

Health and Human Services

Contributions to Other Agencies

Health Agency

Behavioral Health

County Medical Services Program

Driving Under the Influence

Emergency Medical Services Fund

Law Enforcement Medical Care

Medical Assistance Program

Public Health

Social Services Administration

CalWORKs

Foster Care

General Assistance

Veterans Services

**Contributions to Other Agencies
Fiscal Year 2012-13 Final Budget**

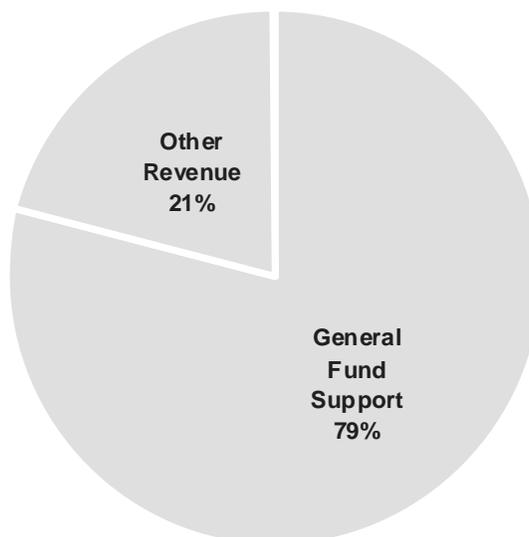
Fund Center 106

PURPOSE

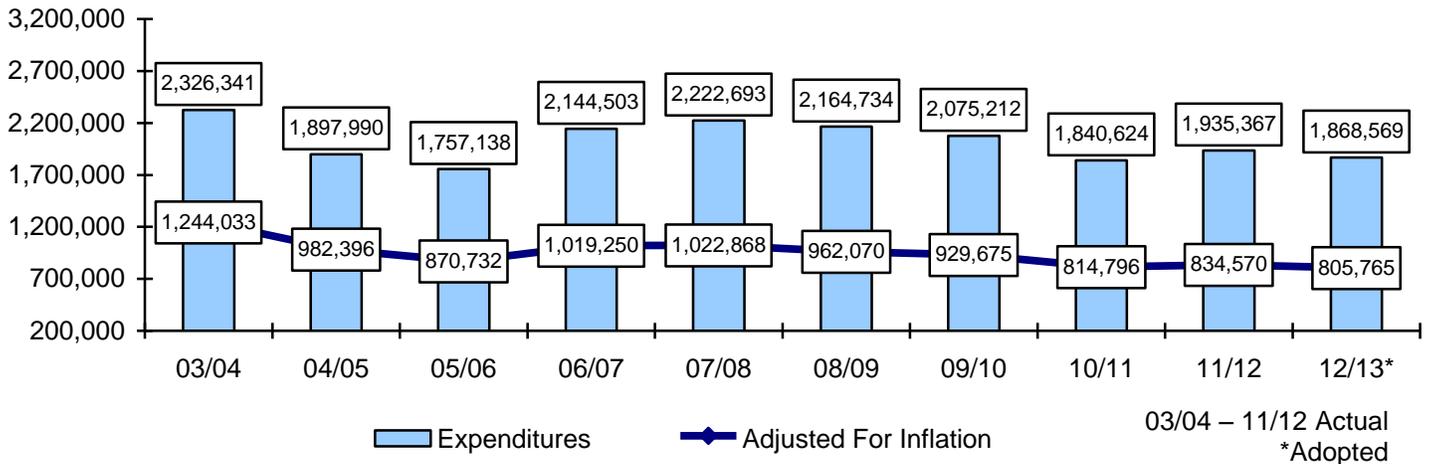
To assist non-profit agencies and organizations by providing financial support for essential services not provided by the County; and to support County recognized advisory committees and councils with their on-going operations.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Taxes	\$ 0	\$ 12,000	\$ 0	\$ 0	\$ 0
Charges for Current Services	0	90,000	0	0	0
Other Revenues	358,250	364,891	346,500	346,500	346,500
Interfund	36,000	36,000	0	36,000	36,000
**Total Revenue	\$ 394,250	\$ 502,891	\$ 346,500	\$ 382,500	\$ 382,500
Services and Supplies	1,840,624	1,935,367	1,758,619	1,841,069	1,868,569
**Gross Expenditures	\$ 1,840,624	\$ 1,935,367	\$ 1,758,619	\$ 1,841,069	\$ 1,868,569
General Fund Support (G.F.S.)	\$ 1,446,374	\$ 1,432,476	\$ 1,412,119	\$ 1,458,569	\$ 1,486,069

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Contributions to Other Agencies has a total expenditure level of \$1,868,569 to provide the following services:

District Community Project Grants

Provides discretionary monies to each County Supervisor to fund projects of non-profit organizations and operating expenses for County recognized advisory committees and councils. Applications may be submitted for community project grant funds throughout the year.

Total Expenditures: \$129,690 Total Staffing (FTE): 0.00

Community Based Organizations

Provides funds to non-profit health and human services organizations for programs and services which are not provided by County departments. Eligible organizations submit applications in January of each year. Funding recommendations are included in the proposed budget and considered by the Board of Supervisors during the County's annual budget hearings.

Total Expenditures: \$635,000 Total Staffing (FTE): 0.00

Preventive Health

Provides funds for programs and projects that promote the health and well-being of the community, encourages behaviors and activities that focus on preventing disease, and enable County residents to reach and maintain optimal health stability and independence. Funding recommendations are included in the proposed budget and considered by the Board of Supervisors during the County's annual budget hearings.

Total Expenditures: \$346,500 Total Staffing (FTE): 0.00

Other Agency Requests

Provide funds for a variety of non-profit organizations for operations and specific projects. Some of these organizations are funded on a recurring basis and others are funded for specific one-time projects. Funding requests are considered by the Board of Supervisors during the County's annual budget hearings.

Total Expenditures: \$757,379 Total Staffing (FTE): 0.00

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The FY 2012-13 recommended level of General Fund support for this fund center at \$1,458,569 is an increase of \$19,011 or 1% from FY 2011-12 adopted levels. Increased level of General Fund support is the result of a projected decrease in Tobacco Settlement revenue as well adjusting for one-time revenue from the Tax Reduction reserve account. The recommended budget provides for \$1,841,069 in grant funds, a decrease of \$85,950 or 4% from FY 2011-12 adopted amounts. The recommended decrease is due to a variety of adjustments within the grant categories including adjusting for one-time funding granted in FY 2011-12 and the closing of the Children's Health Initiative program which reduced funding for community based organizations by \$100,000. The following is a description, by category, of the recommended funding distribution:

District Community Project Grants: For FY 2012-13, it is recommended that funding for District Community grants remain at FY 2011-12 levels of \$117,190. This funding would again allocate \$23,438 for each supervisorial district and as in prior years, any District funds remaining from FY 2011-12 will be carried forward to FY 2012-13.

Community Based Organization (CBO) and Preventive Health Grant (PHG): Representatives from the Adult Policy Council, the Mental Health Advisory Board, Drug and Alcohol Board, the Health Commission and Children's Services Network, along with Administrative Office staff, formulated the funding recommendations below. A total of 58 project proposals, from 48 non-profit organizations, were reviewed and prioritized with emphasis placed on an organization's ability to leverage the grant funds and/or fundraise, requirement to obtain a public match, projected performance measures/results/outcomes, prior year results/outcomes, cost per population served, community need, distribution of services provided, project and/or organization sustainability with funds granted, and total resources available to carry out the project. The CBO/PHG Review Committee is recommending funding for all 58 proposals.

- Funding for CBO programs is recommended for 37 projects, totaling \$613,000. This recommended funding is a \$100,000 or 16% decrease from FY 2011-12 budgeted levels. This reduction of \$100,000 is attributed to the closing of the Children's Health Initiative program which received a \$200,000 grant in FY 2011-12. The \$100,000 was redirected for use in the Other Agency Requests category described below.
- Preventive health grants are budgeted to decrease by \$14,981 or 4% as compared to FY 2011-12 amounts due to a decrease in Tobacco Settlement funds. The recommended funding of \$346,500 will fund 21 projects.

Other Agency Requests: Overall, funding for the "Other Agency Requests" section of this fund center at \$721,379 is essentially flat when compared to FY 2011-12 adopted levels. Programs funded in this category cover a wide range of services including services the County is required to contribute to per State or Federal law. Adjusting for these mandated types of services, the recommended grant funding of \$394,379 is a 12% decrease from FY 2011-12 adopted levels. This is primarily due to adjusting for one-time funding granted in FY 2011-12 as noted above. No new funding is recommended for FY 2012-13.

- The \$40,000 for Central Coast Commission for Senior Citizens – Area Agency on Aging (Triple AAA) is a required match.
- The County is required to share in the funding of the Local Agency Formation Commission (LAFCO) with the cities and special districts per the Cortese-Knox-Hertzberg Act of 2000. It should be noted at the time this narrative was written the LAFCO Commission had not approved the LAFCO budget. However, LAFCO staff has indicated that the County share could increase to \$150,000. This equates to a \$3,327 or 2% increased as compared to FY 2011-12 adopted amounts. This amount will be adjusted to the approved LAFCO budgeted amount at the time of disbursement of the funds.
- Funding for the San Luis Obispo Visitors and Conference Bureau (SLOVCB) is recommended at \$315,854. This recommended equates to a \$50,000 or 13% decrease from FY 2011-12 adopted levels. In FY 2011-12 the VCB was granted a total of \$365,854 which included one-time funding of \$50,000 to work on the Uniquely SLO Cluster of the Economic Strategy and \$40,000 for a marketing campaign for Parks, Golf Courses and Airports. The recommended funding for FY 2012-13 includes funding for the marketing of the referenced County departments. The VCB has indicated that work on the Uniquely SLO Cluster continues and will be folded into their current marketing activities.

- Funding for the San Luis Obispo County Arts Council/ARTS Obispo is recommended to remain at FY 2011-12 levels of \$18,525. As the County’s Local Arts Planning Agency, the Arts Council is required to have matching funds on a 1:1 level. The required match may be from any public or private source and in some instances in-kind donated services may be eligible to be used as match. The State Arts Council grants funds for the State Local Partnership Program on a two-year cycle and the current maximum grant being awarded is \$12,000 per year. As a result, the County is “over-matching” by \$6,525.
- Funding for the Coastal San Luis and Upper Salinas-Las tables Resources Conservation Districts is recommended to increase to \$10,000 (each) which equates to an increase of \$1,225 (each) as from FY 2011-12 adopted.
- For FY 2011-12 funding for the County’s State legislative advocate and Federal lobbyist remains at FY 2011-12 levels, \$60,000 and \$72,000 respectively. The Public Works Internal Service Fund (FC 405) will reimburse this fund center half of the cost of the Federal lobbyist contract.

BOARD ADOPTED CHANGES

There was \$46,300 in unallocated funds budgeted in this fund center for FY 2012-13. During budget hearings, the Board approved using \$22,000 of those funds to increase the grant funding for the following programs:

- The Food Bank grant funding was increased \$8,000 to \$100,000. The additional funds are to be used specifically for Cal Fresh Program enrollment services.
- The United Way – 211 grant funding was increased \$10,000 to \$35,000. As a condition of receiving the additional funding, United Way is required to provide the Board, prior to the end of December, a report on the FY 2011-12 program results as well as the FY 2012-13 scope and results year to date.
- The Transitional Food and Shelter Program grant funding was increased \$4,000 to \$20,000.

Additionally, the General Fund’s fund balance available exceeded estimates by approximately \$11.1 million. As a result, on September 18, 2012 (item #15) \$62,500 of the \$11.1 million was allocated to this fund center as follows:

- \$12,500 increase to District Community Project grants (\$2,500 per district)
- \$50,000 increase to the San Luis Obispo County Visitors and Conference Bureau; these funds are intended to be used to continue the implementation of the Uniquely SLO Cluster of the Economic Strategy.

<u>COMMUNITY PROJECTS</u>	2012-13 Request	2012-13 Recommendation	2012-13 Adopted
District 1 Community Projects	\$ 23,438 + carryover	\$ 23,438 + carryover	\$ 25,938 + carryover
District 2 Community Projects	\$ 23,438 + carryover	\$ 23,438 + carryover	\$ 25,938 + carryover
District 3 Community Projects	\$ 23,438 + carryover	\$ 23,438 + carryover	\$ 25,938 + carryover
District 4 Community Projects	\$ 23,438 + carryover	\$ 23,438 + carryover	\$ 25,938 + carryover
District 5 Community Projects	\$ 23,438 + carryover	\$ 23,438 + carryover	\$ 25,938 + carryover
<u>Total Community Projects</u>	\$117,190	\$117,190	\$129,690

**Contributions to Other Agencies
Fiscal Year 2012-13 Final Budget**

Fund Center 106

<u>Community Based Organizations/ Preventive Health Grants</u>	2012-13 Requested	2012-13 - CBO Recommendation	2012-13 - PHG Recommendation	2012-13 Adopted
AIDS Support Network – Housing Assistance Program	20,000	15,000		15,000
AIDS Support Network – Hep C Project	25,000		20,000	20,000
AIDS Support Network for SLO Syringe Exchange Program	10,000		10,000	10,000
Assistance League	8,000	5,000		5,000
Atascadero Loaves & Fishes	15,500	15,500		15,500
Big Brothers Big Sisters	15,000	8,000		8,000
Cal Poly Corporation – Bakari Mentoring Program	63,599	20,000		20,000
Cambria Connection	27,000		20,000	20,000
Casa Solana	35,000		35,000	35,000
Children’s Resource Network of Central Coast	7,000	3,500		3,500
Children’s Services Network	18,000		18,000	18,000
Coast Unified School District	64,022		25,000	25,000
Community Action Partnership-Adult Day Services Centers	27,300	27,300		27,300
Community Action Partnership – Forty Wonderful Program	7,500		7,500	7,500
Community Action Partnership – Adult Wellness & Prevention Program (formerly known as Senior Health Screening)	15,000		10,000	10,000
Community Action Partnership – Tattoo Removal Program	6,000		5,500	5,500
Community Counseling Center	28,000		20,000	20,000
Community Health Centers of the Central Coast - on-site school obesity program	10,400		10,400	10,400
County of San Luis Obispo, Drug & Alcohol, Division of Behavioral Health (programs for San Miguel)	76,891		25,000	25,000

**Contributions to Other Agencies
Fiscal Year 2012-13 Final Budget**

Fund Center 106

<u>Community Based Organizations/ Preventive Health Grants</u>	2012-13 Requested	2012-13 - CBO Recommendation	2012-13 - PHG Recommendation	2012-13 Adopted
Court Appointed Special Advocates (CASA)	19,000	15,000		15,000
El Camino Homeless Organization	18,000		18,000	18,000
Enhancement, Inc.	3,500	2,500		2,500
Food Bank	100,000	92,000		100,000
French Hospital Foundation	10,000	5,000		5,000
Gatehelp, Inc./Gryphon Place – sober living for men	20,000		16,000	16,000
Jack's Helping Hands, Inc.	10,000	5,000		5,000
Life Steps Foundation – Respite Program	3,000	3,000		3,000
Life Steps Foundation – Senior Homemaker Program	5,000	2,500		2,500
Long Term Care Ombudsman Services	15,000	12,000		12,000
Lucia Mar Unified School District (parenting program for teens)	22,000		20,000	20,000
North County Connections	30,000		20,000	20,000
North County Women's Shelter/Resource Center	30,000	30,000		30,000
Partnership for Children	30,000	20,000		20,000
Paso Robles Housing Authority	7,000	7,000		7,000
People's Self Help Housing	25,000	15,000		15,000
SLO Alano Club	3,860		2,000	2,000
SLO Alpha	8,000	8,000		8,000
SLO Child Abuse Prevention Council (SLOCAP)	12,000	5,000		5,000
SLO Child Development Center	46,866	30,000		30,000
SLO Committee for Education on Alcoholism – Middlehouse	14,358	6,000		6,000
SLO Noor Foundation	144,694	87,900	12,100	100,000

**Contributions to Other Agencies
Fiscal Year 2012-13 Final Budget**

Fund Center 106

<u>Community Based Organizations/ Preventive Health Grants</u>	2012-13 Requested	2012-13 - CBO Recommendation	2012-13 - PHG Recommendation	2012-13 Adopted
Senior Legal Services Project (SLO Legal Alternatives)	6,173	4,000		4,000
Senior Nutrition Program	35,000	34,300		34,300
Senior Volunteer Services (RSVP)	12,000	12,000		12,000
Sexual Assault Counseling Program (SARP)	22,500	22,500		22,500
South County Youth Coalition	84,968		25,000	25,000
The Link	3,000	3,000		3,000
Transitional Food and Shelter	20,000	16,000		20,000
Transition-Mental Health Association – Growing Grounds Program	15,000	15,000		15,000
Transition-Mental Health Association – North County Drop In Center	10,000	10,000		10,000
Transition-Mental Health Association – HOTLINE	10,000	10,000		10,000
United Cerebral Palsy of San Luis Obispo	20,630	5,000		5,000
United Way – 211	60,000	25,000		35,000
Wilshire Community Services – Caring Callers Program	4,500		3,000	3,000
Wilshire Community Services – Senior Peer Counseling Program	4,500		4,000	4,000
Wilshire Community Services – Neighbor Helping Neighbor Program	5,000	5,000		5,000
Women's Shelter Program	40,500	11,000	20,000	31,000
<u>Total Community Based Organization/ Preventive Health Grant Requests</u>	\$1,410,261	\$613,000	\$346,500	\$981,500

<u>OTHER AGENCIES REQUESTS</u>	2012-13 Requested	2012-13 Recommended	2012-13 Adopted
Action for Healthy Communities	10,000	10,000	10,000
Central Coast Commission for Senior Citizens- Area Agency on Aging	40,000	40,000	40,000

**Contributions to Other Agencies
Fiscal Year 2012-13 Final Budget**

Fund Center 106

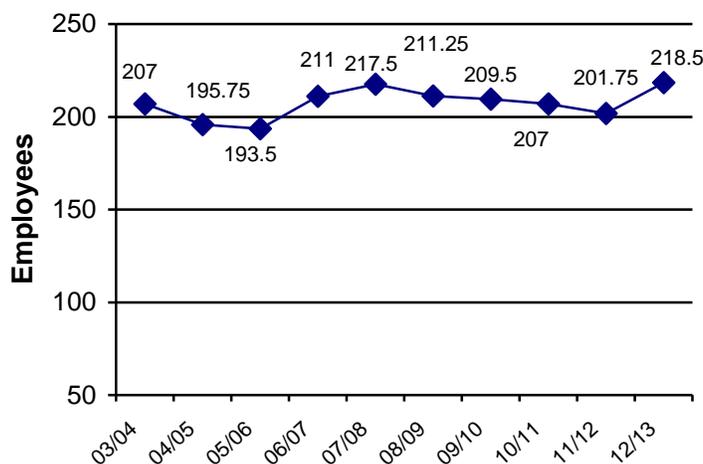
<u>OTHER AGENCIES REQUESTS</u>	2012-13 Requested	2012-13 Recommended	2012-13 Adopted
Coastal San Luis Resources Conservation District	10,000	10,000	10,000
County's deferred comp administrative fee	35,000	35,000	0
Federal lobbyist	72,000	72,000	72,000
Local Agency Formation Commission (LAFCO)	150,000	150,000	146,673
State lobbyist	60,000	60,000	60,000
San Luis Obispo County Arts Council/Arts Obispo	30,000	18,525	18,525
San Luis Obispo Visitors & Conference Bureau	410,418	315,854	315,854
Upper Salinas-Las Tablas Resources Conservation District	25,000	10,000	10,000
Woods Human Society	10,000	0	0
<u>Total Other Agencies Requests</u>	\$852,418	\$721,379	\$733,052
<u>TOTAL FC 106 – CONTRIBUTIONS TO OTHER AGENCIES GRANT FUNDING</u>	\$2,379,896	\$1,798,069	\$1,868,569

MISSION STATEMENT

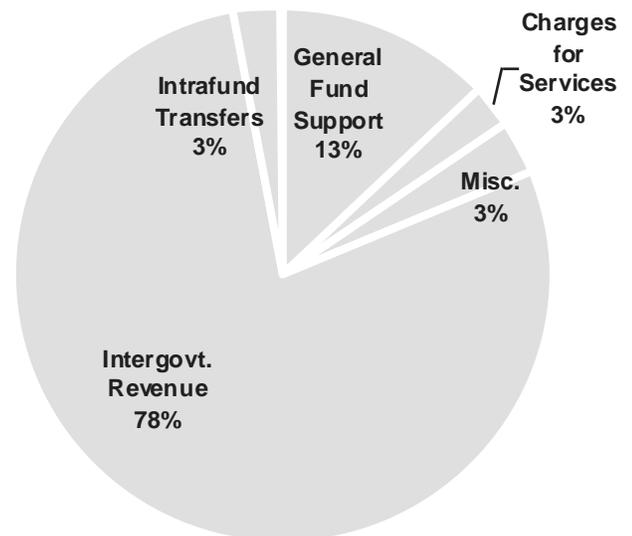
San Luis Obispo County Behavioral Health Department works in collaboration with the community to provide services necessary to improve and maintain the health and safety of individuals and families affected by mental illness and/or substance abuse. Services are designed to assist in the recovery process to achieve the highest quality of life by providing culturally competent, strength based and client and family centered strategies utilizing best practices.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Fines, Forfeitures and Penalties	\$ 346,000	\$ 91,000	\$ 75,000	\$ 75,000	\$ 75,000
Intergovernmental Revenue	33,561,674	33,456,747	38,601,149	38,899,268	38,899,268
Charges for Current Services	603,165	1,111,616	1,439,228	1,353,740	1,353,740
Other Revenues	1,122,837	1,126,207	797,155	882,643	882,643
Interfund	579,632	601,798	478,166	523,015	523,015
**Total Revenue	\$ 36,213,308	\$ 36,387,368	\$ 41,390,698	\$ 41,733,666	\$ 41,733,666
Salary and Benefits	21,796,784	22,553,634	24,327,003	24,555,305	24,555,305
Services and Supplies	23,728,697	23,067,142	24,708,238	24,728,329	24,728,329
Other Charges	1,122,837	0	512,159	512,159	512,159
**Gross Expenditures	\$ 45,539,288	\$ 45,620,776	\$ 49,547,400	\$ 49,795,793	\$ 49,795,793
Less Intrafund Transfers	\$ 1,483,682	1,678,769	1,603,492	1,613,166	1,613,166
**Net Expenditures	\$ 44,055,607	\$ 43,942,007	\$ 47,943,908	\$ 48,182,627	\$ 48,182,627
General Fund Support (G.F.S.)	<u>\$ 7,842,300</u>	<u>\$ 7,554,639</u>	<u>\$ 6,553,210</u>	<u>\$ 6,448,961</u>	<u>\$ 6,448,961</u>

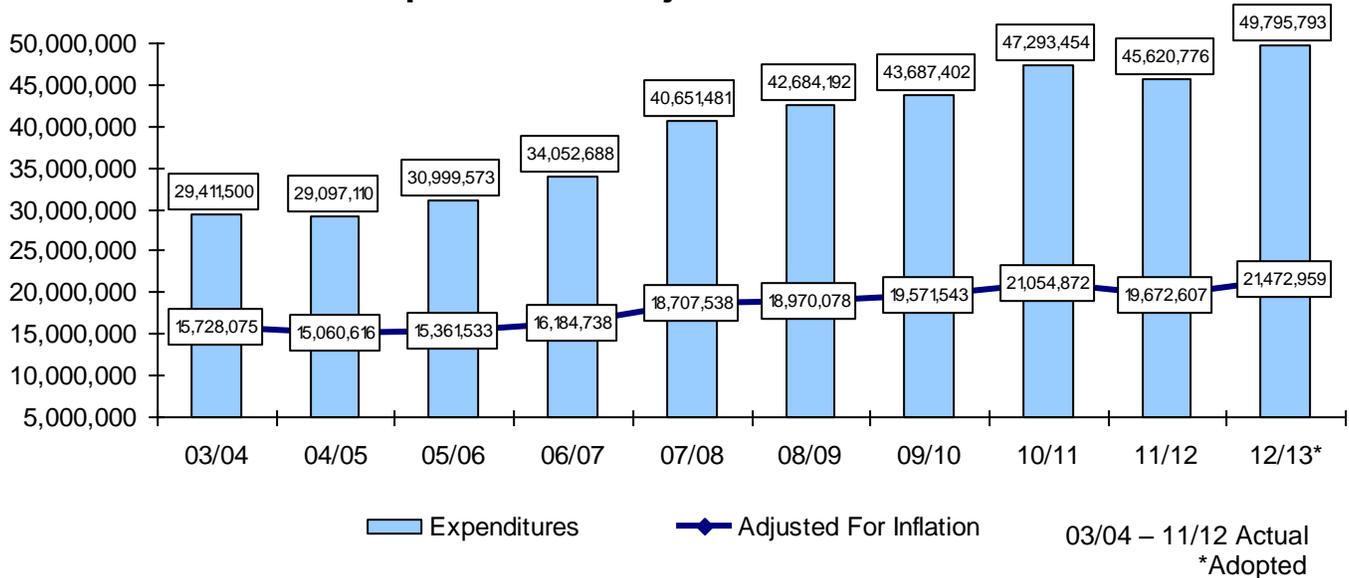
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Behavioral Health has a total expenditure level of \$49,795,793 and a total staffing level of 218.50 FTE to provide the following services:

Mental Health Services

The San Luis Obispo County Mental Health Services Department offers a full range of specialty mental health services provided by a culturally diverse network of community mental health programs, clinics and private psychiatrists, psychologists, and therapists.

Total Expenditures: \$30,310,985 Total Staffing (FTE): 122.75

Mental Health Services Act (MHSA)

The Mental Health Services Act (MHSA) was designed to expand and transform county mental health systems by increasing the taxes of high income individuals. The MHSA initiative provides for developing, through an extensive stakeholder process, a comprehensive approach to providing community based mental health services. MHSA addresses five components of building a better mental health system to guide policies and programs that include; community services and supports, prevention and early intervention, capital facilities and technology, workforce education, and innovation.

Total Expenditures: \$12,539,832 Total Staffing (FTE): 46.00

Drug and Alcohol Services

Drug & Alcohol Services offers a variety of services and programs to help people with drug and alcohol problems, including public walk-in clinics, prevention programs, youth and adult programs, and court-mandated programs.

Total Expenditures: \$6,944,976 Total Staffing (FTE): 49.75

DEPARTMENT COMMENTS

The Health Agency's Behavioral Health Department is commissioned by the State of California to provide county residents experiencing severe and disabling mental illnesses, drug and alcohol addiction disorders, and children with serious emotional disturbances access to services and programs that assist them to better control their illnesses and improve their lives. Additionally the department works with the community to inform, educate, and build skills which promote wellness.

Funding for the department is from a variety of sources such as the Federal Medicaid program (Medi-Cal), Mental Health Services Act, sales tax, client fees, and Federal grants. The State budget, which is undergoing significant changes, greatly influences the Behavioral Health operations and budget. Since 1991, the County's share of Medi-Cal Specialty Mental Health was funded with dedicated sales tax dollars pursuant to the 1991 Realignment. Effective October 1, 2011, those sales tax dollars were shifted to other social services programs (specifically CalWorks) and were replaced with a dedicated source of State sales tax revenue under AB 109, referred to as Public Safety Realignment.

The FY 2012-13 Budget includes the effects of a newly enacted Assembly Bill 1297 which allows counties to certify public expenditures and collect Federal Medicaid (Medi-Cal) based on actual cost. The Federal financial participation equates to fifty percent of the costs certified. The budget also reflects a slight decrease in Mental Health Services Act revenue for the continued use in providing access to underserved populations, introducing intervention programs, and providing a focus on wellness and recovery by developing a more educated workforce.

Because California government--both State and local--continues to struggle fiscally, the department continues to seek ways to implement improvements necessary to maintain existing resources and continue providing uninterrupted service within the community. The department has, over the last several fiscal years, tried to sustain service levels in light of our challenging fiscal times. Great strides have been made in rethinking and restructuring how needed services can be provided in order to meet the demand with limited available resources

At this juncture, the department is proposing to maintain a presence in North County, San Luis Obispo, and South County areas. The budget proposes to keep services to adults and children intact.

FY 2011-12 Accomplishments

- Continuation of the implementation of the Electronic Health Record (EHR) system. This new system has enabled the department to claim reimbursement for Drug Medi-Cal beginning in FY 2012-13 – estimated to be approximately \$400,000 in this first year.
- Based on initial evaluation reports of the department's middle school-based Prevention and Early Intervention component, 77% of youth engaged in the Student Assistance Programs have reduced disciplinary referrals and increased grades and attendance. These youth represent each campus' most-at-risk for academic failure, truancy and emotional disturbance.
- As of fall of 2011, each of the County's MHSA Innovation projects – designed to test new mental health practices – were launched. These research projects range from testing methods for increasing access for veterans to support services for community college students. The

FY 2012-13 Objectives

- Complete the implementation of the Electronic Health Record system for all of the outpatient sites and Community Based Organizations and begin implementation of EHR for the Psychiatric Health Facility. Implementation of this system ensures compliance with Federal mandates passed in the Health Information Technology for Economic and Clinical Health Act (HITECH), which is part of the American Recovery and Reinvestment Act (ARRA) 2009.
- Manage the reduction in MHSA Prevention and Early Intervention funding to maintain quality services while continuing to serve the targeted populations identified in the Community Stakeholder process.
- Increase local college campus and community capacity for suicide prevention and intervention with the introduction of training and certifications in programs such as "Mental Health First Aid".

projects have been well received and output targets are projected to be met by the end of the fiscal year.

- The department established an “E-Learning” website which allows staff, community partners and consumers to increase their knowledge and capacity around behavioral health issues, while earning Continuation Education Units (CEU). To date, 340 County staff are enrolled and 722 CEU’s have been earned this fiscal year. This cost-effective method of education reduces county travel and training reimbursement expenses and increases staff exposure to a vast library of courses.
- Developed strategic project to evaluate the challenges around recruiting and retaining psychiatrists, nurses and other professional and technical staff
- During the first year of a new federal grant program treating children and families affected by methamphetamine, we exceeded the federal requirement of 40 children by treating 56 children and 33 families. Using the NCFAS Family Assessment Scale, participant families demonstrated significant improvements while in treatment in family skills that promote continued sobriety of parents and child well-being, safety and self-sufficiency.
- Obtained a Substance Abuse and Mental Health Services Administration (SAMHSA) federal grant for \$1.2 M to provide co-occurring disorder services for those criminal justice clients who may not have been seen previously because their drug addiction or mental illness symptoms were too severe. This grant will also look for efficiencies in the adult behavioral health treatment courts to determine if the client is in the correct court based on their presenting issues.
- Participated in the Community Corrections Partnership and collaboratively developed a plan for AB 109 regarding Public Safety Realignment. Currently implementing programs to provide services to this population.
- Continued to educate and evaluate the impact of Health Care Reform on the local level.
- Manage the integration of MHSA programs, such as the Full Service Partnerships, into the outpatient clinics and community sites in order to maintain effectiveness, continuum of care and increase the department’s capacity around wellness and recovery.
- Serve 52 clients suffering from co-occurring disorders in the adult treatment collaborative court by expanding the evidence based practices with this population thus increasing self-sufficiency and reducing recidivism.
- Integrate and collaborate with all criminal justice providers in the County to maximize services for behavioral health forensic services. Determine outcome measures for the new programs being implemented through AB 109 Public Safety Realignment.
- With the changes in the Early Periodic Screening Diagnosis and Treatment (EPSDT) funding, work with the community partners to develop a managed care model for service delivery
- Continue to recruit and retain psychiatrists. Work with Human Resources to explore creative solutions such as an incentive program and sign-on bonuses.
- Continue to educate and evaluate the impact of Health Care Reform on the local level.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The recommended budget reflects an increase in revenues of approximately \$3.77 million or 9%, an increase in total expenditures of more than \$2.78 million or 6% and a decrease in General Fund support of \$987,704 or 13% compared to the FY 2011-12 Adopted Budget.

Revenues

Two key legislative changes have occurred over the past year that results in a significant increase in revenue to Behavioral Health:

1. The 2011 Health and Human Services Realignment (Assembly Bill 118) resulted in several programs now being funded with dedicated sales tax revenue rather than State General Fund dollars or realignment revenue from the Vehicle License Fees. Such programs include Drug Medi-Cal, State Drug and Alcohol and Perinatal programs, Community Mental Health Services, Management Care Program, and Early Periodic Screening, Diagnosis and Treatment (EPSDT) which is the Medi-Cal program for children. The net result of the changes in funding sources is an increase of approximately \$2 million compared to the FY 2011-12 Adopted Budget.
2. Assembly Bill 1297 described in the department's comments above, is expected to increase revenue from the Federal government for Medi-Cal eligible services. Prior to the passage of this bill, the State had administratively limited the amount that could be billed for services to approximately 66% of the actual cost of providing these services. This limit then reduced the amount of Federal Medicaid reimbursement that could be claimed by the County, since the Federal reimbursement is 50% of the amount billed. This limitation resulted in the County General Fund paying for the portion of the cost to deliver Medi-Cal eligible services that had not been reimbursed. With the passage of AB 1297, Medi-Cal billings will now be billed at actual service cost. This is expected to yield an additional \$1.0 million in Medi-Cal revenue; a 19% increase compared to the FY 2011-12 Adopted Budget.

As a result of the increase in Federal reimbursement for Medi-Cal and an estimated \$644,000 (20%) increase in the EPSDT allocation, funding for Martha's Place Children's Assessment Center has improved, providing sufficient funding to restore some of the positions eliminated in the prior year (as detailed below) and to reduce the amount of General Fund support needed by approximately 28%. It is now estimated that 86% of the \$939,118 budget for Martha's Place will be funded with other revenue and General Fund support will provide 14% of the funding.

Mental Health Services Act (MHSA) funding is decreasing by \$569,375 or 5% and reflects the funding level for the five components of this program based on plans currently in effect. The reduction in MHSA funding is primarily due to the increase in Medi-Cal and EPSDT funding described above. Thus funding for MHSA programs remains at FY 2011-12 levels.

Public Safety Realignment revenue (AB 109) is included in the FY 2012-13 recommended budget in the amount of \$644,463, contributing to the overall increase in revenue. AB 109 transfers responsibility for supervision of lower level inmates and parolees from the State to counties. Behavioral Health provides drug and alcohol treatment as well as mental health services to AB 109 offenders in the jail and after release. No AB 109 funding was included in the FY 2011-12 Adopted Budget. However, \$270,172 was added to the Behavioral Health budget in October, 2011 when the transfer of responsibility became effective. The more than \$374,000 increase reflects a full year of funding in FY 2012-13 for AB 109.

Revenue is also increasing from Federal grants, netting almost \$303,000 or 21%. Drug and Alcohol Services was successful in competing for a nationwide grant called the Adult Treatment Court Collaborative. This grant, one of only 11 awarded in the country, adds more than \$450,000 in revenue, which helps offset the reduction in other funding from grants that are ending. In addition, a portion of the \$303,000 increase (\$111,780) is associated with additional carry-over funding for the Children Affected by Methamphetamine grant to be used to increase client capacity and supplement additional grant activities. This \$111,780 in funding is added to the recommended budget as noted below to fund additional staff.

Expenditures

The \$2.78 million increase in expenditures compared to the FY 2011-12 Adopted Budget reflects an almost \$1.3 million or 5% increase in the salary and benefits accounts combined with a \$917,254 or 3% increase in services and supplies and a \$473,759 or 1,233% in Other Charges. The increase in the salary and benefit accounts is primarily a result of the addition of 11.0 FTE mid-year. In the second quarter of FY 2011-12, the Board approved the addition of the following positions, which accounts for approximately \$1.06 million of the increase in expense:

- 3.0 FTE Mental Health Therapist positions, funded by the Special Education Local Plan Area (SELPA) for educationally-related mental health services to students in special education classes
- 3.0 FTE Drug and Alcohol Specialists and a Mental Health Therapist for the AB 109 offender treatment services as described above
- A total of 4.0 FTE's for the Adult Treatment Court Collaborative grant (1.75 FTE Mental Health Therapists, 1.0 FTE Drug and Alcohol Worker, a .75 FTE Drug and Alcohol Specialist and a .5 FTE Administrative Assistant)

In addition, a net increase of 3.25 FTE is included in the recommended budget as detailed below. The total cost for these new positions is approximately \$334,500. Finally, Temporary Help expenses are recommended to increase \$237,505 (26%) due to an increase in the average number of bed days per month at the Psychiatric Hospital Facility (PHF) or more than 22% in the current year. Temporary help is used to ensure the required patient to staffing ratios are met.

Services and supplies accounts that are changing most significantly include: a \$241,616 or 22% increase in Countywide Overhead, a net increase in charges for the General Services Agency (GSA) of \$288,481 (based on the new direct bill approach implemented by GSA), a decrease of \$150,000 in costs for Pharmaceuticals due to greater use of generics, a decrease of \$137,087 or 82% in Maintenance for Software due to prepayment of the maintenance fee for the Behavioral Health Electronic Health Records (BHEHR) system, an increase of \$386,709 or 98% for Major System Development for planned enhancements to the BHEHR system, a decrease of \$181,242 or 43% in O & M charges (for maintenance of the BHEHR system that is up and running) due to the reduction of staff devoted to this phase of the project, and a decrease of \$66,839 or 26% in Insurance.

Expenditures in the Other Charges accounts are increasing \$473,759 or 1,233%. This is due to the realignment of drug and alcohol services from the State to the County. Included in this set of accounts is a new expense for two Drug Medi-Cal providers that had been paid by the State. This \$512,159 expense will now be funded from the 2011 Health and Human Services dedicated sales tax realignment revenue mentioned above.

Several changes are recommended in the Behavioral Health Position Allocation List (PAL) for FY 2012-13 resulting in a net increase of 3.25 FTE. The department requested the addition of 3.75 FTE (detailed in the table below) and the elimination of 0.50 FTE Drug and Alcohol Worker in their Status Quo budget due to the expiration of the Dependency Drug Court Expansion grant. In addition, the recommended budget includes the conversion of 1.5 FTE Limited Term Drug and Alcohol Specialist positions to permanent status, and the reallocation of a one Limited Term Mental Health Therapist IV to a Limited Term Drug and Alcohol Specialist IV for the Adult Treatment Court Collaborative grant.

BOARD ADOPTED CHANGES

During Budget Hearings, the Board approved a new classification titled "Mental Health Nurse Practitioner" and an amendment to the Position Allocation List for Behavioral Health to replace 1.5 FTE Nurse Practitioner with 1.5 FTE Mental Health Nurse Practitioner positions. The reclassification of the Nurse Practitioner position and the PAL amendment were proposed in the Supplemental Document. While there will be an increase in expenditures of approximately \$20,000 per year, no change in appropriation was recommended in the Supplemental Document. The Health Agency will absorb this increase in expense in FY 2012-13.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross: \$85,934 General Fund support: \$0	Restore the 0.75 Mental Health Therapist IV for Martha's Place that was eliminated in the FY 2011-12 Adopted Budget, to be funded by Medi-Cal (EPSDT).	Provide mental health services to approximately 48 children.
Gross: \$36,742 General Fund support: \$0	Increase an existing 0.25 FTE Nurse Practitioner to 0.50 FTE to be funded by Drug Medi-Cal.	To comply with the medical oversight requirements to qualify as a Drug Medi-Cal provider.
Gross: \$111,780 General Fund support: \$0	Increase an existing 0.75 FTE Drug and Alcohol Specialist to a full time position and add 1.0 FTE Limited Term Drug and Alcohol Worker I (two half-time positions) and one 0.50 Administrative Assistant III to be funded by the Children Affected by Methamphetamine grant. Funding exists in the \$1.4 million grant to cover the cost of these added positions.	Demand for services under this grant have been greater than originally anticipated, specifically an increase of 16% (from 80 to 93) in tutoring/learning activities and a 50% increase (from 612 to 915) in the number of participants attending sessions. The additional staff will ensure these increased demands are met.
Gross: \$100,096 General Fund support: \$0	Add 1.0 FTE Administrative Services Officer II to be funded with MHPA funds to support the on-going implementation of the BHEHR project.	To maintain the operating manual for the BHEHR system, including integrating changes made with each system update, and provide training to staff to ensure optimal use of the system.

GOALS AND PERFORMANCE MEASURES

Department Goal: To help individuals experiencing severe mental illness or serious emotional disturbance to be as functional and productive as possible in the least restrictive and least costly environments.						
Communitywide Result Link: <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community						
1. Performance Measure: Rate of Client Satisfaction with County Mental Health Services.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
84%	92%	89%	91%	89%	N/A	89%
What: Centers for Medicare and Medicaid Services (CMS) require client satisfaction surveys to be completed by Medi-Cal beneficiaries. The State previously performed the survey independent of the County Mental Health Plans. The State discontinued sending the surveys to the beneficiaries in 2009 due to budget cuts. A local survey, based on the State's previously provided survey, is now given to all clients receiving mental health services during one-week periods in November and May of each fiscal year. Clients surveyed include both youth and adult. The indicators for the client satisfactions surveys are Access to Service, Cultural Sensitivity, Participation in Treatment Planning, Outcomes and General Satisfaction. The rate is an average for all indicators, with the maximum possible score of 100%. The following rate ranges are indicative of the following responses: 70-79% "satisfactory", 80-89% "above satisfactory" and 90-100% "excellent".						
Why: Client satisfaction is one indicator of the quality of services provided for mental health services.						

How are we doing? During November 2010 and May 2011, the results from 494 client surveys indicated a client satisfaction rating of 91% for FY 2010-11. The November 2011 and May 2012 Statewide surveys were cancelled due to the State's direction and pending clarification of the survey requirements, so there are no results available to report for FY 2011-12. The next Statewide Consumer Satisfaction Survey is scheduled to be administered August 20–24, 2012. Other comparable county results are not published by the State and thus unavailable for comparison purposes.

2. Performance Measure: Day Treatment Days Provided to Youth in Out-of-County Group Home Facilities.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
2,067	2,692	2,212	2,937	2,283	1,501	2,200

What: The County is responsible for placing youth in residential environments that are safe and fosters support for therapeutic interventions when their home is not an option. This measure reflects the number of day treatment days received by youth who are residing in an out-of-county Rate Classification Level (RCL) 14 group home. RCL 14 is the highest service level classification for State residential treatment facilities and group homes. Youths are placed in RCL 14 group homes by the Department of Social Services, Probation and School Districts.

Why: Youths placed in out-of-county group homes receive the most expensive form of treatment that is reserved for youths who are severely emotionally disturbed. Youth mental health outpatient services are designed to minimize placements in RCL 14 group homes, whenever possible.

How are we doing? Actual day treatment days reported for FY 2011-12 are 1,501, which is lower than the 2,283 days budgeted and significantly lower than the 2010-11 actual results of 2,937. During 2011-12 the average monthly count in group homes was 7 clients, which is a significant decrease from the 2010-11 average monthly count of 11 clients placed in group homes. Collaborations between the County and School Districts have been successful in both moving group home clients into lower levels of care and providing a network of care to allow more youth to remain in the community, thereby reducing the overall group home client counts and spending within reduced budget levels. For 2011, our County was above the average number of day treatment days based on comparable counties and slightly below the statewide average. A report by APS Healthcare, California's External Quality Review Organization (EQRO), found that for calendar year 2011, San Luis Obispo County provided day treatment services to 0.06% of its Medi-Cal eligible youth population compared to 0.04% for all medium sized counties and 0.07% for all counties statewide.

3. Performance Measure: Net Mental Health Services Act (MHSA) operating cost per full service partnership enrollee.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
\$13,446	\$15,711	\$10,319	\$12,140	\$16,000	\$13,940	\$12,500

What: The Community Services and Support component of the MHSA includes full service partnership (FSP) programs that are designed to provide "whatever it takes" services to clients, but if not monitored can be very expensive. The cost per FSP enrollee is determined by taking the net amount of FSP dollars used for client services, which takes into consideration any reimbursements from Medi-Cal and Early Periodic, Screening, Diagnosis & Treatment (EPSDT), and then divided by the number of enrollees served.

Why: This measure was intended to be used to review relative spending per FSP enrollee compared to other counties once it becomes available from the State. In addition, this measure provides a treatment cost comparison between FSP enrolled individuals and non-FSP enrolled individuals. The cost per non-FSP enrollee is approximately \$2,503 per year. FSP clients require the most intensive services, which results in a higher cost per individual.

How are we doing? In FY 2011-12, the net MHSA operating cost per FSP enrollee was \$13,940 (\$2,927,483 cost divided by 210 clients served). This is an increase from FY 2010-11 but lower than the FY 2011-12 Adopted. In FY 2011-12 FSP expenditures increased 2% while FSP Medi-Cal and EPSDT revenue saw a 14% reduction compared to the prior year. The increase in expenditures and decrease in revenue was caused by a 6% reduction in clients served compared to FY 2010-11. As a result of the fixed nature of these expenses, the net cost per enrollee increased. Comparison performance outcome data is not available from the State.

(Data Source: Mental Health Services Act System and Enterprise Financial System)

4. Performance Measure: Average Annual Cost of Services per Unduplicated Medi-Cal Client.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
\$4,767	\$5,969	\$5,073	\$5,033	\$5,050	\$4,346	\$5,060
<p>What: This measure calculates the annual cost of Medi-Cal services divided by annual Medi-Cal clients served based on Medi-Cal approved claims.</p> <p>Why: Since the majority of our clients are on Medi-Cal, comparing the cost per client with other comparable counties provides an indicator regarding cost efficiency based on the number of clients served and the relative cost to serve those clients.</p> <p>How are we doing? For FY 2010-11, the cost per Medi-Cal client served was \$5,033 (\$16,273,165/3,233 clients) and the average cost per youth client was \$7,463 (\$11,164,648/1,496 clients), while the average cost per adult client was \$2,941 (\$5,108,517/ 1,737 clients) For FY 2011-12, the cost per Medi-Cal client served declined to \$4,364 (\$16,793,128/3,848 clients), as a result of a 19% increase in clients served, while costs increased by only 3%. The average cost per youth client in FY 2011-12 was \$6,950 (\$10,495,050/1,510 clients), while the average cost per adult client was \$2,694 (\$6,298,078/ 2,338 clients). The higher cost per client in youth versus adult services reflects SLO County's efforts to maintain children in their homes and foster homes by providing more intensive services (i.e. Therapeutic Behavioral Services and Wraparound), thereby avoiding placement in out-of-county group homes.</p> <p>1) The percent of Medi-Cal eligible persons in the county who actually receive services is referred to as the penetration rate. For calendar year 2010, the latest available California External Quality Review Organization (EQRO) report shows San Luis Obispo County's penetration rate was 8.64%, versus 5.80% for other medium size counties and 6.15% for all counties statewide.</p> <p>2) San Luis Obispo County sees more age 6-17 clients as a percentage than other counties. For 2010, EQRO reports San Luis Obispo County's penetration rate for children ages 6-17 was 11.02%, 60% higher than the average for other medium size counties at 6.88% and 42% more than the statewide county average of 7.75%.</p>						
5. Performance Measure: Percentage of Readmission to the Psychiatric Health Facility (PHF) Within 30 Days of Discharge.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
9%	9%	11%	11%	11%	9.4%	11%
<p>What: The percentage of clients who are readmitted to the PHF within 30 days from their prior discharge. The 30-day readmission rate is a standard performance measure used in both private and public hospitals.</p> <p>Why: Low readmission rates indicate that clients are being adequately stabilized prior to discharge.</p> <p>How are we doing? For FY 2011-12, the client readmission rate within 30 days to the PHF was 9.4% (112 readmissions/1,186 admits), which reflects a steady stabilization of the rate over the past several months.</p> <p>As a comparator, Sacramento County experienced a readmission rate of 10% to 18% in previous years and reports that their rate increased due to the poor economy and decreases in outpatient services. Santa Barbara reported an increase in the readmission rate for their PHF from 9.6% in FY 2008-09 to 12.5% in FY 2009-10, dropping to 10% in FY 2011-12. In San Luis Obispo County, we saw similar issues in past years, including more homeless clients and clients with increased drug and alcohol problems, but conditions have now improved, and our readmission rate stabilized earlier this year.</p>						
<p>Division Treatment Goal: To reduce alcohol and other drug-related problems among program participants who access services in regional clinics that provide efficient, high quality, intensive treatment services to community members desiring recovery from the misuse of alcohol and/or other drugs.</p> <p>Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community</p>						
6. Performance Measure: Percentage of clients who report reduced or eliminated drug and/or alcohol use in the 30 days prior to leaving Drug and Alcohol Services (DAS) treatment.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
87%	85%	88%	86%	86%	87%	86%
<p>What: Decreased or eliminated drug and alcohol use demonstrates the impact of treatment and its subsequent effect on behavior.</p> <p>Why: Successful recovery involves positive lifestyle changes.</p>						

How are we doing? This measure coincided with the implementation of the California Outcomes Measurement System (CalOMS) administered by the California Department of Alcohol and Drug Programs. For the 839 treatment program participants discharged in FY 2011-12, the rate of participants demonstrating reduced or eliminated drug and/or alcohol use was 87% or 727 clients. This includes 643 participants who completed their treatment program and reported/demonstrated decreased or eliminated drug and alcohol use at discharge and 84 participants who did not complete their treatment program but reported/demonstrated decreased or eliminated drug and alcohol use prior to leaving treatment services. Outcome of treatment is determined by self-report and verified using drug test by urinalysis.

It should be noted that some program participants are discharged for non-compliance or for simply failing to show for treatment after a prolonged period of time. This tends to lower the rate of demonstrated improvement for the group as a whole. For comparison, the average rate of reported reduction in drug/alcohol use with treatment for all California counties in FY 2011-12 was 81%, which represents 78,396 of 96,576 discharged participants.

(Data Source: California Outcome Measurement System, CalOMS)

7. Performance Measure: Percentage of Drug and Alcohol treatment clients who state overall satisfaction with Treatment Programs as measured by the client satisfaction survey at the levels of "Very Satisfied" or "Extremely Satisfied".

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
87%	90%	94%	92%	91%	91%	91%

What: The client satisfaction survey is used to measure program satisfaction within Drug & Alcohol treatment programs.

Why: Because Drug and Alcohol Services is committed to providing high quality service, client satisfaction is an indication of program quality. The client satisfaction survey allows us to improve our programs based on participant feedback.

How are we doing? Of the 506 treatment clients surveyed in FY 2011-12, 390 surveys were returned for a return rate of 77%. Of those returned surveys, 91% indicated overall high satisfaction (Very Satisfied or Extremely Satisfied rating) with the treatment program and their experience at Drug & Alcohol Services. While the survey includes varying aspects of the client's experience with Drug & Alcohol, this measure is based on the client's response to the survey question of "overall satisfaction" with services. Because satisfaction rates are not part of the statewide CalOMS database, no comparison data is available.

(Data Source: Client Satisfaction Survey)

Division Prevention Goal: To reduce alcohol and other drug-related problems by providing high quality evidence based prevention strategies in the community.

Communitywide Result Link: Safe Healthy Livable Prosperous Well-Governed Community

8. Performance Measure: Percentage of the County's population reached through Drug & Alcohol Prevention services.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
11%	15%	11%	10%	10%	10%	10%

What: The percentage of the County's population reached through Drug and Alcohol Services Prevention campaigns and activities, which engage community members by providing education and information about alcohol and other drugs along with positive alternatives to alcohol and drug use.

Why: The Office of National Drug Control Policy has stated that prevention services are considered an industry best practice in reducing the risk factors associated with drug and alcohol use.

How are we doing? During FY 2011-12, 26,568 county residents or 9.9% (26,568 out of 269,337) were reached through a variety of activities and campaigns including countywide information, education and interventions provided by County Prevention Services. The State instituted the CalOMS data measurement system for County prevention providers in 2008. Based on that system, the number of individuals reached in FY 2011-12 by all CA county substance abuse prevention efforts statewide was 2%. Historically SLO County has made prevention a priority and has allocated proportionally more funding toward prevention than many other counties. The County has also been successful at being awarded prevention grants.

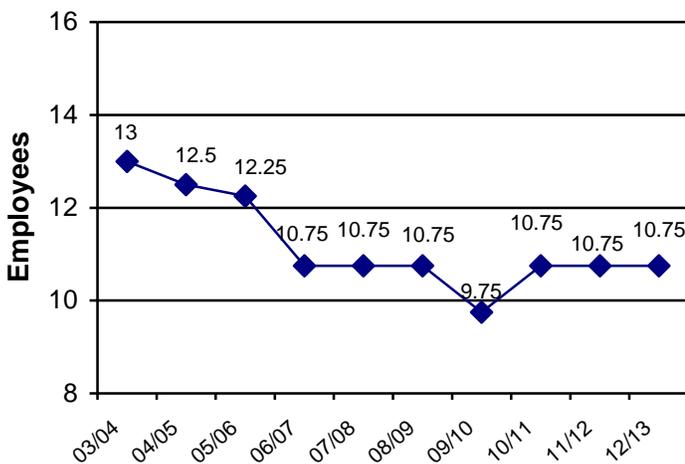
(Data Source: California Outcomes Measurement System -- Prevention)

MISSION STATEMENT

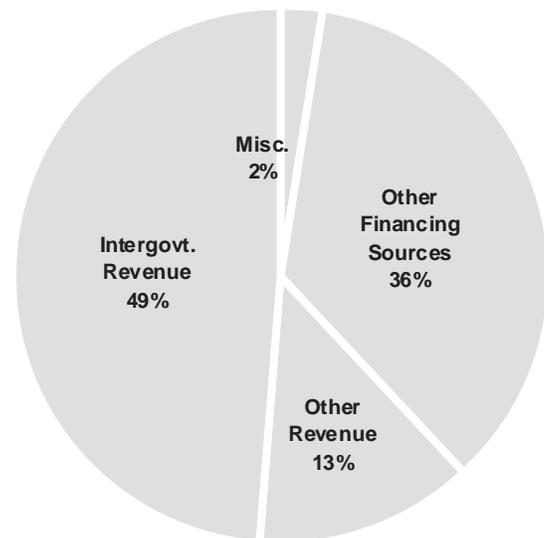
The County Medical Services Program (CMSP) is part of the Health Agency's Health Care Services Division, which determines eligibility, and provides utilization review and accounting services to ensure proper access to health care for the medically indigent.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Revenue from Use of Money & Property	\$ 1,599	\$ 3,959	\$ 5,000	\$ 5,000	\$ 5,000
Intergovernmental Revenue	2,639,163	2,666,552	2,489,524	2,489,524	2,489,524
Other Revenues	50,841	734,679	669,900	669,900	669,900
Other Financing Sources	875,000	2,563,761	1,827,405	1,814,405	1,814,405
Interfund	15,687	15,315	117,148	117,148	117,148
Total Revenue	\$ 3,582,290	\$ 5,984,266	\$ 5,108,977	\$ 5,095,977	\$ 5,095,977
Fund Balance Available	\$ 350	\$ 0	\$ 0	\$ 0	\$ 0
Cancelled Reserves	0	87,695	0	0	0
Total Financing Sources	\$ 3,582,640	\$ 6,071,961	\$ 5,108,977	\$ 5,095,977	\$ 5,095,977
Salary and Benefits	\$ 906,370	\$ 945,722	\$ 998,650	\$ 985,650	\$ 985,650
Services and Supplies	3,378,140	4,240,848	4,110,327	4,110,327	4,110,327
Other Charges	150,000	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 4,434,510	\$ 5,186,570	\$ 5,108,977	\$ 5,095,977	\$ 5,095,977
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	\$ 4,434,510	\$ 5,186,570	\$ 5,108,977	\$ 5,095,977	\$ 5,095,977

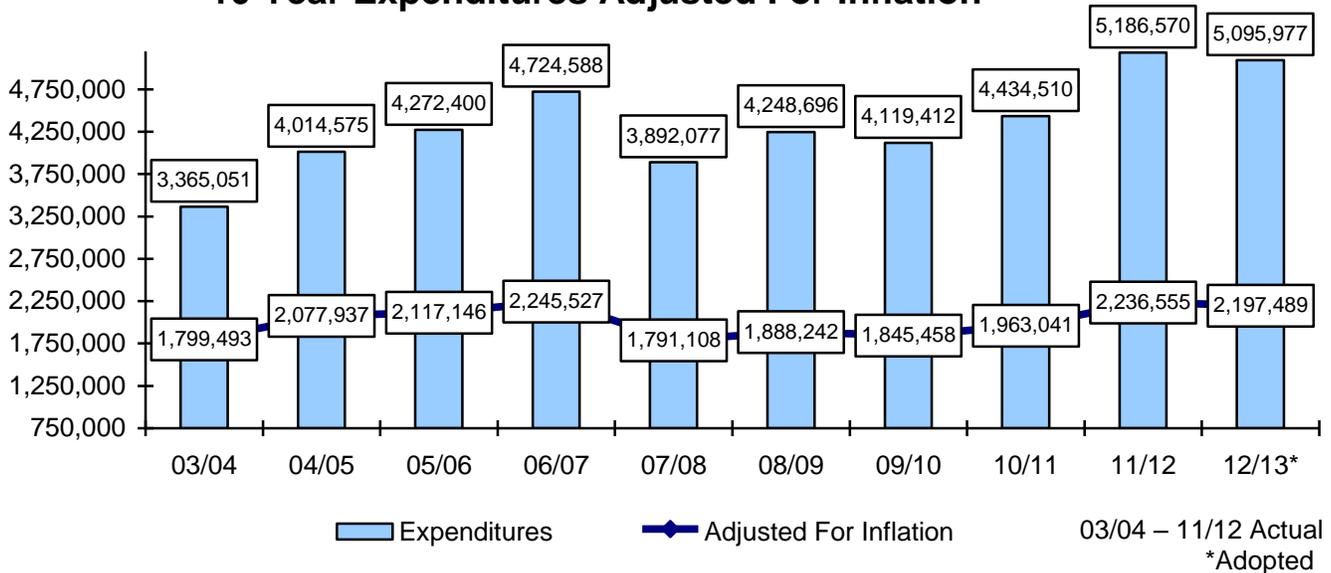
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The County Medical Services Program has a total expenditure level of \$5,095,977 and a total staffing level of 10.75 FTE to provide the following services:

County Medical Services Program Administration (CMSP)

This program facilitates access to health care for eligible adults who cannot afford to pay for their medical care. The program authorizes and pays for medical care in partnership with Community Health Centers, who provide primary care for CMSP patients. Staff perform eligibility determination, utilization review and case management, medical claims processing, fund accountability, program evaluation, and financial reporting to various agencies.

Total Expenditures: \$5,053,648 Total Staffing (FTE): 10.50

Emergency Medical Service Program (EMSP)/Tobacco Settlement funds

This program includes administrative and accounting support for the Emergency Medical Services Program (EMSP) and Tobacco Settlement Funds including the distribution of these funds to hospitals and physicians for uncompensated emergency medical care.

Total Expenditures: \$42,329 Total Staffing (FTE): 0.25

DEPARTMENT COMMENTS

CMSP is the County's medically indigent services program responsible for authorizing short-term medical services to eligible residents between 21 and 64 years of age, who are not qualified for Medi-Cal or other public health care assistance, and have household incomes less than 250% of the federal poverty level. The program determines eligibility, enrolls qualified applicants, coordinates services with providers, processes claims, and performs treatment authorization reviews.

CMSP processed approximately 10,000 applicants and enrolled a total of 3,165 individuals in calendar year 2011. The program successfully managed enrollment numbers and medical costs through diligent application of program policies and procedures.

Federal health care reform has significant implications for the County Medical Services Program (CMSP). Management staff devoted considerable effort toward planning for a potential early implementation of the Medi-Cal expansion component slated to take effect in January 2014. After more than a year of evaluation and planning with all stakeholders, including health care providers, DSS, CenCal Health, advocates, and others, it was determined that a Low-Income Health Program (LIHP) is not reasonable for this County given uncertain financial risk, the complexity of the paradigm shift and the very short duration of the program. Regardless, the planning process will serve the County well as it looks toward 2014 and all of the changes forthcoming under a Medi-Cal expansion and other new insurance options for low-income adults.

FY 2011-12 Accomplishments

- Reduced applicant wait time by 50%; from one hour to 30 minutes.
- Eliminated "CMSP Pending" status thus requiring applicants to complete documentation prior to receiving benefits and, in addition, established a one-week time limit for applicants to submit the required documentation. Both changes improved efficiencies and reduced case completion times.
- Updated policies to eliminate select medical procedures for non-life threatening conditions, a cost-containment measure.
- Standardized enrollment terms yielding consistency among eligibility technicians and their clients.

FY 2012-13 Objectives

- Improve timeliness of claims payments to hospitals and comply with contracts to pay within 45 days.
- Work with Community Health Centers (CHC) to develop policies for enrollment in CMSP or CHC Health Care for the Homeless program for dually-eligible homeless applicants.
- Strengthen guidelines and procedures for renewal applications to further improve completion time.
- Continue to plan for transition of CMSP clients to new insurance options under Federal health care reform.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Total financing sources and expenditures for the County Medical Services Program are recommended to decrease \$77,982 or 1% compared to the FY 2011-12 Adopted Budget.

The primary funding source for this budget is State Realignment revenue from Vehicle License Fees (VLF), which is declining by \$150,000 or 5% based on actual revenue receipts in the first half of FY 2011-12. This budget also includes Tobacco Settlement revenue, most of which is passed through to hospitals, physicians and surgeons for uncompensated emergency medical care. This revenue is decreasing \$28,964 or 4% due to a decline in the nation's smoking rate. Partially offsetting these declines in revenue is a new interagency charge in the amount of \$74,819 to Law Enforcement Medical Care - Fund Center 184 for administrative overhead, and an increase of \$26,238 or 163% in administrative revenue for accounting support provided to emergency Medical Services – Fund Center 351.

CMSP is not a General Fund budget but receives a transfer of General Fund support from Fund Center 183 – Medical Assistance Program. The recommended General Fund support is increasing \$87,000 or 5% to partially offset the reduction in VLF Realignment revenue. This level of General Fund support reflects the expectation that costs for indigent medical care will decrease slightly compared to FY 2011-12.

The decrease in overall expenditures is primarily due to a decrease in several services and supplies accounts. The most significant reductions include a \$51,888 or 35% decrease in the Countywide Overhead charge, a \$32,922 or 1% decrease in Professional and Special Services as a result of fewer inpatient hospital days, and a \$28,674 or 4% decrease in the amount of funds passed through to hospitals, physicians and surgeons from Tobacco Settlement funds. It should be noted that the savings in payments to hospitals for inpatient days is expected to be more than \$171,200 or 10%, based on actual costs incurred in the first half of FY 2011-12. This

savings offsets increases in other Professional and Special Services expenditures such as the new cost of \$100,000 for specialty care physicians who provide services that had been provided by CHC until FY 2011-12, and a \$48,327 or 32% increase in Emergency Room visits.

Recommended expenditures in the salary and benefit accounts are increasing \$9,972 or 1% due to step increases and the conversion of Registered Nurse II position to a Public Health Nurse. This conversion is the only recommended change on the Position Allocation List for CMSP.

Service levels are expected to remain unchanged compared to FY 2011-12.

BOARD ADOPTED CHANGES

None.

GOALS AND PERFORMANCE MEASURES

Department Goal: The overall goal of the County Medical Services Program (CMSP) is to provide access to health care for the medically indigent by efficiently determining program eligibility, authorizing medical care and arranging for services to promptly diagnose and treat medical conditions.						
Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community						
1. Performance Measure: Percentage of clients rating CMSP's overall performance as Very Satisfied or Extremely Satisfied.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
100%	84%	55%	80%	75%	78%	75%
<p>What: The CMSP client satisfaction survey tool is provided as a means of measuring the level of client satisfaction based on their overall CMSP experience. In addition to providing an overall program ranking, the survey questions focus on the client's experience with discrete program components, some of which include the eligibility determination process, utilization review, accounting interaction, and hours of operation. The survey is included as part of the application paperwork process and submitted at the client's convenience.</p> <p>Why: Because the CMSP is committed to providing high quality service, client satisfaction is one indication of program quality. The client satisfaction survey provides information that contributes to program improvement. The survey is based on the following levels of satisfaction: Extremely Satisfied, Very Satisfied, Satisfied, Unsatisfied, and Very Unsatisfied.</p> <p>How are we doing? The increase in demand for CMSP services continues to be met without a reciprocal increase in CMSP staffing levels. Longer client wait times during the normal application process as well as increased time to process MediCal pending applicants are a contributing factor in our predicted decline in client satisfaction from the previous year to the current and upcoming year. In FY 2010-11, of the 6,657 applications processed, 201 surveys were completed resulting in 80% satisfaction rate indicating Very Satisfied or Extremely Satisfied with CMSP's overall performance. In 2011-12, of the 6,986 applications processed, 319 Client Satisfaction Surveys were completed with an overall satisfaction rate of 78% (248) of these rated CMSP as Extremely and Very Satisfied. The satisfaction rate should improve this coming year if we continue to stay fully staffed and thus reduce the wait times. Response rates overall continue to be low, and while the percentage of clients rating CMSP services as very or extremely satisfied declined by 2%, the actual number of those who took the time to complete a survey increased by 59%. CMSP staff will continue to seek an increased consumer feedback. (Data Source: CMSP Client Satisfaction Survey)</p>						
2. Performance Measure: Percentage of day surgeries referred to surgery centers.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
14%	19%	44%	31%	45%	43%	40%
<p>What: This measure tracks the percentage of day surgeries that are performed at local surgery centers rather than performed at hospitals. CMSP's Utilization Review nurses have been working with local medical providers and are currently referring day surgery clients to less costly surgery centers when appropriate.</p> <p>Why: It is well documented that hospitals have much higher overhead and charge approximately twice what a licensed surgery center charges for the same medical procedure. A patient at a licensed surgery center will receive the same level of care as they will at a hospital. CMSP recognizes that it is important to be a good steward of the money entrusted to us by the public. Therefore, when appropriate, we will refer patients to licensed surgery centers in San Luis Obispo County versus the more expensive hospital alternative.</p>						

How are we doing? In FY 2011-12, the percentage of day surgeries performed at local surgery centers instead of local hospitals was 43% (76 out of a total of 176 day surgeries). CMSP saved an estimated \$53,200 in 2011-12 by referring patients to licensed day surgery centers (cost of \$500/surgery) instead of performing the surgeries at local hospitals (cost \$1,200/surgery). The CMSP utilization review nurses will continue to balance the needs of patients and the most economical day surgery provider.

There is no comparable county data available. (Data Source: CMSP Medical Payment Tracker)

3. Performance Measure: Average number of CMSP applications pending eligibility determination.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
New Measure	New Measure	60	35	50	38	40

What: This measure tracks the quarterly average number of CMSP applications that are awaiting eligibility determination by each of the three Eligibility Technicians (ET's) currently working in CMSP.

Why: This measure indicates efficiency in processing CMSP client applications, thus providing access to medical care funding in a timely manner. The lower the number of applicants waiting for their applications to be processed, the faster these clients can receive medical care assistance.

How are we doing? In FY 2011-12, the average number of CMSP applications pending eligibility determination on any given day was 38. Given the economic downturn, the total number of CMSP applications continues to increase. Nonetheless, the results are better than the target for the year but just three (3) average cases above last year. The main factor leading to the improved efficiency last fiscal year was the reduction in time permitted for applicants to provide asset verification documentation, down from 21 days to 7 days. This change, initiated in late May 2011, resulted in many fewer open cases, as the vast majority of applicants were able to adjust to the tightened timeline and get all of their verifications in within the 7 day time limit. The increase in pending cases is due to a 4-month leave for one of the three ET's in the 2nd half of FY 2011-12.

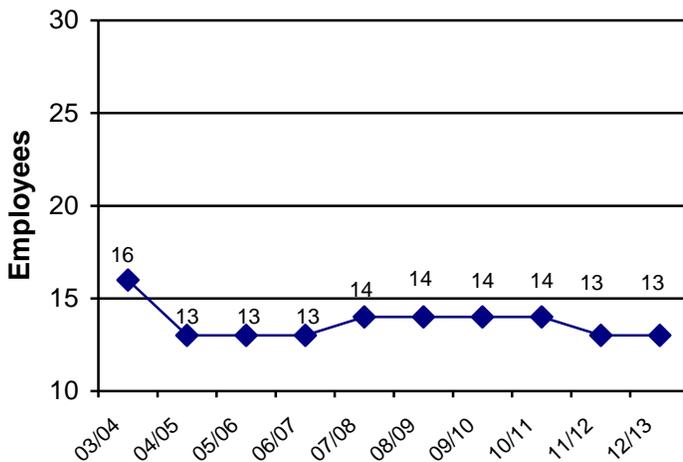
There is no comparable county data available. (Data Source: MIAMI: Eligibility Update for Pending Eligibility Report and Monthly Eligibility Statistical Report).

MISSION STATEMENT

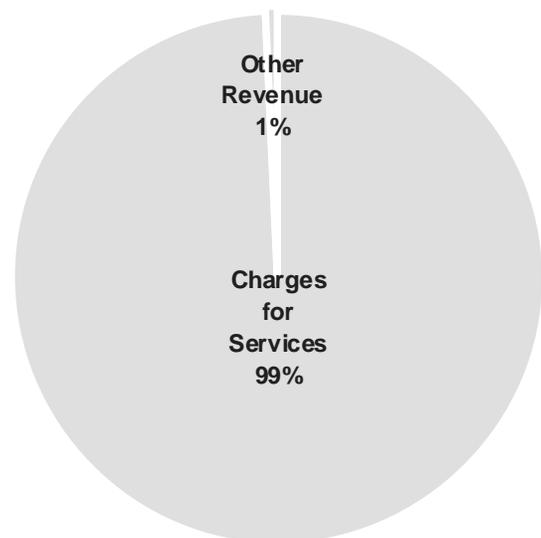
Driving Under the Influence (DUI) Programs promote safe, healthy, responsible, and informed choices concerning alcohol and other drugs through programs responsive to community needs.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Revenue from Use of Money & Property	\$ 2,220	\$ 2,948	\$ 3,500	\$ 3,500	\$ 3,500
Charges for Current Services	1,420,889	1,443,933	1,369,906	1,369,906	1,369,906
Interfund	79,807	30,272	0	0	0
Total Revenue	\$ 1,502,916	\$ 1,477,153	\$ 1,373,406	\$ 1,373,406	\$ 1,373,406
Fund Balance Available	\$ 109,256	\$ 72,651	\$ 66,184	\$ 66,184	\$ 156,682
Cancelled Reserves	0	54,670	0	0	0
Total Financing Sources	\$ 1,612,172	\$ 1,604,474	\$ 1,439,590	\$ 1,439,590	\$ 1,530,088
Salary and Benefits	\$ 1,009,287	\$ 938,458	\$ 981,969	\$ 981,969	\$ 981,969
Services and Supplies	480,814	443,071	391,437	391,437	391,437
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 1,490,101	\$ 1,381,529	\$ 1,373,406	\$ 1,373,406	\$ 1,373,406
Contingencies	0	0	66,184	66,184	79,341
New Reserves	49,417	66,265	0	0	77,341
Total Financing Requirements	\$ 1,539,518	\$ 1,447,794	\$ 1,439,590	\$ 1,439,590	\$ 1,530,088

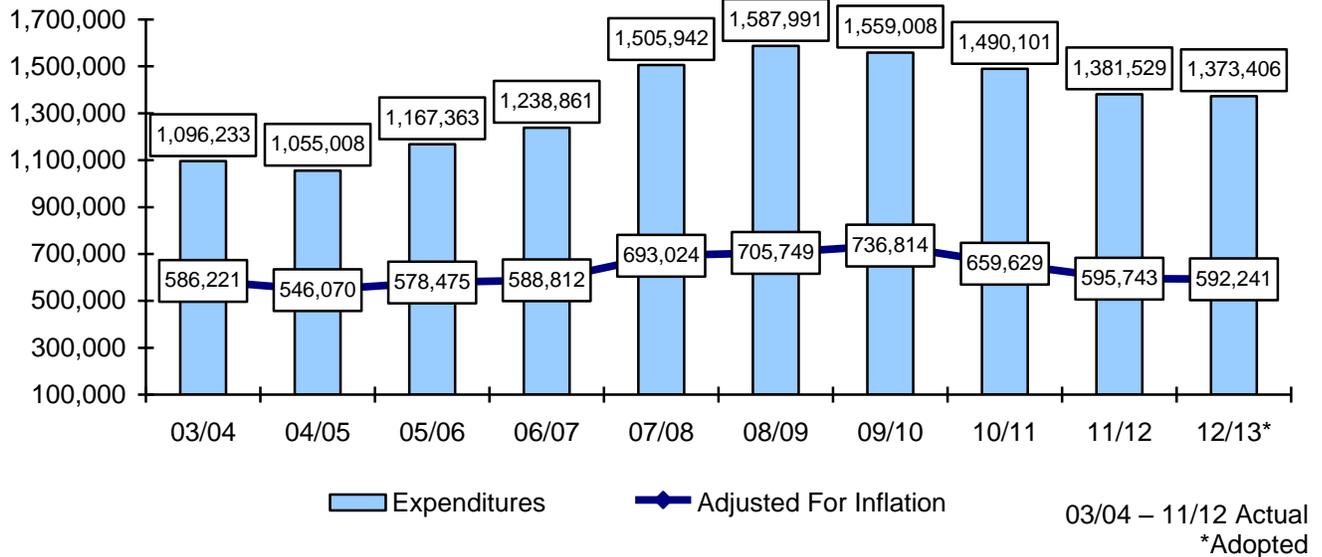
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The Driving Under the Influence fund center has a total expenditure level of \$1,373,406 and a total staffing level of 13.00 FTE to provide the following services:

First Offender Program

The First Offender program is three months long and is a continuing series of education, group and individual sessions that increase the level of awareness regarding problem drinking or alcoholism. The program encourages participants to reduce incidents of driving under the influence and to make safe, healthy, responsible and informed choices concerning alcohol and other drugs. For persons who have been convicted of a first DUI and have a blood alcohol level of .20% or higher, the Extended First Offender Program is nine months long and is a continuing series of education, group, and individual sessions.

Total Expenditures: \$649,518 Total FTE: 5.75

Multiple Offender Program

The Multiple Offender program is an eighteen-month intervention program for drivers who are multiple offenders of driving under the influence of alcohol or other drugs. This program consists of group and individual counseling and education sessions. There are 26 biweekly individual and 26 biweekly group sessions for the first twelve months of the program, with a subsequent six months of case management.

Total Expenditures: \$628,261 Total FTE: 6.00

Wet Reckless Program

The Wet Reckless Program is for clients with a blood alcohol level of less than .08%. It consists of an abbreviated 12-hour program that includes six education sessions and five Alcoholics Anonymous (AA) or self-help meetings.

Total Expenditures: \$27,651 Total FTE: 0.50

Young Adult Programs

Drug and Alcohol Services offers two Young Adult Programs (YAP) for alcohol impaired drivers ages 18 through 20. YAP1 participants are those arrested with a blood alcohol level of .08% or lower, or who refused testing when arrested. YAP1 participants complete a course of six educational sessions and required Alcoholics Anonymous (AA) meetings. YAP2 participants are those arrested with a blood alcohol level of .08% or higher, and must complete a course of ten educational sessions, three individual sessions, five group counseling sessions and AA attendance.

Total Expenditures: \$67,976 Total FTE: 0.75

DEPARTMENT COMMENTS

Drug and Alcohol Services provides quality, professional, and confidential services for those in need of fulfilling requirements stemming from penalties surrounding driving under the influence of alcohol or other drugs. Services include education, groups, and individual sessions with certified counselors.

San Luis Obispo County Drug & Alcohol Services Driving Under the Influence (DUI) Program is mandated by the State to be self-supported through client fees. The DUI Program receives no General Fund support. These programs are highly regulated, licensed and monitored by the State.

For over three decades, SLO County has administered its court-ordered Driving Under the Influence Program. This program is expected to enroll 1,500 participants in FY 2011-12 in First Offender, Second Chance, and other DUI programs. Eighty-seven percent (87%) of clients rank their DUI program above satisfactory or excellent on the participant satisfaction survey at completion.

FY 2011-12 Accomplishments

- Despite a 5% decrease in enrollments, the division was able to balance the budget in the prior fiscal year. In order to achieve this, the division reduced or combined a number of available classes when attendance fell below a targeted class size. In addition, temporary staff hours were reduced in response to the decrease in class demand.
- Provided 8 hours of training in Cognitive Behavioral Therapy and other related topics through the Behavioral Health eLearning to ensure each staff member maintains high quality counseling and instruction on treating addictive behaviors.

FY 2012-13 Objectives

- Increase enrollment by 2% in the Driving Under the Influence programs by reaching out to those who have “dropped out” and encouraging them to reinstate. Provide more flexible payment plans for clients who can demonstrate financial hardship. Increased program enrollment will have the added effect of improving public safety in the community.
- Provide 12 hours of Co-occurring Disorders training and other related topics to each staff member using the Behavioral Health e-Learning system to ensure continued quality counseling and instruction.

COUNTY ADMINISTRATOR’S COMMENTS AND RECOMMENDATIONS

The Driving Under the Influence fund center is a special revenue fund, and does not receive any General Fund support. The budget is recommended as submitted. Total Financing Sources are \$100,438 or 6% less than the FY 2011-12 Adopted budget, primarily due a combination of a decrease in revenues of \$39,301 or 2%, no cancelled reserves budgeted compared to \$54,670 budgeted in FY 2011-12, and a reduction in Fund Balance Available of \$6,467 or 8%. Revenues have declined over the past few years due to a decline in program enrollment.

**Driving Under the Influence (DUI) Program
Fiscal Year 2012-13 Final Budget**

Fund Center 375

Operating expenditures (excluding contingencies and reserves) are budgeted to decrease \$50,357 or 3% reflecting a continued decline in program enrollments. Expenditures in the salary and benefits accounts are recommended to decrease \$24,663 or 2% due to turn over of higher level staff who have been replaced with staff at lower levels in the career series. There are no staffing level changes included in the recommended budget.

Expenditures in the services and supplies accounts are recommended to decrease \$25,694 or 6% due primarily to department overhead and administrative support charges.

Current service levels are expected to be maintained.

BOARD ADOPTED CHANGES

At year end the fund Balance Available was \$90,498 higher than projected in the Adopted Budget. A portion of this excess FBA (\$77,341) was added to the System Development Designation for future use in the purchase and customization of an electronic records management system. The remaining \$13,157 was added to contingencies.

GOALS AND PERFORMANCE MEASURES

Division Goal: To enhance public safety by providing efficient and effective intervention and education to court ordered individuals referred for driving under the influence of alcohol or other drugs.						
Communitywide Result Link: <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community						
1. Performance Measure: Percentage of First Offender Driving Under the Influence (DUI) program completers who re-offend and are remanded to our Multiple Offender Program within 12 months of First Offender Program completion.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	11-12 Adopted	12-13 Target
New Measure	New Measure	2.7%	1.65%	3%	1%	2%
What: Measures recidivism and effectiveness of the First Offender program.						
Why: If our First Offender DUI program is effective, graduates will not be arrested for another alcohol-related driving offense within the first 12-months of graduation from the program. If they do reoffend, they will be remanded to the Multiple Offender program.						
How are we doing? For FY 2011-12, the calculated recidivism rate for First Offender DUI program participants was 1%. The recidivism rate was calculated by reviewing each client that graduated from the First Offender DUI program during the time period from 7/1/2010 through 6/30/2011 and determining how many of these clients were remanded to the Multiple Offender DUI program within 12-months of their First Offender completion. Specifically, 594 First Offender DUI program participants completed their program between 7/1/2010 through 6/30/2011 and six (6) re-offended and were remanded to the Multiple Offender DUI Program within 12-months of their completion date, representing the re-offense rate of 1%. The CA State re-offense rate after one year is 3.75%, according to DMV data published in 2012.						
(Data Source: Standard Report from DUI Database)						
2. Performance Measure: Percentage of participants completing our Client Satisfaction Survey who rate Driving Under the Influence services at the levels of "Very Satisfied" or "Extremely Satisfied".						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	11-12 Adopted	12-13 Target
85%	87%	84%	87%	86%	85%	86%
What: Measures client satisfaction with the services provided by Driving Under the Influence staff.						
Why: Because Drug and Alcohol Services is committed to providing high quality service, client satisfaction is an indication of program quality. The client satisfaction survey allows us to improve our programs based on participant feedback. The DUI Client Satisfaction Survey offers the following levels of satisfaction: Extremely Satisfied, Very Satisfied, Satisfied, Unsatisfied and Very Unsatisfied. Rates of "high satisfaction" measure the percent of survey respondents who mark "Extremely Satisfied" or "Very Satisfied".						

**Driving Under the Influence (DUI) Program
Fiscal Year 2012-13 Final Budget**

Fund Center 375

How are we doing? From 1,176 program participants surveyed during FY 2011-12, 869 Scantron surveys were returned for a survey return rate of 74%. Based on the results, 85% (739) of survey respondents rated their experience with the program as Very Satisfied or Extremely Satisfied. Because satisfaction rates are not part of a statewide database, no comparison data is available.

(Data Source: Client Satisfaction Survey)

3. Performance Measure: Percentage of actual Driving Under the Influence (DUI) fees collected.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
108%	105%	94%	92%	100%	102%	100%

What: The annual budgeted revenue for Driving Under the Influence Programs is composed entirely of client fees for DUI services. Actual client fees are tracked monthly and are compared to their budgeted target to predict funding availability.

Why: Client fees are the only source of revenue for the DUI Program and since it does not receive County General Fund support, the client fees and the collection efforts are critical to the success of County's ability to provide this service.

How are we doing? Budgeted DUI fees for FY 2011-12 were \$1,409,207. The actual fee amount collected for FY 2011-12 was \$1,438,987, 2% or \$29,780 greater than targeted. The increased revenue can be attributed to greater collections and increased enrollments for first time offenders.

There is no statewide data on DUI Program fee collection trends.

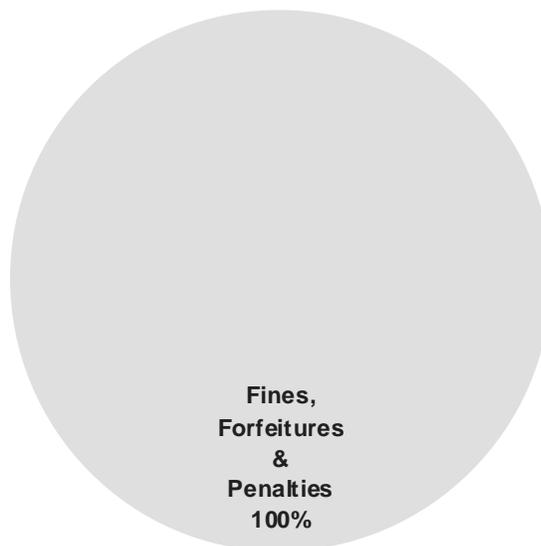
(Data Source: Quarterly Dashboard Data Report)

PURPOSE STATEMENT

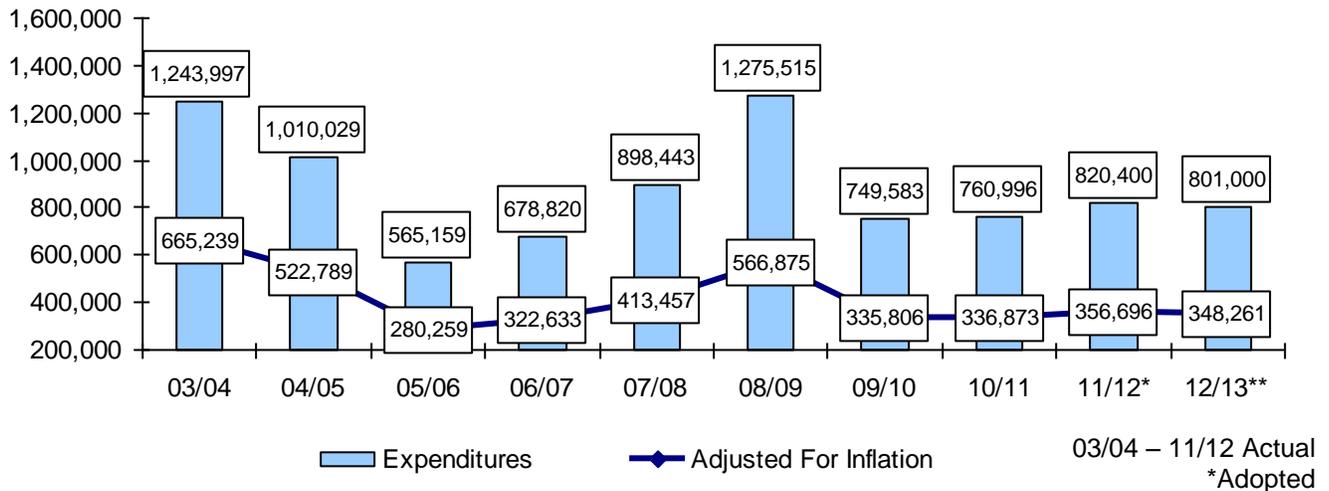
The Emergency Medical Services Fund is part of the Health Agency's Health Care Services Division. Assessments on court fines are used to compensate medical providers for uncompensated emergency room care and to offset the cost of the local Emergency Medical Services Agency.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Fines, Forfeitures and Penalties	\$ 840,665	\$ 803,560	\$ 800,000	\$ 800,000	\$ 800,000
Revenue from Use of Money & Property	543	987	1,000	1,000	1,000
Total Revenue	\$ 841,208	\$ 804,547	\$ 801,000	\$ 801,000	\$ 801,000
Fund Balance Available	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Cancelled Reserves	0	0	0	0	0
Total Financing Sources	\$ 841,208	\$ 804,547	\$ 801,000	\$ 801,000	\$ 801,000
Salary and Benefits	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Services and Supplies	760,996	791,099	801,000	801,000	801,000
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 760,996	\$ 791,099	\$ 801,000	\$ 801,000	\$ 801,000
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	\$ 760,996	\$ 791,099	\$ 801,000	\$ 801,000	\$ 801,000

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Emergency Medical Services Fund

The Emergency Medical Services (EMS) funds, also known as Maddy and Richie Funds, are derived from an assessment on fines established through the Court system. These funds pay physicians, designated hospitals, and other providers of emergency medical care for uncompensated emergency room care, and partially fund the Emergency Medical Services Agency for regulation of the pre-hospital emergency medical care system.

Total Expenditures: \$801,000 Total Staffing (FTE): 0.00

*Staffing reflected in Fund Center 350 - County Medical Services Program

DEPARTMENT COMMENTS

The Emergency Medical Treatment and Active Labor Act (EMTALA) was enacted in 1986 and stipulates that anyone seeking medical care at a hospital emergency room must receive a medical examination and appropriate stabilizing measures. Because many people who access care in emergency rooms are uninsured, the burden of providing emergency care is often left to hospitals and physicians. In order to address uncompensated emergency medical care, Fund Center 351, the Emergency Medical Services (EMS) Fund, was established in 1988, pursuant to State Senate Bills 12 and 612. In 2006 the State passed Senate Bill 1773, which authorized counties to increase the existing penalty assessment.

The legislation allowed the Board of Supervisors to authorize the collection of court fines from criminal offenses and approve policies for the administration and expenditure of the EMS Fund. Legislation specifies that the EMS Fund must be held as a separate fund and revenues are not to be comingled with other similar type of funds. The fund partially compensates physicians and surgeons for uncompensated emergency medical care. It also provides funding to hospitals and the County's pre-hospital emergency medical care system.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

This budget is recommended as requested. Expenditures in this budget, which are used for the purposes described above, are driven by available funding. In FY 2012-13, available funding is projected to decrease \$19,400 or 2% compared to the FY 2011-12 Adopted Budget. The expected decline is based on FY 2011-12 projections and reflects a decrease in the revenue realized from criminal penalty assessments imposed by the courts. This program does not receive any General Fund support.

BOARD ADOPTED CHANGES

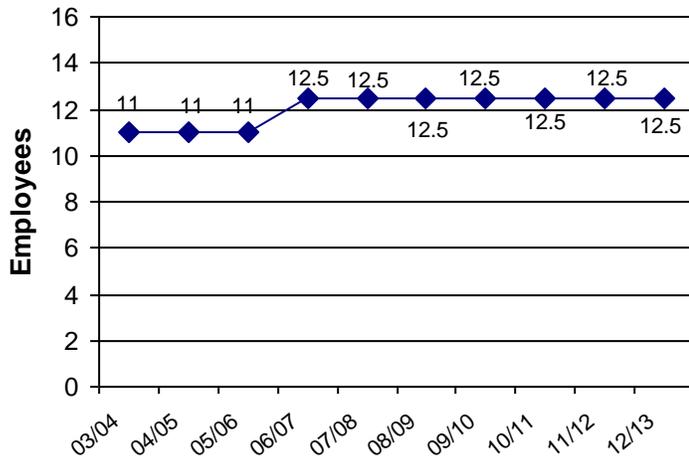
None.

MISSION STATEMENT

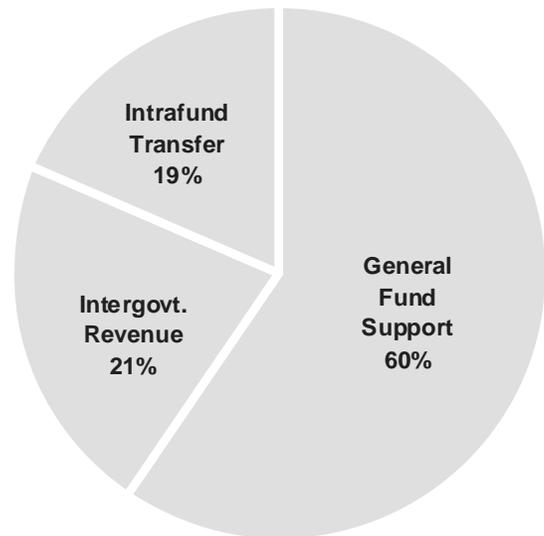
The mission of the Law Enforcement Medical Care (LEMC) Program is to provide cost effective, quality medical care for persons incarcerated at the County Jail and the Juvenile Services Center.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 361,742	\$ 615,432	\$ 582,250	\$ 582,250	\$ 582,250
Charges for Current Services	1,844	1,274	0	0	0
**Total Revenue	\$ 363,586	\$ 616,706	\$ 582,250	\$ 582,250	\$ 582,250
Salary and Benefits	1,561,162	1,569,666	1,743,383	1,743,383	1,743,383
Services and Supplies	639,559	821,897	1,020,619	970,755	970,755
**Gross Expenditures	\$ 2,200,721	\$ 2,391,563	\$ 2,764,002	\$ 2,714,138	\$ 2,714,138
Less Intrafund Transfers	487,542	493,686	524,046	524,046	524,046
**Net Expenditures	\$ 1,713,179	\$ 1,897,877	\$ 2,239,956	\$ 2,190,092	\$ 2,190,092
General Fund Support (G.F.S.)	<u>\$ 1,349,593</u>	<u>\$ 1,281,171</u>	<u>\$ 1,657,706</u>	<u>\$ 1,607,842</u>	<u>\$ 1,607,842</u>

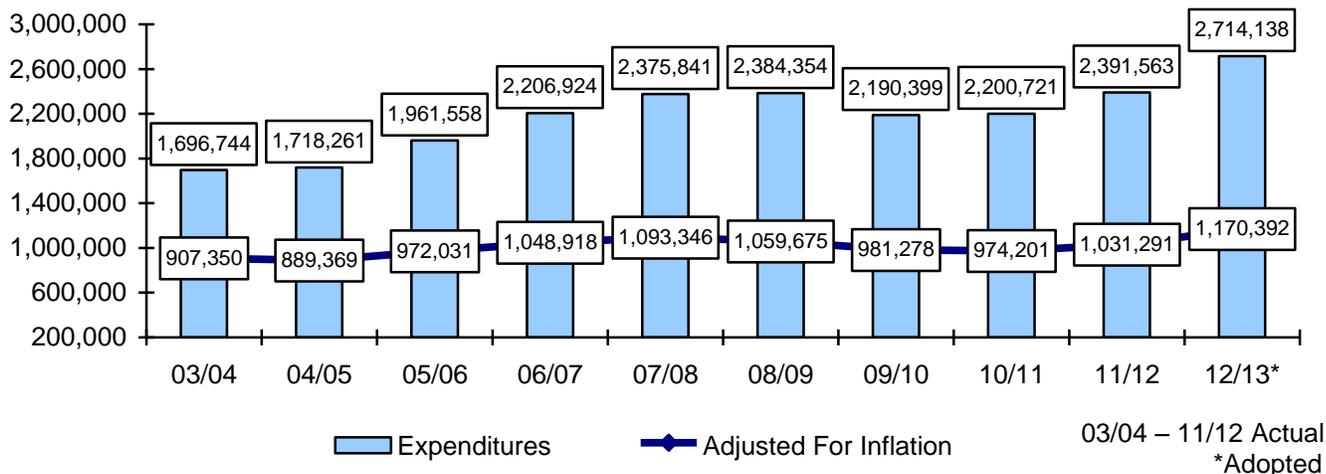
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Law Enforcement Medical Care has a total expenditure level of \$2,714,138 and a total staffing level of 12.50 FTE to provide the following services:

Jail Medical Services

This program provides medical care for County Jail inmates, including medical evaluations, daily sick call, administering prescribed medications, coordinating referrals with drug abuse/alcohol programs and mental health services, and referring and paying for hospital care for acutely ill or injured patients. The program pays for emergency transport to hospitals, referrals to specialist services, emergency room care, and any ancillary medical services not available at the Jail infirmary.

Total Expenditures: \$2,202,060 Total Staffing (FTE): 9.50

Juvenile Services Center Medical Services

This program provides medical care for Juvenile Services Center wards, medical evaluations, including daily sick call, administering prescribed medications, coordinating referrals with drug abuse/alcohol programs and mental health services.

Total Expenditures: \$512,078 Total Staffing (FTE): 3.00

DEPARTMENT COMMENTS

The Law Enforcement Medical Care (LEMC) program provides basic health care to inmates at the County Jail and Juvenile Services Center (JSC). Nursing staff are responsible for organizing and delivering medical care to Jail inmates and JSC wards under the supervision of contract physicians and the County Health Officer.

The LEMC medical units responded to over 33,000 sick calls last year and that number is expected to increase further next year. The average daily census at the Jail is up from 558 in FY 2010-11 to a current average of 650 half-way through FY 2011-12. An important contributor to the growing population is the implementation of AB 109 in October 2011. AB 109, also known as 2011 Realignment, allows lower-level offenders to serve sentences in county jails instead of state prisons. Local officials estimate the Jail will receive an additional 150 locally sentenced offenders through FY 2012-13.

The anticipated inmate population increase will drive up health care costs based on volume alone. Uncertain is the effect on costs due to longer sentences and the ensuing need for attention to chronic diseases and standard preventive health care services, as well as for a potentially sicker inmate population with higher rates of HIV and hepatitis C infection. Realignment funds will help offset growing expenses at the established rate of \$9.00 per inmate per day, but may not be adequate to meet the needs.

FY 2011-12 Accomplishments

- Increased use of more cost-effective paraprofessionals, Licensed Vocational Nurses or Mental Health Therapists, to dispense medications in lieu of registered nurses.
- Maintained physician staffing levels by extending contract with retiring physician while also making progress to recruit a replacement.
- Began using Contract Pharmacy Services (CPS), a correctional pharmacy management company, for pharmaceutical needs at the JSC. CPS has provided medications at the jail for the past two years resulting in control and quality assurance improvements.
- Developed a Pilot Program with Community Health Centers (CHC) for inmate dental care using the mobile Dental Van to provide services on site. This has reduced the backlog of inmates waiting for dental care, and improved public safety by eliminating the need to transport inmates outside the facility for dental services.

FY 2012-13 Objectives

- Contain pharmacy cost increases by conducting quarterly utilization review meetings with pharmacy representative, and Jail physicians, and by considering competitive quotes from additional pharmacies.
- Develop guidelines for use of the CHC Dental Van services at the Jail.
- Closely monitor costs of AB 109 inmate population, to the extent possible, and develop staffing plans to better meet the demands of the increased population in an efficient and cost-effective manner.
- Develop guidelines for immunizing JSC wards.
- Evaluate potential for migrating to an electronic health record system.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for Law Enforcement Medical Care (LEMC) is recommended to increase by \$257,009 or 19% compared to the FY 2011-12 Adopted Budget. Revenue is recommended to increase \$157,250 or 37% primarily due to the AB 109 Public Safety Realignment revenue that was added to the budget mid-year in FY 2011-12. The Public Safety Realignment Act (AB 109), signed into law in April 2011, transfers responsibility for supervision of lower level inmates and parolees from the State to counties. The Act commenced on October 1, 2011 and at that time, \$65,610 was added to the Law Enforcement Medical Care budget to fund three quarters of the year under AB 109. More than \$182,000 in AB 109 has been included in the FY 2012-13 recommended budget. This fund center also receives realignment revenue from sales tax and Vehicle License Fees as a result of the 1991 realignment of health programs from the State to counties. This source of funding is recommended to decline \$25,000 or 11% due to the lower amount from VLF realignment revenue realized in the current year.

Overall, expenditures are recommended to increase \$414,259 or 23% due to the increase in the jail population (a portion of which is a result of AB 109). Salary and benefits expenditures are budgeted to increase by \$151,100 or 9%. The most significant increase is in the Temporary Help account primarily due to the need for additional staff for AB 109 inmates. Other cost increases are associated with step increases, promotions of staff within their career series, and the conversion of a .75 Licensed Vocational Nurse (LVN) to a Mental Health Therapist II to improve recruitment and retention of this position. While the total number of FTE recommended on the LEMC Position Allocation List remains at 12.5, there are recommended changes in the allocation for certain classifications that work in the Jail, including:

- All seven positions in the Correctional Nurse career series have been allocated to full-time at the Correctional Nurse II level to give the Health Agency more flexibility to staff the jail and Juvenile Hall as needed.
- A vacant .75 FTE LVN has been converted to a .75 FTE Mental Health Therapist II to facilitate recruitment of this position.

Expenditures in the service and supplies accounts are budgeted to increase by \$288,033 or 42% compared to the FY 2011-12 Adopted Budget. The most significant increase in expense is in the Professional Services account (increasing \$130,077 or 39%). Approximately 37% of this increase is due to the additional medical care costs for the AB 109 population. The remaining increase is mostly due to a higher number of inpatient hospital days, additional clinic physician hours, dental expenditures and lab testing. Other services and supplies accounts that are increasing significantly include a new charge to this fund center for internal Health Agency overhead costs (adding \$78,569 or 255%), Pharmaceutical costs increasing \$69,685 or 59% and Countywide Overhead which is increasing \$15,695 or 26%. Other accounts are increasing or decreasing by smaller amounts.

The recommended budget results in no change in service levels for Law Enforcement Medical Care.

BOARD ADOPTED CHANGES

None.

GOALS AND PERFORMANCE MEASURES

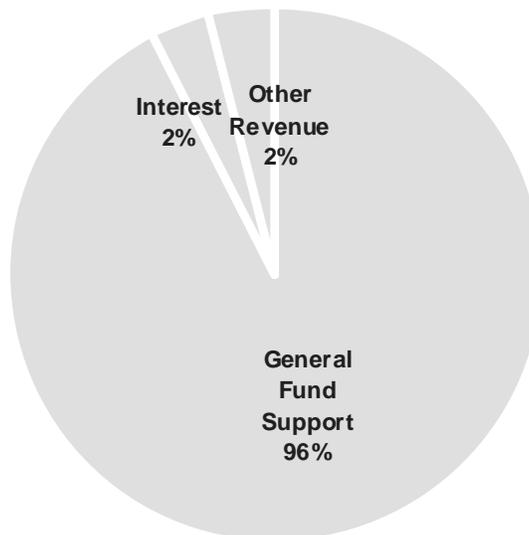
Department Goal: Provide cost effective medical care maintaining the health of County jail inmates.						
Communitywide Result Link: <input type="checkbox"/> Safe <input type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input checked="" type="checkbox"/> Well-Governed Community						
1. Performance Measure: Medical cost per inmate day at the County Jail.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
\$9.07	\$9.27	\$8.46	\$8.41	\$8.70	\$7.66	\$8.43
<p>What: This shows the average cost per day to provide mandated medical services to adult inmates at the County jail. The measure is calculated by accumulating all costs of providing medical care to inmates and dividing by the product of the average daily inmate census and the number of days in the year.</p> <p>Why: Medical cost per inmate day is intended to be an efficiency-oriented performance measure reflecting both the cost of providing medical care and the level of demand among jail inmates. This measure has been in place over a period of relative stability in the inmate census and as such has been helpful in monitoring the cost-efficiency of the provision of medical services for jail inmates, against an established standard, \$9/inmate day.</p> <p>How are we doing: In light of the 2011 Public Safety Realignment (AB 109) which began October 1, 2011, consideration of this performance measure is not as straightforward as it has been in previous years. On the one hand, looking at the 2011-12 result of medical costs per inmate day of \$7.66 (calculated by \$1.898M costs ÷ 679/inmates ÷ 365/days) demonstrates services have been delivered more cost-efficiently. This fact is because while the jail inmate population increased greatly (22%) over the past year (558 to 679), nursing capacity has remained relatively unchanged from 2010-11 to 2011-12. During 2011-12 expenditures did rise \$185K or 11%, but this was almost exclusively the result of increased medical claims and pharmaceutical costs. The cost-efficiency pendulum has swung too far and in 2011-12 staff worked at an unreasonable pace, with some work, such as filing of charts and updating clinical protocols, lagging behind norms. The staffing levels are anticipated to increase in 2012-13 in order to safely and effectively meet the additional inmate population demand for medical care. Therefore, medical cost per inmate day can be expected to return to rates seen in the previous four years. Also, uncertain is the effect on costs due to longer sentences and the ensuing need for attention to chronic diseases and standard preventive health care services, as well as for a potentially sicker inmate population with higher rates of HIV and hepatitis C infection.</p>						

PURPOSE STATEMENT

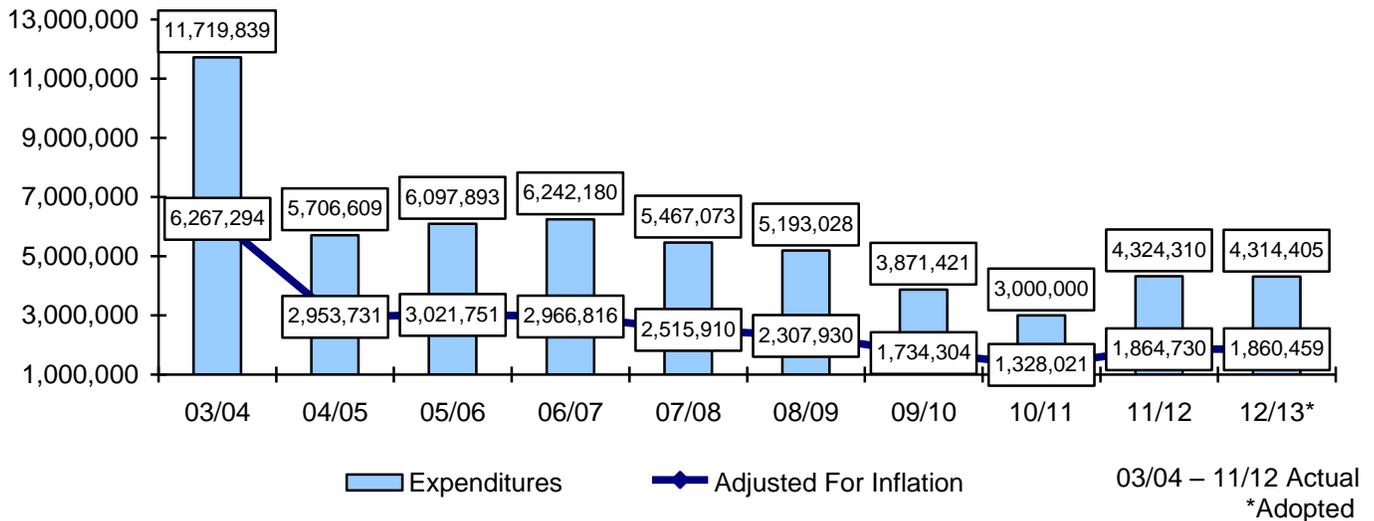
This fund center exists to transfer General Funds in the form of grant payments to the Community Health Center of the Central Coast to provide primary and pharmacy services to the County's Medical Services Program clients.

<u>Financial Summary</u>	<u>2010-11 Actual</u>	<u>2011-12 Actual</u>	<u>2012-13 Requested</u>	<u>2012-13 Recommended</u>	<u>2012-13 Adopted</u>
Revenue from Use of Money & Property	\$ 76,224	\$ 79,197	\$ 80,784	\$ 80,784	\$ 80,784
Other Revenues	0	0	81,063	81,063	81,063
**Total Revenue	\$ 76,224	\$ 79,197	\$ 161,847	\$ 161,847	\$ 161,847
Services and Supplies	3,000,000	2,540,000	2,500,000	2,500,000	2,500,000
Other Charges	0	1,784,310	1,827,405	1,814,405	1,814,405
**Gross Expenditures	\$ 3,000,000	\$ 4,324,310	\$ 4,327,405	\$ 4,314,405	\$ 4,314,405
General Fund Support (G.F.S.)	<u>\$ 2,923,776</u>	<u>\$ 4,245,113</u>	<u>\$ 4,165,558</u>	<u>\$ 4,152,558</u>	<u>\$ 4,152,558</u>

Source of Funds



10 Year Expenditures Adjusted For Inflation



COUNTY ADMINISTRATOR’S COMMENTS AND RECOMMENDATIONS

This budget includes funding for the Community Health Centers of the Central Coast (CHC) as well as the General Fund contribution to the County Medical Services Program (CMSP) – Fund Center 350. In 2004, the County discontinued its direct provision of primary medical care services and entered into a five-year contract with CHC to provide primary care, ancillary services, pharmacy and limited specialty medical care services to CMSP eligible and other low-income, unsponsored patients. In 2011 a revised two-year contract with CHC was negotiated. This contract narrowed the scope of services provided by CHC to primary care, ancillary services and pharmacy care only – specialty medical care services are now provided through direct contracts between the County and specialty care physicians (included in the CMSP budget). In addition, the services provided by CHC under this new contract are now limited to CMSP-eligible patients only. Care provided by CHC to low-income and unsponsored patients that are not CMSP eligible is done so outside of its contract with the County.

Revenue is recommended to increase \$6,054 or 3% due to an 8% increase in the lease payment made by CHC to the County for use of the Annex. In addition there is a one-time transfer of more than \$81,000 in donations that had been made to General Hospital several years ago and kept in a trust. This revenue from donations was included in the FY 2011-12 Adopted Budget but will not be needed to cover indigent health care costs until FY 2012-13. (The Health Agency is reporting that medical care costs in FY 2011-12 are lower than originally expected due to fewer inpatient days and lower specialty care costs.)

Expenditures are recommended to increase by \$387,000 or 9% compared to the FY 2011-12 Adopted budget for the following two reasons; 1) an increase in the expense for the CHC contract of \$300,000 or 14% and 2) an \$87,000 or 5% increase in the amount transferred to CMSP - Fund Center 350 as a result of reductions in realignment and Tobacco Settlement revenue to fund that budget. The FY 2011-12 budget was adopted by your Board before the negotiations with CHC were completed. The Adopted budget optimistically assumed a \$500,000 savings in the annual contract with CHC as well as \$300,000 in savings for pharmacy costs by switching pharmacy providers from CHC to a commercial pharmacy benefit manager. The amount initially budgeted for the CHC contract in FY 2011-12 was \$2.2 million; \$800,000 less than the \$3 million budgeted in the prior year. However, the terms of the two-year agreement negotiated with CHC resulted in an increase expense of \$440,000 in the Medical Assistance Program fund center (\$40,000 of which paid to CHC for the month of July at the old contract rate per the terms of the prior contract, and \$100,000 which will fund specialty care outside of the CHC contract). This increase in appropriation was approved by your Board in October, 2011. The annual expense for the two year contract with CHC is now \$2.5 million.

**Medical Assistance Program
Fiscal Year 2012-13 Final Budget**

Fund Center 183

As a result of the increase in expenditures and a much smaller increase in revenue, General Fund support for this budget is recommended to increase by \$380,946 or 10% compared to the FY 2011-12 Adopted budget. However, given the mid-year augmentation to the budget of \$440,000, this is really a decrease of approximately \$59,000.

No service level impacts are anticipated as a result of this reduction.

BOARD ADOPTED CHANGES

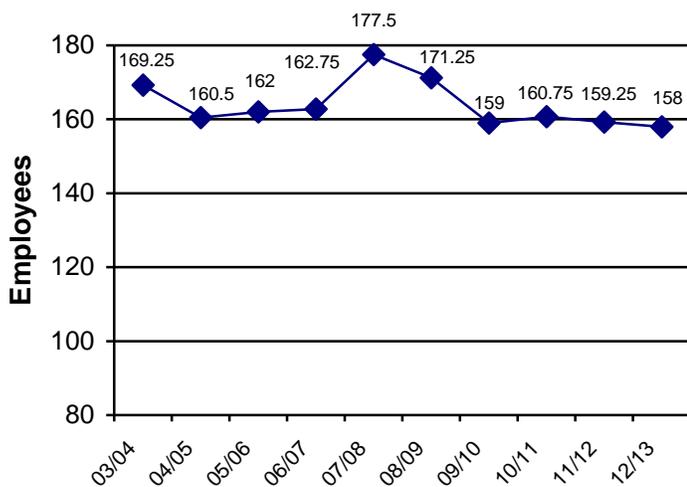
None.

MISSION STATEMENT

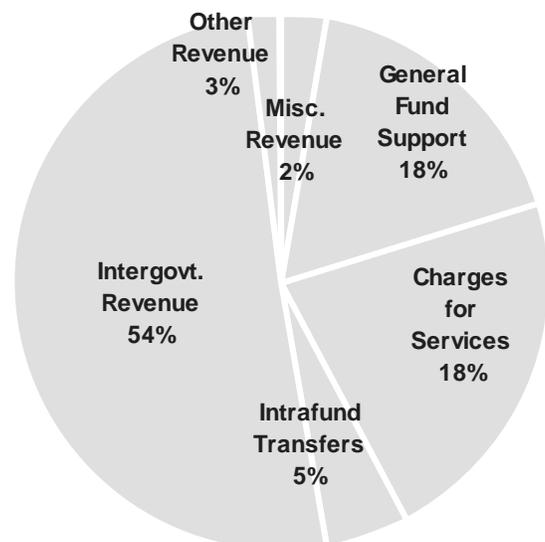
To promote, preserve and protect the health of all San Luis Obispo County residents through disease surveillance, health education, direct services, and health policy development.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Licenses and Permits	\$ 22,827	\$ 19,004	\$ 18,005	\$ 18,005	\$ 18,005
Fines, Forfeitures and Penalties	142,448	186,581	160,000	160,000	160,000
Revenue from Use of Money & Property	123	1	0	0	0
Intergovernmental Revenue	10,207,752	10,780,949	12,077,540	12,047,197	12,047,197
Charges for Current Services	4,889,752	4,885,501	3,917,044	3,913,644	3,913,644
Other Revenues	581,983	635,842	596,364	596,508	596,508
Interfund	<u>324,520</u>	<u>291,991</u>	<u>212,018</u>	<u>212,018</u>	<u>212,018</u>
**Total Revenue	\$ 16,169,405	\$ 16,799,869	\$ 16,980,971	\$ 16,947,372	\$ 16,947,372
Salary and Benefits	15,820,700	15,646,568	16,367,579	16,212,104	16,212,104
Services and Supplies	4,678,446	4,854,366	4,507,407	4,507,525	4,507,525
Other Charges	734,378	921,182	1,410,000	1,410,000	1,410,000
Fixed Assets	<u>54,981</u>	<u>25,030</u>	<u>0</u>	<u>0</u>	<u>0</u>
**Gross Expenditures	\$ 21,288,505	\$ 21,447,146	\$ 22,284,986	\$ 22,129,629	\$ 22,129,629
Less Intrafund Transfers	<u>1,030,594</u>	<u>863,265</u>	<u>1,204,377</u>	<u>1,204,877</u>	<u>1,204,877</u>
**Net Expenditures	\$ 20,257,911	\$ 20,583,881	\$ 21,080,609	\$ 20,924,752	\$ 20,924,752
General Fund Support (G.F.S.)	<u>\$ 4,088,506</u>	<u>\$ 3,784,012</u>	<u>\$ 4,099,638</u>	<u>\$ 3,977,380</u>	<u>\$ 3,977,380</u>

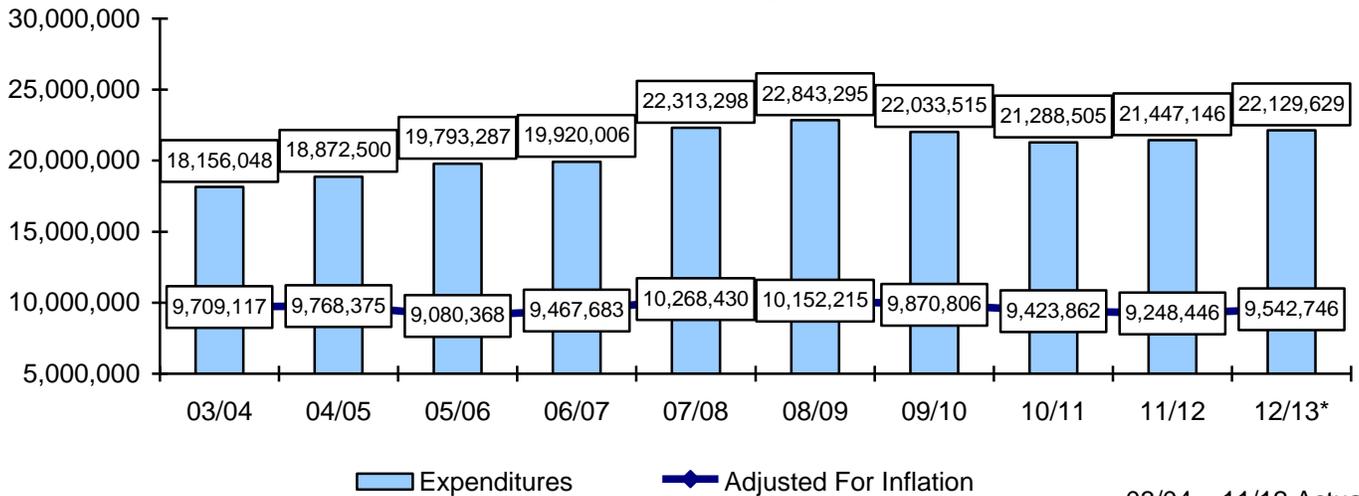
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



03/04 – 11/12 Actual
*Adopted

SERVICE PROGRAMS

Public Health has a total expenditure level of \$22,129,629 and a total staffing level of 158.00 FTE to provide the following services:

Environmental Health Services

The Environmental Health Services Division is responsible for protecting public health by preventing exposure to toxic substances, disease-causing agents, unsanitary conditions, other environmental hazards and disaster response. Specific programmatic areas of the Division include Food Sanitation, Land Development, Hazardous Material Management, Vector Control, Waste Management, Water Quality, and Stormwater and Underground Storage Tank Management.

Total Expenditures: \$3,341,149 Total Staffing (FTE): 24.00

Family Health Services

The Family Health Services Division provides an extensive array of preventive and direct health services and activities for all residents and particularly for special populations. Services include, communicable disease control, immunizations, tuberculosis and sexually-transmitted disease care, and specialized medical care for the Suspected Abuse Response Team (SART); family planning clinics and cancer screening; adolescent risk reduction initiatives, prenatal nutrition education, substance abuse prevention, and nurse home visits to pregnant women and mothers to improve birth outcomes; case management for medical and dental problems diagnosed at child preventive health visits, specialty care for children with disabilities, and care coordination for children in foster care; as well as epidemiology, disease surveillance, and birth and death certificates.

Total Expenditures: \$8,683,889 Total Staffing (FTE): 70.00

Health Promotion

The Health Promotion Division focuses on promoting a healthy community by empowering individuals, groups and organizations to take responsibility for adopting healthy behaviors and supporting policies that promote health. Program areas include Tobacco Control, Nutrition and Physical Activity (Obesity Prevention), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), oversight of HIV/AIDS community-based services, Injury Prevention, and Oral Health Promotion.

Total Expenditures: \$2,358,960 Total Staffing (FTE): 21.25

Emergency Medical Services

This newly created Division brings together the Emergency Medical Services agency, which provides regulatory and medical direction for the County's pre-hospital system of care, and the Public Health Emergency Preparedness program which oversees planning and response for health and medical aspects of disaster events.

Total Expenditures: \$1,024,591 Total Staffing (FTE): 7.00

Public Health Laboratory

The Public Health Laboratory provides testing to physicians, health clinics and other laboratories for infectious diseases; to businesses and the public for water, shellfish and other environmental microbial contamination; and serves as an advanced-capability, regional laboratory in the event of a bioterrorist attack or natural pandemic.

Total Expenditures: \$1,895,337 Total Staffing (FTE): 11.25

Health Agency Administration

Health Agency Administration provides Administration, Information Technology, Accounts Payable, and Human Resources support to all of the Health Agency and oversight of the office of Public Guardian.

Total Expenditures: \$4,825,703 Total Staffing (FTE): 24.50

DEPARTMENT COMMENTS

The Public Health Department has a broad range of roles and responsibilities aimed at promoting, preserving, and protecting the health of our residents. Continued budget reductions made for a challenging year for the Department as resources were stretched to ensure that core Public Health responsibilities were met. Some general accomplishments include organizational efficiencies, increased collaboration with health care partners, and planning for Federal health care reform (described under the County Medical Services Program - FC 350).

Further reorganization yielded efficiencies and enhanced lines of communication amongst related programs. A new Division – Emergency Medical Services (EMS) - was created to combine the EMS Agency with the office of Public Health Emergency Preparedness. Children's Medical Services – Child Health and Disability Prevention (well and preventive care), California Children's Services (specialty services for disabling conditions), and Health Care Program for Children in Foster Care – were reunified under one section allowing for staffing and funding flexibility. Lastly, the Immunization program has been fully folded into Communicable Disease in contrast with the previous separation of in-house clinical services from community and school provider services.

Exciting developments have occurred in the area of "Health in All Policies", an approach in which consideration is given to varying health determinants, such as social, environmental, and lifestyle, in formulating policy and planning decisions. Toward this end, the Health Promotion Division is working closely with the Planning and Building Department and the Healthy Communities sub-committee of HEAL-SLO (Healthy Eating Active Living) to integrate health considerations into planning constructs such as multi-unit projects and general plans. Though implementing 10 new policies aimed at addressing childhood overweight and obesity (a FY 10-11 objective) proved to be overly ambitious, there is forward momentum. A draft "Buy Local" policy has been introduced to County decision-makers by the Healthy Communities sub-committee for consideration later in the year. This initial policy proposal focuses on purchasing local fresh produce to support agriculture, promote healthy food choices, preserve open space as an adaptation strategy to climate change, and to keep local money in the local economy. If implemented successfully within the County first, the next goal is to seek adoption by a larger number of public jurisdictions such as cities, community services districts and school districts.

FY 2011-12 Accomplishments

- Completed a survey of all Quality Improvement (QI) measures and processes for each program within the Public Health Department and developed a department-wide matrix to track all internal and external audits.
- Redesigned the Environmental Health webpage to improve public access to information, e.g., food and product recalls, regulatory guidelines, restaurant inspection and ocean water monitoring results, and an online form for submitting complaints, resulting in a 30% increase in page views.
- Provided family planning education and outreach at WIC, Breastfeeding Clinics, County Jail, and community groups to 1,776 individuals, exceeding the FY 2011-12 objective (1,500) by nearly 20%.
- Completed redesign and build-out of the Paso Robles clinic space, enabling La Clinica de Tolosa to expand its footprint and provide additional dental services to needy children.
- Launched a secure web portal for the Public Health Laboratory allowing registered users convenient online access to lab test results.
- Implemented new laboratory tests for Valley Fever (*Coccidioides*) and non-influenza viruses.
- Completed standard operating procedures for the Medical Health Operating Area Coordination (MHOAC) and the County Health Agency Department Operations Center (CHADOC).
- Responded to a new pertussis (whooping cough) school vaccination law - launched a public education campaign, coordinated Tdap vaccination efforts with schools and the medical community to cover 17,000 7th-12th graders, and vaccinated 1,600 students and at-risk adults.
- Strengthened retail food safety efforts by modifying facility inspection frequencies and scoring practices that place greater emphasis on high-risk facilities and violations and by spotlighting facilities with excellent food safety practices with the newly created Award of Excellence.
- Designated the County's first Trauma Center to provide coordinated, specialty care for seriously injured patients centered at one community hospital.

FY 2012-13 Objectives

- Complete a standardized self-assessment tool and develop a work plan to prepare for Public Health Accreditation, which help the Department identify performance improvement opportunities, achieve greater accountability and transparency and improve relationships within the community.
- Complete Phase I of the Public Health Strategic Plan, which will address the department's guiding principles, strategic priorities, goals, objectives, performance measures, and action plans.
- Improve public access to information and services on the Public Health webpage and departmental pages by redesigning site navigation and content, demonstrated by a 20% increase in site traffic.
- Update Employee Health guidelines to ensure maximal protection of employees at increased risk of exposure to communicable diseases and blood-borne pathogens.

Program-level objectives include the following:

- Implement the newly adopted state Safe Body Art Act and inspect each registered facility twice a year.
- Reduce children's exposure to tobacco by helping 100 pregnant women or parents of young children through the Smoking Cessation Program.
- Launch and fully implement new campaign "Reduce the Risk of Sudden Infant Death Syndrome"- Back to Sleep Campaign with four hospitals.
- Strengthen emergency preparedness by developing an Alternate Care Site plan and a Standard Operating Procedure for Receiving, Staging and Storing Strategic National Stockpile materials.
- Develop enhanced registration process for Public Access AED providers and bring at least 50% of known programs into compliance with EMS Agency guidelines.

- Awarded a \$250,000 USDA grant to provide nutrition services to 1,200 low-income people eligible for the CalFresh (formerly Food Stamps) program.
- Developed a free Disaster Preparedness App for the iPhone that was downloaded by more than 1,000 users in its first month and recognized by MSNBC as one of the best preparedness Apps available.
- Completed the first Health Agency-wide Continuity of Operations Plan which prioritizes and guides Agency operations to be performed with minimal disruption during an emergency.
- Brought all 25 Public Safety automated external defibrillator (AED) providers into compliance with EMS Agency approval process; and started an ad-hoc committee to enhance community CPR programs.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The Health Agency

The overall level of General Fund support for the Health Agency is recommended to decrease \$338,781 or 2% compared to the FY 2011-12 Adopted Budget. The recommended \$16.68 million in General Fund support for all Health Agency budgets is \$289,447 or almost 2% less than the submitted requests, reflecting the inclusion of General Fund reduction strategies in the Public Health and Behavioral Health budgets.

Public Health

The recommended budget reflects a \$270,608 or 1% decrease in revenues, a \$241,796 or 1% decrease in total expenditures and an increase in General Fund support of \$28,812 or less than 1% compared to the FY 2011-12 Adopted Budget.

Revenues are decreasing primarily due to a \$174,746 or 9% reduction in State Realignment revenue from Vehicle License Fees, based on actual revenue receipts through the first half of FY 2011-12. Also decreasing is Federal funding for health programs including, the Women, Infants and Children's (WIC) Program, AIDS Housing Opportunity grant, Medi-Cal Administrative Activities (MAA), Immunization Programs, and Targeted Case Management is decreasing by \$128,580 or 3% overall. Federal Aid for Public Health Security (the Public Health Emergency Preparedness program) is also decreasing by \$151,679 or 18% due to a reduction in the County's base allocation and the elimination of one time carry over funds that were available in FY 2011-12. Revenue from other sources is increasing, helping to offset the reductions noted above. The most notable increases include a new Federal grant to provide nutrition education services in the amount of \$234,356, funding for the California Children's Services program (increasing \$113,367 or 8%), a \$61,568 or 3% increase in Medi-Cal fee for service and a \$44,144 or 62% increase in Nuclear Planning revenue. Other revenue accounts are increasing or decreasing by smaller amounts.

Total expenditures for this fund center are budgeted at almost \$21 million and are recommended to decline slightly compared to the FY 2011-12 Adopted Budget. This reflects a reduction of \$155,857 or less than 1% compared to the Health Agency's requested budget due to the recommended General Fund support reduction strategies described below. Most of the variance between the requested and recommended budget is due to a net reduction of \$155,475 in salary and benefit accounts reflecting the elimination of a total of 1.0 FTE (as detailed below) and Voluntary Time Off (VTO) taken by staff.

Service and supplies expenditures will decrease \$191,748 or 4% compared to the FY 2011-12 Adopted Budget. Significant variances include the reduction of \$184,740 or 67% in Special Department Expense primarily due to the elimination of funding for the AIDS Housing program, a \$468,600 net increase in charges from the General Services Agency for facilities and grounds (based on their new system of charging for these services) offset by a \$511,439 or 48% decrease in Countywide Overhead charges, a \$45,028 or 39% reduction in computer replacement costs due to the reduction of WIC funding, and a \$42,019 or 15% increase in Pharmaceutical costs for vaccines. Other services and supplies accounts are increasing or decreasing by smaller amounts.

General Fund Reduction Strategies

As in past years, cost savings measures have been incorporated into the Health Agency budget to reduce the need for General Fund support. Accordingly, measures listed below are included in the FY 2012-13 recommended budget for Public Health:

- The elimination of one vacant 0.50 FTE Accounting Technician for a savings of \$33,150,
- The reduction of a 0.75 FTE Physical Therapist/Occupational Therapist to 0.50 FTE (the incumbent is only working half time so the reduction of 0.25 FTE can be considered unfilled),
- The elimination of one vacant 0.25 Community Health Nurse for a savings of \$23,829,
- Net salary savings of \$71,000 resulting from Public Health staff taking Voluntary Time Off.

Service level impacts from these reductions are not expected to be significant.

Overall a net reduction of 2.5 FTE is recommended in the Public Health Position Allocation List (PAL) for FY 2012-13. Specific changes to the PAL are as follows:

- The elimination of 1.0 FTE as described in the General Fund Reduction Strategies above,
- The elimination of a vacant full-time Community Services Aide,
- The elimination of a vacant 0.50 FTE Public Health Nutritionist I,
- The reclassification of a full-time Legal Clerk to a Senior Account Clerk,
- The reclassification of a full-time Senior Account Clerk to an Accounting Technician, and
- The replacement of a vacant full-time Administrative Assistant III with a Patient Services Representative.

(Note: this Patient Services Representative position was eliminated in the FY 2011-12 Adopted Budget but was retained as an overfilled position as a result of the agreement reached with the San Luis Obispo County Employees Association to prevent layoffs. Thus restoring this position will avoid the layoff of this person in FY 2012-13.)

BOARD ADOPTED CHANGES

None.

GOALS AND PERFORMANCE MEASURES

Department Goal: Prevent epidemics and the spread of disease or injury.						
Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community						
1. Performance Measure: Annual rate of reported retail foodborne disease outbreaks per 100,000 county population.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
1.5	0	1.50	.37	.75	.37	.75
What: Measures the number of reported outbreaks originating from food sources (restaurants, other retail food preparation facilities, or community meals) as a rate per 100,000 population. A foodborne outbreak is defined as "the occurrence of 2 or more cases of a similar illness resulting from ingestion of a common food source."						

Why: One of the many roles of the Public Health Department (PHD) is to ensure food safety in our county. The Communicable Disease program in collaboration with Environmental Health Services responds to foodborne disease outbreaks in order to mitigate further spread, identify the cause, and implement systems change in an effort to prevent future outbreaks of the same nature. There are many steps in the food production process and public health alone in no way has the capability of eradicating foodborne exposures. Local public health departments contribute meaningfully to ensuring the safe consumption of food products. It is unlikely that foodborne outbreaks will be eliminated. Yet, were this measure to worsen dramatically, the PHD would need to take a close look at where its efforts may be going awry.

How are we doing? There was one foodborne outbreak in FY 2011-12 (1 divided by SLO County's population of 269,337/100,000 = .37). National data reflects an estimated 76 million cases of foodborne disease occur each year in the United States. The majority of these cases are mild and cause symptoms for only a day or two. The Centers for Disease Control and Prevention (CDC) estimates that there are 325,000 hospitalizations and 5,000 deaths related to foodborne diseases each year. Laboratory technologies are constantly improving which may lead to the detection of increased identification of outbreaks in the future.

Of the benchmark counties, only six months of data is available for FY 2011-12; Marin, Monterey, Napa, Placer, Santa Barbara and Santa Cruz Counties all reported 0 outbreaks.

2. Performance Measure: Cost per visit for childhood immunization.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
\$57.23/visit	\$62.66/visit	\$47.95/visit	\$56.62/visit	\$55/visit	\$45.53/visit	\$54/visit

What: Measures the County's net cost per visit to immunize a child. The measure does not include flu-only clinics and vaccinations for persons traveling overseas. Cost per visit includes all child immunization direct costs to the Family Health Services Division, less any fees that are collected for the immunization service divided by the number of visits.

Why: To monitor the efficiency of delivering this core Public Health function. The most current data from the Centers from Disease Control and Prevention (CDC) reflects that for every dollar spent on immunizations there is a corresponding savings of \$6.30 on future medical costs.

How are we doing? The actual cost per visit in FY 2011-12 was \$45.53, \$9.47 or 17% less than the adopted measure. In FY 2011-12, Public Health nursing staff vaccinated 2,124 children as compared to 1,616 in FY 2010-11, representing a 31.25% increase. The increase in the number of vaccinations is reflective of new legislation requiring 7th graders to be vaccinated with the Tdap vaccine before entering school. The State provided free vaccine to Public Health to immunize incoming 7th grader's during FY 2011-12. In FY 2010-11, the State provided free vaccine and new mandates that all children in 7th grade through 12th grade be vaccinated. The State mandate did not require this population be vaccinated prior to entering school as required in FY 2011-12. The cost per visit was calculated by dividing the total expense of \$96,708 by 2,124 children. It is unclear at this time how healthcare reform will impact immunizations services provided by Public Health Departments. There is a possibility that the State will no longer provide free vaccine to Public Health Departments. If this goes into effect, the number of vaccines provided by Public Health staff could decrease significantly.

Benchmark data from other counties are not available.

3. Performance Measure: Rate of newly diagnosed HIV cases per 100,000 population.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
5.6*	7.5	7.9	5.6	8.0	5.2	5.9

What: This measure denotes the number of unduplicated, newly reported Human Immunodeficiency Virus (HIV) cases throughout the County (excluding the prison system) per 100,000 population.

Why: The rate of reported HIV cases reflects those who are newly diagnosed. Public Health staff contact physicians, hospitals and other places that test for HIV to assist in capturing new HIV cases.

* The FY 2007-08 rate reflects only HIV cases reported through the Public Health Laboratory. In FY 2008-09, the methodology changed to include all documented HIV cases in the County.

How are we doing? In FY 2011-12, 14 cases at a rate of 5.2 (# of cases divided by (SLO County's population of 269,337 divided by 100,000)) were reported, as compared to FY 2010-11, 15 cases at a rate of 5.6. This is not a statistically significant change. The effect of funding reductions state wide dedicated to HIV prevention long-term is still to be determined. It also should be noted that in low prevalence communities like the County of San Luis Obispo, year to year changes may appear to be considerable.

Benchmark data for other counties are not available.

Department Goal: Promote and encourage healthy behaviors.

Communitywide Result Link: Safe Healthy Livable Prosperous Well-Governed Community

4. Performance Measure: Birth rate of adolescent females, ages 15 to 17, per 1,000 population.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
13.8	9.8	12.7*	11.6*	12.0	11.24	12.0

What: The rate measures the number of live births born to adolescent females who are between the ages of 15 to 17 years old.

Why: The rate of adolescents giving birth is a direct predictor of future health, social and economic status of both the mother and child. The age range of 15 to 17 year olds is a critical one and a direct indicator of future high-risk families.

* The Actual Results for this performance measure updated to reflect more accurate US Census data rather than utilizing Department of Finance population data.

How are we doing? In FY 2011-12, 43 females in the age range of 15-17 years gave birth, compared to 53 in FY 2010-11, a 18.9% decrease (*Automated Vital Statistic System*). Calculating the three year average, a total of 154 females between the ages of 15 to 17 gave birth during FY 2009-10 through FY 2011-12. This results in a rate of 11.24 births per 1,000 15 to 17 year olds (1,540 total births divided by 13,707 which is the total three year population divided by 1,000). The 2010 Census estimates that there were 4,569 females between the ages of 15 to 17 in San Luis Obispo County. FY 2011-12 results represent a three-year rolling average in order to better reflect trend data.

Benchmark comparable data from other counties are not available for the ages of 15 to 17. The majority of California Counties track this type of data for females between the ages of 15 to 19 year olds. The County of San Luis Obispo tracks 15 to 17 year olds since this population tends to be more at risk and 18 years and older is considered to be an adult.

5. Performance Measure: Percentage of low birth weight infants.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
6.9%	6.2%	6.1%	5.6%	6.0%	5.4%	6.0%

What: Measures the percentage of live-born infants born to San Luis Obispo County residents who weigh less than 2,500 grams (five and three-quarters pounds) at birth. The calculation is derived by the total number of infants born who weigh less than 2,500 grams divided by the total number of babies born that year. Beginning with FY 2008-09 actual results for this measure have been updated to report rolling averages over a three-year time period.

Why: Low birth weight (LBW) impacts the infant's survival and future development. Reducing the percentage of low birth weight infants would decrease costs for neonatal medical care and enhance quality of life and infant survival.

How are we doing? For the three year period ending with FY 2011-12, the low birth rate was 5.4% (426 LBW babies divided by total live births of 7,930) compared to 5.6% for (449 LBW divided by 7,968 live births) for the three year period ending in FY 2010-11 (*Automated Vital Statistic System*).

The low rate in SLO County may be attributed in part to multiple preventative Public Health programs including *First-Time Mothers/Early Support Program* (nurse home-visiting), *Baby's First Breath* (tobacco cessation), *Women, Infants and Children (WIC) Program* and the *Perinatal Substance Use Program (4 P's program – Past Parents Partner and Pregnancy)* which all are aimed at reducing the rate of low birth weight infants and improving birth outcomes. Emphasis is placed on increasing outreach, education and referral to reduce known risk factors such as teen pregnancy, poor nutrition, tobacco, alcohol and/or other drug use and late entrance into prenatal care.

Benchmark data from other counties are not available.

6. Performance Measure: Percentage of live born infants whose mothers received prenatal care in the first trimester.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
76%	78%	78%	78.5%	76%	81.7%	78%

What: Percentage of live-born infants, born to this County's residents, whose mothers received prenatal care in the first trimester of pregnancy.

Why: Early, high quality prenatal care reduces the incidence of morbidity and mortality for both mother and infant.

How are we doing? In FY 2011-12, 81.7% (2,137 women out of a total of 2,616) of mothers sought prenatal care in their first trimester compared to 78.5% (2,073 out of a total of 2,638) in FY 2010-11.

In addition to having a relatively educated and engaged population, our County's rate of women receiving early prenatal care can be attributed in part to some of the preventive Public Health programs. In particular, the Family Planning program identifies women early in their pregnancies, and provides immediate counseling and referral into prenatal care, as do other Public Health programs such as Women, Infants & Children (WIC), Comprehensive Perinatal Services Program, and Field Nurse home-visiting programs. Additionally, many at risk mothers participating in Public Health programs develop trusting relationships with Public Health staff, such that they continue to seek prenatal care with future pregnancies.

The U.S. Department of Health & Human Services, in its Healthy People 2020 publication, set as a target that 77.9% of all mothers giving birth received prenatal care beginning in the first trimester of their pregnancy.

7. Performance Measure: Percentage of the State allocated caseload enrolled in the Women, Infants & Children (WIC) Program.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
100%	97.5%	97%	100%	99%	99%	99%

What: Measures the number of San Luis Obispo County women, infants and children receiving supplemental foods, nutrition education and referrals to health care as a percentage of the State allocated caseload. Allocated baseline caseload is determined by the State WIC Branch and is based on a combination of census data, county poverty levels, and past performance.

Why: Numerous studies have shown that the WIC program helps reduce complications of pregnancy; lowers the incidence of low birth weight, reduces iron deficiency anemia in children; and promotes optimum growth and development of infants and young children. Ensuring high program participation enhances the health of low-income women, infants and children.

How are we doing? In San Luis Obispo County, the average number of women, infants and children participating in the WIC program in FY 2011-12 was 4,903 a month or 98.6% of the State allocated caseload target (4,975). Our counties attainment of 99% of allocated caseload rate is a notable achievement when compared to most comparable counties and the state as a whole.

Benchmark data for FY 2011-12: Marin – 92% (3,278); Monterey – 97.0% (21,589); Napa – 96.5% (3,955); Placer – 100% (4,475); Santa Barbara – 96.3% (18,405); Santa Cruz – 96.9% (9,620); Statewide - 95% (1,474,666).

8. Performance Measure: Youth smoking rate (proportion of youth in 11th grade who have smoked cigarettes within the past 30 days).

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
20%	Biennial Survey	16%	Biennial Survey	15%	Results not available	Biennial Survey

What: Measures the proportion of our County youth in the 11th grade who have smoked cigarettes within the past 30 days, based on the Healthy Kids Survey conducted every two years by the California Department of Education.

Why: Among young people, the short-term health consequences of smoking include respiratory illness, addiction to nicotine, and the associated risk of abusing alcohol and/or drugs. Most young people who smoke regularly continue to smoke throughout adulthood. According to the 2007 National Survey on Drug Use and Health, the rate of illicit drug use was almost 9 times higher among youths aged 12 to 17 who smoked cigarettes in the past month (47.3 %) than it was among youths who did not smoke cigarettes in the past month (5.4 %).

How are we doing? No new data is available at this time. The San Luis County Office of Education had planned on initiating a survey in Spring but due to lack of funding, the survey was not completed. It is anticipated that the Department will be notified by school personnel in late August of the status of the survey. School personnel involved in the survey are off for the summer. The last reported data from the 2010 California Healthy Kids Survey for San Luis Obispo County reflected a 4% drop from the previous survey in 2008. Of the 1,763 students, 282 (16%) indicated they had smoked cigarettes within the past 30 days. Teen smoking rates have been in decline since 1996. The decline in smoking rates can be attributed to the overall perception that smoking is harmful to their health, increased laws which ban smoking in indoor and outdoor areas, the increased cost due to higher taxes, and the change in social norms attributable to work in the tobacco control field for the past 20 years.

The July 2010 Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly report, indicated that the percentage of high school students nationally who are current users of tobacco was 19.5%. California tends to have one of the lowest smoking rates nationwide, and our County even more so, such that the fact that the 11th graders in this county have a lower rate than the national rate. The California Healthy Kids Survey 2009 benchmark data indicates: 14% of 11th graders smoked in Kern County, 14% in Ventura, 13% in Monterey, 12% in Santa Cruz, and 15% in Santa Barbara.

9. Performance Measure: Adult smoking rates.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
Biennial survey	11.1% (2007 survey)	Biennial survey	15.1% (2009 survey)	Biennial Survey	Biennial Survey	10%

What: This measure is based on the proportion of adults who smoke based on the California Health Interview Survey (CHIS), which is completed every two years.

Why: The Centers for Disease Control and Prevention (CDC) reports that, in addition to the well-known association with lung cancer, cigarette smoking also increases the risk for heart disease and stroke. On average, someone who smokes a pack or more of cigarettes per day lives seven years less than someone who never smoked.

How are we doing? Recent data, reflected in the 2009 California Health Interview Survey (CHIS), asserts that the percent of adults over 18 who smoke every day in the state of California is 23.5%. The same survey reflected that in SLO County, the adult smoking rate was 15.1%. There are several factors that contribute to the relatively low smoking rate in San Luis Obispo. San Luis Obispo tends to be more affluent and have higher education rates than the population of California as a whole, and smoking is inversely related to socioeconomic status. The Tobacco Control Program has also been effectively working with local jurisdictions to create retail licensing ordinances, and ordinances to ban smoking in outdoor areas. Research indicates that the more environmental restrictions there are, and the higher the cost of cigarettes, the lower the rate of smoking overall.

Benchmark data from the 2009 California Health Interview Survey includes: Kern County: 15.4%, Ventura: 11.2%, Santa Barbara: 9%, Santa Cruz: 12.1% and Monterey: 10.8%.

Department Goal: Protect against environmental hazards.

Communitywide Result Link: Safe Healthy Livable Prosperous Well-Governed Community

10. Performance Measure: Percentage of Small Water systems in compliance with State or Federal bacteriological drinking water standards.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
97.1%	96.8%	96.3%	95.7%	96%	95.4%	96%

What: San Luis Obispo County regulates approximately 150 small water systems that supply water to approximately 20% of our county. Water samples are tested for total coliform bacteria, which is the standard test for complying with bacteriological drinking water standards.

Why: Water systems contaminated with fecal material can cause diseases such as typhoid fever, cholera, shigella and cryptosporidiosis. By performing routine inspections for coliform bacteria on water systems and requiring repairs and improvements to water systems that repeatedly fail bacteriologic standards, we will improve the healthfulness of the drinking water supply and reduce the risk of disease.

How are we doing? In FY 2011-12, 95.4% (1,952 out of 2,047) of the routine water samples were in compliance with the drinking water standards, compared to 95.7% (1,950 out of 2,039) in FY 2010-11. Overall, compliance rates have remained relatively stable. We continue to monitor this indicator to ensure that there is no dramatic decrement in our drinking water systems and to continue to strive for improvement. When a sample fails, the water system operator is notified immediately and instructed on how to resolve the problem. Follow-up samples are taken until the small water system passes.

Benchmark data from other counties are not available.

Department Goal: Promote accessible, appropriate and responsive health services to all members of the community.

Communitywide Result Link: Safe Healthy Livable Prosperous Well-Governed Community

11. Performance Measure: Percentage of pregnant and parenting women with a positive drug and/or alcohol screen or admitted substance abuse who are enrolled in Public Health Nursing Case Management Services and receiving follow-up.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
59.1%	63.3%	66%	61%	65%	59%	65%

What: Measures the percentage of pregnant and parenting women who are referred to our County's Public Health Nursing case management services due to a positive drug and/or alcohol screen or who admitted substance abuse and subsequently enroll in Public Health Nursing Case Management programs.

Why: Using alcohol, drugs or smoking during pregnancy can substantially affect newborn health and increase the healthcare costs associated with the newborn. The percentage is a measure of how well the program reaches and enrolls this very high-risk target population.

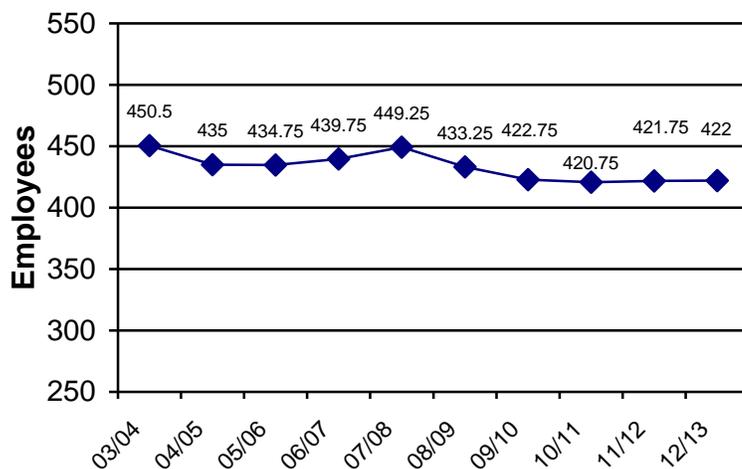
How are we doing? In FY 2011-12, Public Health Nursing received referrals of 81 pregnant and parenting women with substance abuse issues. Public Health Nursing Case Management Services enrolled 48 of the 81 women (59%). Of the 33 not served, 11 were not able to be located, 1 client moved out of county, and 12 declined by mutual consent because they were currently receiving case management services from other agencies. The remaining clients were placed on a wait list. The nurse case managers prioritize the wait list to determine which clients are at the highest risk. These clients become priority to be seen. Data from benchmark counties are not available.

MISSION STATEMENT

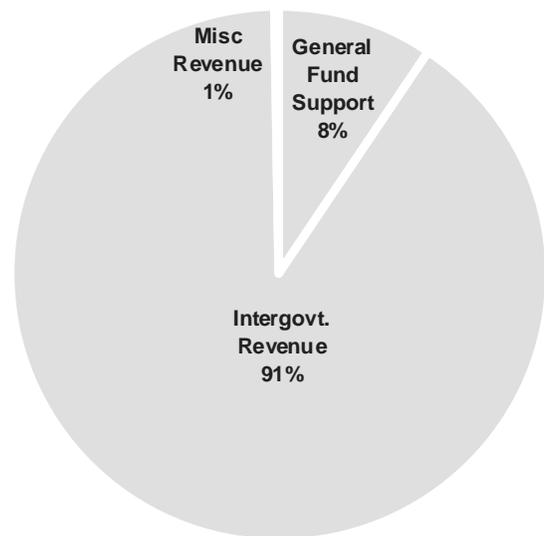
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 52,423,031	\$ 51,549,573	\$ 54,187,804	\$ 54,187,804	\$ 54,187,804
Charges for Current Services	3,750	700	2,560	2,560	2,560
Other Revenues	22,693	115,999	9,248	9,248	9,248
Other Financing Sources	726,150	0	0	0	0
**Total Revenue	\$ 53,175,624	\$ 51,666,272	\$ 54,199,612	\$ 54,199,612	\$ 54,199,612
Salary and Benefits	34,097,948	34,895,675	37,045,227	37,045,227	37,045,227
Services and Supplies	15,269,982	15,177,031	14,884,481	14,884,481	14,884,481
Other Charges	9,208,467	6,888,531	7,514,078	7,514,078	7,514,078
Fixed Assets	33,369	56,501	104,000	104,000	104,000
**Gross Expenditures	\$ 58,609,766	\$ 57,017,738	\$ 59,547,786	\$ 59,547,786	\$ 59,547,786
Less Intrafund Transfers	88,566	75,965	76,277	76,277	76,277
**Net Expenditures	\$ 58,521,200	\$ 56,941,773	\$ 59,471,509	\$ 59,471,509	\$ 59,471,509
General Fund Support (G.F.S.)	<u>\$ 5,345,576</u>	<u>\$ 5,275,501</u>	<u>\$ 5,271,897</u>	<u>\$ 5,271,897</u>	<u>\$ 5,271,897</u>

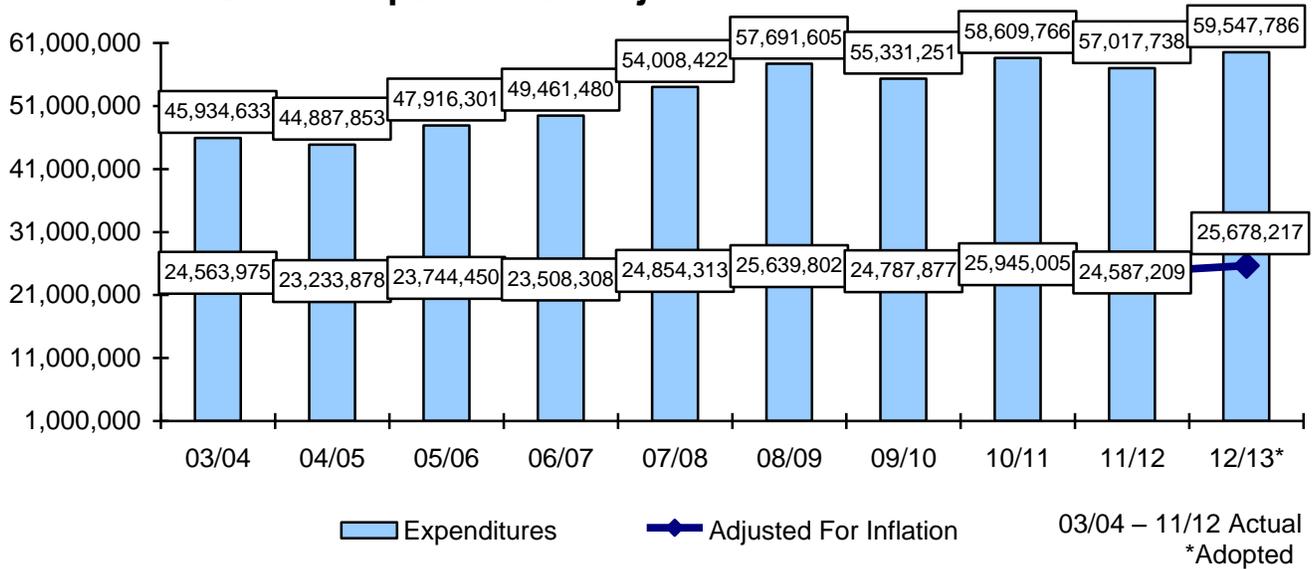
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The Department of Social Services has a total expenditure level of \$59,547,786 and a total staffing level of 422.00 FTE to provide the following services:

Adult Services

Adult Services includes two major programs: Adult Protective Services and In-Home Supportive Services. The Adult Protective Services Program protects dependent adults and seniors. It investigates allegations of abuse, intervening when necessary, and provides community education. The In-Home Support Services Program provides personal and domestic services that enable dependent adults to remain safely in their home.

Total Expenditures: \$9,063,552 Total Staffing (FTE): 26.25

CalFresh (formerly Food Stamps)

This Federal program provides nutritional assistance to low-income households. The Department of Social Services is actively engaged in promoting outreach in the community to increase participation in the program. The receipt of Food Stamps helps stretch the household’s budget and combat the increasingly expensive cost of living in our county. Food Stamp program eligibility is based upon the application of Federal and State regulations.

Total Expenditures: \$7,775,596 Total Staffing (FTE): 42.00

CalWORKs

The purpose of CalWORKs is to provide temporary cash assistance to needy families and welfare-to-work employment training programs. Participants are required to participate in certain activities to work toward self-sufficiency and are required to work a certain number of hours.

Total Expenditures: \$11,542,827 Total Staffing (FTE): 122.00

Child Welfare Services

In collaboration with other departments, agencies, and the community, the Child Welfare Services program provides services to strengthen families and reduce the incidence of child abuse and neglect. Staff investigates allegations of abuse or neglect and works with families in developing plans to ensure the safety of children. When necessary, children are removed from the home and placed in foster care while plans for reunification are pursued and implemented. When reunification is not feasible, children are found permanent homes through adoption or guardianship.

Total Expenditures: \$11,308,077 Total Staffing (FTE): 100.75

County Only Program

This includes the eligibility and administrative costs of the General Assistance Program that provides public assistance of last resort to indigent county residents. This program is for persons who are otherwise ineligible for Federal, State or other community aid programs.

Total Expenditures: \$351,044 Total Staffing (FTE): 2.75

Medi-Cal

California's version of the Federal Medicaid program provides financial assistance for health care including medical and mental health services, devices and prescription drugs for eligible people. The Department of Social Services determines program eligibility based upon the application of Federal and State regulations, which include the consideration of a person's age, physical or mental disability, other public assistance status, property and income. The purpose of the Medi-Cal program is to provide comprehensive medical care benefits to all public assistance recipients and to certain other eligible persons who do not have sufficient funds to meet the costs of their medical care.

Total Expenditures: \$10,243,252 Total Staffing (FTE): 88.00

Other Programs

This includes other programs provided by the Department primarily for Children's Services, but also for foster care eligibility and services, food stamp employment and training, and family preservation services.

Total Expenditures: \$6,590,480 Total Staffing (FTE): 36.00

Workforce Investment Act (WIA)

The Workforce Investment Act (WIA) programs are designed to provide quality employment and training services to assist eligible individuals in finding and qualifying for meaningful employment and to help employers find the skilled workers they need to complete and succeed in business. The Department of Social Services serves as the Administrative Entity and Fiscal Agent for WIA. In this capacity, the Department receives the WIA Title I grant funds from the Employment Development Department and contracts with program service providers for the operation of the local One-Stop delivery system and program services for adults, dislocated workers and youth.

Total Expenditures: \$2,672,958 Total Staffing (FTE): 4.25

DEPARTMENT COMMENTS

The Department of Social Services continues its efforts to meet both its statutory mandates and its performance measures, despite strains on its finances attributable to static State allocations and a continuing caseload that has risen by 13% in just two years, and by nearly 33% in the last three years. Despite these increases in workload attributable to the economic recession, and despite the Department's assumption of major new responsibilities associated with the Workforce Investment Act programs previously administered by the Private Industry Council,

staffing in the Department of Social Services has been reduced by 28.5 positions (about 6%) during the same time that the caseload in our largest programs has increased by over 6,100 cases--a factor of nearly a third.

Following are some of the department's notable accomplishments for FY 2011-12 and some specific objectives for FY 2012-13:

FY 2011-12 Accomplishments

- In the most recent month for which statistics are available, San Luis Obispo County's performance in key Child Welfare Services program referral and response measures exceeded the State's average performance in 20 out of 27 categories.
- In three of four composite measures for Child Welfare Services, San Luis Obispo County significantly exceeds the State's performance:
 - Adoption Composite is 26% higher
 - Long Term Care Composite is 28% higher; and
 - Placement Stability Composite is 5% higher
 - Reunification Composite, however, is at 90% of the State average.
- Ratio of foster children whose initial placement is with relatives instead of in group homes or shelters: At 42:1, the County significantly exceeds the Statewide ratio of 2:1.
- The Work Participation Rate, defined as the percentage of CalWORKS participants who are meeting Federal requirements to participate in an approved activity that is likely to lead to self-sufficiency: At 35.1%, the County exceeds the State's average of 29.2%. The County most recently ranked first in its cohort of medium-sized counties and is ranked in the top ten Statewide.

FY 2012-13 Objectives

- The Department will serve in a leadership role in ensuring the effective coordination of homeless services to the community.
- All legislative changes to the CalWORKS and In Home Supportive Services programs will be implemented by established deadlines; the Department will coordinate with other agencies to minimize the impacts of increased homelessness and institutionalization resulting from such implementation.
- No less than 65% of children placed in out-of-home care will be placed with all of their siblings.
- The County will continue to surpass State averages in at least 75% of performance measures related to Child Welfare Services and the Work Participation Rate.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for this budget is recommended to decrease \$334,559 or 6% compared to the FY 2011-12 adopted level. Revenues are recommended to increase \$1,229,166 or 2% compared to the FY 2011-12 adopted budget. Total expenditures are recommended to increase \$894,607 or 1%.

In the Fall of 2011 the Department of Social Services began receiving a number of new funding streams as a result of the 2011 Realignment passed by the Legislature in FY 2011-12. The most notable addition is funding redirected from the 1991 Health and Human Services Realignment Mental Health sub-account to Social Services to cover an increased county share of CalWORKS expenses. Other funding streams were added as well, mainly related to Foster Care and Adoptions. Recommended realignment revenue levels are based on the actuals that had been received since 2011 Realignment went into effect, at the time of budget preparation, and allocation information provided by the State. These funding streams are new however, and it remains to be seen how they will perform.

At the time of budget preparation, the Governor has proposed significant programmatic and funding changes that could have a major impact on the department's programs. Specifically, major changes to the CalWORKS and In Home Supportive Services (IHSS) programs are proposed. Reductions to IHSS, including a 20% across the board reduction to the number of recipient care hours, have been approved by the legislature and were to be implemented as of January 1, 2012, but have been delayed due to a court injunction. The Governor's current

proposal includes a complete overhaul of IHSS over the next several years, which includes the implementation of a "Community First Option" for IHSS which would increase Federal funding for IHSS by approximately 6%. This change would reduce both the State and County share of costs, with the County share reduced from the current 17.5% to 15.4% of total expenditures, which may reduce County costs by approximately \$500,000. Given that this proposal has not yet been approved, the recommended budget does not adjust for these potential changes. Please see Fund Center 182- CalWORKS for a discussion of the Governor's proposed changes to the CalWORKS program.

Overall, recommended revenue levels for FY 2012-13 are based on the assumption that allocations received for basic programs will not change from the current year's projections, except where the Governor has specifically proposed reductions, and that 1991 Realignment revenues will be received as projected. 2011 Realignment revenues are flat with FY 2011-12 projections, which are coming in higher than anticipated. Workforce Investment Act (WIA) funds are increasing by \$304,215 or 12% compared to FY 2011-12 adopted levels, based on current formula allocations, plus the budgeted use of current year unspent allocations, as well as the award of National Emergency Grant funding for the temporary expansion of WIA Dislocated Worker training and employment programs.

Salary and benefits are recommended to decrease \$14,915 or less than 1% compared to FY 2011-12 adopted levels. This change is very minor, but it should be noted that the salary and benefits budget includes full funding for all 421.00 FTE included on the department's Position Allocation List (PAL). This is a significant change from previous years, the details of which are discussed below.

Services and supplies are recommended to decrease by \$67,137 or less than 1% compared to FY 2011-12 adopted levels, due largely to: 1) significant decreases to significant value purchase due to savings in the current year that will allow the department to cover expenses that they would otherwise have in FY 2012-13, in the current year, 2) a decrease to maintenance projects, following the budgeted replacement of carpeting in the department's offices in FY 2011-12, 3) a decrease to the amount that the department is charged for liability insurance; and 4) a corresponding decrease to countywide overhead charges. These decreases are offset in part, by an increase to the County's share of costs for IHSS, due to an increase in authorized recipient care hours that has occurred in the current year.

The department currently has \$1,465,497 in its realignment growth trust account. The only planned use of realignment trust funds recommended in FY 2012-13 is \$89,586 which will be transferred to Mental Health to cover the department's share of Mental Health's contract with the Kinship Center.

Other charges, which consists mostly of contracted services for clients, is recommended to increase by \$933,948 or 14% compared to FY 2011-12 adopted levels due largely to the increases for WIA program contract expenditures which are budgeted to match expected revenues, and an increase to the Community Action Partnership (CAPSLO) contract for CalWORKS stage one childcare. An increased budget for vehicle replacement and a 5% increase for support and care of clients in CalWORKS, Child Welfare Services, and Adult Protective Services, in line with current year estimates, also contribute to the recommended increase to other charges.

Fixed assets are recommended to increase \$31,000 or 42% compared to FY 2011-12 adopted levels and include the replacement of copiers, scanners and several of the department's servers.

The recommended amount of General Fund support in FY 2012-13 is \$5,271,897, a 6% decrease from the FY 2011-12 adopted level. This reduction was achieved through increased revenues as discussed above, and did not require the department to reduce its expenditures, as has been required over the past several years. In recent years, the department has maintained an average vacancy rate of approximately 20 FTE, which is in line with natural, historical vacancy rates, and has allowed for a reduction to salary and benefits costs. In FY 2012-13, it is not necessary for the department maintain any vacant positions as a budget reduction strategy.

In FY 2011-12, several changes to the department's PAL have been approved by the Board. In August 2011, the Board approved PAL changes to improve the performance of the department's Special Investigations Unit and allocate additional staff resources to the Child Welfare and Foster Care operations in order to position the

department to better implement the Benefits- Advocacy and Resource Connections for Homeless (Benefits-ARCH) program. Specifically, the PAL changes were:

- - 3.0 FTE Social Worker I/II/III/IV
- - 1.0 FTE Social Services Investigator
- + 2.0 FTE Employment Resource Specialist I/II/III
- + 2.0 FTE Social Services Program Review Specialist

This change did not result in any net change to the department's PAL, but did result in a net salary savings of \$17,200 for the department. At the time of the printing of the proposed budget document, there is an additional PAL change that may occur before the beginning of FY 2012-13. On April 24th, the Board will consider a recommendation to add 1.0 FTE Program Manager to the department's PAL to serve as the Executive Director of the Homeless Services Oversight Council (HSOC), providing leadership in the community's approach to solving homelessness. If this recommendation is approved, the PAL change will be reflected in the Supplemental Budget document.

Two changes to the department's PAL are recommended in FY 2012-13; one is to correct a PAL error made during FY 2011-12 budget preparation, and the other is the reclassification of an existing position. These changes result in a net addition of 0.25 FTE, which brings the department's total allocation to 421.00 FTE. The details of these PAL changes are as follows:

- In FY 2011-12, the department requested, and it was recommended, that a 0.75 FTE Personal Care Aide be deleted from the PAL and replaced with a 1.0 FTE Administrative Assistant. However, an error occurred in making the changes to the PAL, and a 1.0 FTE Personal Care Aide was inadvertently deleted from the PAL, rather than a 0.75 FTE Personal Care Aide. The result is that the 0.75 FTE Personal Care Aide has been overfilled in FY 2011-12. To correct this error, it is recommended that the 0.75 FTE Personal Care Aide be deleted from the PAL and replaced with a 1.0 FTE Personal Care Aide, which is consistent with the intended result of the changes made in FY 2011-12.
- 1.0 FTE Supervising Administrative Clerk I is recommended to be reclassified to a Supervising Administrative Clerk II. This reclassification is the result of a classification study performed by Human Resources in response to a request submitted by the incumbent during the 2011 reclassification open window period. This reclassification has no net impact to the number of staff in the department.

BOARD ADOPTED CHANGES

Per the Supplemental Budget document, 1.0 FTE Program Manager I was added to the PAL. The Board of Supervisors approved the addition of this position on April 24, 2012, after the Proposed Budget document had been finalized. The position will serve as a Homeless Services Coordinator, working with the County's Homeless Services Oversight Council (HSOC) and providing leadership in the community's approach to solving homelessness. The cost of this position will be absorbed in the department's budget.

GOALS AND PERFORMANCE MEASURES

Department Goal: To provide for the safety, permanence and well being of children.						
Communitywide Result Link: <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community						
1. Performance Measure: Percentage of children reentering foster care within 12 months of being reunified with their families.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
17.2%	14.05%	7.45%	14%	5.3%	14.13%	10%
What: This performance measure tracks the percentage of children who must return to foster care after being returned to their families, if the reentry occurs within 12 months of the return.						
Why: Both safety and stability are important to the well being of children. One of the goals of Child Welfare is to create permanency in the lives of children and the families to which they belong; if children are removed from their parents, later reunified and then removed a subsequent time, they may suffer emotional harm. The goal of Child Welfare is to create stability, and a higher rate suggests instability.						

How are we doing? The County is above the State average (11.87%) by 2.26% and below the Comparison County average (15.67%) by 1.54%. Due to reporting delays with the State, the available data is through the quarter ending March 2012. Actual results reflect the yearly average. In the month of June 2012, 10 out of 116 children returned to foster care. The current year's results are similar to the prior year's results. Our goal in the current year was ambitious, but an increasingly challenging caseload in our Child Welfare Services program put this goal out of our reach.

2. Performance Measure: Percentage of child abuse/neglect referrals where a response is required within 10 days that were responded to timely.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
69.78%	88.73%	94.1%	96.7%	96.1%	97.33%	98%

What: Child Welfare referrals may warrant either an "Immediate" response or a "10-day" response, depending on the severity of the allegation. The Department has performed consistently well on its Immediate Responses, but seeks to improve its responsiveness on 10-Day referrals.

Why: Delays in responding to an allegation could result in ongoing abuse or neglect. An earlier intervention may reduce the risk of injury or the need to remove a child from the parents' care.

How are we doing? The County is above the State average (92.23%) by 5.1% and above the Comparison Counties (91.97%) by 5.36%. Due to reporting delays from the State, the available data is through the quarter ending March 2012. Actual results reflect the yearly average. In the month of March 2012, 396 out of 404 referrals were responded to within the 10-day time frame. The Department's results have improved with additional training as well as monitoring the response rates of each social worker on a monthly basis.

3. Performance Measure: Percentage of children in out-of-home care who are placed with all of their siblings.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
59.7%	55.5%	61%	67.8%	60%	68.83%	65%

What: This performance measure demonstrates the extent to which the County places siblings together, thereby maintaining the family to the greatest extent possible.

Why: Maintaining family bonds are important to children, and particularly so when they have been removed from their parents. This is a required Federal/State Outcome Measurement under the "Child Welfare System Improvement and Accountability Act" (AB 636). This legislation was designed to improve outcomes for children in the child welfare system while holding county and state agencies accountable for the outcomes achieved. This data is derived from the "California-Child and Family Services Review (C-CFSR).

How are we doing? The County is above the State average (55.3%) by 13.53% and above the Comparison County average (51.97%) by 16.86%. Due to reporting delays from the State, the figures are from the quarter ending March 2012. The County's results in this measure are above target by 8.83%. Several factors impact this measure, including severity of abuse and the nature of sibling relationships. Our Department's practice in "Team Decision Making" and "Family Group Conferencing," as well as our county's higher than average rate of placements into relatives' homes, all support the opportunity for siblings to be placed together. Actual results reflect the yearly average. In the month of June 2012, 155 out of 227 children were placed with all of their siblings.

Department Goal: To provide services in a manner that is both effective and efficient.

Communitywide Result Link: Safe Healthy Livable Prosperous Well-Governed Community

4. Performance Measure: Percentage of General Assistance funds recouped through Supplemental Security Income (SSI) or other repayments.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
27%	26%	42%	45.49%	55%	24.16%	40%

What: General Assistance is a County General Funded cash program of "last resort" for individuals not currently eligible for other programs. To the extent that the SSI program reimbursements or beneficiary repayments result in cost offsets, the burden on local taxpayers is reduced.

Why: The Department engages in an SSI Advocacy program, working to assist individuals who are disabled in applying for SSI and thereby improving their economic situation while reducing the burden on local taxpayers.

How are we doing? We are below the adopted target (55%) by 30.84%. The figures are through the month ending June 30, 2012. Although the Department advocates on behalf of SSI applicants, not all clients are eligible, resulting in the possible unavailability of recoupment to the County at any given time. A reduction in results may indicate that the Social Security Administration is processing eligibility notifications and awarding SSI payments in a timely manner to the applicants. This would result in less General Assistance being paid out by the County and consequently fewer recoupments. State or comparable County data is not available.

5. Performance Measure: Average Medi-Cal cases per case manager (reflects average of the intake and continuing caseloads).

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
129 cases	140 cases	207 cases	229.25 cases	250 cases	223.25 cases	230 cases

What: Caseload size is a benchmark of efficiency and effectiveness.

Why: The Department tries to strike a careful balance between efficiency and effectiveness. Caseloads that are too high jeopardize the ability to serve the medically needy, while caseloads that are too low may indicate inefficient deployment of limited resources.

How are we doing? Available data is through the quarter ending June 30, 2012. Fluctuations in actual results are due to changes in staffing levels during the year. The average for FY 2011-12 was 223.25 cases, but the actual for the quarter ending June 30, 2012 was 212 cases. State or comparable county data is not available.

6. Performance Measure: The number of cases per Social Worker in Child Welfare Services (CWS).

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
ER-14	ER-13	ER-17	ER-22	ER-11	ER-31	ER-11
FM-16	FM-15	FM-14	FM-10	FM-13	FM-10	FM-11
FR-11	FR-10	FR-10	FR-11	FR-12	FR-12	FR-12
PP-33	PP-28	PP-24	PP-23	PP-19	PP-24	PP-19

What: This performance measure reflects the workloads of Social Workers in each division of CWS: Emergency Response (ER); Family Maintenance (FM); Family Reunification (FR); and Permanency Placement (PP).

Why: This is an important measure because it reflects the number of cases per Social Worker in our four CWS programs. If the cases per Social Worker are too high, the worker may be overburdened and quality affected. Caseloads per worker that are too low may imply reduced efficiency.

How are we doing? The cases for ER are above the adopted target (11) by 20 cases, and PP (19) by 5 cases. Cases are below the adopted target for FM (13) by 3 cases and on target for FR (12) cases. In 2000, the State legislature sponsored a study of Social Workers' caseloads that concluded that they were too heavy by half, and identified optimum standards, as follows: ER-9.88; FM-10.15; FR-11.94; PP-16.42. To help address this problem, significant augmentations of \$700,000, paid entirely with Federal and State funds, have been made each year since that time, accessible only if the entire CWS allocation is spent. In addition, the County has been the recipient of \$1.37 million in additional CWS funds due to its role as a "Pilot County" for Child Welfare Services improvement strategies. To the extent that we spend the money on staff (and we divide it between staff and contracted services), we experience a reduction in average staff caseloads. The available data is through June 30, 2012. State or comparison county data is not available.

Department Goal: To enhance opportunities for individuals to achieve self-sufficiency

Communitywide Result Link: Safe Healthy Livable Prosperous Well-Governed Community

7. Performance Measure: Percentage of Welfare to Work participants meeting the Federal Work Participation requirements.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
35.3%	33.3%	35.1%	35.1%	25%	35.1%	30%

What: While some CalWORKs participants may be exempt from work participation requirements due, for example, to the presence of very young children in the home, most are required to participate in some form of work activity. This performance measure demonstrates the extent to which the County is successful in engaging non-exempt families' participation in a negotiated plan to achieve self-sufficiency. The plan may include vocational education, training and other work activities.

Why: The goal of CalWORKs is to assist participants in achieving self-sufficiency. Participation in work-related activities, including unsubsidized employment and vocational training, is key to improving participants' opportunities for financial independence.

How are we doing? This was previously the Temporary Assistance for Needy Families (TANF) Work Participation Rate. The Federal Deficit Reduction Act changed the requirements, the calculations and the targets, and the transition to the new methodology has been a challenge. The State has changed the process of their system and is utilizing the "E2Lite" system for retrieving data. Additional focus on this activity has resulted in early increases in the rate, but the County clearly needs to continue that improvement. The County is above the State average (29.2%) by 5.9% and above comparison counties average (23.3%) by 11.8%. Among "medium-sized counties," San Luis Obispo ranks #1. The rate is based on a state sample-monthly average per state report: 396 participating out of 1,129. The target for FY 2011-12 was reduced by 10% due to the reduction in child care funding. Note that Actual Results have changed from what was shown in the Final Budget for FY 2008-09 (from 29.3% to 33.3%). The change is due to the addition of actual figures for the quarter ending September 2008, which weren't available previously.

8. Performance Measure: Percent of CalWORKs Adult Participants with earnings.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
37.4%	32.8%	30.83%	29.7%	30%	27.3%	30%

What: This performance measure tracks the number of CalWORKs participants who have some earned income.

Why: The goal of CalWORKs is to assist participants in achieving self-sufficiency. Participation in work-related activities—especially unsubsidized employment—is key to improving participants' opportunities for financial independence. Unsubsidized employment has been demonstrated to be the most statistically significant activity leading to participants' eventual departure from public assistance.

How are we doing? The County outperforms the State average (24.97%) by 2.33% and is below the Comparison Counties average (28.43%) by 1.13%. Data is through the quarter ending March 31, 2012. San Luis Obispo County maintains a focus both on employment and on eliminating barriers to employment. Since the implementation of CalWORKs, the County has combined the eligibility and employment services functions into a single classification, contrary to the separation of responsibilities that is practiced in many other counties. This has helped the County's staff remain focused on self-sufficiency. The economic recession has resulted in fewer employment opportunities for CalWORKs participants. Note that Actual Results have changed from what was shown in the Final Budget for FY 2009-10 (from 32.4% to 30.83%). The change is due to the addition of actual figures for the quarter ending June 2010, which weren't available previously. Actual results reflect the yearly average. In the month of March 2012, 281 out of 1,029 participants had earnings. The target for FY 2011-12 was reduced by 5% due to the reduction in child care funding.

Department Goal: To provide for the safety of disabled adults and seniors who are at risk of abuse or neglect.

Communitywide Result Link: Safe Healthy Livable Prosperous Well-Governed Community

9. Performance Measure: Average IHSS cases per Social Worker.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
132.03 cases	160.35 cases	170 cases	163 cases	174 cases	134.03 cases	150 cases

What: This measures the average number of continuing In-Home Supportive Services (IHSS) cases per Social Worker.

Why: This is an important measure because it reflects the number of cases per Social Worker in our In-Home Supportive Services program. If the cases per Social Worker are too high, the worker may be overburdened and work quality affected. Caseloads per worker that are too low may imply reduced efficiency.

How are we doing? The County is below the FY 2011-12 adopted target by 39.97 cases. Data is through the quarter ending June 30, 2012. Data for State and comparison counties is not available. New assessment and documentation requirements, coupled with increases in the number of severely impaired program participants, have resulted in additional workload for staff even as the administrative allocation from the State has not kept pace with the cost of doing business. Rising caseloads per worker threaten the accuracy and efficiency of program operations. While no study of optimal workload standards has been conducted, it is the sense of the Department that full program integrity and responsiveness cannot be achieved when the average caseload per worker exceeds 100. The IHSS caseload has fallen by 18% from FY 2010-11.

10. Performance Measure: Percentage of all disabled adults and seniors who were victims of substantiated abuse or neglect and did not have another substantiated report within a 12-month period.

07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
91%	85%	93%	90%	93%	91%	93%

What: This measure demonstrates the extent to which initial interventions by Social Services were effective.

Why: This performance measure reflects effectiveness of initial services and quality of assessment. It is our commitment to provide long term and intensive case management to prevent any repeat of abuse to disabled adults and seniors. Initial interventions have been effective in reducing risk to the elderly and disabled.

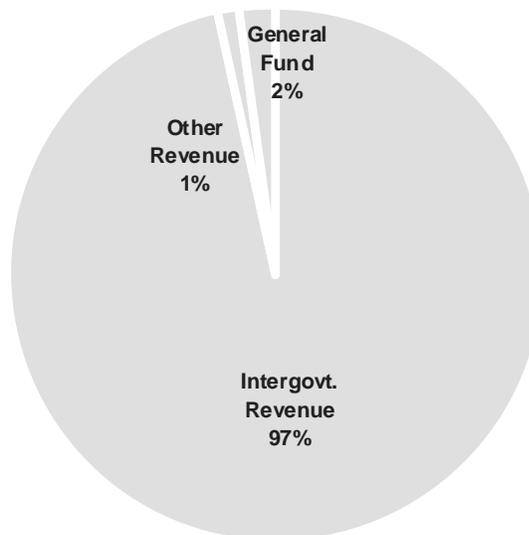
How are we doing? The Department is below the FY 2011-12 adopted target by 2%. Available data is through June 30, 2012. The results in this measure may see higher than average fluctuations due to the fact that the denominator for this measure (the number of adults with an initial abuse 12 months ago) is a small number, which varied between 4 to 28 adults over the last 6 report months. Actual results reflect the yearly average. In the month of June 2012, 9 out of 12 of these disabled adults and seniors did not have another substantiated report within a 12-month period. Reductions in Adult Protective Services funding and staffing have reduced our ability to respond effectively to all reports of abuse and neglect. State or comparable county data is not available.

MISSION STATEMENT

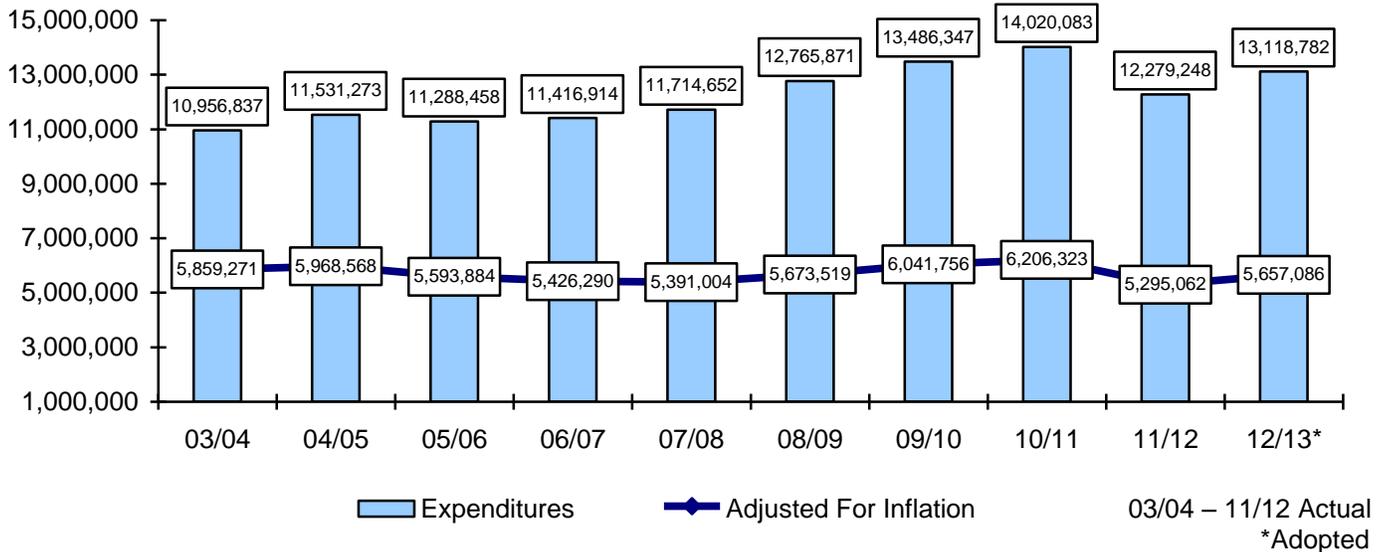
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

<u>Financial Summary</u>	2010-11 <u>Actual</u>	2011-12 <u>Actual</u>	2012-13 <u>Requested</u>	2012-13 <u>Recommended</u>	2012-13 <u>Adopted</u>
Intergovernmental Revenue	\$ 13,600,501	\$ 11,899,271	\$ 12,750,256	\$ 12,750,256	\$ 12,750,256
Other Revenues	<u>53,081</u>	<u>6,653</u>	<u>20,000</u>	<u>20,000</u>	<u>20,000</u>
**Total Revenue	\$ 13,653,582	\$ 11,905,924	\$ 12,770,256	\$ 12,770,256	\$ 12,770,256
Other Charges	<u>14,020,083</u>	<u>12,279,248</u>	<u>13,118,782</u>	<u>13,118,782</u>	<u>13,118,782</u>
**Gross Expenditures	\$ 14,020,083	\$ 12,279,248	\$ 13,118,782	\$ 13,118,782	\$ 13,118,782
General Fund Support (G.F.S.)	<u>\$ 366,501</u>	<u>\$ 373,324</u>	<u>\$ 348,526</u>	<u>\$ 348,526</u>	<u>\$ 348,526</u>

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

CalWORKS has a total expenditure level of \$13,118,782 to provide the following services:

CalWORKS

The purpose of CalWORKS is to provide temporary cash assistance to needy families and welfare-to-work employment training programs. Participants are required to participate in certain activities to work toward self-sufficiency and are required to work a certain number of hours.

Total Expenditures: \$13,118,782 Total FTE: _

*Staffing reflected in Fund Center 180 – Department of Social Services

DEPARTMENT COMMENTS

The Department’s goal for the CalWORKS program is to maximize the number of participants moving towards self-sufficiency. We measure our success in this area by our Work Participation Rate (WPR), the Federal and State measurement by which San Luis Obispo County continues to be one of the top performers in California.

The CalWORKS monthly average continuing caseload appears to have peaked in FY 2010-11. The current year caseload has fallen 3.1% from last year, although it remains over 24% above the levels of five years ago, before the recession.

Major revisions in the CalWORKS program are expected to occur over the next year, as a result of changes in State law. These changes could dramatically affect this budget’s expenditure trend over the course of the year. Of course, the depth and duration of the current economic downturn will continue to impact caseload trends.

This Fund Center is an assistance expenditure account only; please refer to the narrative for Fund Center 180 for discussion of departmental key results.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for this budget is recommended to decrease \$22,292 or 6% compared to FY 2011-12 adopted levels. Revenues are recommended to decrease \$1,403,672 or 9%. Total expenditures are recommended to decrease \$1,425,964 or 9%.

2011 Realignment poses some significant changes to the way that CalWORKS is funded. The most notable change is that the County now pays the entire non-Federal share of most CalWORKS costs, funded through the redirection of funds from the 1991 Health and Human Services Realignment Mental Health sub-account to Social Services to cover the increased county share of CalWORKS expenses. To date, it appears that this new funding stream has been sufficient to cover the County's increased share.

At the time of budget preparation, the Governor has proposed significant changes to the CalWORKS program which include establishing two separate components of the CalWORKS program- CalWORKS Basic and CalWORKS Plus, as well as the establishment of a new Child Maintenance Program to cover child-only cases. While difficult to quantify the impacts of these changes, the general premise is that the time limit for CalWORKS participation will be reduced, which will make many current CalWORKS participants ineligible to continue receiving assistance and may result in eventual grant cuts of up to 40% for some families. The budgetary impact of the Governor's proposed changes would be a savings to the County's General Fund; however, the recommended budget does not adjust for the proposed cuts to the CalWORKS program. If the Governor's proposals are enacted, this budget will need to be revisited.

The \$348,526 in General Fund support recommended for FY 2012-13 represents the required amount of County share of cost for CalWORKS programs. The County's share is based on formulas and cost-sharing ratios set by State and Federal programs, and represents 2.6% of total expenditures which is an increase of just .1% compared to FY 2011-12. Expenditures are increasing 3% over current year projections in every subaccount.

BOARD ADOPTED CHANGES

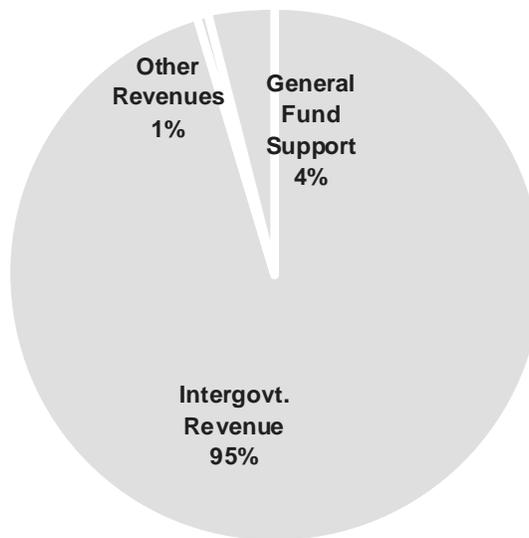
None.

MISSION STATEMENT

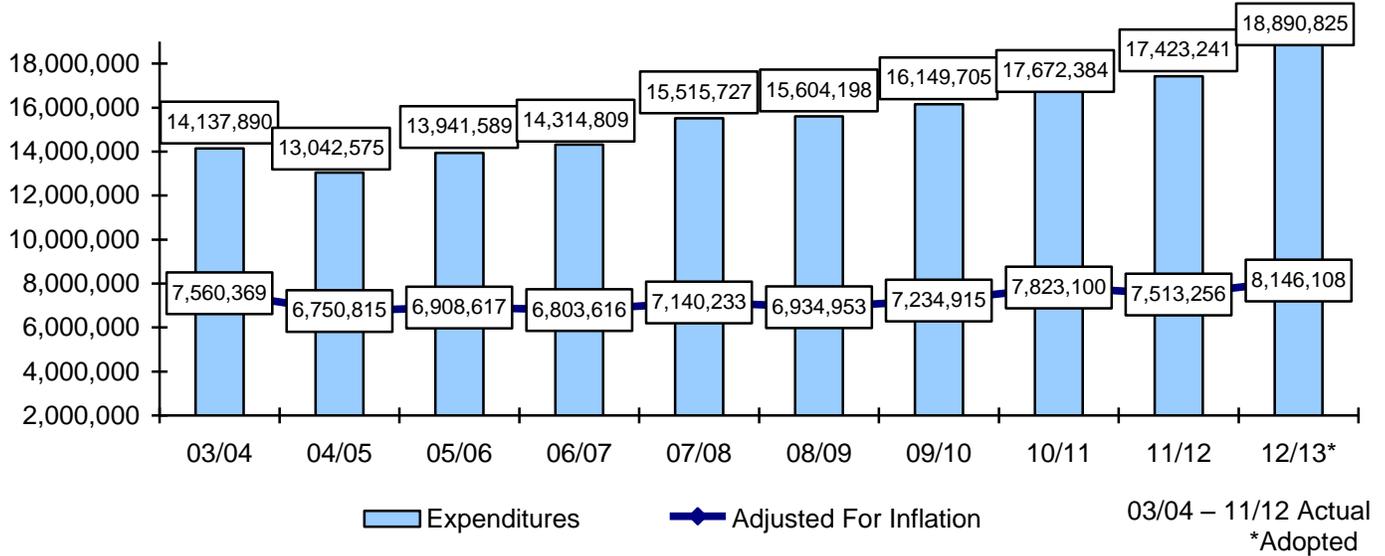
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 16,610,309	\$ 16,664,394	\$ 17,915,400	\$ 17,915,400	\$ 17,915,400
Other Revenues	<u>287,059</u>	<u>459,479</u>	<u>164,023</u>	<u>164,023</u>	<u>164,023</u>
**Total Revenue	\$ 16,897,368	\$ 17,123,873	\$ 18,079,423	\$ 18,079,423	\$ 18,079,423
Services and Supplies	32,446	9,298	44,023	44,023	44,023
Other Charges	<u>17,639,938</u>	<u>17,413,943</u>	<u>18,846,802</u>	<u>18,846,802</u>	<u>18,846,802</u>
**Gross Expenditures	\$ 17,672,384	\$ 17,423,241	\$ 18,890,825	\$ 18,890,825	\$ 18,890,825
General Fund Support (G.F.S.)	<u>\$ 775,016</u>	<u>\$ 299,368</u>	<u>\$ 811,402</u>	<u>\$ 811,402</u>	<u>\$ 811,402</u>

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Foster Care has a total expenditure level of \$18,890,825 to provide the following services:

Foster Care

To provide foster care for children who enter the foster care system through the Social Services Department or the Probation Department. Social Services Department dependent children are placed in foster care as a result of abuse or neglect. Probation Department dependent children are placed in foster care as a result of criminal charges.

Total Expenditures: \$12,151,404 Total FTE: *

Adoptions

The Adoptions Assistance Program provides ongoing support to families who have adopted children.

Total Expenditures: \$6,022,315 Total FTE: *

Transitional Housing Program – Plus (THP Plus)

The Transitional Housing Program-Plus provides stable housing and supportive program services to Emancipated Foster Youth between the ages to 18 and 21, facilitating their transition to adulthood.

Total Expenditures: \$717,106 Total FTE: *

*Staffing is reflected in Fund Center 180 – Department of Social Services

DEPARTMENT COMMENTS

The Department of Social Services administers expenditures for a number of Foster Care and Adoption programs through this fund center:

- Foster Care (Social Services) is the system of temporary homes for children who are at risk of abuse or neglect and cannot remain safely in their own homes.

- Foster Care (Probation) provides similar services for children who have been placed outside of their own home as a result of criminal charges, typically because the parent is unable to provide the necessary supervision to control the minor.
- The Adoption Assistance Program provides ongoing support to families who have adopted children.
- The Wraparound Services Program provides a comprehensive scope of services to families in order to avoid placement of one or more children in out-of-home care.
- The Transitional Housing Program-Plus (THPP), fully funded by the State, provides transition age youth (ages 18-21) with housing as they move from foster care to independence.

The Foster Care program's core caseload has declined by 17% since FY 2006-07. Both the Probation and Social Services Departments have worked to limit placements by emphasizing preventive social services. Similarly, both departments focus their efforts on placing children with relatives in order to continue familial relationships. In fact, no other county comes close to San Luis Obispo's percentage of initial placements of children with relatives.

This Fund Center is an assistance expenditure account only; please refer to the narrative for Fund Center 180-Social Services Administration for discussion of departmental key results.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for this budget is recommended to decrease \$25,095 or 3% compared to FY 2011-12 adopted levels. Revenues are recommended to increase \$794,318 or 4%. Total expenditures are recommended to increase \$769,223 or 4%.

2011 Realignment presents some significant changes to the way that the programs in this fund center are funded. The most notable change is that the County now pays the entire non-Federal share for Foster Care and Adoptions Assistance, funded with a redirection of State sales tax revenues to the County. While this shift provides the department with greater flexibility to decide how to fund and administer programs in this fund center, the new sharing ratios which have the County paying the entire non-Federal share pose a significant financial risk in a declining economy, when sales tax revenues are down. To date, it appears that this funding shift has provided the department with adequate funding to cover the increased County share.

The \$811,402 in General Fund support recommended for FY 2012-13 is based on the number and types of cases being administered through this fund center. In FY 2012-13, the level of General Fund support represents 4.3% of total expenditures, compared to 4.6% in FY 2011-12.

Recommended realignment revenue levels are based on the actual tax revenues that had been received since 2011 Realignment went into effect through the time of budget preparation, and allocation information provided by the State. Revenues are recommended to increase based on projections which place sales tax revenues at 4% above current year estimates.

Expenditures for the various aid types are based upon caseload growth and changes to costs per case. Overall, expenditures for the various aid types are increasing due largely to a recent lawsuit which resulted in a 1.92% increase in aid for persons receiving benefits under the Adoptions program, as well as a 1.92% increase in aid to foster family homes, relative caregivers, and non-relative extended family members. It is expected that a similar lawsuit will be filed on behalf of Foster Family Agencies and will result in similar success, though the recommended budget does not account for any increases associated with that possibility. In addition to increases in various aid types, the department's contract with Family Care Network for Wrap Services is increasing due to the anticipated need to increase the number of program slots.

BOARD ADOPTED CHANGES

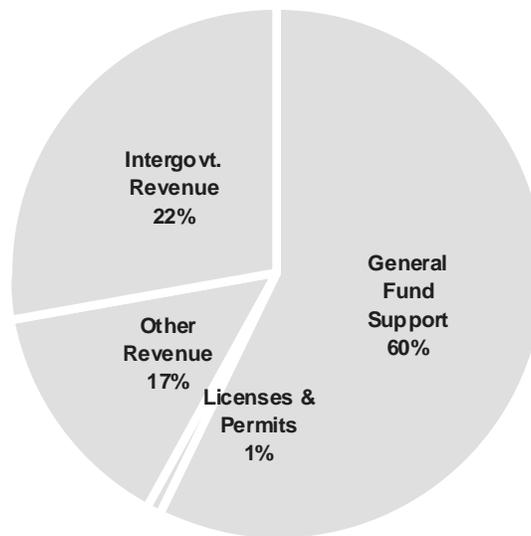
None.

MISSION STATEMENT

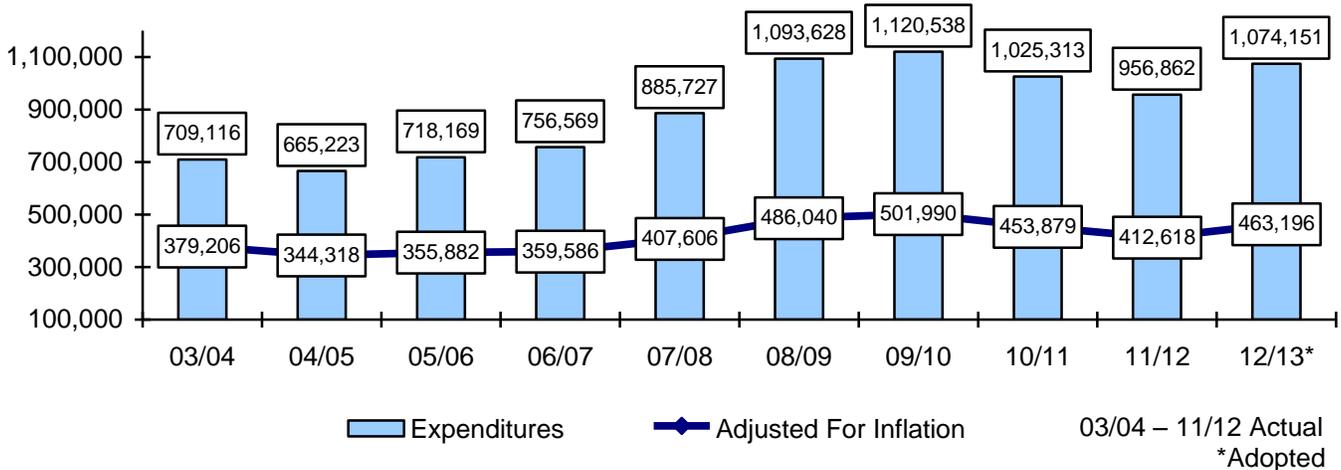
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County .

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Licenses and Permits	\$ 6,202	\$ 6,556	\$ 5,858	\$ 5,858	\$ 5,858
Intergovernmental Revenue	240,281	141,446	240,300	240,300	240,300
Other Revenues	<u>365,512</u>	<u>196,280</u>	<u>190,000</u>	<u>190,000</u>	<u>190,000</u>
**Total Revenue	\$ 611,995	\$ 344,282	\$ 436,158	\$ 436,158	\$ 436,158
Other Charges	<u>1,025,313</u>	<u>956,862</u>	<u>1,074,151</u>	<u>1,074,151</u>	<u>1,074,151</u>
**Gross Expenditures	\$ 1,025,313	\$ 956,862	\$ 1,074,151	\$ 1,074,151	\$ 1,074,151
General Fund Support (G.F.S.)	<u>\$ 413,318</u>	<u>\$ 612,580</u>	<u>\$ 637,993</u>	<u>\$ 637,993</u>	<u>\$ 637,993</u>

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

General Assistance has a total expenditure level of \$1,074,151 to provide the following services:

General Assistance Program

This program provides public assistance of last resort to indigent county residents. It is for persons who are otherwise ineligible for Federal, State or other community aid programs.

Total Expenditures: \$1,074,151 Total FTE: *

*Staffing reflected in Fund Center 180 - Department of Social Services

DEPARTMENT COMMENTS

The General Assistance program provides assistance of “last resort” to county residents who are otherwise ineligible for Federal, State or other community aid programs. The program also provides interim assistance to applicants for Supplemental Security Income/State Supplementary Payment (SSI/SSP) program and, when SSI/SSP is approved, the County is reimbursed for its interim expenditures on the applicants’ behalf.

Also included in this budget are the costs of the Cash Assistance Program for Immigrants (CAPI), as well as the expenditures for indigent cremations.

After four years of rapid growth, the General Assistance average monthly caseload has leveled somewhat over the last three years, with only incremental growth. The recession has had a major impact on the client population for this assistance, typically single adults who are unskilled and who have unstable living situations. The average monthly grant to these individuals remains at \$240.

This Fund Center is an assistance expenditure account only; please refer to the narrative for Fund Center 180-Social Services Administration, for discussion of departmental key results.

COUNTY ADMINISTRATOR’S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for this budget is recommended to increase \$163,292 or 34% compared to FY 2011-12 adopted levels. Revenues are recommended to decrease \$262,016 or 37% and expenditures are recommended to decrease \$98,724 or 8%.

Revenue in this fund center consists largely of reimbursements for Cash Assistance Program for Immigrants (CAPI) and Supplemental Security Income (SSI) expenditures. SSI reimbursements are dependent upon determinations made by Federal disability evaluation staff; CAPI expenditures are 100% State funded, so when CAPI expenditures increase, so too does reimbursement revenue. CAPI expenditures are continuing to decline, as they have been for a number of years. SSI reimbursements have fallen significantly in FY 2011-12, after several years of accelerated growth. At this point, it is unclear what is causing the decline in SSI reimbursements, but the department hopes that the Benefits-ARCH program will increase collections once again.

FY 2012-13 recommended expenditures for general assistance payments and indigent burials are based on current year estimated actuals, plus 6% for possible program growth. Recommended CAPI expenditures are based on current year estimated actuals with no growth. General Fund support as a percentage of total General Assistance expenditures for FY 2012-13 is 59% compared to the FY 2011-12 adopted level of 40%. The increase in County cost is due to the decline in SSI reimbursement revenue.

BOARD ADOPTED CHANGES

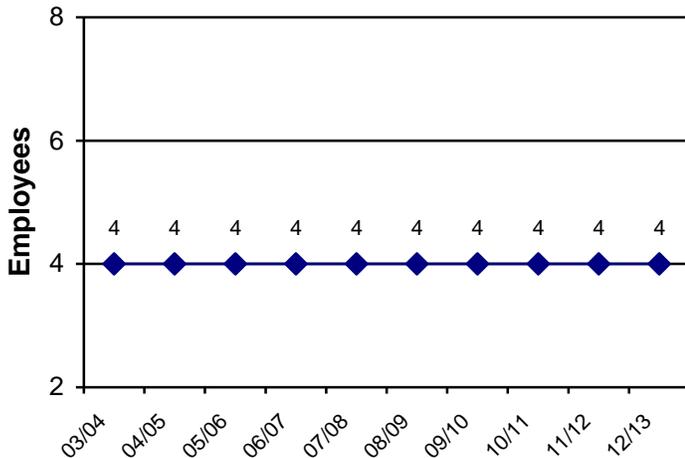
None.

MISSION STATEMENT

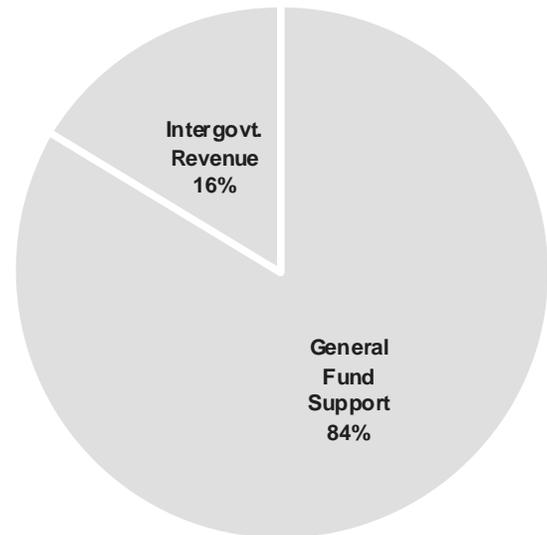
The Veterans Services Department provides assistance to the men and women who serve in the Armed Forces of America, their dependents, and survivors in obtaining benefits and services from the U. S. Department of Veterans Affairs, California Department of Veterans Affairs, San Luis Obispo County and other programs for veterans and their families. The Veterans Services Department works to be a bridge connecting veterans, veteran service organizations and the community to promote the wellbeing of our local veterans and their families.

	2010-11	2011-12	2012-13	2012-13	2012-13
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 93,978	\$ 66,480	\$ 65,000	\$ 65,000	\$ 65,000
**Total Revenue	\$ 93,978	\$ 66,480	\$ 65,000	\$ 65,000	\$ 65,000
Salary and Benefits	299,308	309,414	368,648	368,648	368,648
Services and Supplies	51,890	36,947	36,923	36,923	36,923
**Gross Expenditures	\$ 351,198	\$ 346,361	\$ 405,571	\$ 405,571	\$ 405,571
General Fund Support (G.F.S.)	\$ 257,220	\$ 279,881	\$ 340,571	\$ 340,571	\$ 340,571

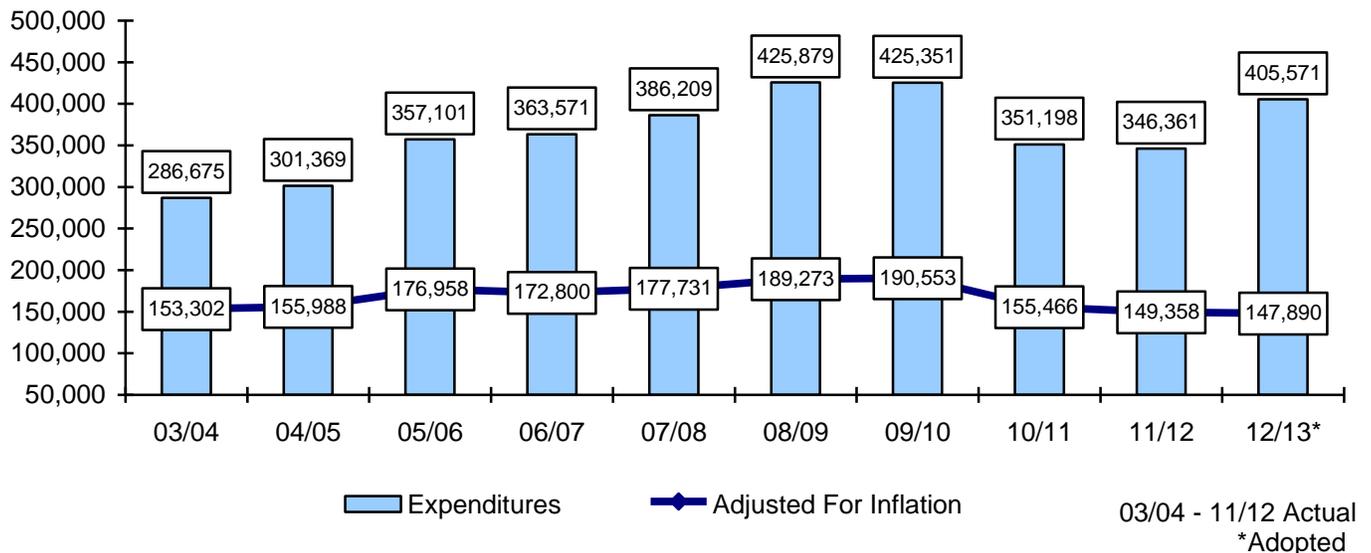
Number of Employees
 (Full Time Equivalent)



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Veterans Services has a total expenditure level of \$405,571 and a total staffing level of 4.00 FTE to provide the following services.

Claims Filing and Pension Income Maintenance

Screen applicants for potential benefits, complete forms, and collect documentation for potential claim filing, assist pension recipients in maintenance of income, and assist widows, widowers, and children with entitlement claims.

Total Expenditures: \$271,733 Total Staffing (FTE): 2.68

College Fee Waiver Certificate

Process tuition fee waivers for children of disabled veterans so they may enroll in California Community Colleges, California State Universities, or University of California facilities at no charge.

Total Expenditures: \$12,167 Total Staffing (FTE): 0.12

Information and Referral

Provide information to veterans and their families on changing rules and conditions at governmental agencies including the Federal Department of Veterans Affairs, Social Security Administration, local Department of Social Services, Public Guardian, Department of Health Services and others.

Total Expenditures: \$121,671 Total Staffing (FTE): 1.20

DEPARTMENT COMMENTS

The Veterans Services Department provides advocacy and assistance to the County's approximate 26,000 men and women who served in the nation's armed forces, as well as their dependents and survivors. Our focus is providing excellent customer service in benefits counseling and assisting with claim processing to include case management.

The Veterans Services Department continues to leverage existing community resources to increase the quality of services provided to the community. Partnerships with the Veterans' Affairs Center, the Veterans' Administration and groups such as the Disabled American Veterans' Organization have greatly enhanced our ability to provide services for the veteran, spouse, and child.

FY 2011-12 Accomplishments

- The Department processed an equal number of subvention claims during the year resulting in a similar subvention revenue as 2010-2011, which resulted in \$ 3,888,619 in benefits. The Department is obtaining our 3rd grant from the California Department of Veterans affairs for \$30,000; this grant is to do benefits counseling to California National Guard at Camp Roberts and outreach to veterans in the community.
- The Veterans Administration has a requirement that all claims be processed within 10 working days of receipt; we are currently meeting this target.
- Staff attended three training sessions throughout the year to remain current on the ever-changing laws that effect veterans and their claims; used this information to provide training for staff that resulted in consistency of claims filed by our office.
- Increased collaboration with County mental health and local non-profits to provide services for veterans who do not qualify for Vet Center or VA mental health care.
- We are continuing to work closely with the VA to assist county veterans/families with housing, case management and basic counseling through the VASH Program. The VASH program is a low income program that assists veterans who are homeless. This is a crucial link between the veteran and the local property owners/landlords. This program works with CAPSLO, HASLO, HUD, the Veterans Service Office, VA Medical Clinic, and the VA Vet Center.

FY 2012-13 Objectives

- The department will continue assisting the County's veterans in processing their claims with the Veterans Administration. We will be continuously exploring electronic claim filing options to make this the most efficient process possible.
- The department is becoming the focal point for our Veterans Community for all organizations that assist Veterans and their families. We continue to work with the Department of Veterans Affairs (DVA), the State, other county agencies and organizations to be the best service provider to our clients.
- We are continuing to grow our veterans outreach services to returning service members and local veterans. We are utilizing DVA work studies to do outreach in the community to individuals and groups of veterans to inform them of all benefits that are available and to assist in house with reaching out to the veterans in the community. We are also implementing a social media campaign and continually updating our web page to assist veterans in obtaining current and accurate information on benefits and services that are available.
- The Veterans Collaborative Group has started and is working to connect multiple service providers within the community. We are also working on a potential Veterans Treatment Court (VTC), and a more robust Stand-Down program than in previous years. These programs provide needed assistance to our county veterans and their families and spotlight the county's dedication to those who have served.

COUNTY ADMINISTRATOR’S COMMENTS AND RECOMMENDATIONS

The recommended budget for FY 2012-13 includes an increase in General Fund support of \$7,041 or 1% from FY 2011-12 adopted levels. Salaries and benefits are being raised by \$7,712 or 2%, following a reduction of \$10,505 in salaries and benefits in FY 2011-12. Services and supplies are being reduced by \$671 or 1%, and State subvention revenue is budgeted to remain consistent as in previous years at \$65,000, which should have no negative impacts on service levels.

BOARD ADOPTED CHANGES

None.

GOALS AND PERFORMANCE MEASURES

Department Goal: Provide veterans, their dependents, and survivors with advice on monetary, healthcare, insurance, and other government benefits.						
Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community						
1. Performance Measure: Percentage of customer satisfaction surveys which rated the services performed by the Veterans Services Department as “satisfied” or “very satisfied”.						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
100%	100%	100%	97%	100%	99.8%	100%
What: A customer satisfaction exit is given to clients throughout the year to evaluate client satisfaction level.						
Why: Ensure high quality service and continually assess client needs.						
How are we doing? The surveys that the department receives back have consistently maintained a rating from clients of "very satisfied" or "satisfied". The department conducted more than 3,200 interviews and over 12,000 phone calls assisting veterans and their families in FY 2011-12. Due to the continued economic downturn, veterans have been applying for Veterans Administration benefits at a higher than normal rate. This trend continues from FY 2010-11 and is expected to continue at this level until the economy recovers. As the department and the U.S. Department of Veterans Affairs continue to streamline and improve the time it takes to process claims, it is expected that client satisfaction will remain high.						
Department Goal: Determine eligibility and file claims for monetary benefits (monthly disability, disability pension, death benefits) and healthcare benefits (medical, dental, vision, prosthetic devices) to ensure that eligible individuals receive the maximum benefit from entitled services.						
Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input checked="" type="checkbox"/> Well-Governed Community						
2. Performance Measure: Dollar amount in cash benefits secured for new monetary claims filed (monthly disability, disability pension, death benefits).						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
\$1,813,726	\$1,704,634	\$2,084,287	\$1,500,000	\$2,922,751	\$3,708,374	\$3,500,000
What: The total cash received by clients as a result of the efforts of the department.						
Why: This illustrates the desired outcome of ensuring that clients receive maximum entitled benefits.						
How are we doing? The total number of claims awarded in FY 2011-12 dropped from 652 in FY 2010-11 to 458 in FY 2011-12. Though the number of claims awarded dropped significantly the value of the claims that were awarded increased substantially. Now that staffing is at full capacity within the department we expect the amount of claims filed to increase and the number of awarded claims to increase as well. Comparable County data is not available.						

<p>Department Goal: Obtain free college tuition for eligible dependents of veterans (with service-related disabilities) by authorizing and processing College Fee Waivers with California Community Colleges, California State Universities, or University of California campuses.</p> <p>Communitywide Result Link: <input type="checkbox"/> Safe <input type="checkbox"/> Healthy <input type="checkbox"/> Livable <input checked="" type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community</p>						
<p>3. Performance Measure: Dollar amount of college tuition saved by eligible dependents due to the College Fee Waiver Program (based upon state negotiated fees with colleges).</p>						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
\$357,970	\$402,631	\$465,425	\$570,097	\$500,000	462,114	\$465,000
<p>What: Money saved on tuition by eligible dependents.</p> <p>Why: To maximize use of entitled benefits.</p> <p>How are we doing? The State waives fees (California Universities/State Colleges/Colleges) for children of veterans who either have a service connected disability or were killed while on active duty. 114 students applied and 111 were granted this benefit. This is down from 150 last year. The amount of fees waived is dependent upon the type of higher learning institution that the student is attending. The California Department of Veterans Affairs will no longer be recognizing this as auditable claim information, so it is the Veterans Services Department's intent to continue to track this performance measure internally.</p>						
<p>Department Goal: Provide effective veterans assistance to county veterans and their families in a cost-effective manner.</p> <p>Communitywide Result Link: <input type="checkbox"/> Safe <input type="checkbox"/> Healthy <input type="checkbox"/> Livable <input checked="" type="checkbox"/> Prosperous <input checked="" type="checkbox"/> Well-Governed Community</p>						
<p>4. Performance Measure: Veterans Services expenses as a percentage of the County Budget.</p>						
07-08 Actual Results	08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Adopted	11-12 Actual Results	12-13 Target
.065%	.065%	.065%	.076%	.075%	.070%	.065%
<p>What: This measure shows the relationship of County Veterans Services expenses to the County's budget by dividing the County Veterans Services net county cost by the County's total budget.</p> <p>Why: County Veterans Services strives to keep costs as low as possible, while providing effective assistance to the County's more than 23,500 civilian veterans and their families (not including active duty military).</p> <p>How are we doing? County Veterans Services operating budget remains consistent with prior years, but is trending downward. The department is applying for new and larger grants to help offset costs to the county. Over all the cost of the Veterans Services Office is about 9% of what the department generates for funds coming into the county for veterans and their dependents from the Federal and State levels. Veterans are provided services by the Veterans Services Office staff consisting of; 1 department head, 3 Veterans Service Representatives (1 temp), 1 Administrative Assistant and 2-3 veteran work studies.</p>						