support Healthy Families program, transfer in of 1.00 staff year from SPOS and transfer in of 1.00 staff year from RSSE offset by the transfer out of 1.00 staff year to Eligibility Operations Administration.
- Increase of 2.00 staff years in Proposition 10 due to the addition of 1.00 staff year to support Healthy Families program and transfer in of 1.00 staff year from BHS.
- Increase of 38.00 staff years in Office of Strategy and Innovation (OSI) due to the transfer in of 27.00 staff years from SPOS, addition of 5.00 staff years to support Healthy Families program, transfer in of 3.00 staff years from BHS, transfer in of 1.00 staff year from the AEO, transfer in of 1.00 staff year from RSSE and the addition of 1.00 staff year to support the *Live Well San Diego* initiative.
- Increase of 12.00 staff years in Community Action Partnership (CAP) due to the transfer in of 8.00 staff years due to the move of CAP from Central Region, transfer in of 2.00 staff years from SPOS, addition of 1.00 staff year to support Healthy Families and the addition of 1.00 staff year to support Refugee Services program.

Expenditures

Net increase of \$16.1 million

- Salaries and Benefits — increase of \$7.6 million due to the addition of 62.00 staff years and an increase in County retirement contributions.
- Services and Supplies — increase of \$8.5 million.
 - Increase of \$6.9 million in contracted services including \$5.6 million for CAP due to the transfer of CAP from Strategic Planning and Operational Support to Administrative Support, and \$1.3 million in Office of Strategy and Innovation for various contracts related to *Live Well San Diego*, the Children's initiative and related Information Technology contracts.
 - Increase of \$1.8 million for information technology associated with additional server costs and increased rates.
 - Increase of \$1.0 million in major maintenance to support planned facility projects.
 - Increase of \$0.4 million for facility lease costs.
 - Increase of \$0.3 million in Public Liability Insurance Premium.

- Increase of \$0.3 million for printing costs.
- Increase of \$0.2 million in reimbursements associated with County Counsel costs.
- Increase of \$0.1 million for background costs.
- Decrease of \$2.5 million for one-time costs associated with peripheral relocations related to the County Operations Center (COC) capital project.

Revenues

Net increase of \$16.1 million

- Revenue from Fines, Forfeitures and Penalties — increase of \$0.1 million related to the transfer of CAP from Strategic Planning and Operational Support to Administrative Support.
- Intergovernmental Revenues — increase of \$15.1 million.
 - Increase of \$10.5 million in Realignment revenue and Social Services Administrative revenue.
 - Increase of \$4.6 million in Community Services Block Grant and Supplemental Nutrition Assistance Program grants related to the transfer of CAP.
- Charges for Current Services — increase of \$1.4 million including \$0.9 million due to the transfer of CAP and \$0.5 million for the First Five Commission.
- Miscellaneous Revenue — increase of \$0.1 million due to the transfer of CAP.
- Use of Fund Balance — decrease of \$0.6 million. A total of \$38.1 million is budgeted.
 - \$20.0 million in management reserves due to the uncertainty of the economy.
 - \$6.0 million for major maintenance projects.
 - \$5.0 million to transition from any future State and federal budget issues.
 - \$5.0 million for technological advancements which support the *Live Well San Diego* initiative.
 - \$1.2 million for Juvenile Diversion to support community based strategies that strengthen individuals and families to foster healthy relationships.
 - \$0.7 million to fund one-time information technology costs.
 - \$0.1 million for the Resident Leadership Academy Train-the-Trainer courses.
 - \$0.1 million to commit Grand Avenue clinic sale proceeds.

Budget Changes and Operational Impact: 2013-14 to 2014-15

Net decrease of \$19.3 million is the result of a reduction of \$20.1 million in Services and Supplies due to the elimination of one-time projects from the prior year, partially offset by an increase of \$0.8 million in Salaries and Benefits due to an increase in retirement contributions.



■ ■ ■ Administrative Support

Staffing by Program						
		Fiscal Year 2012-13 Adopted Budget			Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Agency Executive Office		27.00			25.00	25.00
Agency Contract Support		18.00			18.00	18.00
Financial Services Division		155.00			158.00	158.00
Human Resources		76.00			81.00	81.00
Management Support		10.00			14.00	14.00
Proposition 10		21.00			23.00	23.00
Office of Strategy and Innovation		—			38.00	38.00
Community Action Partnership		—			12.00	12.00
Total		307.00			369.00	369.00

Budget by Program						
	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Agency Executive Office	\$ 6,446,445	\$ 45,881,394	\$ 35,707,989	\$ 5,409,210	\$ 43,772,938	\$ 25,833,809
Agency Contract Support	3,644,001	3,729,099	3,731,184	3,723,510	3,736,703	3,778,584
Office of Health Systems Innovation	840,959	—	—	45,134	—	—
Financial Services Division	27,056,833	27,833,283	35,089,793	30,701,870	30,055,420	30,361,007
Human Resources	7,784,975	8,851,359	8,861,947	8,635,522	9,578,507	9,685,980
Management Support	11,307,610	11,854,399	11,938,245	13,600,926	13,824,115	13,148,299
Proposition 10	2,254,338	2,333,574	2,333,574	2,472,183	2,823,090	2,871,751
Office of Strategy and Innovation	—	—	—	—	5,755,689	5,845,204
Community Action Partnership	—	—	—	—	7,007,896	5,738,215
Total	\$ 59,335,161	\$ 100,483,108	\$ 97,662,731	\$ 64,588,357	\$ 116,554,358	\$ 97,262,849

Budget by Categories of Expenditures

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Salaries & Benefits	\$ 27,948,386	\$ 29,325,970	\$ 29,269,042	\$ 28,200,984	\$ 36,864,182	\$ 37,632,417
Services & Supplies	31,300,704	51,078,738	48,199,405	36,003,555	59,611,776	39,552,032
Capital Assets Equipment	86,472	—	115,884	305,418	—	—
Fund Balance Component Increases	19,600	78,400	78,400	78,400	78,400	78,400
Management Reserves	—	20,000,000	20,000,000	—	20,000,000	20,000,000
Total	\$ 59,335,161	\$ 100,483,108	\$ 97,662,731	\$ 64,588,357	\$ 116,554,358	\$ 97,262,849

Budget by Categories of Revenues

	Fiscal Year 2011-12 Actuals	Fiscal Year 2012-13 Adopted Budget	Fiscal Year 2012-13 Amended Budget	Fiscal Year 2012-13 Actuals	Fiscal Year 2013-14 Adopted Budget	Fiscal Year 2014-15 Approved Budget
Fines, Forfeitures & Penalties	\$ —	\$ —	\$ —	\$ —	\$ 50,000	\$ 50,000
Revenue From Use of Money & Property	78,400	78,400	78,400	78,400	78,400	78,400
Intergovernmental Revenues	21,787,831	59,079,725	59,366,307	65,470,508	74,145,812	72,145,812
Charges For Current Services	2,397,101	2,690,353	2,690,353	4,567,390	4,121,746	4,131,158
Miscellaneous Revenues	26,898	26,000	26,000	3,707,511	100,000	100,000
Other Financing Sources	99,332	—	—	3,705	—	—
Fund Balance Component Decreases	—	—	—	—	—	679,079
Use of Fund Balance	34,965,598	38,608,630	35,501,671	(9,239,157)	38,058,400	20,078,400
Total	\$ 59,335,161	\$ 100,483,108	\$ 97,662,731	\$ 64,588,357	\$ 116,554,358	\$ 97,262,849

