

GOALS AND PERFORMANCE MEASURES

<p>Division Treatment 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.</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>						
<p>1. Performance Measure: Rate of client satisfaction with County mental health services.</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
*N/A	85%	85%	85%	87%	92%	87%
<p>What: Centers for Medicare and Medicaid Services (CMS) require the State to provide client satisfaction surveys to Medi-Cal beneficiaries. A State provided survey is offered to all clients receiving mental health services during a one-week period each fiscal year. The survey contains 36 statements to determine the quality of services provided. The survey offers the following five choices based upon each statement: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, and N/A. The measure of “satisfaction” is based upon clients who Agreed or Strongly Agreed to the statement “Overall, I am satisfied with the services I received.”</p> <p>Why: Client satisfaction is one indicator of the quality of services provided for mental health services.</p> <p>How are we doing? The Consumer Perception Survey is administered twice annually, during the end of November and May. In FY 2015-16 534 surveys were collected, and the data received back from the State indicates that of the clients who completed the satisfaction question, 92% (493/534) are satisfied with services.</p> <p>In May of 2015, the California Institute of Behavioral Health Solutions (CiBHS) began coordinating data collection and analysis for the State survey as part of a larger CiBHS Statewide Evaluation project. CiBHS is developing a framework that supports routine data collection consistency across agencies and providers. A report with comparison satisfaction data was expected to be provided to counties by the end of FY 2015-16; however, CiBHS has not yet released the report.</p> <p>As the methodology and standards have changed from the prior year, comparing specific data points within the survey would not be appropriate until the State report and technical assistance on the results have been provided, and preliminary local data should be interpreted with caution until the final report is complete. Due to the fact that the State report and upcoming guidelines remain delayed, Behavioral Health is now partnering with the Cal Poly statistics department to discover more meaningful ways to utilize the data within the survey.</p> <p>*The November 2011 and May 2012 Statewide surveys were cancelled by the State pending a review of their survey requirements; therefore there are no results available to report for FY 2011-12.</p>						
<p>2. Performance Measure: Day treatment days provided to youth in out-of-county group home facilities.</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
1,588	1,885	1,764	1,613	1,920	1,381	1,920
<p>What: The County is responsible for placing youth in residential environments that are safe and foster 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.</p> <p>Why: Youths placed in out-of-county RCL-14 group homes receive the most expensive form of treatment that is reserved for youths who are severely emotionally disturbed. The goals of our youth mental health outpatient services are designed to minimize placements in RCL 14 group homes, whenever possible.</p>						

How are we doing? FY 2015-16 started off with eight clients, rose to a high of 11 clients by the end of July 2015, and by the end of June 2016 only two clients remained in placement within RCL 14 group homes. The decrease in client census by nine was due to: two clients “aging out” (turning 18) who then moved out of state to be near family, “graduating” six clients back to their home environments or other lower levels of care within the county, while providing in-county services such as wrap-around or in-county day treatment services to the client and family, and one client was moved to a higher level of care out of state. This year 1,381 day treatment days were provided, which is below the FY 2015-16 adopted target level of 1,920. As the intent of the measure is to keep day treatment days low, Behavioral Health exceeded the measure.

The FY 2016-17 target of 1,920 (8 clients times 240 treatment days) is the same amount adopted for FY 2015-16. The FY 2016-17 preliminary budget inadvertently reflected a target of 1,700, but is now corrected.

A report by APS Healthcare, California’s External Quality Review Organization, found that for calendar year 2014, San Luis Obispo County provided day treatment services to 0.04% of its Medi-Cal eligible youth population compared to 0.02% for all medium sized counties and 0.04% for all counties statewide.

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
\$13,940	\$11,955	\$12,727	\$20,117	\$15,952	\$18,570	\$16,023

What: The Community Services and Support component of the Mental Health Services Act (MHSA) includes full service partnership (FSP) programs that are designed to provide intensive and essential support to clients. Clients participating in FSP programs experience severe mental illness and need additional support to meet their basic living requirements. MHSA FSP incorporates the Recovery Vision principle, which ensures that clients receive resources and services to make sure their basic living needs are met. To accomplish this, funds can be used for food, shelter, medical, and transportation when all other payment resources have been exhausted. By meeting the clients’ basic needs, clients more readily accept mental health services, moving toward a faster recovery. The cost per FSP enrollee is determined by taking the net amount of MHSA FSP dollars used in client services, deducted by any reimbursements from other revenue sources, such as Medi-Cal and Early Periodic, Screening, Diagnosis & Treatment funding, and then divided by the number of unduplicated clients served.

Why: This measure is intended to be used to monitor the operating cost per FSP enrollee.

How are we doing? The net MHSA operating cost per FSP enrollee for FY 2015-16 was \$18,570, which is \$2,618 higher than the adopted target. The actual results were calculated by taking the amount of net FSP MHSA funding spent in FY 2015-16 divided by the number of FSP clients served (\$2,618,328/141 = \$18,570 per enrollee). The increased cost in FSP clients was a result of a new service provider being selected during FY 2015-16. The total number of FSP clients served was lower than expected due to a slow transition to the new provider during the first half of the year.

The FY 2016-17 target amount is \$16,023 (\$2,723,922 divided by 170 clients = \$16,023), which is higher than the preliminary budget target set at \$15,000. The higher target is due to the recently approved Assisted Outpatient Treatment FSP, as well as an increase in Medi-Cal revenue as a result of the new program.

The State contracted with the University of California, Los Angeles (UCLA) to evaluate the cost per FSP client in FY 2008-09 and FY 2009-10 to make comparisons among counties. However, the method in determining the cost per FSP client varied from county to county, so it has been difficult to draw any substantial or meaningful conclusions based on that report. As a result of that report, the Department of Health Care Services has been working with the California Behavioral Health Director’s Association in developing an evaluation tool called Measurements, Outcomes and Quality Assessments (MOQA) that will assist in county to county comparisons of FSP programs in the future.

(Data Source: County’s Enterprise Financial System and Anasazi)

4. Performance Measure: Average Annual Cost of Services per Unduplicated Medi-Cal Client.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
\$4,852	\$5,926	\$5,562	\$5,303	\$5,500	\$5,546	\$5,500

What: This measure calculates the annual cost of Medi-Cal services divided by annual Medi-Cal clients served based on Medi-Cal approved claims.

Why: Since the majority of our clients are on Medi-Cal, comparing the cost per client on a historical basis provides an indicator to monitor cost efficiency based on the number of clients served and the relative cost to serve those clients.

How are we doing? The average annual cost of services per Medi-Cal client for FY 2015-16 was \$5,546 (\$24,409,457 / 4,401 clients). Broken down by age group; the average cost per youth client in FY 2015-16 was \$8,380 (\$14,824,057 / 1,769 clients), while the average cost per adult client was \$3,467 (\$9,585,400 / 2,765 clients). The Medi-Cal client costs for FY 2015-16 were \$46 over the FY 2015-16 adopted amount primarily due to a SLOCEA salary increase not included in the adopted figure. The department expects costs to remain relatively stable for FY 2016-17.

The percent of Medi-Cal eligible individuals in the county who actually receive services is referred to as the penetration rate. For Calendar Year (CY) 2015, the latest report available, CenCal, our County's Medi-Cal administrator shows San Luis Obispo County's penetration rate was 9.42%. The California statewide penetration rate was 5.64% for CY.

5. Performance Measure: Percentage of Readmission to the Psychiatric Health Facility Within 30 Days of Discharge.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
11.6%	10.6%	12.9%	12.7%	11%	7.2%	10%

What: The percentage of clients who are readmitted to the Psychiatric Health Facility (PHF) within 30 days from their prior discharge.

Why: Low readmission rates indicate that clients are being adequately stabilized prior to discharge.

How are we doing? In FY 2015-16, 79 PHF readmissions occurred out of a total of 1,092 admissions or 7.2%. The decrease in the readmission rate suggests that clients are being adequately stabilized prior to discharge and/or effectively linked to outpatient services. Anecdotally, the decrease may be attributed to the newly formed Crisis Response Team, which has helped to avert placements in the PHF, but the department will need to continue to track the data for a longer period of time before any determination is made. The FY 2016-17 target of 10% (approximately 112 PHF readmissions out of a total of approximately 1,122) has the potential to decrease as these new programs increase in their effectiveness.

As a comparison, Monterey County's readmission rate was 10.2% and Orange County's rate was 11.4%.

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.

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

6. 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".

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
91%	91%	90%	86%	91%	85%	Delete

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? In FY 2014-15, the Behavioral Health Department began a multi-phase project of transitioning client surveys into a different collection system and moving from a satisfaction survey into a standardized instrument focusing on more meaningful client outcomes. Behavioral Health is planning to replace this measure with a different measure for FY 2017-18. A survey is offered to all clients receiving services, and the survey contains statements to determine the quality of services provided. The measure of "satisfaction" is based upon clients' response to the question asking their Overall Satisfaction with Services.

At the end of FY 2015-16, 525 Client Satisfaction Surveys were completed and collected. Of those 525 surveys, 85% of clients indicated that they were satisfied with services (445/525).

Because satisfaction rates are not part of any statewide database, no comparison data is available.

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

7. Performance Measure: Percentage of the county’s population reached through Drug & Alcohol Prevention services.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
10%	10%	10%	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 2015-16, approximately 10% of county residents (28,017 of 279,803) were reached through a variety of activities and campaigns including countywide information, education, and interventions provided by Behavioral Health’s Prevention and Outreach Division. The goal of a 10% penetration rate was met.

The State instituted the California Outcome Measurement Service (CalOMS) data measurement system for county prevention providers in 2008, revised the system in 2013, and is launching a new system in 2016. Based on that system, the number of individuals reached in FY 2014-15 by all California county substance abuse prevention efforts statewide was 1.5%, but since the system has changed so frequently, comparison data should be interpreted with caution.

San Luis Obispo County has made prevention a priority and has allocated proportionally more funding toward prevention than many other counties. The County has also been successful in obtaining prevention grants to increase efforts.

Data Sources: California Outcomes Measurement System – Prevention; Web Based Prevention and Outreach data collection tool.

8. Performance Measure: Percentage of clients who report reduced, eliminated, or maintained sobriety from alcohol or other drug use upon completion from Drug and Alcohol Services (DAS) treatment.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
89%	94%	97.6%	94.8%	97%	92.2%	97%

What: Decreasing, eliminating, or maintaining sobriety from alcohol and other drug use demonstrates the impact of treatment and its subsequent effect on behavior.

Why: Successful recovery involves positive lifestyle changes.

How are we doing? During FY 2015-16, 714 individuals were discharged from their treatment with Drug and Alcohol Services. This number does not include individuals who attended "drop in" assessments or who did not return for on-going treatment.

The total percentage of those who reported eliminated or reduced drug use, including those who maintained their sobriety was 92.2%. Of the 714 individuals discharged from treatment, 507 or (71.0%) achieved abstinence, 52 or (7.3%) reduced their alcohol and other drug use, 99 or (13.9%) maintained their sobriety, and 56 or (7.8%) showed an increase in alcohol or other drug use.

By comparison, 94.1% of CA statewide participants measured at discharge from treatment demonstrated eliminated or reduced drug use, including those who maintained their sobriety during treatment according to the California Outcome Measurement System for FY 2015-16.

Data Source: California Outcomes Measurement System – Treatment

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: Safe Healthy Livable Prosperous 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.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
1.7%	1%	1.3%	1.01%	1.3%	0.2%	1.3%

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 re-offend, they will be remanded to the Multiple Offender program. This measure is calculated and compared to statewide data annually. At the completion of each Fiscal Year, it is compared to the prior Fiscal Year.

How are we doing? For FY 2015-16, the calculated recidivism rate for First Offender DUI Program participants was 0.2%. The recidivism rate was calculated by reviewing each client that graduated from the First Offender DUI Program during the time period from July 1, 2014, through June 30, 2015, and determining how many of these clients were remanded to the Multiple Offender DUI program within 12-months of their First Offender completion.

Of the 571 First Offender DUI program participants completing their program in FY 2014-15, only one re-offended in FY 2015-16 and was remanded to the Multiple Offender DUI program within twelve months of their completion date, representing the re-offense rate of 0.2%.

The California State re-offense rate after one year is 3.75%, according to 2013 Department of Motor Vehicles data published in 2015.

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".

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
87%	85%	84%	84%	86%	82%	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".

How are we doing? Of the 977 program participants who completed services during FY 2015-16, 462 clients completed surveys for a survey response rate of 47%. Based on the results, 82% or 377 of the 462 survey respondents rated their experience with the program as "Very Satisfied" or "Extremely Satisfied." Of the remaining respondents, 17.3% (80) indicated that they were "Satisfied" while only five (1%) clients answered "Unsatisfied". While the overall survey includes varying aspects of the client's experience with the DUI program, this particular measure has historically been based on the client's response to the single survey question of "overall satisfaction" with services. During FY 2016-17 the Behavioral Health Department plans to utilize the recently updated electronic collection method, in conjunction with a new Health Agency Planning Evaluation and Performance Manager to conduct a more detailed analysis, and determine a more meaningful and comparable measure.

Since satisfaction rates are not part of a statewide database, no comparison data is available.

3. Performance Measure: Percentage of actual Driving Under the Influence (DUI) fees collected. (This measure is being deleted in FY 2016-17)

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
92%	102%	102%	90%	100%	96%	delete

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 2015-16 were \$1,340,158. Based upon the collection of fees at the end of FY 2015-16, the actual fee revenue was \$1,285,599 or 96% of the budgeted amount. The 4% variance is, in part, a result of a decline of overall DUI convictions in San Luis Obispo County and the State. There are no statewide data on DUI Program fee collection trends.

The Behavioral Health Department cannot impact the number of clients convicted, those number who chose to complete their DUI program in another County other than the one they reside in making this measure difficult to effect. A third measure for DUI programs is being established and will replace this measure in FY 2017-18 as part of the larger performance measure project.

[Data Source: DMV Annual DUI Report](#)

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.						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
\$7.66	\$8.24	\$9.37	\$12.62	\$10.75	\$16.96	\$17.00
<p>What: This shows the average cost per day to provide mandated medical services to adult inmates at the County Jail (on a per inmate basis). The measure is calculated by accumulating all costs of providing medical care to inmates and dividing by the product of the in custody 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 significant growth and in the inmate census and then a leveling off and as such has been helpful in monitoring ongoing cost-efficiency of the provision of medical services for jail inmates.</p> <p>How are we doing: The FY 2015-16 medical costs per inmate day was \$16.96 (calculated by \$3.382 million ÷ 545 in-custody inmates ÷ 356 days) and reflects the average cost of medical care per inmate (including labor and medical claims) based on the average daily population of inmates in custody. This performance measure exceeded the adopted budget due to unexpected expenditure increases and an overall decline in the average inmate population. The average inmate population decline of 166 was largely due to Proposition 47, wherein many felony offenders had their charges reduced to misdemeanors. Proposition 47 went into effect after the adopted budget was established. As noted, expenditures increased from the adopted budget and in particular salary and benefit costs have increased \$304,000, primarily due to an additional 0.25 FTE Correctional Nurse Supervisor increase in hours, additional Correctional Nurse shifts, increase in prevailing wages, and other smaller incremental increases. In addition to salary costs, services and supplies increased \$306,000 as a result in increased medical expenses from two inmates with severe and extended medical conditions.</p> <p>Beginning in FY 2014-15, this measure was based on the average daily inmate population of in custody inmates only. In custody inmates includes inmates housed in the jail and honor farm only. For FY 2013-14 and prior years, this measure was based on the total average daily inmate population of both in custody and out of custody inmates (including inmates on home detention).</p> <p>Most California counties contract for Jail medical services and in FY 2014-15, six of those counties that contract for services, averaged \$16.26 of medical costs per inmate day (counties providing data include: Butte, Santa Barbara, Santa Cruz, Stanislaus, Tulare, and Yolo).</p>						
2. Performance Measure: The percent of all specialty care visits (including dental) performed on-site at the jail. (This is a new measure for FY 2015-16)						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
N/A	N/A	N/A	85%	90%	82%	90%
<p>What: This will demonstrate the proportion of specialty care visits (including dental) inside the jail as compared to total number of specialty care visits both inside and outside the Jail. Existing specialty care provided within the County Jail includes dental screens, dental extractions, OB/GYN, podiatry, x-rays, optometry, fracture casting, suboxone treatment, and speech therapy services.</p> <p>Why: This performance measure is important to both the Health Agency and Sheriff Department since services provided within the Jail, as opposed to outside, requires less facilitation among Departments and results in greater cost efficiency. For instance, an average medical visit inside the Jail costs the Health Agency 70% less (or \$62) for labor and the Sheriff's Department 85% less (or \$205) for labor and transportation costs.</p> <p>How are we doing: In FY 2015-16, a total of 1,341 specialty care visits were required, and of the total, 1,104 visits were performed in-house representing 82%. Dental services account for 73%, or 809 of the in-house visits. Thus 237 medical appointments required transport to outside providers. Outside provider transports were higher than expected in the last two quarters of FY 2015-16 due to two inmates with severe medical conditions. Additionally, LEMC secured sign-language interpretation services in-house for an inmate in FY 2015-16. This service was provided in-house 10 times during the year, but is not counted in the above statistics because it was provided in conjunction with a regular MD visit in the jail.</p> <p>The FY 2016-17 target was based on FY 2014-15 and FY 2015-16 first quarter experience. This was a new measure for FY 2015-16.</p> <p>No comparison data is available at this time.</p>						

GOALS AND PERFORMANCE MEASURES

<p>Department Goal: To ensure access to health care for medically indigent adults who lack health insurance.</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>						
<p>1. Performance Measure: Number of people receiving information to help them obtain coverage for health care costs. (This is a new measure for FY 2015-16)</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
N/A	N/A	N/A	473	350	1,296	1,200
<p>What: This measure shows the number of people that received information on medical care coverage options provided by staff within the Health Care Services division of Public Health. This measure includes all encounters including referrals to other agencies, those enrolled in the Medically Indigent Services Program (MISP) and those enrolled in other programs and services.</p> <p>Why: The County Medical Services Program (CMSP) closed its doors on December 31, 2013. On January 1, 2014, MISP replaced CMSP. However, MISP eligibility is based on more strict criteria due to the implementation of the Affordable Care Act which allows legally-resident medically-indigent adults to enroll in Medi-Cal, or buy subsidized health insurance on Covered California if their income is greater than 138% of Federal Poverty Level. MISP therefore serves only a small portion of San Luis Obispo County's uninsured residents.</p> <p>In the transition from CMSP to MISP, brought about by the Affordable Care Act, staff has been able to not only assess people for MISP enrollment, but also increasingly connect people to affordable medical care coverage options that provides for their needs. To the extent that staff can help navigate uninsured persons to long-term full-benefit insurance, this will help the County limit future health care payments for medically-indigent adults, and will provide the opportunity for preventive and behavioral health care services for some of the highest cost and most medically-fragile users of the larger health care continuum.</p> <p>How are we doing? Division staff began collecting encounter data used to substantiate this measure starting in January 2014. As a result, FY 2015-16 represents the second full year for which we have collected data based on this measure. During that year (FY 2015-16), MISP staff recorded 1,296 encounters with individuals seeking information about health insurance coverage. Of those encounters, 1,002 or 77% received health insurance coverage information and 185 or 14% received information regarding health ombudsman services, the remaining 109 encounters requested assistance with other specific medical related questions.</p> <p>In FY 2014-15, the Division received funding for the Medi-Cal Outreach and Enrollment grant from the State Department of Health Care Services, which provided a funding base allowing MISP staff to provide Medi-Cal outreach and enrollment assistance to vulnerable target populations. The grant was originally set to expire in FY 2015-16, but was extended through FY 2016-17 and is the reason the FY 2016-17 target is comparable to FY 2015-16 actual results. The target populations include clients with mental health disorders, substance use disorders, post-release probationers, homeless, and persons with limited English proficiency, many of whom are from mixed-immigration families. In addition to the Medi-Cal Outreach and Enrollment Grant, the Health Agency successfully became a Certified Enrollment Entity (CEE) for Covered California in FY 2014-15, allowing Health Care Services Division staff to become Certified Enrollment Counselors (CECs). This certification gives staff access to the Covered California web portal so they can better assist individuals seeking coverage, including private insurance plans or Medi-Cal.</p> <p>No comparison data is available at this time.</p> <p>(Data Source: San Luis Obispo County Medically Indigent Services Program Encounter Log)</p>						

GOALS AND PERFORMANCE MEASURES

Department Goal: Prevent epidemics and the spread of disease or injury.

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

1. Performance Measure: Annual rate of reported retail foodborne disease outbreaks per 100,000 county population.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
.37	1.49	.36	.36	.72	.72	.72

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 of County 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 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 Public Health Department would need to take a close look at where its efforts may be going awry.

How are we doing? There were two reported foodborne outbreaks during the FY 2015-16 compared to one reported foodborne outbreak during FY 2014-15. Historical data supports that one to four foodborne outbreaks are consistently reported annually in this County. National data reflects an estimated 48 million cases of foodborne disease occur each year in the United States. The majority of these cases are mild, cause symptoms for a day or two and are not reported. The Centers for Disease Control and Prevention (CDC) estimates that there are 128,000 hospitalizations and 3,000 deaths related to foodborne diseases each year. Laboratory technologies are constantly improving, which may lead to the detection of increased identification of an increased number of outbreaks in the future.

Given the historical data and current results, we propose the FY 2016-17 target rate remain at .72, or two outbreaks per year based on a population of 279,083.

Benchmark Data: The State has stopped publishing foodborne outbreak data in the California Reportable Diseases Monthly Summary Report. Data is not readily available from other counties; therefore no benchmark data is available at this time. Population data is taken from the United States Census Bureau.

2. Performance Measure: Rate of newly diagnosed Human Immunodeficiency Virus (HIV) cases per 100,000 population.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
5.2	5.6	5.0	5.8	5.8	7.9	7.9

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

Why: The rate of reported HIV cases reflects those who are newly diagnosed. Public Health contacts physicians, hospitals and other providers, tests for HIV and report newly diagnosed HIV cases.

How are we doing? During FY 2015-16, 22 cases of HIV were reported, based on a population of 279,083 (US Census Bureau), compared to 16 reported during FY 2014-15 based on a population of 276,443. In 2007, all General Fund support was removed from state AIDS programs. However, San Luis Obispo County Public Health does offer HIV testing that is free to eligible applicants.

All leading indicators for sexually transmitted diseases (STDs) are rising. In California there was a 12% increase in syphilis rates from 2013 to 2014 and a 17% increase in gonorrhea for the same period. In the United States, people who get syphilis, gonorrhea and herpes often also have HIV or are more likely to get HIV in the future. Behaviors that put someone at risk for one STD (not using condoms, multiple partners, anonymous partners) often put them at risk for other infections like HIV. These trends will most likely result in an increase in the rate of newly diagnosed HIV cases in FY 2016-17, similar to the actual results in FY 2015-16. Therefore we propose the 2016-17 target rate be set at 7.9, based on 22 annual cases out of a population of 279,083.

Benchmark Data: STD rates for California and other STD information taken from the California Department of Public Health’s 2014 STD Surveillance Report. <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Executive-Summary.pdf> and the Center for Disease Control and Prevention STD and HIV Fact Sheet <http://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm#foot1>.

<p>Department Goal: Promote and encourage healthy behaviors.</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>						
<p>3. Performance Measure: Birth rate of adolescent females, ages 15 - 17, per 1,000 population.</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
11.2	10.4	8.2	8.3	9.0	6.9	8.1
<p>What: Measures the number of live-born infants born to San Luis Obispo County adolescent female residents who are 15 - 17 years old over a three year period. The calculation is derived by the number of live births to adolescent females in this age range over the last three years divided by the population of adolescent female residents in this age range over the last three years per 100,000.</p> <p>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.</p> <p>How are we doing? During FY 2015-16, 29 females in the age range of 15 to 17 gave birth out of an estimated population of 4,437 females within that age range, compared to 38 out of 4,569 in FY 2014-15. The total population of females in the county is determined by the California Department of Finance population estimates and is updated every several years. Total live births of 15-17 year old County residents for the previous two years and FY 2015-16 is 92.</p> <p>Per the Centers for Disease Control and Prevention 2013 Youth Risk Behavior Surveillance, nationwide data indicates that birth rates among females in this age range are declining largely because more youth are using contraception, youth appear to be delaying sexual intercourse, and access to no cost, youth-friendly family planning services through Family PACT (Planning, Access, Care and Treatment) Program has increased.</p> <p>Given current historical data and an estimated number of 38 births in FY 2016-17, the target rate for FY 2016-17 will remain at 8.1, (109 births over the three years based on a total three year population of 13,443).</p> <p>Benchmark Data: Comparable data from other counties is not available for the ages of 15 - 17. The majority of California counties track this type of data for females between the ages of 15 - 19 year olds. The County of San Luis Obispo tracks 15 - 17 year olds since this population tends to be more at risk and 18 years and older is considered to be an adult.</p>						
<p>4. Performance Measure: Percentage of low birth weight infants.</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
5.4%	5.5%	5.8%	6.2%	5.7%	6.1%	6.0%
<p>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 over a three year period. The calculation is derived by the total number of infants born who weigh less than 2,500 grams over a three year period, divided by the total number of babies born during the same three year period.</p> <p>Why: Low birth weight 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.</p> <p>How are we doing? The rate for low birth weight (LBW) babies born over the past three fiscal years was 6.1% (484 LBW babies divided by total live births of 7,891). The three-year average rate has remained relatively consistent in recent years and the percentage change is not statistically significant. The LBW average for the nation is 8% according to the Centers for Disease Control and Prevention. The low rate in San Luis Obispo 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), all of which 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.</p> <p>Given the historical data and current results, the FY 2016-17 target rate is expected to remain at 6.0% based on 484 LBW babies divided by total live births of 8,095. This projection is based on a three year average and is heavily weighted by the previous two years, which have been at 5.9% and 6.1% respectively.</p> <p>Benchmark Data: The latest version of the California Department of Public Health's County Health Status Profiles (2016 Edition) contains a three year average of low birth weight babies for each county. California had a three year average of 6.7% of low birth rate babies for the period of 2012-2014. For the same period, San Luis Obispo County ranked 12th out of 58 counties with a low birth rate percentage of 5.9%. Source: California Department of Public Health County Health Status Profiles 2015. http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2015.pdf</p>						

5. Performance Measure: Percentage of live born infants whose mothers received prenatal care in the first trimester.						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
82%	80%	79%	79%	80%	80%	81%

What: Measures the percentage of live-born infants, born to San Luis Obispo County women, whose mothers received prenatal care in the first trimester of pregnancy. The calculation is derived by the total number of female residents who sought prenatal care in the first trimester divided by the total number of pregnant female residents.

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

How are we doing? During FY 2015-16, 80% of mothers (2,140 mothers out of a total of 2,676) sought prenatal care in their first trimester, compared to 79% (2,052 mothers out of a total of 2,588) during FY 2014-15. 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 and Children, 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 department's near term goal is to incrementally increase our target rate to equal the state average of 83.5%.

Given historical data and current results, we propose the FY 2016-17 target rate remain the same at 81% (2,333 mothers out of a total of 2,880).

Benchmark Data: Each year the state publishes selected health benchmarks. The number of women receiving prenatal care in their first trimester is presented as a three-year average for the period of 2012-2014. San Luis Obispo County ranked 23rd out of 58 counties in receiving the most prenatal care in the first trimester, with a rate of 80%. For the same period, California had a three-year average rate of 83.5% of women receiving prenatal care in their first trimester. Source: California Department of Public Health County Health Status Profiles 2016 <http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2016.pdf>

6. Performance Measure: Percentage of the State allocated caseload enrolled in the Women, Infants & Children (WIC) Program.						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
99%	99%	95%	91%	96%	86%	83%

What: Measures the number of San Luis Obispo County women, infants and children receiving supplemental food coupons as a percentage of the State allocated caseload. Nutrition education and referrals to health care services are also provided through the WIC program but are not calculated as part of the 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? During FY 2015-16, the average number of women, infants and children participating in the WIC program was 4,107 per month, or 86.1%, compared to 4,530 per month, or 91%, during FY 2014-15. The State allocated caseload was recently decreased in FY 2015-16 from 4,975 to 4,700. It is important to note that a reduction of prenatal enrollments has been cumulative over time reflecting an overall decrease in not only women, but also infants and children participating in the program.

The State WIC program mandates that local agencies serve 100% of their allocated caseload. However, due to below normal caseloads being reported statewide, it is unclear at this time how the State WIC program will address statewide caseload deficits. It should be noted that San Luis Obispo County caseload trends are similar to benchmark counties and the State WIC program as a whole in the percentage of caseloads served under the WIC program. For example, San Luis Obispo County caseload has decreased 5.5% as of October 2015 compared to caseload decreases of 5.8% in Monterey County, 12.2% in Marin County, and 4% in Santa Barbara County for the same period. Reasons for decreased caseloads can be attributed to relatively new policies that restrict local agencies from mailing food coupons to families regardless of transportation barriers and non-compliance with appointment attendance which results in food coupons not being issued to those clients who do not attend. There is a direct correlation between these reasons and the declining rate, as the number of food coupons issued each month determines the caseload rate. In addition, there has been a drop in birth rates in the WIC eligible population. WIC staff are making attempts to increase caseload through marketing efforts and increasing presence at local obstetrician offices, and Dignity Health and CHC clinic sites.

Given the historical data and current results, the FY 2016-17 target rate is anticipated to be lower than the set rate of 92%, unless prenatal enrollments into WIC either stabilize or begin to increase. We suggest the target rate be adjusted to 83% for FY 2016-17. The department expects that the rate will stabilize and level off around this rate in the near future.

Benchmark Data: FY 2015-16: Marin County 2,748 (91.3%); Monterey County 19,475 (94.2%); Napa County 2,862 (78.4%); Placer County 3,552 (89.5%); Santa Barbara County 16,942 (89.9%); Santa Cruz County 7,821 (86.9%); Statewide 1,200,705 (86.0%).

7. Performance Measure: Youth smoking rate (proportion of youth in 11th grade who have smoked cigarettes within the past 30 days).						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
13%	Biennial Survey	10%	Biennial Survey	10%	7%	Delete
<p>What: Measures the proportion of our county youth in the 11th grade who have smoked cigarettes within the past 30 days, based on the California Healthy Kids Survey conducted every two years by the California Department of Education.</p> <p>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 2013 National Survey on Drug Use and Health, the rate of illicit drug use was almost nine times higher among youths aged 12 - 17 who smoked cigarettes in the past month (53.9%) than it was among youths who did not smoke cigarettes in the past month (6.1%).</p> <p>How are we doing? The 2015-16 California Healthy Kids Survey reports only 7% of San Luis Obispo County 11th graders smoked a cigarette in the last 30 days. This is below the projected rate of 10%. It should be noted that the reason for the decrease is likely correlated to the increased use in electronic cigarettes. This was the first year that the use of electronic cigarettes was measured in the survey and 14% of 11th graders reported using an electronic cigarette in the last 30 days. This is a significant finding and is being mirrored in counties across the state and nation.</p> <p>This performance measure will be eliminated in FY 2016-17 due to the lack of available comparison data and limited participation in the survey.</p> <p>Benchmark Data: None available. Due to continued financial restrictions, many school districts no longer participate in the California Healthy Kids Survey. Effective 2013, WestEd, who administers the California Healthy Kids Survey, no longer publishes county reports making benchmark data no longer available.</p>						
<p>Department Goal: Protect against environmental hazards.</p> <p>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</p>						
8. Performance Measure: Percentage of Small Water systems in compliance with State or Federal bacteriological drinking water standards.						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
95.4%	94.8%	95%	97%	96%	97%	96%
<p>What: San Luis Obispo County Environmental Health Division 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.</p> <p>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.</p> <p>How are we doing? During FY 2015-16, 97% (1,792 out of 1,855) of the routine water samples were in compliance with the drinking water standards, compared to 97% (1,849 out of 1,908) during FY 2014-15. 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. Overall, compliance rates have remained relatively stable.</p> <p>Given the historical data and current results, the FY 2016-17 target rate will remain at 96% (1,835 in compliance out of a total of 1,912).</p> <p>Benchmark Data: None available, as the State does not require counties to report this information.</p>						

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

9. 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.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
59%	51%	50%	66%	63%	49%	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. The calculation is derived by the number of referrals to the program resulting in enrollment divided by the total number of referrals received.

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? During FY 2015-16, Public Health Nursing received 130 referrals for pregnant or parenting women with a positive drug and/or alcohol screen or admitted substance abuse. Of those 130 referrals, 63 clients were enrolled into the program, nine remained on a wait list and 60 did not enroll. Of the 58 clients not enrolled in services, 26 refused or declined services, two clients did not qualify for the program, and 28 could not be located, one moved out of the county, and one pregnancy was terminated. These low-income, high-risk pregnant women and new mothers are frequently homeless, mistrustful of agencies and present a challenge to enroll in and retain in services. Comparatively, during FY 2014-15 Public Health Nursing received 116 referrals for pregnant or parenting women with a positive drug and/or alcohol screen or admitted substance abuse. Of those 116 referrals, 76 clients or 66% were enrolled into the program and two remained on a wait list.

Referrals to the program have increased possibly due to increased marketing and community outreach efforts, increased self-reporting of drug use, and partnerships with local referring agencies. In the first half of FY 2015-16 roughly half of the program's nursing positions were vacant, and during the second half of the year the program still had a 25% vacancy rate. The department will make every effort to fill vacancies and increase enrollments in the program.

The FY 2016-17 adopted budget includes 3.00 FTE Public Health Nurses to augment the Public Health Nursing Case Management Program (Field Nursing). We expect the addition of these positions to increase the FY 2016-17 target rate, as it will allow for clients to be removed from the wait list. Given the historical data, current results, and the addition of future staff, we propose the FY 2016-17 target rate be adjusted to 65% (119 enrollments out of 184 referrals).

Benchmark Data: None available.

GOALS AND PERFORMANCE MEASURES

<p>Department Goal: To provide for the safety, permanence and well-being of children.</p> <p>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</p>						
<p>1. Performance Measure: Percentage of children reentering foster care within 12 months of being reunified with their families. <i>(This measure is being deleted in FY 2016-17)</i></p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
13.3%	17.3%	18.9%	15.2%	10%	25.8%	deleted
<p>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.</p> <p>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.</p> <p>How are we doing? The County is above the State average of 11.5% by 14.3 percentage points based on data through third quarter of FY 2015-16. Actual FY 2015-16 results of 25.8% reflect the yearly average from July 2015 through March 2016. Our goal in the current year was ambitious, and an increasingly challenging caseload in our Child Welfare Services program put this goal out of our reach.</p> <p>We are deleting this measure in FY 2016-17 because it is being replaced with a measure that expresses the information as the percentage of children who do <i>not</i> reenter care, based on a different methodology.</p>						
<p>2. Performance Measure: Percentage of children who do <u>not</u> reenter foster care within 12 months of being reunified with their families. <i>(This measure is being added in FY 2016-17)</i></p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
78%	83%	91%	77%	New Measure	76%	92%
<p>What: This performance measure tracks the percentage of children who do not reenter foster care within 12 months after being returned to their families. Beginning a few years ago, the State adopted a different methodology to calculate this so it does not directly coincide with performance measure #1, which is being deleted. Of about 90 children included in this measure every quarter, approximately 76 remain with their families, rather than reentering foster care due to subsequent abuse or neglect.</p> <p>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. According to a study cited in the Journal of Child and Adolescent Psychiatric Nursing, "<i>Most children in foster care, if not all, experience feelings of confusion, fear, apprehension of the unknown, loss, sadness, anxiety, and stress. Such feelings and experiences must be addressed and treated early to prevent or decrease poor developmental and mental health outcomes that ultimately affect a child's educational experience and the quality of adulthood.</i>" (Bruskas, D. (2008), Children in Foster Care: A Vulnerable Population at Risk. The goal of Child Welfare is to create stability, and a higher rate of success in keeping children reunified with their families suggests stability.</p> <p>How are we doing? The County's FY 2015-16 actual results of 76% did not meet the Federal target of 92%. In FY 2014-15, 77% (61 of 79) did not reenter foster care within 12 months of being reunified with family. Through third quarter of FY 2015-16, 76% (44 of 58) have not reentered foster care within 12 months of reunification. As stated above, an increasingly challenging caseload in our Child Welfare Services program has made it difficult to achieve this goal.</p>						
<p>3. Performance Measure: Percentage of child abuse/neglect referrals where a response is required within 10 days that were responded to timely. <i>(This measure is being deleted in FY 2016-17)</i></p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
98%	98%	96%	97%	98%	97%	deleted
<p>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. The County responds to approximately 1,400 "10-day" responses in a year.</p>						

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's FY 2015-16 results of 97% is above the State average of 91% by six percentage points. Actual results reflect the yearly average based on data through third quarter of FY 2015-16. Actual FY 2014-15 results of 97% (1,376 of 1,411) reflect the yearly average from July 2014 through June 2015. The results in this measure are currently under target, however, they remain steady over the last two years after an increase from FY 2013-14 due to additional training as well as monitoring the response rates of each social worker on a monthly basis.

We are deleting this measure in FY 2016-17 because it is being replaced with a similar measure that reflects how the State and Federal agencies now evaluate performance in this area.

4. Performance Measure: Percentage of child abuse/neglect referrals where a response is required within 10 days and where contact was made within the required period.
(This measure is being added in FY 2016-17)

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
71.7%	74%	71.3%	71.6%	New Measure	97%	80%

What: Child Welfare referrals may warrant either an "immediate" response or a "10-day" response, depending on the severity of the allegation. Beginning this year, the State began measuring performance as a percentage of referrals in which contact actually was made with the family and the alleged victim in person rather than merely measuring attempts at contact (this is State measure "2D," accessible at this site: http://cssr.berkeley.edu/ucb_childwelfare/Ccfsr.aspx). The County responds to approximately 1,400 "10-day" responses in a year.

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's FY 2015-16 result of 97% is above the State average of 92% by five percentage points. Actual FY 2015-16 results reflect the yearly average based on data through third quarter of FY 2015-16, where 1,081 of 1,118 referrals were responded to within the time period. Actual FY 2014-15 results of 71.6% (1,010 of 1,411) reflect the yearly average from July 2014 through June 2015.

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
68%	61%	57%	51%	68%	52%	68%

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's FY 2015-16 actual results (52%) are above the State average (50%) by two percentage points. Actual FY 2015-16 results reflect a yearly average based on data through the third quarter of FY 2015-16. Actual results are sixteen percentage points below target, however, results have risen two percentage points from data reported in first quarter of FY 2015-16. 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.

Department Goal: To provide services in a manner that is both effective and efficient.						
Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input checked="" type="checkbox"/> Prosperous <input checked="" type="checkbox"/> Well-Governed Community						
6. Performance Measure: Percentage of General Assistance funds recouped through Supplemental Security Income (SSI) or other repayments. <i>(This measure is being deleted in FY 2016-17)</i>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
24%	33%	43%	16%	45%	20%	deleted
<p>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.</p> <p>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.</p> <p>How are we doing? The FY 2015-16 actual results of 20% are below the adopted target of 45% by twenty-five percentage points, however, this reflects an increase of 4% over actuals for FY 2014-15 (16%). Actual FY 2015-16 results reflect a yearly average based on data through May 2016. 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.</p> <p>We are deleting this measure in FY 2016-17 because we are replacing it with a measure that better evaluates our performance in securing benefits for disabled individuals under the department’s SSI Advocacy program. This current measure is an indicator that the department has little control over.</p>						
7. Performance Measure: Percentage of Social Security Income (SSI) approvals that occurred within one year after disabled individuals began receiving assistance in applying for these benefits. <i>(This measure is being added in FY 2016-17)</i>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
New Measure	New Measure	New Measure	59%	New Measure	55%	63%
<p>What: This performance measure tracks the percentage of Supplemental Security Income (SSI) approvals that occurred within one year after disabled individuals have been approved for General Assistance and began receiving assistance from the County’s “Benefits ARCH” program. The Benefits ARCH program provides disabled applicants with one-on-one assistance from Employment Resource Specialists in applying for federal SSI benefits, a process that can be particularly difficult to navigate—especially for those with physical or mental disabilities. The Employment Resource Specialists assist in gathering all necessary information and forms, and packages the forms in a manner that facilitates expedited consideration by employees of the Social Security Administration.</p> <p>Why: One of our department’s goals is to help individuals achieve self-sufficiency. Navigating the SSI application process is difficult and especially difficult for those with health issues. The Benefits Arch program is designed so that staff can help disabled General Assistance participants through the SSI application process, with the goal of helping more participants make it through the approval process for SSI and also to minimize the time from application to approval. The end result is a steady monthly income for disabled participants, eliminating their need for General Assistance, thus saving County General Fund support.</p> <p>How are we doing? The County’s FY 2015-16 actual results of 55% (39 of 71) reflect a yearly average based on data through fourth quarter of FY 2015-16. At this time, we have no historical data prior to FY 2014-15 to which we can compare our performance. In FY 2014-15, a total of 59% (31 of 53) of SSI approvals occurred within one year after the individuals assisted began receiving assistance in applying for benefits. Our goal is that each year a greater percent of the SSI approvals will occur within one year of the date the individual began receiving our assistance.</p>						
8. Performance Measure: Average Medi-Cal cases per case manager (reflects average of the intake and continuing caseloads). <i>(This measure is being deleted in FY 2016-17)</i>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
223.25 cases	210 cases	216 cases	328 cases	225 cases	361 cases	deleted
What: Caseload size can be 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? We are above the adopted target by 136 cases or 60% through the third quarter of FY 2015-16. Fluctuations in actual results are due to changes in staffing levels during the year, as well as the implementation of the Affordable Care Act. State or comparable county data is not available.

We are deleting this measure in FY 2016-17 because this measure varies based on factors outside of the department's control, including fluctuations in case activity, staff vacancies and turnover. There is also no comparable state or county data available.

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

(This measure is being deleted in FY 2016-17)

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
ER-31	ER-27	ER-27	ER-27.25	ER-15	ER-15	deleted
FM-10	FM-11	FM-10	FM-8.5	FM-11	FM- 9	
FR-12	FR-12	FR-11	FR-8	FR-12	FR- 9	
PP-24	PP-28	PP-30	PP-27	PP-25	PP- 32	

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 a reduction in efficiency.

How are we doing? The County's FY 2015-16 actual results reflect a yearly average based on data through the end of FY 2015-16 (ER has data only through third quarter). Actual results for PP (32) are above the adopted target (25) by seven cases or 28%. Actual results (through third quarter) for ER (15) were on target. Actual results for FM (9) were below target (11) by two cases or 18%. Actual results for FR (9) were below target (12) by three cases or 25%. State or comparable county data is not available. Caseload and staffing varies from quarter to quarter based on staff vacancies and case activity.

We are deleting this measure in FY 2016-17 because this measure varies based on factors outside of the department's control, including fluctuations in case activity, staff vacancies and turnover. There is also no comparable state or county data available.

10. Performance Measure: Timely face to face contacts with children in Foster Care.

(This measure is being added in FY 2016-17)

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
95%	92%	94%	97%	New Measure	98%	95%

What: This performance measure tracks the percentage of Social Worker face to face visits with children in foster care that were done within the required time-frame, which is most often monthly. In a typical month, approximately 300 children require a face to face visit with a Social Worker—no matter where they are living, including outside of California.

Why: Consistent and frequent contact with children in foster care is essential for identifying any safety and/or placement stability issues, and allows for the quick and efficient resolution of those issues.

How are we doing? The County's FY 2015-16 actual results of 98% (2,406 of 2,464 timely contacts) are above the State average of 93% by five percentage points. Actual FY 2015-16 results reflect a yearly average based on data through third quarter of FY 2015-16. Our target remains higher than the State average, as we have consistently performed well on this measure, exceeding the State's average for more than a year.

11. Performance Measure: Timeliness of Medi-Cal approvals.

(This measure is being added in FY 2016-17)

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
New Measure	67%	41%	52%	New Measure	65%	90%

What: This performance measure tracks the percentage of Medi-Cal approvals processed within 45 days.

Why: It is important to our department and to our participants to provide timely assistance to those in need of health care coverage. Delays in processing applications can result in delays in accessing important medical care, to the detriment of the applicants' health and well-being. The State's requirement is that all applications must be acted upon—whether approved, denied or withdrawn voluntarily by the applicant—within 45 days to be considered "in compliance" with that requirement. However, counties must act on 90% of applications within that 45-day period.

How are we doing? The County's FY 2015-16 actual results of 65% reflect a yearly average based on data through the end of FY 2015-16. Due to the Affordable Care Act being implemented in January of 2014 and the backlog of Medi-Cal applications that this created, there was a dip in our rate for FY 2013-14. The number of applications processed increased from 9,696 in FY 2012-13 to 18,516 in FY 2013-14, before dropping to 15,564 in FY 2014-15. We can see that the rate improved in FY 2014-15 and continued to improve in FY 2015-16. While this is a new measure, we do have historical data available since FY 2012-13. The past year's actual results reported for FY 12-13 through 14-15 on this new measure were revised due to a reporting error that has since been fixed.

After the initial submission of this measure during the FY 2016-17 budget process, our department discovered an error in the prior year results calculation. The error has been corrected and accurate, revised numbers are now reflected.

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

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

12. Performance Measure: Percentage of Welfare to Work participants meeting the Federal Work Participation requirements.
(This measure is being deleted in FY 2016-17)

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
29.1%	29.1%	29.1%	Data not available	35%	Data not available	deleted

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 performance measure previously referred to 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. Data for this measure, including State and comparable county information, has been unavailable from the State since September 2010. It is uncertain when the State will have updated information available regarding this statistic.

We are deleting this measure in FY 2016-17 because the data obtained from the State is consistently stale and unreliable, due in part to repeated changes in how the State calculates the data.

13. Performance Measure: Percent of CalWORKs adult participants with earnings.
(This measure is being deleted in FY 2016-17)

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
29.5%	29.9%	33.6%	33.1%	32.5%	36.7%	deleted

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's FY 2015-16 actual results of 36.7% are above target and the State average by approximately four percentage points each. 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. Actual results reflect the yearly average through first quarter of FY 2015-16.

We are deleting this measure in FY 2016-17 because we are replacing it with a newer, more meaningful measure related to participants leaving CalWORKs public assistance due to increased earned income.

<p>14. Performance Measure: Percentage of CalWORKs participant families who are able to leave the CalWORKs public assistance program due to increased earned income. <i>(This measure is being added in FY 2016-17)</i></p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
New Measure	New Measure	10%	13%	New Measure	14%	18%
<p>What: This performance measure tracks the percentage of CalWORKs families who have left the program due to the household having increased earned income.</p> <p>Why: One of our department's goals is to help individuals achieve self-sufficiency. Through the Welfare-to-Work program, staff provides training and assistance to help families find and keep jobs that allow them to become self-sufficient and therefore no longer in need of cash assistance. While families may leave the program for other reasons, including having their children reach adulthood or moving away from the County, the primary goal for families is to achieve economic stability that enables them to discontinue their reliance on cash assistance.</p> <p>How are we doing? The County's FY 2015-16 actual results of 14% reflect a yearly average based on data through the end of FY 2015-16. Although actual results for FY 2015-16 are below the FY 2016-17 target of 18% by four percentage points, the data reflects a trend of consistent increase over the last three fiscal years. Actual results from the past three fiscal years indicate that economic self-sufficiency has been the reason for discontinuing cash aid in a relatively small percentage of cases (between 10% (128 of 1,272) in FY 2013-14 to 13% (253 of 1,952) in FY 2014-15 to 14% (279 of 2,016) in FY 2015-16). Our goal is that each year a greater percentage of households will be able to be discontinued from CalWORKs due to increased earned income. There is no comparable county or state data for this measure.</p>						
<p>Department Goal: To provide for the safety of disabled adults and seniors who are at risk of abuse or neglect.</p> <p>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</p>						
<p>15. Performance Measure: Average IHSS cases per Social Worker. <i>(This measure is being deleted in FY 2016-17)</i></p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
134 cases	149 cases	136 cases	140 cases	150 cases	112 cases	deleted
<p>What: This measures the average number of continuing In-Home Supportive Services (IHSS) cases per Social Worker.</p> <p>Why: This important measure reflects the number of cases per Social Worker in the 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 a reduction in efficiency.</p> <p>How are we doing? The County is below the FY 2015-16 adopted target by 38.5 cases or 26% through third quarter of FY 2015-16. Data for State and comparable counties is not available. New assessment and documentation requirements, coupled with increases in the number of severely impaired program participants, can result in additional workload for staff. Rising caseloads per worker can threaten the accuracy and efficiency of program operations, however the actual results did not exceed the adopted target for FY 2015-16, which was 150 cases.</p> <p>We are deleting this measure in FY 2016-17 because this measure varies based on factors outside of the department's control, including fluctuations in case activity, staff vacancies and turnover. Additionally, there is no comparable state or county available.</p>						
<p>16. 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.</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
91%	87%	84%	82%	95%	97%	95%
<p>What: This measure demonstrates the extent to which initial interventions by Social Services were effective.</p> <p>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.</p> <p>How are we doing? The County's FY 2015-16 actual results of 97% (where 195 of 202 did not have another substantiated report within a 12-month period) are above target by two percentage points. Actual results reflect a yearly average based on data through the end of FY 2015-16. State or comparable county data is not available.</p>						

Health and Human Services

17. Performance Measure: Percent of timely Adult Protective Services (APS) face to face responses. (This measure is being added in FY 2016-17)						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
New Measure	New Measure	New Measure	77%	New Measure	81%	85%
<p>What: This performance measure tracks the percentage of APS face to face responses that are completed within the mandated timeframe. Reports may be classified as "immediate," requiring a response within 24 hours, or as not immediate, requiring an in-person response within 10 days.</p> <p>Why: Responding timely to reports of adult abuse or neglect is necessary to provide for the safety of disabled adults and seniors. In FY 2015-16, the County implemented a Structured Decision Making instrument—similar to one utilized for many years in the Child Welfare Services program—to assess risk and direct response. A delay in response—especially when the threat is severe—could result in permanent injury, loss of finances or even death to the alleged victim.</p> <p>How are we doing? The County's FY 2015-16 actual results of 81% reflect a yearly average based on data through the end of FY 2015-16. The data reflects an increase and improvement from FY 2014-15. In FY 2014-15, 77% (314 of 408) were responded to within the mandated timeframe compared to FY 2015-16, where 81% (474 of 587) were responded to within the mandated time frame. Our goal is that each year a greater percentage of our responses will be done within the mandated time frame. There is no comparable county or state data. The number of reports investigated by the department has been rising: In FY 2012-13, the department investigated 888 reports that alleged abuse, neglect or exploitation of an elderly or dependent adult. That number climbed to 972 reports in FY 2013-14, and 1,380 reports in FY 2014-15.</p>						

GOALS AND PERFORMANCE MEASURES

Department Goal: Provide Veterans, their eligible dependents, and survivors with advice and assistance on compensatory, healthcare, insurance, educational and other government benefits available.

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

1. Performance Measure: Percentage of customer satisfaction surveys which rated the services performed by the Veterans Services Department as “extremely satisfied” or “very satisfied”.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
99.8%	100%	98.4%	98%	98.5%	100%	98.5%

What: A customer satisfaction survey is available to all clients; these surveys are collected throughout the year to evaluate and track the client satisfaction levels.

Why: To ensure consistently high quality service, to identify problem areas within the department, and to evaluate department staff performance.

How are we doing? Of the customer satisfaction surveys provided to clients, approximately 109 survey responses were received. Approximately 95 surveys reflected that clients were ‘extremely satisfied’ and 14 surveys reflected that clients were ‘very satisfied’ with the services they received. If a survey is received showing that a Veteran was dissatisfied with our service it is evaluated and corrective action is taken. Several surveys stated a concern over the dated condition of office equipment and furniture. The office has responded by updating technology to improve efficiency and by providing new furniture to better meet the needs of our clientele.

Department Goal: To ensure all Veterans, eligible Dependents, and survivors receive the highest possible benefit rating of filed and consequently awarded claims.

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

2. Performance Measure: Dollar amount of Compensation and Pension benefits secured for new monetary claims (annualized and cumulative).

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
\$3,708,374	\$5,692,497	\$4,377,240	\$5,200,000	\$2,500,000	\$6,049,671	\$5,000,000
\$8,997,295	\$14,689,792	\$19,067,032	\$24,267,032	\$26,767,032	\$30,316,703	\$35,316,703

What: The annualized and cumulative dollar amount of new services and benefits connected with compensation and pension claims 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 retroactive and monthly benefits secured for veterans during FY 2015-16 is the highest that it has been since we began measuring our performance in this endeavor and significantly above the adopted estimate. This is attributable to our office offering Veteran Status on Drivers Licenses and the issuing of Veterans Benefits Cards which brings more veterans in to learn about additional monetary benefits that they may qualify for. It is also attributable to the significant outreach that was conducted in FY 2015-16 as well as new methods of technological advertising. The money that is awarded to the veterans goes directly into our county’s economy. Improving the financial security of our local veterans helps to improve the financial security of the entire county - individuals, government, and businesses alike.

Department Goal: Conduct outreach in the community to reach veterans where they live, work and play to ensure they are receiving the benefits and services they have earned.

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

3. Performance Measure: Number of veterans reached through outreach efforts in the community.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
N/A	2,274	2,075	1,864	1,500	2,969	3,000

What: Outreach efforts are conducted throughout the county to reach veterans where they live, work and play.

Why: To inform veterans of the benefits and services they have earned and to help them access those benefits and services as needed.

How are we doing? Connecting veterans to our office in order to receive the benefits that they have earned has been enhanced by several operations. One of these operations is the ongoing collaboration with the California Department of Veterans Affairs (CDVA) to connect calls made to a central number listed on the CDVA website to our office for local veterans. Another operation is the annual Veterans Stand Down outreach event for at risk and homeless veterans for which our office created for the first time a website dedicated to informing the public about the event and to register providers, veterans, and volunteers online efficiently all while increasing awareness of veteran homelessness in SLO County. Other operations include, but are not limited to, the Veterans Treatment Court, televised news interviews with Veterans Service staff, and our collaboration with the Community Action Partnership of San Luis Obispo (CAPSLO) non-profit organization under the Supportive Services for Veterans and their Families (SSVF) program.