Health and Human Services

Contributions to Other Agencies

Health Agency
- Behavioral Health
- County Medical Services Program
- Driving Under the Influence
- Emergency Medical Services
- Law Enforcement Medical Care
- Medical Assistance Program
- Public Health

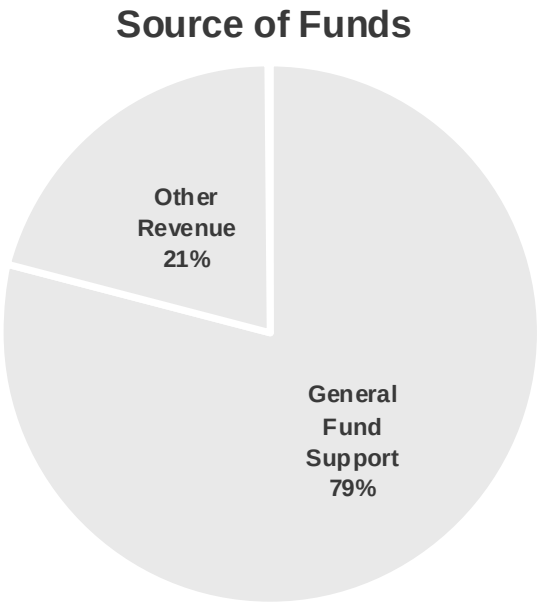
Social Services Administration
- CalWORKs
- Foster Care
- General Assistance

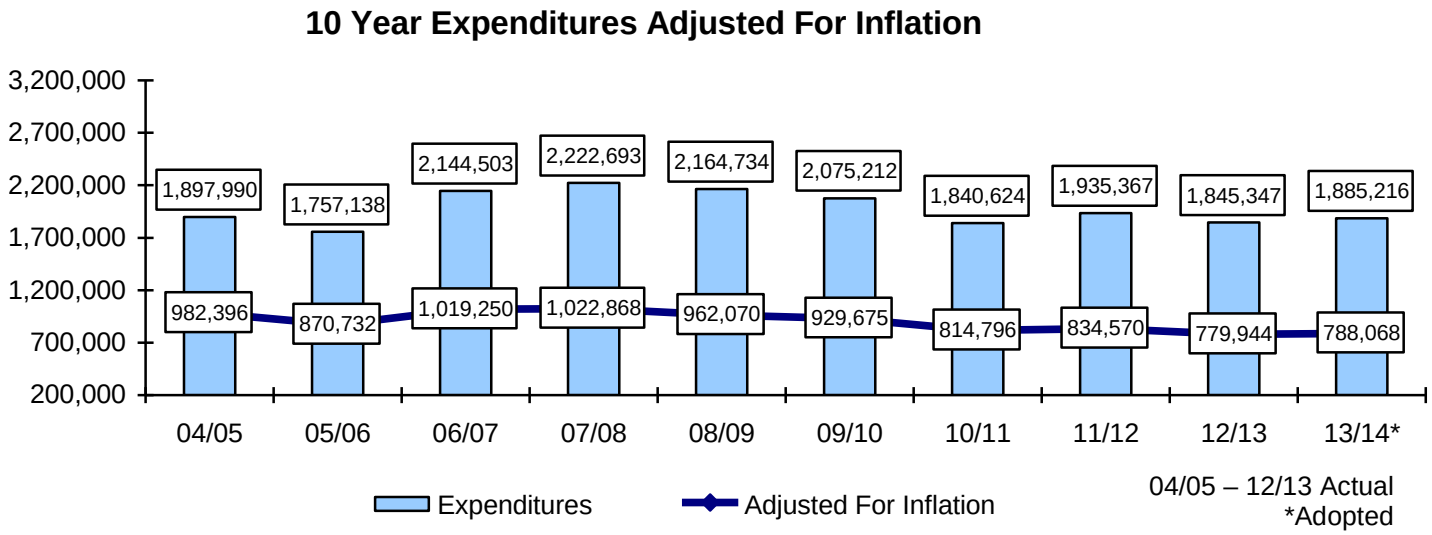
Veterans Services

PURPOSE

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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Taxes	$ 12,000	$ 0	$ 0	$ 0	$ 0
Charges for Current Services	90,000	0	0	0	0
Other Revenues	364,891	360,816	358,350	358,350	358,350
Interfund	36,000	27,000	36,000	36,000	36,000
**Total Revenue	$ 502,891	$ 387,816	$ 394,350	$ 394,350	$ 394,350
Services and Supplies	1,935,367	1,845,347	1,880,419	1,840,419	1,885,216
**Gross Expenditures	$ 1,935,367	$ 1,845,347	$ 1,880,419	$ 1,840,419	$ 1,885,216
General Fund Support (G.F.S.)	$ 1,432,476	$ 1,457,531	$ 1,486,069	$ 1,446,069	$ 1,490,866





SERVICE PROGRAMS

Contributions to Other Agencies has a total expenditure level of $1,885,216 to provide the following services:

District Community Project Grants

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

Total Expenditures: $129,600 Total Staffing (FTE): 0.00

Community Based Organizations

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

Total Expenditures: $695,600 Total Staffing (FTE): 0.00

Preventive Health

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

Total Expenditures: $358,350 Total Staffing (FTE): 0.00

Other Agency Requests

Provide funds for a variety of non-profit organizations for operations and specific projects. Some of these organizations are funded on a recurring basis and others are funded for specific one-time projects. Funding requests are considered by the Board of Supervisors during the County's annual budget hearings
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Total Expenditures: $701,666 Total Staffing (FTE): 0.00

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The FY 2013-14 recommended level of General Fund support for this Fund Center, at $1,446,069, is a decrease of $40,000 or 2% from FY 2012-13 adopted levels. In FY 2011-12 and 2012-13, $40,000 was budgeted for the marketing of Parks, Golf and Airports. For FY 2013-14, that funding has been reallocated to the Parks and Airports fund centers. The recommended budget provides for $1,840,419 in grant funds, a decrease of $28,150 or 1% from FY 2012-13 adopted amounts. The recommended decrease is due to combination of the reallocation of funds noted above and an increase in funding available for preventative health grants. The following is a description, by category, of the recommended funding distribution:

District Community Project Grants: For FY 2013-14, it is recommended that funding for District Community grants remain at FY 2012-13 levels of $129,600. This funding would again allocate $25,938 for each supervisorial district and, as in prior years, any District funds remaining from FY 2012-13 will be carried forward to FY 2013-14. The exact amount of funds to be carried over to FY 2013-14 will be determined at the end of FY 2012-13.

District Community Projects	2013-14 Request	2013-14 Recommendation	2013-14 Adopted
District 1 Community Projects	$ 25,938 + carryover	$ 25,938 + carryover	$ 25,938 + carryover
District 2 Community Projects	$ 25,938 + carryover	$ 25,938 + carryover	$ 25,938 + carryover
District 3 Community Projects	$ 25,938 + carryover	$ 25,938 + carryover	$ 25,938 + carryover
District 4 Community Projects	$ 25,938 + carryover	$ 25,938 + carryover	$ 25,938 + carryover
District 5 Community Projects	$ 25,938 + carryover	$ 25,938 + carryover	$ 25,938 + carryover
Total	**$129,600**	**$129,600**	**$129,600**

Community Based Organization (CBO) and Preventive Health Grant (PHG): Representatives from the Adult Policy Council, the Mental Health Advisory Board, Drug and Alcohol Board, the Health Commission and Children's Services Network, along with Administrative Office staff, formulated the funding recommendations below. A total of 59 project proposals, requesting $1.6 million in grant funds, from 48 non-profit organizations, were reviewed and prioritized with emphasis placed on an organization's ability to leverage the grant funds and/or fundraise, a requirement to obtain a public match, projected performance measures/results/outcomes, prior year results/outcomes, cost per population served, community need, distribution of services provided, project and/or organization sustainability with funds granted, and total resources available to carry out the project. The CBO/PHG Review Committee is recommending funding for 55 proposals with projects for three organizations recommended to be funded with both preventive health and community based organization designated funds.

Funding for Community Based Organization grants are recommended at FY 2012-13 adopted level of $635,000. The recommended funding will fund 32 projects.

Community Based Organizations	2013-14 Requested	2013-14 - CBO Recommendation	2013-14 - CBO Adopted
AIDS Support Network – Housing Assistance Program	20,000	15,000	15,000
Assistance League	6,000	5,000	5,000
Atascadero Loaves & Fishes	15,500	12,400	15,500
Big Brothers Big Sisters	15,000	8,000	8,000

Cal Poly Corporation – Bakari Mentoring Program	117,019	20,000	20,000
Children's Resource Network of Central Coast	12,500	5,000	12,500
Community Action Partnership-Adult Day Services Centers	27,300	27,300	27,300
Community Action Partnership – Adult Wellness & Prevention Program	15,000	10,000	10,000
Court Appointed Special Advocates (CASA)	19,000	12,000	12,000
Five Cities Meals on Wheels	8,000	7,000	7,000
Food Bank	100,000	100,000	100,000
Literacy Program for San Luis Obispo	50,000	10,000	10,000
Long Term Care Ombudsman Services	12,000	12,000	12,000
North County Women's Shelter/Resource Center	30,000	30,000	30,000
Partnership for Children – Pediatric Dental Surgical Care	30,000	30,000	30,000
Paso Robles Housing Authority	7,500	7,300	7,300
People's Self Help Housing	25,000	15,000	15,000
SLO Child Abuse Prevention Council (SLOCAP)	9,000	5,000	5,000
SLO Noor Foundation	150,000	100,000	150,000
Senior Legal Services Project (SLO Legal Alternatives)	4,818	4,000	4,000
Senior Nutrition Program	40,000	40,000	40,000
Senior Volunteer Services (RSVP)	12,000	12,000	12,000
Sexual Assault Counseling Program (SARP)	22,000	22,000	22,000

The Link – First Contact/Last Resort Crisis Assistance	6,000	3,000	3,000
Transitional Food and Shelter	20,000	20,000	20,000
Transition-Mental Health Association – Growing Grounds Program	18,000	18,000	18,000
Transition-Mental Health Association – North County Drop In Center	10,000	10,000	10,000
Wilshire Community Services – **Neighbor Helping Neighbor** Program	5,000	5,000	5,000
Women's Shelter Program – Domestic Violence Counseling in Schools Program	12,000	12,000	12,000
Total	**$818,637**	**$577,000**	**637,600**

Funding for Preventive Health grants is budgeted to increase by $11,850 or 3% as compared to FY 2012-13 due to an increase expected from Tobacco Settlement funds. The recommended funding of $358,350 will fund 23 projects.

Preventive Health Grants	**2013-14 Requested**	**2013-14 - PHG Recommendation**	**2013-14 - PHG Adopted**
5 Cities Homeless Organization	10,000	5,000	5,000
AIDS Support Network – Hep C Project	25,000	20,000	20,000
AIDS Support Network for SLO Syringe Exchange Program	10,000	10,000	10,000
Cambria Connection	27,000	20,000	20,000
Casa Solana	35,000	24,450	24,450
Coast Unified School District	72,933	22,500	22,500
Community Action Partnership – Forty Wonderful Program	7,500	7,500	7,500
Community Action Partnership – Tattoo Removal Program	6,500	6,500	6,500
Community Action Partnership – SAFE Program South County	15,000	15,000	15,000

Community Counseling Center	24,000	24,000	24,000
Community Health Centers of the Central Coast - on-site school obesity program	10,400	10,400	10,400
County of San Luis Obispo, Drug & Alcohol, Division of Behavioral Health (programs for San Miguel)	76,984	22,500	22,500
El Camino Homeless Organization	56,000	20,000	20,000
Gatehelp, Inc./Gryphon Place – sober living for men	20,000	20,000	20,000
Jack's Helping Hands, Inc.	7,000	7,000	7,000
Lucia Mar Unified School District (parenting program for teens)	22,000	22,000	22,000
North County Connection	35,000	20,000	20,000
SLO Alano Club	3,980	2,000	2,000
South County Youth Coalition	85,363	22,500	22,500
The Link – SAFE Program North County	20,500	15,000	15,000
Wilshire Community Services – **Caring Callers** Program	4,500	3,000	3,000
Wilshire Community Services – **Senior Peer Counseling** Program	4,500	4,000	4,000
Women's Shelter Program – Victims of Domestic Violence Advocate Program	23,000	23,000	23,000
Total	**$602,160**	**$346,350**	**$346,350**

As noted above, three organizations' projects are recommended to be funded from both Community Based Organization and Preventive Health grant designated funds.

Community Based Organization and Preventive Health Grants	**2013-14 Requested**	**2013-14 - CBO Recommendation**	**2013-14 - PHG Recommendation**	**2013-14 - PHG Adopted**
Alpha Pregnancy and Parenting Support	10,000	8,000	2,000	10,000
Child Development Resource Center of the Central Coast (formerly known as SLO Child Development Center)	39,296	30,000	5,000	35,000
United Way – 211	40,000	20,000	5,000	25,000
Total	**$89,296**	**$58,000**	**$12,000**	**$70,000**

Four projects are not recommended for funding.

Not Recommended for Funding	2013-14 Requested	2013-14 - CBO Recommendation	2013-14 - PHG Recommendation	2013-14 - PHG Adopted
Captive Hearts	30,000	0	0	0
French Hospital Foundation	10,300	0	0	0
Friends of the Charles Paddock Zoo	30,000	0	0	0
YMCA	12,000	0	0	0
Total	**$82,300**	**$0**	**$0**	**$0**

Other Agency Requests: Overall, funding for the "Other Agency Requests" section of this Fund Center at $701,666 is a decrease of $31,386 or 4% from FY 2012-13 adopted levels. Programs funded in this category cover a wide range of programs including services the County is required to contribute to per State or Federal law. When adjusted for these programs and services, the recommended grant funding of $364,379 is a 10% decrease from FY 2012-13 adopted levels. This is primarily due to the reallocation of funding for marketing to the Parks, Golf and Airports fund centers.

- No new funding is recommended for FY 2013-14.
- The $40,000 for Central Coast Commission for Senior Citizens – Area Agency on Aging (Triple AAA) is a required match of the Older Americans Act.
- The County is required to share in the funding of the Local Agency Formation Commission (LAFCO) with the cities and special districts per the Cortese-Knox-Hertzberg Act of 2000. It should be noted at the time this narrative was written the LAFCO Commission had not approved the LAFCO budget. However, LAFCO staff is recommending that the charges to the agencies increase by 5.9% or $8,614 from $146,673 in FY 2012-13 to $155,287 in FY 2013-14. This amount will be adjusted to the approved LAFCO budgeted amount at the time of disbursement of the funds.
- Funding for the San Luis Obispo Visitors and Conference Bureau (SLOVCB)/Visit San Luis Obispo County is recommended at $325,854. This recommended equates to a $40,000 or 11% decrease from FY 2012-13 adopted levels. The recommended funding includes $50,000 for the Uniquely SLO Cluster of the Economic Strategy. After discussions with Parks, Golf and Airports staff, it recommended that the funding ($40,000) previously approved for marketing of those agencies' programs be reallocated in order for the departments to oversee, develop and carry out their marketing programs. Parks, Golf and Airports will be required to provide the Administrative Office with marketing plans that include measurable results.
- Funding for the San Luis Obispo County Arts Council/ARTS Obispo is recommended to remain at FY 2012-13 levels of $18,525. As the County's Local Arts Planning Agency, the Arts Council is required to have matching funds on a 1:1 level. The required match may be from any public or private source and in some instances in-kind donated services may be eligible to be used as match. The State Arts Council grants funds for the State Local Partnership Program on a two-year cycle and the current maximum grant being awarded is $12,000 per year. As a result, the County is "over-matching" by $6,525.
- Funding for the Coastal San Luis and Upper Salinas-Las Tables Resources Conservation Districts is recommended to remain at FY 2012-13 adopted levels of $10,000 (each).
- Funding for the County's State legislative advocate and Federal lobbyist remains at FY 2011-12 levels, $60,000 and $72,000 respectively. The Public Works Internal Service Fund (FC 405) will reimburse this fund center half of the cost of the Federal lobbyist contract.

Other Agency Requests	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Action for Healthy Communities	10,000	10,000	10,000
Central Coast Commission for Senior Citizens- Area Agency on Aging	40,000	40,000	40,000
Coastal San Luis Resources Conservation District	13,000	10,000	10,000
Federal lobbyist	72,0000	72,000	72,000
Local Agency Formation Commission (LAFCO)	152,540	155,287	155,287
State lobbyist	60,000	60,000	60,000
San Luis Obispo County Arts Council/Arts Obispo	20,000	18,525	18,525
San Luis Obispo Visitors & Conference Bureau	365,854	325,854	325,854
Upper Salinas-Las Tablas Resources Conservation District	15,700	10,000	10,000
Woods Human Society	7,500	0	0
Total	**$756,594**	**$701,666**	**$701,666**

BOARD ADOPTED CHANGES

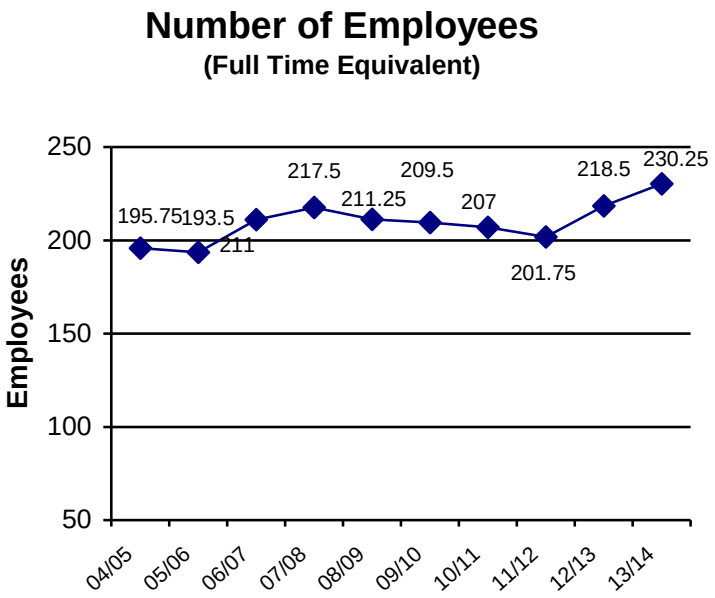
During budget hearings, the Board approved using $15,803 of unallocated funds budgeted in this fund center for FY 2013-14 along with $44,797 in General Fund contingencies, for a total amount of $60,600, to increase the grant funding for the following programs:

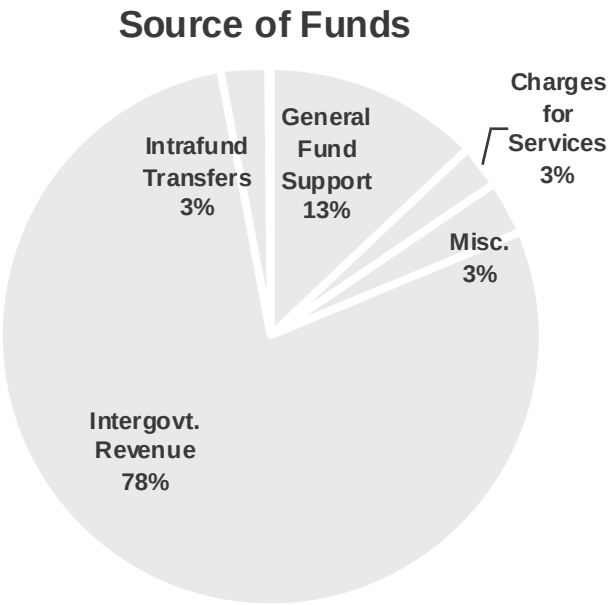
- The Atascadero Loaves and Fishes grant funding was increased by $3,100 to $15,500;
- The Children's Resource Network of the Central Coast grant funding was increased by $7,500 to $12,500;
- The SLO Noor Foundation grant funding was increased by $50,000 to $150,000.

MISSION STATEMENT

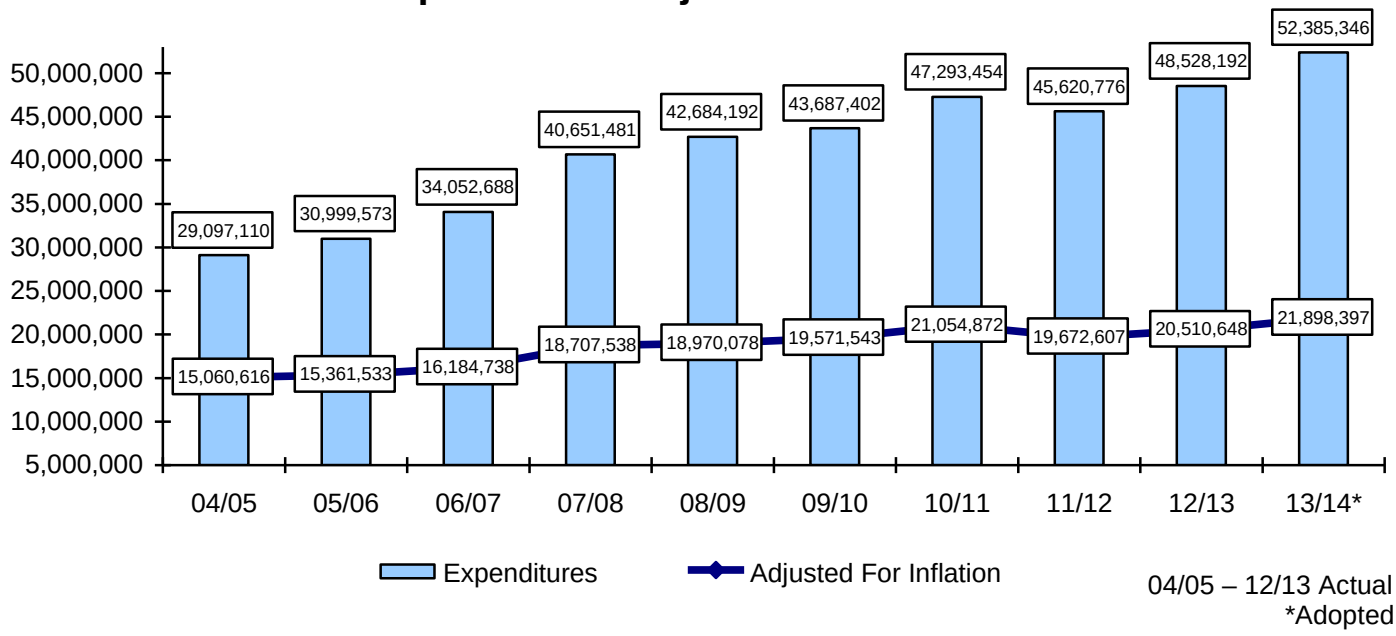
San Luis Obispo County Behavioral Health Department works in collaboration with the community to provide services necessary to improve and maintain the health and safety of individuals and families affected by mental illness and/or substance abuse. Services are designed to assist in the recovery process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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Fines, Forfeitures and Penalties	$ 91,000	$ 75,000	$ 180,000	$ 180,000	$ 180,000
Intergovernmental Revenue	33,456,747	36,635,777	40,533,176	40,649,408	40,649,408
Charges for Current Services	1,111,616	1,138,750	1,354,748	1,354,748	1,354,748
Other Revenues	1,126,207	926,700	911,493	911,493	911,493
Other Financing Sources	0	11,568	0	0	0
Interfund	601,798	529,171	380,978	380,978	380,978
**Total Revenue	$ 36,387,368	$ 39,316,966	$ 43,360,395	$ 43,476,627	$ 43,476,627
Salary and Benefits	22,553,634	24,038,920	25,861,234	25,871,167	25,871,167
Services and Supplies	23,067,142	24,116,664	25,651,912	25,722,875	25,645,363
Other Charges	0	332,522	868,816	868,816	868,816
Fixed Assets	0	40,086	0	0	0
**Gross Expenditures	$ 45,620,776	$ 48,528,192	$ 52,381,962	$ 52,462,858	$ 52,385,346
Less Intrafund Transfers	1,678,769	1,903,565	2,108,189	2,190,370	2,190,370
**Net Expenditures	$ 43,942,007	$ 46,624,627	$ 50,273,773	$ 50,272,488	$ 50,194,976
General Fund Support (G.F.S.)	$ 7,554,639	$ 7,307,661	$ 6,913,378	$ 6,795,861	$ 6,718,349





10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Behavioral Health has a total expenditure level of $52,385,346 and a total staffing level of 230.25 FTE to provide the following services:

Mental Health Services

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

Total Expenditures: $31,061,930 Total Staffing (FTE): 124.50

Drug and Alcohol Services

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

Total Expenditures: $8,126,651 Total Staffing (FTE): 56.25

Mental Health Services Act (MHSA)

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

Total Expenditures: $13,196,765 Total Staffing (FTE): 49.50

DEPARTMENT COMMENTS

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

Funding for the department is from a variety of sources such as the Federal Medicaid program (Medi-Cal), Mental Health Services Act, sales tax (1991 and 2011 "Realignment" legislation), client fees, and State and Federal grants. The State budget development process and related legislation greatly influences the Department's finances and operations. Since 1991, the County's share of Medi-Cal Specialty Mental Health was funded with dedicated mix of vehicle license fees and sales tax dollars. Effective October 1, 2011, those revenues were shifted to other social services programs and replaced with a portion of 2011 Realignment sales tax receipts. In the same legislative act, the State realigned to the counties the responsibilities and funding for what had been the State share of cost for the provision of mental health services to youth (under the Early and Periodic Screening, Diagnosis and Treatment—or EPSDT—program), Mental Health Medi-Cal Managed Care, Dependency Drug Court, Drug Medi-Cal, and other drug and alcohol services. One hundred percent of the non-federal share of the cost of these services must now be funded by the County with the same sales tax initiative, constitutionally guaranteed via passage of Proposition 30.

The FY 2013-14 Budget includes the effects of Assembly Bill 1297 which enables counties to certify public expenditures and claim Federal Medicaid (Medi-Cal) based on actual cost. The Federal financial participation equates to fifty percent of the cost certified and claimed. The budget also reflects a slight increase in Mental Health Services Act special revenue funds to continue to provide access to underserved populations and provided a focus on wellness and recovery by developing a more educated workforce.

Because California government--both State and local--continues to be in a fiscal crisis, the department continues to seek and implement improvements to gain efficiencies in order to conserve resources and continue providing uninterrupted service to this community. The department has, over the last several fiscal years, tried to sustain service levels with fewer resources. Great strides have been made in rethinking and restructuring how these much needed services can be provided in order to meet the demand with limited available resources.

At this juncture, the department is proposing to maintain a presence in North County, San Luis Obispo, and South County areas. The Budget includes increased pension and worker's compensation costs, which account for a majority of the increase in the General Fund requirement.

FY 2012-13 Accomplishments

- Completed and implemented the billing and client data phases of the Electronic Health Record software project for outpatient services.
- Managed the reduction in MHSA Prevention and Early Intervention funding by meeting with community partners, schools and other stakeholders to effectively reduce programming while maintaining a community presence.
- Increased local college campus and community capacity for suicide prevention and intervention with the introduction of training and certifications in programs such as "Mental Health First Aid".
- Transitioned after hour telephone calls from the inpatient unit to SLO Hotline.

FY 2013-14 Objectives

- Complete the implementation of the Electronic Health Record for the Psychiatric Health Facility.
- Increased school-based Prevention and Early Intervention (PEI) sites by offering contracted PEI programs to local middle and high schools and districts.
- Complete the SLO construction project in 2013 creating 8 new affordable studio units available for our clients and a new Wellness Center facility.
- Introduce Drug Medi-Cal services on school campuses by adding one additional clinic site and/or one satellite location within the school year.

- The Adult Treatment Court Collaborative grant screened 102 individuals and accepted 51 individuals with severe mental illness and severe substance use disorders in an intensive outpatient structured treatment program.
- Exceeded federal grant goal by serving 62 children affected by methamphetamine with family services, behavioral health therapy and intensive case management.
- Awarded Office of Traffic Safety Grant in partnership with Public Health to expand school-based program regarding prevention distractive driving and youth development.
- Drug and Alcohol Services was awarded one of ten national grants to expand the Family Drug Court which included residential treatment services for women with children in San Luis Obispo County.
- Continued to participate in the Community Corrections Partnership and collaboratively developed a plan for AB 109 regarding Public Safety Realignment. Currently implementing programs to provide services to this population.
- Opened Paso Robles Behavioral Health Satellite outpatient clinic providing both mental health and drug and alcohol services.
- Launched first Drug Medi-Cal campus clinic by assisting the County Office of Education's Sober School program.
- Obtain new grant funding to address distracted driving, underage drinking, and/or suicide prevention.
- Successfully transition children with Health Families into EPSDT services.
- Collaborate with Department of Social Services in implementing new services for Katie A clients.
- Continue to recruit and retain psychiatrists. Work with Human Resources to explore creative solutions such as an incentive program and sign-on bonuses.
- Continue to educate and evaluate the impact of the Affordable Care Act on the local level.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The recommended budget reflects an increase in revenues of approximately $1.7 million or 4%, an increase in total expenditures of more than $2.6 million or 5% and in increase in General Fund support of $346,900 or 5% compared to the FY 2012-13 Adopted Budget. Several mid-year adjustments were approved by the Board in FY 2012-13, resulting in an increase of more than $2.56 million in revenue and expenditures. These changes had no impact to the General Fund. These adjustments include the Board's approval of the updated Mental Health Services Act (MHSA) plan (adding $759,378), the AB 109 Plan update (adding $716,363), an increase in the Kinship contract (adding $237,984), an increase in the Family Care Network contract (adding $241,150) and other smaller adjustments. Compared to this adjusted FY 2012-13 budget, revenues are decreasing by $817,945 (2%) and expenditures are decreasing $471,050 (<1%).

It is important to note that there are two programs that will likely result in significant changes to the Behavioral Health budget but have not been included in the recommended budget because the impacts are not fully known. The first is the transition of Healthy Families clients to Medi-Cal and the potential expansion of mental health services required to serve this population. The second is a settlement of a suit filed seeking to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. This is being referred to as the Katie A. settlement. This may expand the mental health services these youth are entitled to but the details of the settlement implementation are still being worked out.

There is additional Early Periodic Screening Diagnosis and Treatment (EPSDT) funding available for this population but it is unknown at this time if the allocation will be sufficient to offset the County's costs in delivering the services. Behavioral Health is coordinating with the Department of Social Services to determine the potential costs and resource needs to address these two programs. Staff will be bringing an item to the Board mid-year FY 2013-14 to provide more details on the impacts and request approval of a budget adjustment to increase revenue and appropriation as required.

Several revenue accounts are increasing and decreasing at various levels compared to the FY 2012-13 Adopted Budget. The most notable variances include:

- An overall increase of $556,746 (5%) in MHSA funding. The total amount budgeted for MHSA is more than $10.5 million and reflects the funding level for the five components of this program based on plans currently in effect,
- A $463,977 (71%) increase in AB 109 Public Safety revenue to fund increased Drug and Alcohol Services treatment capacity in the Collaborative Re-entry Services program,
- An increase of $408,639 (11%) in EPSDT revenue due to a change in the State's allocation methodology plus an expansion of services to Medi-Cal eligible youth,
- An increase of $287,841 (6%) in Drug Medi-Cal revenue for the Aegis detox and the Sober Schools programs, and
- A decrease of $225,693 (4%) in Realignment revenue from sales tax based on FY 2012-13 actual receipts.

The more than $2.0 million increase in expenditures compared to the FY 2012-13 Adopted Budget reflects a more than $1.3 million or 5% increase in the salary and benefits accounts combined with a $994,546 or 4% increase in services and supplies and a $356,657 or 69% in Other Charges. The increase in the salary and benefit accounts is primarily a result of the addition of 10.00 FTE mid-year FY 2012-13. In the first half of FY 2012-13, the Board approved the addition of the following positions, which accounts for approximately $819,000 of the increase in expense, as follows:

- 4.00 FTE Mental Health Therapist positions - one funded by the Paso Robles School District for mental health services to students, 2.50 FTE added as part of the MHSA plan update, and 0.5 FTE added to staffing at the Psychiatric Health Facility (reducing expenditures and reliance on temporary help);
- 4.00 FTE Drug and Alcohol Specialists – 3.00 FTE for the AB 109 offender treatment services as described above and 1.00 FTE for the Office of Traffic Safety grant;
- 1.00 FTE Administrative Services Officer funded with AB 109 Realignment funds; and
- 0.50 FTE Drug and Alcohol Worker I supported by the Family Drug Court grant.

Other factors influencing the increase in the salary and benefits accounts include a significant increase in worker's comp charges and an increase in the pension rate. Expenditures for temporary help are recommended to decrease by $158,368 (13%), which helps reduce the overall increase in salary and benefit costs.

Most services and supplies accounts are increasing or decreasing at various levels. The most notable variances include:

- A net increase of approximately $297,000 in mental health residential housing expenses for Institutes for Mental Disease and Board and Care facilities,
- An increase of $127,514 or 450% in Maintenance for Software due to the inadvertent omission of the the maintenance fee for the Behavioral Health Electronic Health Records (BHEHR) system in the FY 2012-13 Adopted Budget,
- A net increase of approximately $133,000 in charges for staff time for ongoing maintenance of the BHERH system, and
- A decrease of $109,925 or 8% for Countywide Overhead.

Expenditures in the Other Charges accounts are increasing $356,657 or 69% compared to the FY 2012-13 Adopted Budget. This is primarily due to the $287,841 (6%) increase in expense for the Aegis detox and the Sober Schools programs funded by Drug Medi-Cal. Also included is a new expense of $49,416 to fund a Court Clerk for the new Family Drug Court program.

General Fund Reduction Strategies

As in past years, cost savings measures have been incorporated into the Health Agency budget to reduce the need for General Fund support. Accordingly, measures listed below are included in the FY 2013-14 recommended budget for Behavioral Health:

- The elimination of 0.50 FTE vacant Medical Records Technician for a General Fund savings of $37,313,
- A $30,000 reduction in the agreement with Transitions Mental Health Association (TMHA) for social rehabilitation services, and
- Salary savings of $126,306 for department staff taking Voluntary Time Off.

There are expected to be service level impacts resulting from the reduction to the TMHA contract. The result of this reduction is that three Center Support Aides working in the socialization programs will be eliminated, thus reducing the number of days the centers in San Luis Obispo, Atascadero and Arroyo Grande are open, from five days per week to four days per week. The amount of socialization clients will receive is reduced due to these closures, which reduce the number of clients that are sufficiently prepared to be employed. Service level impacts from the other two cost saving measures are expected to be negligible.

Changes recommended in the Behavioral Health Position Allocation List (PAL) for FY 2013-14 result in no net change in total FTE. There are two PAL changes included in the recommended budget that will not have an impact on staffing levels: allocate a Mental Health Therapist II at the top level of this career series, consistent with common County practice, and convert two 0.50 FTE Mental Health Therapists to one full time Mental Health Therapist. In addition there is the elimination of the 0.50 FTE Medical Records Tech noted above as well as the addition of a 0.50 FTE Mental Health Therapist IV to provide services to veterans, as described below.

BOARD ADOPTED CHANGES

The Board approved the following changes to the Behavioral Health Position Allocation List that were included in the Supplemental Budget Document:

- Replace 1.0 FTE Psychologist with a 0.75 FTE Mental Health Therapist IV to provide services to the Conditional Release Program (CONREP) clients, and
- Add 2.50 FTE in permanent staff for the Psychiatric Health Facility (PHF), which includes a half-time Mental Health Nurse, a half-time Mental Health Worker Aide and three half-time Mental Health Therapist II positions. Funds that had been allocated to Temporary Help would partially offset the cost of these new positions.

The expenditure savings associated with the change in positions for the CONREP program is approximately the same as the incremental cost increase associated with converting temporary help to permanent staff at the PHF. Thus, no changes were made to the recommended appropriation for salaries and benefits.

In addition, the Board approved a technical correction to the Behavioral Health budget that was recommended in the Supplemental Budget Document. Expenditures in the services and supplies accounts were decreased by $77,512 to eliminate a duplicated budget amount for Information Technology Department services.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross Requested: $53,711 Mental Health Services Act: $53,711	Convert one 0.50 FTE Mental Health Therapist IV (funded with Mental Health Services Act money) to a full time position to increase treatment support to local veterans.	Double the existing results for outreach, assessment and referral services for veterans: • Contact a total of 102 veterans through outreach efforts. • Assess a total of 70 veterans to determine referral needs • Provide mental health therapy to 34 veterans.

GOALS AND PERFORMANCE MEASURES

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.

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

1. Performance Measure: Rate of Client Satisfaction with County Mental Health Services.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
92%	89%	91%	N/A	89%	85%	89%

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 given to all clients receiving mental health services during one-week periods historically in November and May of each fiscal year. The indicators for the client satisfaction surveys are Access to Service, Cultural Sensitivity, and Participation in Treatment Planning, Outcomes and General Satisfaction. The rate is an average for all indicators, with the maximum possible score of 100%. The following rate ranges are indicative of the following responses: 70-79% “satisfactory”, 80-89% “above satisfactory” and 90-100% “excellent”.

Why: Client satisfaction is one indicator of the quality of services provided for mental health services.

How are we doing? 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. The most recent Statewide Client Satisfaction Survey was administered during August 20–24, 2012, and we received a client satisfaction rating of 85%. The decline from earlier years could be attributable to fewer respondents than the previous survey, a different set of questions developed by the State, and temporary transition issues with our new Behavioral Health software system, which have now been resolved. We expect to once again achieve our target rating of 89% in FY 2013-14. Other comparable County results are not published by the State and are thus unavailable for comparison purposes.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
2,692	2,212	2,937	1,588	2,200	1,885	2,340

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

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

How are we doing? The actual day treatment days for FY 2012-13 were 1,885, which are slightly below the FY 2012-13 Adopted target level of 2,200. The lower result is due to a reduction in group home census throughout the year. The average number of clients placed in RCL 14 group homes dropped from a high of 7 during late fall 2012 to a low of 4 by the end of FY 2012-13. The decrease was due, in part, based on our ability to move clients to lower levels of care such as moving the client back home and providing wrap around services or finding other appropriate services within the county for the client.

The FY 2013-14 target of 2,340 (9 clients times 260 treatment days) is higher than the Adopted and Actual number of days for the current year, but is also more in line with historical averages. Additionally, with the implementation of the Katie A. settlement and the transfer of Healthy Families youth to Medi-Cal, Youth Services may see an influx of clients in need of day treatment services during FY 2013-14.

A report by APS Healthcare, California's External Quality Review Organization (EQRO), found that for calendar year 2011, San Luis Obispo County provided day treatment services to 0.06% of its Medi-Cal eligible youth population compared to 0.04% for all medium sized counties and 0.07% for all counties statewide.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
$15,711	$10,319	$12,140	$13,940	$12,500	$11,580	$12,475

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, it helps clients in the acceptance of 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 (EPSDT), and then divided by the number of unduplicated clients served.

Why: This measure was intended to be used to monitor the amount of MHSA revenue spent per FSP enrollee and to compare to other counties.

How are we doing? The net MHSA operating cost per FSP enrollee in FY 2012-13 was $11,955 ($2,474,643 in costs divided by 207 clients served). This was a slight decrease than projected due to an increase in Medi-Cal, EPSDT, and third party payment revenue. The Department's FY 2013-14 Target is set higher than FY 2012-13 actual as other revenue sources, such as grants and third party payments are projected to come in lower in FY 2013-14. This estimate is based on the FY 2013-14 budget for MHSA FSP divided by the an estimated number of FSP clients to be served ($2,707,082 divided by 217 = $12,475)

The State contracted with the University of California, Los Angeles (UCLA) to evaluate the cost per FSP client in FY 2008-09 and 2009-10 to make comparisons. However, the method in determining the cost per FSP client varied county to county, so it has been difficult to draw any substantial or meaningful conclusions based on that report.

(Data Source: Enterprise Financial System and UCLA's Mental Health Services Act Evaluation)

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
$5,969	$5,073	$5,033	$4,852	$5,060	$5,926	$5,220

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 with other comparable counties provides an indicator regarding cost efficiency based on the number of clients served and the relative cost to serve those clients.

How are we doing? The average cost per youth client in FY 2012-13 was $8,024 ($12,934,743 / 1,612 clients), while the average cost per adult client was $4,008 ($7,065,547 / 1,763 clients). The higher cost per youth client versus adult reflects SLO County's efforts to maintain children in their homes and foster homes by providing more intensive services (i.e. Therapeutic Behavioral Services and Wraparound), thereby avoiding placement in out-of-county group homes. The higher than expected cost per all clients of $5,926 versus the Adopted target of $5,060 reflects a substantial 5% shift in our client population from adults to youth. The cost per youth client is double the cost per adult client.

1) The percent of Medi-Cal eligible individuals in the county who actually receive services is referred to as the penetration rate. For calendar year 2010, the last available, California External Quality Review Organization (EQRO) report shows San Luis Obispo County's penetration rate was 8.64%, versus 5.80% for other medium size counties and 6.15% for all counties statewide.

2) San Luis Obispo County sees more age 6-17 clients as a percentage of the total population in this age group than other counties. For 2010, EQRO reports San Luis Obispo County's penetration rate for children ages 6-17 was 11.02%, 60% higher than the average for other medium size counties at 6.88% and 42% more than the statewide county average of 7.75%.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
9%	11%	11%	9.4%	11%	8.2%	10%

What: The percentage of clients who are readmitted to the PHF within 30 days from their prior discharge**.** The 30-day readmission rate is a standard performance measure used in both private and public hospitals.

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

How are we doing? For FY 2012-13, the client readmission rate within 30 days of discharge to the PHF was 8.2% (107 readmissions / 1,301 admits), which reflects a continued steady stabilization of the rate over the year as a result of increased monitoring of discharged patients to ensure that they receive post PHF follow-up therapy services.

As a comparison, Santa Barbara reported the readmission rate for their PHF at 10% in FY 2011-12 and the rate in San Diego County was 24%.

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 clients who report reduced or eliminated drug and/or alcohol use upon discharge from Drug and Alcohol Services (DAS) treatment.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
85%	88%	86%	87%	86%	75%	86%

What: Decreased or eliminated drug and alcohol 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 2012-13, 791 clients were discharged from treatment services. Of those, 325 clients completed their treatment program and 100% showed reduced or eliminated drug and/or alcohol use. Many of the remaining 466 clients who were discharged for a variety of reasons, but who had not completed their course of treatment also demonstrated reduced or eliminated drug and/or alcohol use. Of all 791 clients discharged, 75% (or 596) showed reduced or eliminated drug and/or alcohol use. Treatment staff is required to determine the sobriety status of their clients at discharge and enter that information into the California Outcome Measurement System (CalOMS). That determination is based on both client input and their own professional opinion regarding the client's progress. Behavioral Health has implemented a number of new programs during this past year such as AB109 and Adult Treatment Court Collaborative (ATCC) which provide services to individuals who are very high risk for relapse. Relatively more of these individuals drop out of the programs before positive program influences can assert themselves. Also Drug Court standards of practice require that Counties focus on individuals with high addiction and high need and these standards have been implemented during this past year which has affected the performance outcome. Working primarily with higher need, higher addiction clientele has lowered the number of individuals showing positive change in SLO County

For comparison, the average rate of reported reduction in drug/alcohol use upon discharge from treatment for all California counties during FY 2012-13 was 80%, which represents 78,501 out of 98,200 discharged participants.

(Data Source: California Outcome Measurement System, CalOMS)

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
90%	94%	92%	91%	91%	91%	91%

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

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

How are we doing? Of the 325 treatment clients surveyed in FY 2012-13, 229 surveys were returned for a return rate of 70%. Of those returned surveys, 91% indicated overall high satisfaction (Very Satisfied or Extremely Satisfied rating) with the treatment program and their experience at Drug & Alcohol Services. While the survey includes varying aspects of the client's experience with Drug & Alcohol, this measure is based on the client's response to the survey question of "overall satisfaction" with services. Because satisfaction rates are not part of any statewide database, no comparison data is available.

(Data Source: Client Satisfaction Survey)

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

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

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
15%	11%	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 2012-13, approximately 10% of county residents (26,681 out of 269,337) were reached through a variety of activities and campaigns including countywide information, education and interventions provided by the Department's Prevention and Intervention Services.

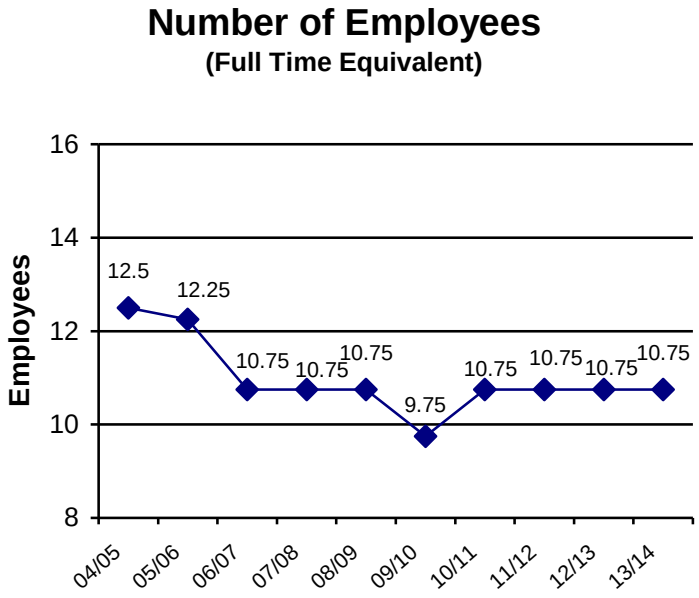
The State instituted the California Outcome Measurement Service (CalOMS) data measurement system for County prevention providers in 2008. Based on that system, the number of individuals reached in FY 2012-13 by all California county substance abuse prevention efforts statewide was 1.5%. SLO County has made prevention a priority and has allocated proportionally more funding toward prevention than many other counties. The County has also been successful in obtaining prevention grants to increase efforts.

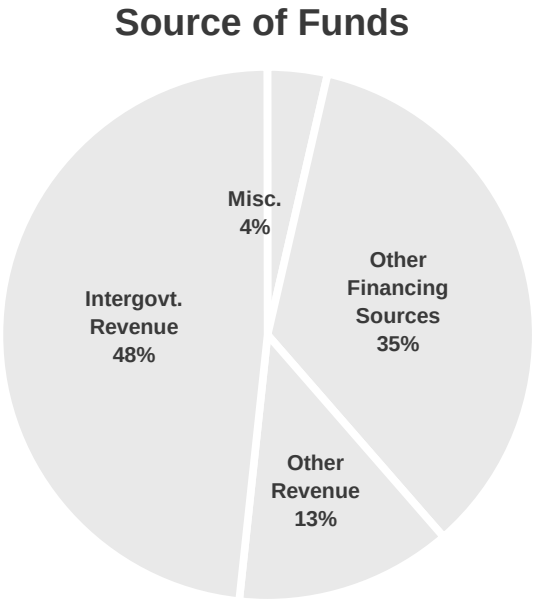
(Data Source: California Outcomes Measurement System -- Prevention)

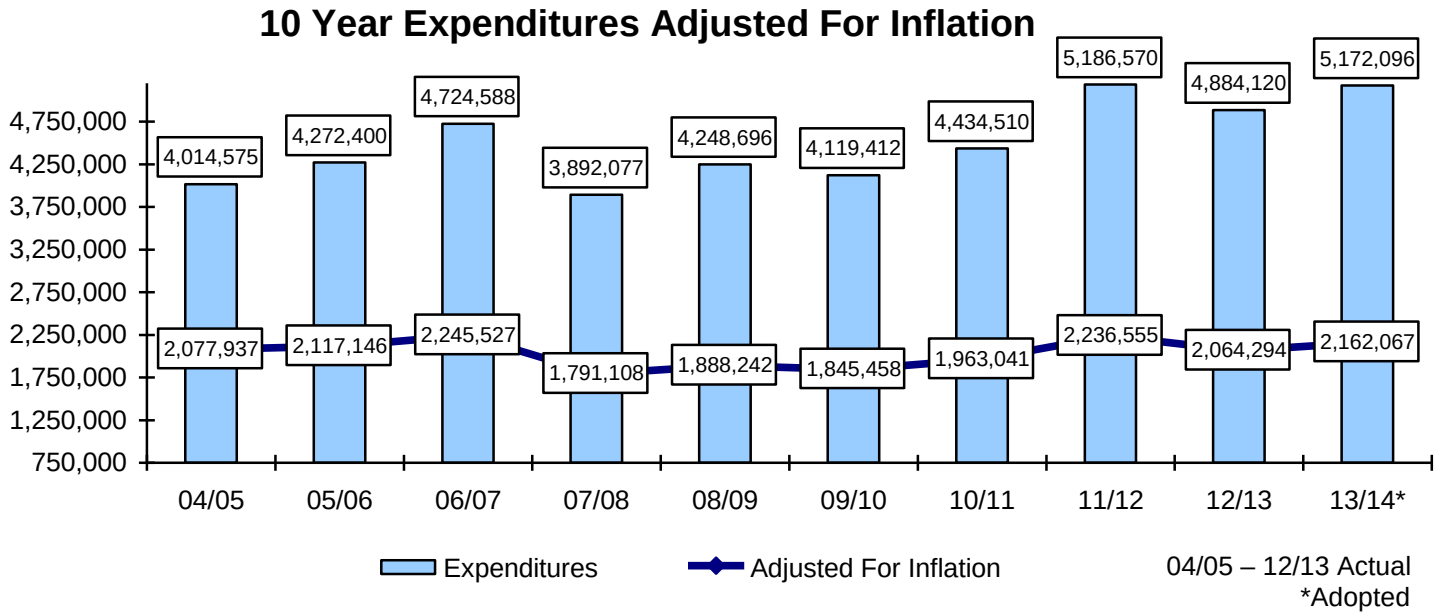
MISSION STATEMENT

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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Revenue from Use of Money & Property	$ 3,959	$ 2,833	$ 4,000	$ 4,000	$ 4,000
Intergovernmental Revenue	2,666,552	2,491,078	2,488,672	2,488,672	2,488,672
Other Revenues	734,679	1,047,364	692,810	692,810	692,810
Other Financing Sources	2,563,761	1,517,446	1,800,544	1,797,902	1,797,902
Interfund	15,315	107,255	118,712	118,712	118,712
Total Revenue	$ 5,984,266	$ 5,165,976	$ 5,104,738	$ 5,102,096	$ 5,102,096
Fund Balance Available	$ 0	$ 0	$ 70,000	$ 70,000	$ 70,000
Cancelled Reserves	87,695	0	0	0	0
Total Financing Sources	$ 6,071,961	$ 5,165,976	$ 5,174,738	$ 5,172,096	$ 5,172,096
Salary and Benefits	$ 945,722	$ 958,002	$ 979,557	$ 976,915	$ 976,915
Services and Supplies	4,240,848	3,926,118	4,195,181	4,195,181	4,195,181
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	$ 5,186,570	$ 4,884,120	$ 5,174,738	$ 5,172,096	$ 5,172,096
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	$ 5,186,570	$ 4,884,120	$ 5,174,738	$ 5,172,096	$ 5,172,096







SERVICE PROGRAMS

The County Medical Services Program has a total expenditure level of $5,172,096 and a total staffing level of 10.75 FTE to provide the following services:

County Medical Services Program Administration (CMSP)

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

Total Expenditures: $4,437,098 Total Staffing (FTE): 10.50

Emergency Medical Service Program (EMSP)/Tobacco Settlement funds

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

Total Expenditures: $734,998 Total Staffing (FTE): 0.25

Department Comments

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

CMSP processed 7,643 applications and enrolled a total of 3,245 individuals in calendar year 2012. Since CMSP grants eligibility for periods as short as 30 days and as long as 90 days, many of the nearly 8,000 applications represent enrollees re-applying at the end of their eligibility period. In addition, CMSP qualified (as eligible) another 504 individuals who have pending applications with Medi-Cal based on disability. The increase of 80 enrolled clients from 2011 (3,165), and the 504 “Qualified” applicants amounts to an 18.5% increase in workload.

The program managed this increase in enrollment through the use of temporary help and student interns for front office coverage, eligibility processing and utilization review. The hiring of the temp/student employees was possible fiscally due to vacancies in the accounting office of CMSP. However timely payment of provider invoices has suffered and efforts are in place to fill a full-time senior account clerk vacancy. Also, ongoing diligent utilization review has enabled medical costs to stay static.

Federal health care reform has significant implications for the County Medical Services Program (CMSP). Beginning January 2014, under the Affordable Care Act (ACA), the vast majority of the CMSP population will have alternate coverage – either through the Medi-Cal expansion for low-income childless adults or through mandated purchase of health insurance in the state's Health Benefits Exchange (known as "Covered California"). Much of the coming year will be spent planning and implementing the transition of the CMSP clients into the new health care options available. In addition, the Health Agency will continue efforts to smoothly transition CMSP Eligibility Technicians to Employment Resource Specialists at the County Department of Social Services (DSS). Other staff will be absorbed within other positions within the Health Agency and/or County where possible. Considerable collaboration has already begun and will continue through fiscal year 2013-14 on the many health care system transitions looming under the ACA. A large group of stakeholders comprised of DSS, CenCal Health, Community Health Centers of the Central Coast, the San Luis Obispo County Medical Association, elected officials, health assistance navigators, private providers, and hospitals will continue to convene to address the needs of the existing and newly covered residents.

FY 2012-13 Accomplishments

- Standardized enrollment terms yielding consistency among eligibility technicians and their clients.
- Kept up with the influx of applications with an increase of over 500 from the previous year for CMSP services.
- Worked closely with CMSP staff to keep them updated on the Affordable Care Act, along with any new developments on the transition of CMSP.
- Established the Affordable Care Act (ACA) Planning Group of local health care stakeholders to coordinate planning efforts for implementation of state and federal health care reforms

FY 2013-14 Objectives

- Continue planning for the transition of CMSP to the Affordable Care Act (ACA).
- In collaboration with DSS develop a work plan for the transition of CMSP clients to Medi-Cal or Health Benefits Exchange.
- Work closely with CMSP staff to keep communication open and information forthcoming about the upcoming changes for the transition of CMSP in the next year.
- Continue to work on claims payments to hospitals and providers that will comply with contract specifications to pay claims within 45 days.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Total financing sources and expenditures for the County Medical Services Program are recommended to increase $76,119 or 1% compared to the FY 2012-13 Adopted Budget. CMSP is not a General Fund budget but receives a transfer of General Fund support from Fund Center 183 – Medical Assistance Program. The recommended General Fund support is decreasing slightly ($16,503 or less than 1%) due to minor salary savings.

The department noted above that the implementation of the Affordable Care Act (ACA) is expected to occur during FY 2013-14 and will have significant implications for CMSP. However, given the many unknowns associated with the timing and approach to ACA implementation and the associated benefits to, or impacts on the County, this recommended budget assumes the status quo as described below. However, the County should see a significant decrease in expenditures for indigent health care once the majority of CMSP patients obtain health insurance coverage, as early as January 1, 2014. The exact amount is unknown and potential reductions to State funding for indigent health care through the 1991 Realignment is also unknown.

The County may continue to be legally responsible to provide health care for a residual indigent population that cannot obtain coverage under Medi-Cal or Health Benefits Exchange (aka "Covered California"). The County may be required to continue providing health care to certain segments of the low income population including legal residents that have been in the United States less than 5 years (green card holders), citizens who cannot enroll in a plan under Covered California because there is no "affordable" plan available (and have obtained a waiver from the State for the requirement to purchase health insurance), and those who may be eligible for a subsidized insurance plan under Covered California but missed the open enrollment period. Our current estimate is that this residual population may range from 500 – 650, significantly less than the more than 3,200 clients currently served.

Highlights of the status quo budget:
The primary funding source for this budget is State 1991 Realignment revenue from Vehicle License Fees (VLF), which is budgeted to remain flat based on actual revenue receipts in the first half of FY 2012-13. This budget also includes Tobacco Settlement revenue, most of which is passed through to hospitals, physicians and surgeons for uncompensated emergency medical care. This revenue is increasing $22,910 or 3% based on actual revenue received in FY 2011-12. (The revenue for FY 2012-13 will not be received until April 2013.)

There is also a Fund Balance Available of $70,000 that will be used to balance the budget and reduce the impact on the General Fund. This money is from donations made years ago to General Hospital.

The increase in overall expenditures is due to an increase in the services and supplies accounts. The most significant increase is a $90,319 or 2% increase in the Professional Services account. Expenditures in this account are for medical payments to hospitals, physicians, ambulance providers, etc. Total costs paid to hospitals are increasing by almost $142,000 (7%) due to fewer patients are able to pay a share of the rate (co-pay) coupled with an increase in hospital utilization. Total costs for other medical providers, however, are budgeted to decrease by approximately $69,000 (6%). Expenditures for ambulance and transport service providers are increasing by almost $16,000 due to an increase in actual costs occurring in the current fiscal year.

Other significant variances in the services and supplies accounts include a $22,681 (3%) increase in the amount of Tobacco Settlement funds passed on to hospitals and physicians due to the increase in this revenue source and a decrease of $20,193 (21%) in the Countywide Overhead charge. Other accounts are increasing or decreasing in smaller amounts.

Recommended expenditures in the salary and benefit accounts are decreasing minimally (by $8,735 or less than 1%) reflecting salary savings from Voluntary Time Off and replacement of an accounting support position with one at a lower level. The recommended budget includes one change to the Position Allocation List, to allocate all Eligibility Technician positions to the III level, the highest level in the career series. This is consistent with common practice in the County to allocate classifications in a career series to the highest level, allowing departments the flexibility to hire employees at the appropriate level and make changes as circumstances warrant.

Service levels are expected to remain unchanged compared to FY 2012-13.

BOARD ADOPTED CHANGES

None.

GOALS AND PERFORMANCE MEASURES

Department Goal: The overall goal of the County Medical Services Program (CMSP) is to provide access to health care for the medically indigent by efficiently determining program eligibility, authorizing medical care and arranging for services to promptly diagnose and treat medical conditions.

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

1. Performance Measure: Percentage of clients rating CMSP's overall performance as Very Satisfied or Extremely Satisfied.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
84%	55%	80%	78%	75%	69%	75%

What: The CMSP client satisfaction survey tool is provided as a means of measuring the level of client satisfaction based on their overall CMSP experience. In addition to providing an overall program ranking, the survey questions focus on the client's experience with discrete program components, some of which include the eligibility determination process, utilization review, accounting interaction, and hours of operation. The survey is provided as part of the application package and is submitted at the client's convenience.

WHY: Because CMSP is committed to providing high quality service, client satisfaction is one such indicator and contributes to program quality and improvement. The client satisfaction survey is conducted on an ongoing basis and allows clients to select their level of satisfaction: Extremely Satisfied, Very Satisfied, Satisfied, Unsatisfied, and Very Unsatisfied.

How are we doing? The percentage of client's being very and extremely satisfied with CMSP's overall performance did not meet target. Additional time devoted to processing Medi-Cal pending applications (a new policy) and longer wait times during the normal application process have been contributing factors to the decline in client satisfaction. During the four survey months (July, October, January, and April) 2,748 applications were processed, 301 Client Satisfaction Surveys were completed resulting in a return rate of 10.95%. The overall performance percentage rating of 69% was calculated based on 199 clients responding very and extremely satisfied out of 288 total respondents to the question, with 13 not responding. To improve our rating, eligibility and reception staff will collaborate to reduce lobby wait times and ensure clients are served based on time of arrival. CMSP staff will continue to seek both increased consumer feedback and improved client satisfaction.

(Data Source: CMSP Client Satisfaction Survey)

2. Performance Measure: Percentage of day surgeries referred to surgery centers.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
19%	44%	31%	43%	40%	41%	40%

What: This measure tracks the percentage of day surgeries that are performed at local surgery centers rather than performed at hospitals. CMSP's Utilization Review nurses have been working with local medical providers and are currently referring day surgery clients to less costly surgery centers when appropriate.

Why: It is well documented that hospitals have much higher overhead and charge approximately twice what a licensed surgery center charges for the same medical procedure. A patient at a licensed surgery center will receive the same level of care as they will at a hospital. CMSP recognizes that it is important to be a good steward of the money entrusted to us by the public. Therefore, when appropriate, we will refer patients to licensed surgery centers in San Luis Obispo County versus the more expensive hospital alternative. Surgery centers cannot accommodate complicated procedures such as neurosurgery, cardiac, orthopedic surgeries.

How are we doing? In FY 2012-13, the percentage of day surgeries performed at local surgery centers instead of local hospitals was 41% (75 out of a total of 183 day surgeries), exceeding the target by 1%. CMSP saved an estimated $52,500 in FY 2012-13 by referring patients to licensed day surgery centers (average cost of $500/surgery) instead of performing the surgeries at local hospitals (average cost of $1,200/surgery). The CMSP utilization review nurses will continue to balance the needs of patients and the most economical day surgery provider.

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

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
New Measure	60	35	38	40	33	40

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

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

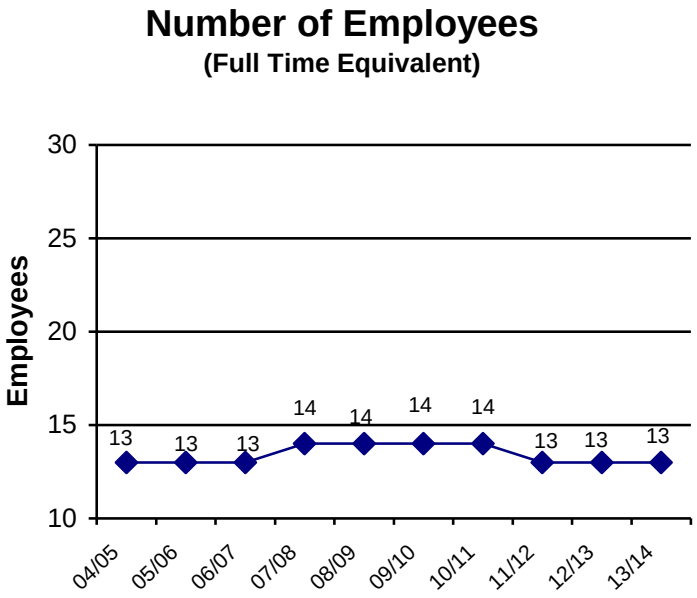
How are we doing? The average number of pending applications for each ET has declined from the prior year despite the continued increase in the number of cases. The 2012-13 average pending applications of 33 exceeded the target by 7. Over the past three years, the number of monthly applications awaiting final eligibility determination on any given day has stabilized. Two years ago, the eligibility procedures were updated to have applicants provide verifications within a 7-day time frame down from three weeks, shortening the application process for the majority of applicants who will have a missing document at their eligibility interview. Also, in July 2012 ET's began to set aside Friday afternoons to review pending applications to make eligibility determination, whereas, previously the ETs would only have been able to review applications in-between interviews.

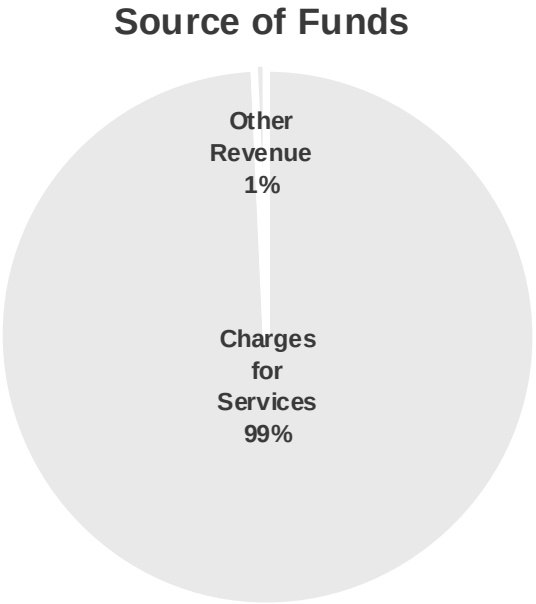
There is no comparable county data available. (Data Source: MIAMI: Eligibility Update for Pending Eligibility Report and Monthly Eligibility Statistical Report)

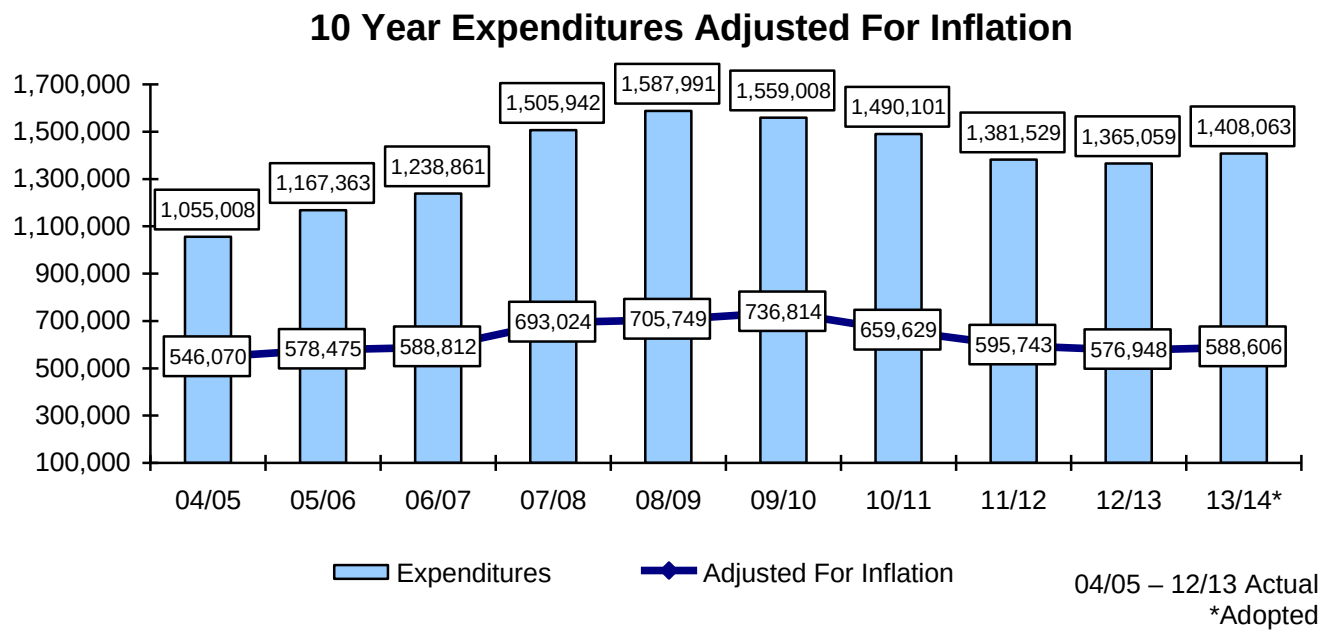
MISSION STATMENT

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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Revenue from Use of Money & Property	$ 2,948	$ 2,008	$ 2,500	$ 2,500	$ 2,500
Charges for Current Services	1,443,933	1,405,268	1,399,963	1,399,963	1,399,963
Interfund	30,272	1,956	0	0	0
Total Revenue	$ 1,477,153	$ 1,409,232	$ 1,402,463	$ 1,402,463	$ 1,402,463
Fund Balance Available	$ 72,651	$ 156,682	$ 157,698	$ 157,698	$ 123,502
Cancelled Reserves	54,670	0	0	5,600	5,600
Total Financing Sources	$ 1,604,474	$ 1,565,914	$ 1,560,161	$ 1,565,761	$ 1,531,565
Salary and Benefits	$ 938,458	$ 934,599	$ 1,008,098	$ 1,013,698	$ 1,013,698
Services and Supplies	443,071	430,470	394,365	394,365	394,365
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	$ 1,381,529	$ 1,365,069	$ 1,402,463	$ 1,408,063	$ 1,408,063
Contingencies	0	0	157,698	157,698	123,502
New Reserves	66,265	77,341	0	0	0
Total Financing Requirements	$ 1,447,794	$ 1,442,410	$ 1,560,161	$ 1,565,761	$ 1,531,565







SERVICE PROGRAMS

The Driving Under the Influence fund center has a total expenditure level of $1,408,063 and a total staffing level of 13.00 FTE to provide the following services:

First Offender Program

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

Total Expenditures: $724,264 Total (FTE): 5.75

Multiple Offender Program

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

Total Expenditures: $605,201 Total (FTE): 6.00

Wet Reckless Program

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

Total Expenditures: $32,597 Total (FTE): 0.50

Young Adult Programs

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

Total Expenditures: $46,001 Total (FTE): .75

DEPARTMENT COMMENTS

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

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

For over three decades, SLO County has conducted its court-ordered Driving Under the Influence Program. This program is expected to enroll 1,500 participants in FY 2013-14 in First Offender, Second Chance, and other DUI programs. Eighty-six percent (86%) of clients rank their DUI program “above satisfactory” or “excellent” on the participant satisfaction survey at completion.

FY 2012-13 Accomplishments

- Although new enrollments in the Driving Under the Influence Program have experienced a slight decline in the first half of FY 2012-13, the number of reinstated clients has increased. The program has accomplished this by reaching out to those who have “dropped out” and encouraging them to reinstate. The program also provided more flexible payment plans for clients who can demonstrate financial hardship so they remain in program. The maintenance of active clients has the added effect of improving public safety in the community.
- Provided 12 hours of Co-occurring Disorders training and other related topics to each staff member using the Behavioral Health e-learning system to ensure continued quality counseling and instruction.

FY 2013-14 Objectives

- Expand existing Paso Robles services to accommodate at least 350 DUI clients serving the North County.
- Establish a public safety liaison relationship between local law enforcement agencies, the Courts, and the Driving Under the Influence Program.

COUNTY ADMINISTRATOR’S COMMENTS AND RECOMMENDATIONS

The Driving Under the Influence fund center is a special revenue fund, and does not receive any General Fund support. The budget is recommended as submitted. Total Financing Sources are $35,673 or 2% more than the FY 2012-13 Adopted budget, primarily due an increase in fee revenue from the First Offender program. Fees for this program are expected to increase $72,720 (16%) which will help offset an expected reduction in fee revenue from other programs such as the Young Adults program (decreasing by $21,885 or 32%) and the Second Chance program (decreasing $22,534) or 3%. Fee revenue is the largest source of financing for this budget and is

budgeted at more than $1.4 million. There is also a Fund Balance Available of $157,698 as well as $5,600 in cancelled reserves to balance the budget.

Operating expenditures are budgeted to increase $34,657 or 2% primarily due to a $31,729 or 3% increase in the salary and benefit accounts associated with higher variable benefit costs and expected step increases for some staff. There are no staffing level changes included in the recommended budget.

Expenditures in the services and supplies accounts are recommended to increase slightly (by $2,928 or less than 1%) compared to the FY 2012-13 Adopted budget.

While there are no staffing changes, service levels in the Paso Robles area are expected to improve due to an expanded presence. A total of 1.5 FTE of staff will be moving from Atascadero to Paso Robles to collocate with Drug and Alcohol Services staff in a larger office. Since most of the north county clients reside in the Paso Robles area, this move will better meet the needs of the clients.

BOARD ADOPTED CHANGES

The Driving Under the Influence Budget ended FY 2012-13 with a Fund Balance Available (FBA) that was $34,196 less than what was assumed in the FY 2013-14 Proposed Budget. The Board approved a reduction of $34,196 in the appropriation to Contingencies for this fund center, due to this shortfall in FBA.

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.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
New Measure	2.7%	1.7%	1%	2%	1.3%	2%

What: Measures recidivism and effectiveness of the First Offender program.

Why: If our First Offender DUI program is effective, graduates will not be arrested for another alcohol-related driving offense within the first 12-months of graduation from the program. If they do reoffend, they will be remanded to the Multiple Offender program.

How are we doing? For FY 2012-13, the calculated recidivism rate for First Offender DUI program participants was 1.3%. The recidivism rate was calculated by reviewing each client that graduated from the First Offender DUI program during the time period from 7/1/2011 through 6/30/2012 and determining how many of these clients were remanded to the Multiple Offender DUI program within 12-months of their First Offender completion. Specifically, 550 First Offender DUI program participants completed their program between 7/1/2011 through 6/30/2012 and seven (7) re-offended and were remanded to the Multiple Offender DUI Program within 12-months of their completion date, representing the re-offense rate of 1.3%. The CA State re-offense rate after one year is 3.75%, according to DMV data published in 2012.

(Data Source: Standard Report from DUI Database)

2. Performance Measure: Percentage of participants completing our Client Satisfaction Survey who rate Driving Under the Influence services at the levels of "Very Satisfied" or "Extremely Satisfied".

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
87%	84%	87%	85%	86%	84%	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? From the 1,216 program participants surveyed during FY 2012-13, 996 client surveys were returned for a survey return rate of 82%. Based on the results, 84% (836) of survey respondents rated their experience with the program as "Very Satisfied" or "Extremely Satisfied." Because satisfaction rates are not part of a statewide database, no comparison data is available.

(Data Source: Client Satisfaction Survey)

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
105%	94%	92%	102%	100%	102%	100%

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

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

How are we doing? Budgeted DUI fees for FY 2012-13 were $1,369,906. The actual fee amount collected for FY 2012-13 was $1,403,910 which is 102% or $34,004 greater than what was targeted. Due to improved collection efforts, the goal of 100% was surpassed.

There is no statewide data on DUI Program fee collection trends.
(Data Source: Quarterly Dashboard Data Report)

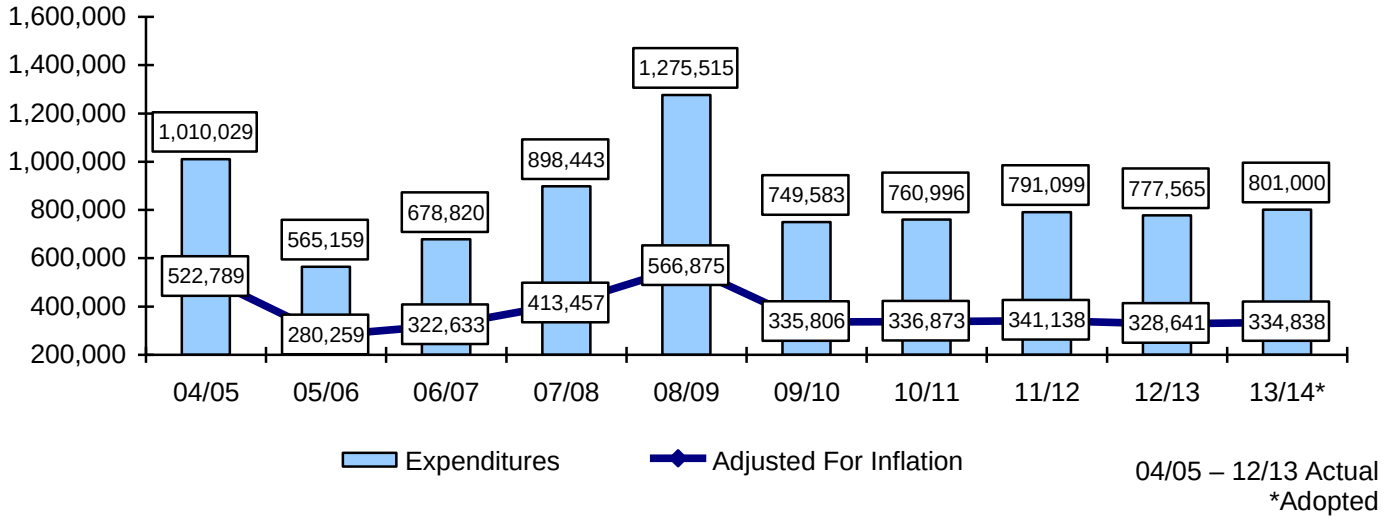
PURPOSE STATEMENT

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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Fines, Forfeitures and Penalties	$ 803,560	$ 776,525	$ 800,000	$ 800,000	$ 800,000
Revenue from Use of Money & Property	987	470	1,000	1,000	1,000
Total Revenue	$ 804,547	$ 776,995	$ 801,000	$ 801,000	$ 801,000
Fund Balance Available	$ 0	$ 0	$ 0	$ 0	$ 0
Cancelled Reserves	0	0	0	0	0
Total Financing Sources	$ 804,547	$ 776,995	$ 801,000	$ 801,000	$ 801,000
Salary and Benefits	$ 0	$ 0	$ 0	$ 0	$ 0
Services and Supplies	791,099	777,565	801,000	801,000	801,000
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	$ 791,099	$ 777,565	$ 801,000	$ 801,000	$ 801,000
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	$ 791,099	$ 777,565	$ 801,000	$ 801,000	$ 801,000

Source of Funds

10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The Emergency Medical Services Program has a total expenditure level of $801,000 and a total staffing level of 0.0 FTE* to provide the following services:

Emergency Medical Services Fund

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

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

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

DEPARTMENT COMMENTS

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

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

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

This budget is recommended as requested. Expenditures in this budget, which are used for the purposes described above, are driven by available funding. In FY 2013-14, available funding is projected to remain consistent with the FY 2012-13 Adopted Budget. Assuming the projected revenue is realized, approximately $119,200 will be allocated to the Emergency Medical Services Agency for emergency medical services, $176,000 to hospitals, $408,000 to physicians, $52,500 to pediatric trauma services and $42,000 will be used to cover Health Agency administrative costs associated with this budget. This program does not receive any General Fund support.

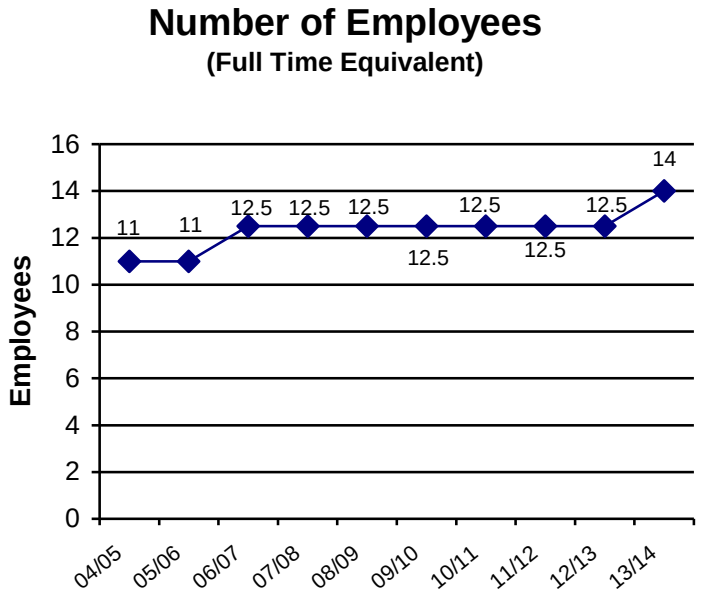
BOARD ADOPTED CHANGES

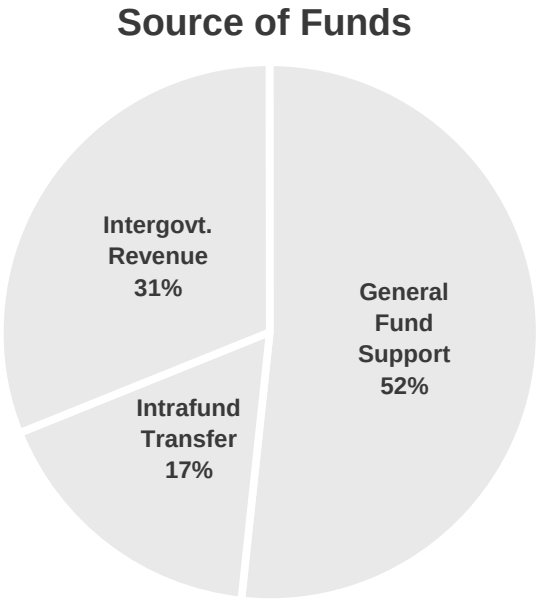
None.

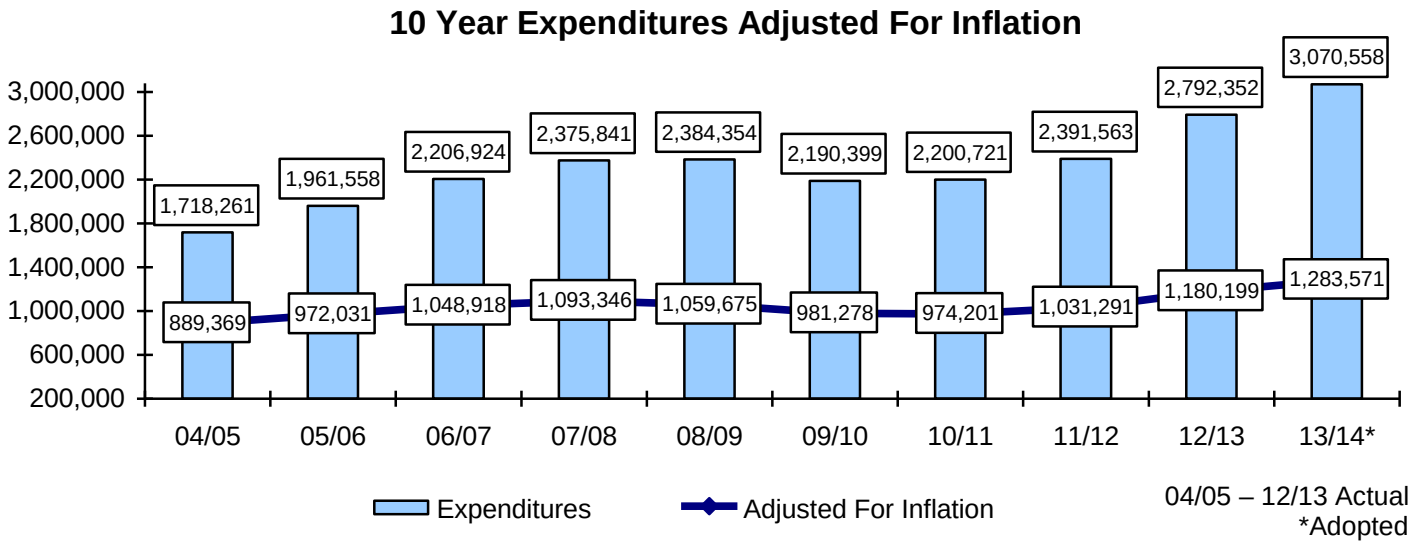
MISSION STATEMENT

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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Intergovernmental Revenue	$ 615,432	$ 940,544	$ 941,435	$ 941,435	$ 941,435
Charges for Current Services	1,274	1,754	0	0	0
Other Revenues	0	2	0	0	0
**Total Revenue	$ 616,706	$ 942,300	$ 941,435	$ 941,435	$ 941,435
Salary and Benefits	1,569,666	1,828,665	1,996,212	2,002,864	2,002,864
Services and Supplies	821,897	963,687	1,067,461	1,012,541	1,067,694
**Gross Expenditures	$ 2,391,563	$ 2,792,352	$ 3,063,673	$ 3,015,405	$ 3,070,558
Less Intrafund Transfers	493,686	518,884	512,923	512,923	512,923
**Net Expenditures	$ 1,897,877	$ 2,273,468	$ 2,550,750	$ 2,502,482	$ 2,557,635
General Fund Support (G.F.S.)	$ 1,281,171	$ 1,331,168	$ 1,609,315	$ 1,561,047	$ 1,616,20







SERVICE PROGRAMS

Law Enforcement Medical Care has a total expenditure level of $3,070,558 and a total staffing level of 14.00 FTE to provide the following services:

Jail Medical Services

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

Total Expenditures: $2,557,635 Total Staffing (FTE): 11.00

Juvenile Services Center Medical Services

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

Total Expenditures: $512,923 Total Staffing (FTE): 3.00

DEPARTMENT COMMENTS

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

The LEMC medical unit responded to nearly 35,000 sick calls in calendar year 2012, and that number is expected to continue to rise given the continued growth in the average daily population (ADP) of inmates. The ADP at the Jail has increased more than 30% since the October 2011 implementation of AB 109, also known as the 2011 Public Safety Realignment. The ADP for the first half of fiscal year 2012-13 stood at 730 inmates per day compared to 558 for fiscal year 2010-11, the last full year of data preceding 2011 Realignment. AB 109 redirects lower-level offenders to serve out their sentences in county jails instead of state prisons. Local officials estimate the Jail will remain above 700 inmates per day through 2013-14.

The increase in inmate population has increased health care costs. LEMC is currently assessing the additional budgetary implications of caring for inmates serving longer sentences and the ensuing need for attention to chronic diseases and standard preventive health care. The Community Corrections Partnership (CCP) and San Luis Obispo Board of Supervisors approved an allocation of $533,435 in FY 2012-13 to help offset growing expenses and provide additional staff at the medical unit to meet the increased needs. Though much of the increase in work falls to the on-duty Correctional Nurse (a licensed registered nurse), the LEMC has decided to fill the added shifts with Licensed Vocational Nurses and entry-level Mental Health Therapists almost exclusively, as a less expensive alternative to adding more Correctional Nurse hours.

FY 2012-13 Accomplishments

- Quarterly pharmacy review led to change in the psychotropic drug formulary, converting several drugs to generic for a per quarter cost reduction of $36,549.
- Began tracking drug costs for Atascadero State Hospital (ASH) inmates transferred to County Jail. Data will allow Jail to receive state reimbursement for these costs.
- LEMC policies have now been posted electronically for ease of tracking, review and updating as needed.
- The Community Health Centers of the Central Coast Mobile Dental Clinic is now a permanent program, for both Jail and JSC, resulting in regular monthly dental clinics and eliminating the need for high-risk transports to offsite providers.
- Increased staffing hours by 9,034 hours or 30% in the medical unit to meet the increased demand for health care services due to the growing inmate population.
- Juvenile Services reinstated the free immunization program, and now includes Human Papillomavirus vaccine for prevention of cervical cancer and genital warts in both males and females.

FY 2013-14 Objectives

- Pursue opportunities to reduce the high cost of HIV medications.
- Develop and implement a formal quality assurance process to assess and improve medical care at LEMC, and to ensure compliance with Title 15 standards for healthcare in a correctional setting.
- Define criteria and best use of electronic health records (EHR) and seek funding opportunities for implementation.
- Educate 360 of juvenile wards at JSC about the importance of safe sexual practices to prevent unwanted pregnancies and sexually transmitted diseases (STD), and the value of STD testing.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for Law Enforcement Medical Care (LEMC) is recommended to decrease by $46,795 or 2% compared to the FY 2012-13 Adopted Budget. Revenue is recommended to increase $359,185 or 61% compared to the FY 2012-13 Adopted Budget primarily due to the AB 109 Public Safety Realignment revenue that was added to the budget mid-year in FY 2012-13. The Public Safety Realignment Act (AB 109), signed into law in April 2011, transfers responsibility for supervision of lower level inmates and parolees from the State to counties. The Act commenced on October 1, 2011 and at that time, $65,610 was added to the Law Enforcement Medical Care budget to fund three quarters of the year under AB 109. The Adopted FY 2012-13 budget included $182,250 in AB 109 revenue. However, given the increase in the inmate population at the jail and an increase in actual medical expenses, the Board approved an addition of approximately $351,000 in AB 109 revenue to cover an increase of 1.5 FTE in permanent staff and additional temp help as well as higher costs for pharmaceuticals, medical supplies and contract physician hours. The balance of the increase in revenue is an $8,000 or 4% increase in 1991 Realignment from Vehicle License Fees.

Overall, expenditures are recommended to increase $312,390 or 14% compared to the FY 2012-13 Adopted Budget due to the increase in AB 109 related costs mentioned above. Salary and benefits expenditures are recommended to increase by $259,481 or 14%, reflecting the mid-year addition of the 1.5 FTE and additional temp help funded by AB 109 Realignment funds. Recommended salary and benefit expenditures compared to the adjusted FY 2012-13 budget reflect a decrease of approximately $32,800 reflecting an assumption that the law Enforcement Medical Care unit will realize a salary savings from vacant positions of approximately 2%.

Recommended expenditures for services and supplies are increasing $41,786 (4%) compared to the FY 2012-13 Adopted Budget. The most significant variances include an increase of $25,519 (13%) in pharmaceutical costs based on actual costs through the first half of FY 2012-13 and an $8,878 increase in the Countywide Overhead charge due to the increase in expenditures. Other accounts are increasing or decreasing by smaller amounts.

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

BOARD ADOPTED CHANGES

The Board approved an increase in the appropriation in the amount of $55,153 for services and supplies, as recommended in the Supplemental Budget Document, to bring budgeted expenditures in line with the Board approved AB 109 plan.

GOALS AND PERFORMANCE MEASURES

Department Goal: Provide cost effective medical care maintaining the health of County jail inmates.

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

1. Performance Measure: Medical cost per inmate day at the County Jail.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
$9.27	$8.46	$8.41	$7.66	$8.43	$8.24	$9.74

What: This shows the average cost per day to provide mandated medical services to adult inmates at the County jail. The measure is calculated by accumulating all costs of providing medical care to inmates and dividing by the product of the average daily inmate census and the number of days in the year.

Why: Medical cost per inmate day is intended to be an efficiency-oriented performance measure reflecting both the cost of providing medical care and the level of demand among jail inmates. This measure has been in place over a period of relative stability in the inmate census and as such has been helpful in monitoring the cost-efficiency of the provision of medical services for jail inmates, against an established standard, $9/inmate day.

How are we doing: The FY 2012-13 medical costs per inmate day was $8.24 (calculated by $2,273,469 costs ÷ 756/inmates ÷ 365/days) which reflects the total costs and average daily inmate population throughout the fiscal year. The 2012-13 cost per day increase over the prior year was anticipated due to additional staff added in the year to meet the additional inmate population demand for medical care. The average daily inmate population increased from 558 in 2010-11 to 679 (22% increase) in 2011-12 and 756 (11% increase) in 2012-13.

This performance measure is expected to return to higher historical levels in FY 2013-14. In 2012-13, the medical unit staffing model was increased to meet the gradual population growth over the past two years. This staffing increase allowed the medical unit to safely and effectively meet the growing medical care need of approximately 700 inmates.

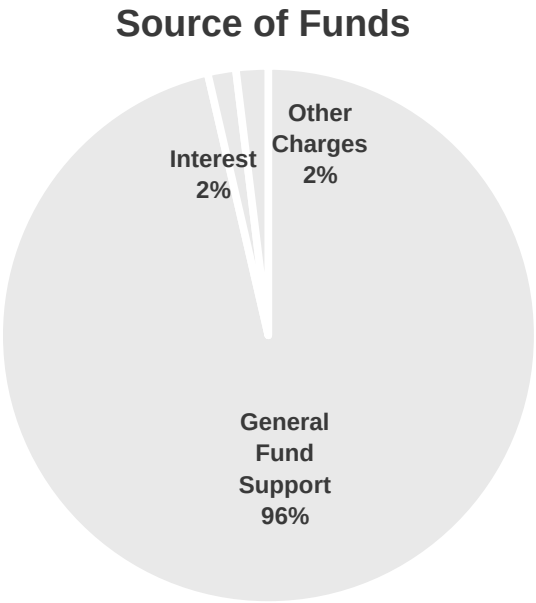
Remaining uncertain is the effect on costs due to longer sentences and the ensuing need for attention to chronic diseases and standard preventive health care services which could have a negative impact on this cost-efficiency measure.

(Data Source: Enterprise Financial System – EFS Budget Status Report and Monthly San Luis Obispo County Jail Medical Care Medical Dispensary Visits Report)

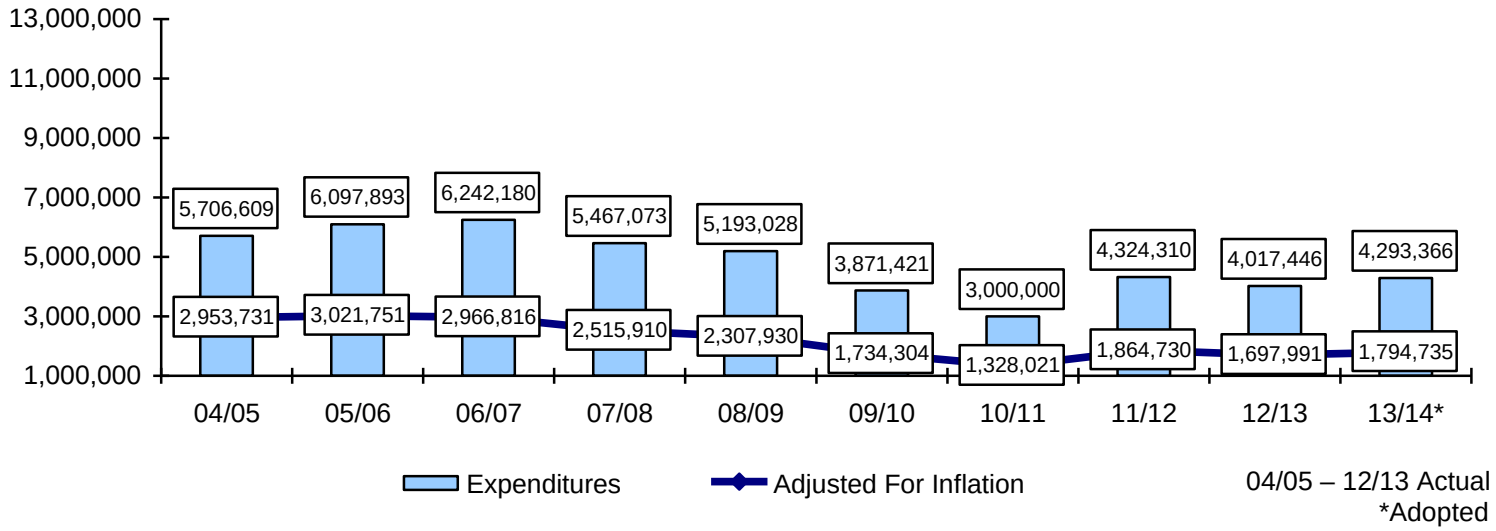
PURPOSE STATEMENT

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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Revenue from Use of Money & Property	$ 79,197	$ 73,541	$ 81,824	$ 81,824	$ 81,824
Other Revenues	0	0	81,063	81,063	81,063
**Total Revenue	$ 79,197	$ 73,541	$ 162,887	$ 162,887	$ 162,887
Services and Supplies	2,540,000	2,500,000	2,500,000	2,500,000	2,500,000
Other Charges	1,784,310	1,517,446	1,800,544	1,793,366	1,793,366
**Gross Expenditures	$ 4,324,310	$ 4,017,446	$ 4,300,544	$ 4,293,366	$ 4,293,366
General Fund Support (G.F.S.)	$ 4,245,113	$ 3,943,905	$ 4,137,657	$ 4,130,479	$ 4,130,479



10 Year Expenditures Adjusted For Inflation



COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Overall, recommended expenditures and revenues for the Medical Assistance Program budget are expected to remain essentially the same as the FY 2012-13 Adopted budget and no service level impacts are anticipated. There is a slight reduction in General Fund support ($22,079 or less than one percent).

This budget includes funding for the Community Health Centers of the Central Coast (CHC) as well as the General Fund contribution to the County Medical Services Program (CMSP) – Fund Center 350. In 2004, the County discontinued its direct provision of primary medical care services and entered into a five-year contract with CHC to provide primary care, ancillary services, pharmacy and limited specialty medical care services to CMSP eligible and other low-income, unsponsored patients. In 2011, a revised two-year contract with CHC was negotiated, which includes a provision to extend the agreement through December 31, 2013 on mutual agreement of the parties. Under this contract CHC provides primary care, ancillary services and pharmacy care to CMSP eligible patients only. Specialty medical care services are provided through direct contracts between the County and specialty care physicians (included in the CMSP budget). Care provided by CHC to low-income and unsponsored patients that are not CMSP eligible is done so outside of its contract with the County.

The implementation of the Affordable Care Act (ACA) is expected to occur during FY 2013-14 and is likely to provide financial savings to the County in the next year and beyond. Beginning January 2014, it is expected that the vast majority of CMSP patients will obtain alternate coverage – either through the Medi-Cal expansion for low-income childless adults or through mandated purchase of health insurance in the state's Health Benefits Exchange (known as Covered California). This could eliminate the need for the current agreement with CHC, and reduce the amount of General Fund support transferred to the CMSP budget. However, given the many unknowns associated with the timing and approach to ACA implementation and the associated fiscal benefits to, or impacts on, the County, this recommended budget assumes the status quo with a full-year $2.5 million contract with CHC and an almost $1.8 million transfer of General Fund support to the CMSP budget. Once the issues related to the ACA implementation have been resolved, staff may return to the Board with a budget adjustment as needed.

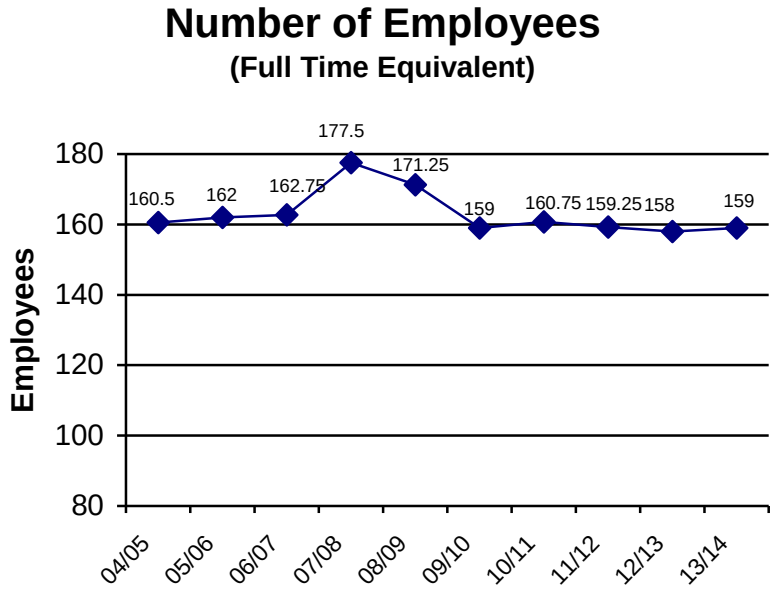
BOARD ADOPTED CHANGES

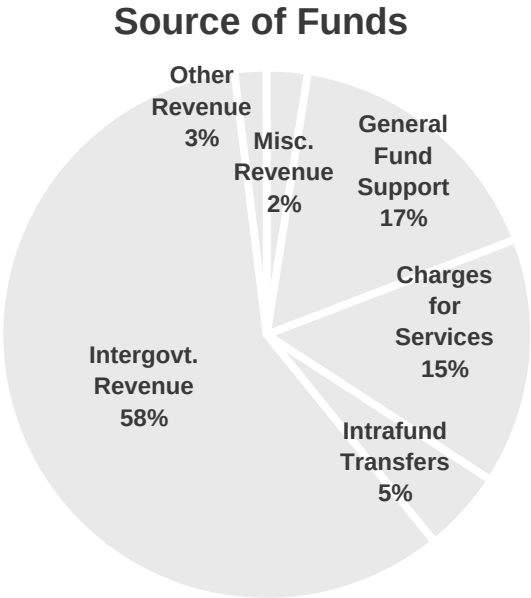
None.

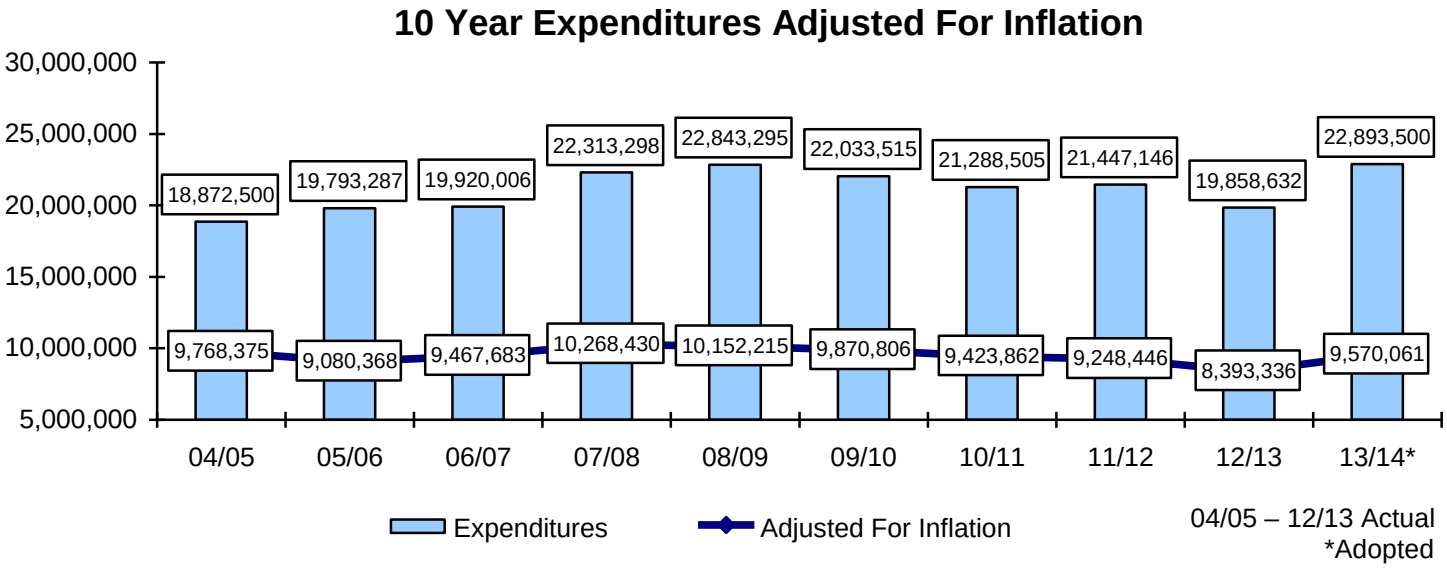
MISSION STATEMENT

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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Licenses and Permits	$ 19,004	$ 21,248	$ 20,715	$ 20,715	$ 20,715
Fines, Forfeitures and Penalties	186,581	144,945	152,000	152,000	152,000
Revenue from Use of Money & Property	1	0	0	0	0
Intergovernmental Revenue	10,780,949	11,752,813	13,387,200	13,484,425	13,484,425
Charges for Current Services	4,885,501	3,371,637	3,473,098	3,473,098	3,473,098
Other Revenues	635,842	631,001	598,418	598,418	598,418
Interfund	291,991	271,902	217,941	217,941	217,941
**Total Revenue	$ 16,799,869	$ 16,193,546	$ 17,849,372	$ 17,946,597	$ 17,946,597
Salary and Benefits	15,646,568	15,929,694	16,846,962	16,608,014	16,608,014
Services and Supplies	4,854,366	4,503,819	4,675,486	4,675,486	4,675,486
Other Charges	921,182	393,832	1,610,000	1,610,000	1,610,000
Fixed Assets	25,030	74,197	0	0	0
**Gross Expenditures	$ 21,447,146	$ 20,901,542	$ 23,132,448	$ 22,893,500	$ 22,893,500
Less Intrafund Transfers	863,265	1,042,910	1,158,687	1,157,335	1,157,335
**Net Expenditures	$ 20,583,881	$ 19,858,632	$ 21,973,761	$ 21,736,165	$ 21,736,165
General Fund Support (G.F.S.)	$ 3,784,012	$ 3,665,086	$ 4,124,389	$ 3,789,568	$ 3,789,568







SERVICE PROGRAMS

Public Health has a total expenditure level of $22,893,500 and a total staffing level of 159.00 FTE to provide the following services:

Environmental Health Services

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

Total Expenditures: $3,344,351 Total Staffing (FTE): 24.00

Family Health Services

The Family Health Services Division provides an extensive array of preventive and direct health services for all residents, and particularly for at-risk populations. Services include: Communicable Disease Control, Immunizations, Tuberculosis and Sexually-Transmitted Disease diagnosis and treatment, medical care for clients of the Suspected Abuse Response Team (SART), Family Planning and Women's Cancer Screening. Maternal and Child Health services include prenatal nutrition education, screening for substance use in pregnancy, and Field Nurse Home Visits to pregnant women and new mothers to improve birth and early childhood outcomes. Medical Case Management programs include Child Health and Disability Prevention (CHDP) for medical and dental concerns, California Children's Services (CCS) for children with serious illnesses or disabilities, and Health Care for Children in Foster Care. Other services include Epidemiology, Disease Surveillance, and Vital Records (birth and death certificates).

Total Expenditures: $8,569,131 Total Staffing (FTE): 67.75

Health Promotion

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

Total Expenditures: $2,803,417 Total Staffing (FTE): 23.25

Emergency Medical Services

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

Total Expenditures: $1,092,734 Total Staffing (FTE): 7.25

Public Health Laboratory

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

Total Expenditures: $1,917,425 Total Staffing (FTE): 11.25

Health Agency Administration

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

Total Expenditures: $5,166,442 Total Staffing (FTE): 25.50

DEPARTMENT COMMENTS

The Public Health Department has a wide range of programs dedicated to promoting, preserving, and protecting the health of our residents. This past year was exciting and challenging as several new focus areas became prominent; and these new "headwinds" are likely to keep the Public Health Department even more stretched in the coming year, especially given a sixth round of County budget reductions planned for fiscal year 2013-14.

A recent report[1] noted that while nearly 18% of the United States Gross Domestic Product (GDP) is spent on health care, more than any other country in the world, total governmental spending on public health (federal, state and local) amounts to a mere three percent (3%) of the nation's overall spending on health. With inflationary health care costs having no end in sight, it is all the more important for Public Health to have a seat at the table of emerging health care policy discussions. Some of the evolving focus areas not only welcome public health engagement, but in fact mandate participation.

One example is the advancement of Electronic Health Records (EHR), wherein local public health is tasked with confirming attestation by health care providers of certain components of "meaningful use" of EHR. In order to meet this federal expectation, the Public Health Department will need to invest in its own EHR and Health Information Exchange (HIE) systems in the near term.

Also on the horizon is Public Health Accreditation. Currently a voluntary process, it is widely anticipated that any recognized public health department will be expected to seek, attain and retain accreditation from the national Public Health Accreditation Board (PHAB).

Other areas of noteworthy change for the Public Health Department are the Patient Protection and Affordable Care Act, also known as national health care reform, and 2011 Public Safety Realignment. These areas will be addressed in more detail under fund centers 350 and 184, respectively.

Finally, and not new, is the need to do continuous disease surveillance in order to detect the inevitable next outbreak or new disease-causing strain of a biological organism – the latest example being a particularly virulent strain of Norovirus ("cruise-ship" gastrointestinal disease) which landed in our county in late 2012, from a new variant discovered in Australia in spring 2012.

The Department has continued to actively pursue opportunities to fund operations through external sources, such as grant awards and increased fee revenue.

FY 2012-13 Accomplishments

- Completed self-assessment and initial work plan for applying for Public Health Accreditation.
- Completed Aerosolized Transmissible Diseases Plan, as required by state law, a first step in updating Employee Health guidelines.
- Implemented Safe Body Art program in accordance with the state's 2012 Safe Body Art Act, to include practitioner registration and facility permit processes, public and industry education, site visits and inspections, and fee collection.
- Worked closely with General Services Agency and County Counsel to pass a County ordinance to ban smoking of tobacco products on most County-owned campuses and grounds.
- Awarded $183,000 grant for injury prevention efforts on car seats for low-income families, bicycle and pedestrian safety, and drug and alcohol prevention.
- Held "*Building Healthy Communities*" Summit in which 230 community members attended to work on obesity prevention efforts.
- Introduced local government leaders to the *Buy Local* Policy and the many benefits of purchasing local fresh produce. The policy was adopted by the County and supported by four local cities, with more cities to follow.
- Collaborated with Department of Planning and Building to integrate health considerations into planning decisions through the *Health in All Policies* Program. As of 2012 year end, the program completed joint reviews of 16 projects with input on general plan updates, minor use permits, and development of open space.
- Partnered with Air Pollution Control District on "*Air Quality and Your Health"* campaign; developed and distributed educational messages for public through brochures, posters, presentations, ads, etc.
- Worked with managers of two solar farms in eastern part of county to develop educational material for workers, visitors and residents in the prevention of Valley Fever. Developed system for ongoing monitoring of elevated disease rates.

FY 2013-14 Objectives

- Complete Public Health Strategic Plan, which is one of three pre-requisite steps for seeking Public Health Accreditation.
- Build on grant-funded needs assessment conducted in autumn 2012, to seek funding and begin implementation of an electronic health records system to improve operational efficiencies, coordination with health care providers, third-party billing, and attestation of "meaningful use".
- Work with partners toward convening health care entities for purposes of developing a county-wide Health Information Exchange.
- Collaborate with local stakeholders to transition enrolled CMSP clients and other uninsured individuals into the expanded Medi-Cal program or into the State's Health Insurance Exchange.
- Maintain active disease surveillance efforts through epidemiology and lab to quickly identify new outbreaks of communicable disease or select agents of bioterrorism.
- Implement a system to accept online credit card payments from Environmental Health customers to improve both customer service and program efficiency.
- Conduct public outreach targeting low-income residents and provide education and services about injury prevention, nutrition, oral health, maternal child health and perinatal health. Services provided will include educating 5,000 individuals about nutrition and distributing and fitting 200 car seats.
- Complete and release an EMS field study to evaluate system design, effectiveness as measured by compliance with response time standards and patient outcomes, and opportunities for improvement
- Develop a smart phone application for Advanced Life Support (ALS) treatment protocols to make timely, current treatment protocols available to paramedics in the field.

- Launched new *Reduce the Risk of Sudden Infant Death Syndrome - Back to Sleep Campaign*; provided three local hospitals with educational packets and DVDs for staff and clients.
- Convened emergency response partners for development of an Alternate Care Site plan; and completed training and exercises for Standard Operating Procedure for Receiving, Staging and Storing of Strategic National Stockpile materials.
- Coordinated participation in National CPR Day in which local Emergency Medical Services (EMS) personnel trained 1,000 people in hands only CPR; developed enhanced registration process for Public Access AED which will eventually enable 9-1-1 dispatchers to direct callers to the closest AED.
- Renegotiated 5-year contract with CALSTAR for exclusive air ambulance operations in the county.
- Completed Phase 3 of the laboratory remodel, which expanded the water lab area by 300 sq ft.
- Increase the number of residents able to respond to a sudden cardiac event by again training more than 1,000 people during National CPR Day.
- Work with Behavioral Health and Health Agency and County Administration to update all Health Insurance Portability and Accountability Act (HIPAA) policies, to ensure all new standards are met and that the County is prepared for any possible federal audits.

1. IOM (Institute of Medicine). 2012. *For the Public's Health: Investing in a Healthier Future.* Washington, DC: The National Academies Press.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The recommended budget reflects a $999,225 or 5% increase in revenues, a $763,871 or 3% increase in gross expenditures and a decrease in General Fund support of $187,812 or 4% compared to the FY 2012-13 Adopted Budget. A portion of these increases are due to Board-approved mid-year adjustments to the FY 2012-13 Adopted Budget which added a total of $264,804 in revenue and expenditures and 3.0 FTE. The adjustments made include the addition of 1.0 FTE for the Nutrition Education Obesity Prevention (NEOP) grant, a 0.5 FTE Public Health Nurse to support Homeless programs funded by Mental Health Services Act revenue, the addition of the revenue and expenses for the Office of Traffic Safety grant ($137,340 and 1.0 FTE), an increase in the Public Health Emergency Preparedness grant ($107,464) and a $20,000 increase in the California Children's Services (CCS) program along with an additional 0.5 FTE.

Revenues are increasing primarily due to an increase in Federal funding, a transfer of Realignment Growth revenue from Department of Social Services trust, an increase in Environmental Health fee revenue, and an increase in the CCS allocation for FY 2013-14.

- The net increase in Federal funding is approximately $633,000 for a variety of grant programs (such as the new Office of Traffic Safety grant, a dental program grant, the Nutritional Education Obesity Prevention Program, Maternal and Child Health program), Medi-Cal Administrative Activities reimbursement (which is passed through to school districts) and Public Health Emergency Planning efforts. While there was a net increase in Federal revenue, some Federal funding has decreased such as the elimination of the $116,000 AIDS grant and a decline of $133,000 in reimbursement for Targeted Case Management activities.
- The Department of Social Services (DSS) received 1991 Realignment Growth revenue for fiscal years 2007-08 through 2011-12. A portion of this growth revenue is for the CCS program; thus $182,887 was transferred to Public Health from the DSS trust fund. The department was unaware of this growth revenue at the time they prepared their budget and therefore did not include these funds in their request.
- Environmental Health fees were increased by approximately 7% to improve the rate of cost recovery, resulting in a net increase of $201,100.
- The CCS allocation is increasing by $140,647 or 10%.

There are several revenue accounts that are increasing or decreasing by various smaller amounts. One notable reduction is in Public Health Lab fees, budgeted to decrease $114,411 or 10%. This is due to a 10% reduction in the Medi-Cal rate and a decrease in the volume of tests requested by private payers. The Health Agency plans to outreach to physicians and hospitals in the coming year to generate additional business from their private-payer patients.

Total expenditures for this fund center are recommended at almost than $22.9 million, an increase of approximately $764,000 or 3% compared to the FY 2012-13 Adopted Budget, as noted above. This reflects a reduction of $237,596 or 1% compared to the Health Agency's requested budget due to the recommended General Fund support reduction strategies described below. All of the variance between the requested and recommended budget is in salary and benefit accounts.

Salary and Benefit costs are increasing $395,910 (2%) compared to the FY 2012-13 Adopted Budget. The department's requested Status Quo budget reflected an increase of $634,858 (3%) largely due to a mid-year Board approved increase in revenue and expenditures of approximately $264,000 to fund the addition of 3.0 FTE to the Position Allocation List, an increase of $117,124 or 202% in Temporary Help for the Health Promotion, Public Health Lab and Public Health Emergency Preparedness program areas, and an increase in variable benefit costs. The difference between the department's request and the recommended amount for salary and benefit expenditures is a result of General Fund support reductions built into the salary and benefit accounts in the Recommended budget as described below.

Services and supplies expenditures are recommended to increase $167,967 or 3% overall compared to the FY 2012-13 Adopted Budget. Several accounts are increasing or decreasing by various levels. The most notable variances include:

- an increase of $200,000 in the Payment/Distribution to Other Agencies account for the pass through of Medi-Cal Administrative Activities reimbursement to school districts (Templeton School District was added),
- an increase of $94,030 or 13% in the Professional Services account resulting from several changes in contracts such as the end of the AIDS grant and the addition of NEOP contracts with nutrition educators,
- a new payment of $75,297 to Behavioral Health for one Drug and Alcohol Services Specialist to work on the Traffic Safety Injury Prevention grant, and
- a decrease of $38,352 in the Special Department Expense account due to the elimination of one-time equipment purchases and a donation to the ACTION for Healthy Communities made in FY 2012-13.

Other services and supplies accounts are increasing or decreasing by smaller amounts.

<u>General Fund Reduction Strategies</u>
As in past years, cost savings measures have been incorporated into the Health Agency budget to reduce the need for General Fund support. Accordingly, measures listed below are included in the FY 2013-14 recommended budget for Public Health:

- The elimination of 1.0 FTE vacant Public Health Nurse for a General Fund savings of $61,611, and
- Salary savings of $161,506 reflecting a typical vacancy rate in the department of Public Health staff taking Voluntary Time Off.

Service level impacts are expected to result from the elimination of the Public Health Nurse. Each full-time nurse carries a case load of 25 families and conducts approximately 400 home visits to low-income high-risk pregnant women, first-time mothers and their infants. Thus 25 families will not be served and/or will be placed on a waiting list that already contains approximately 125 families. Preventive efforts of the Field Nursing program can reduce the long-term costs of physical and mental health care, child protection services, education, the criminal justice system, and public assistance. A study by the RAND Corporation estimates a $5.70 return on each dollar invested in a nurse-family relationship.

There is an overall reduction of 1.0 FTE on the recommended Public Health Position Allocation List (PAL) for FY 2013-14 – the elimination of the Public Health Nurse noted above. There are also several changes to the PAL including:

- The conversion of a vacant Accounting Technician position to an Accountant I based on a review of the duties by Human Resources,

- The allocation of 3.00 FTE of half time Public Nurse positions to the full-time allocation (no net change in FTE), and
- The allocation of 1.00 FTE of part time Physical or Occupational Therapist positions to the full-time allocation (also no net change in FTE),

(Note: The allocation of all Public Health Nurse and Physical or Occupational Therapist positions to full-time provides the department needed flexibility to hire these positions at the level required to meet specific shift needs.)

BOARD ADOPTED CHANGES

None.

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.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
0	1.50	.37	.37	.75	1.49	.75

What: Measures the number of reported outbreaks originating from food sources (restaurants, other retail food preparation facilities, or community meals) as a rate per 100,000 population. A foodborne outbreak is defined as "the occurrence of 2 or more cases of a similar illness resulting from ingestion of a common food source."

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

How are we doing? There were 4 foodborne outbreak reported in FY 2012-13 compared to 1 outbreak reported in FY 2011-12. The 4 outbreaks were all due to norovirus which is highly contagious, thus easily spread in the food industry. Year to year changes may appear to be considerable because a number of foodborne outbreaks go unreported every year, making projections unpredictable. National data reflects an estimated 76 million cases of foodborne disease occur each year in the United States. The majority of these cases are mild and cause symptoms for only a day or two. The Centers for Disease Control and Prevention (CDC) estimates that there are 325,000 hospitalizations and 5,000 deaths related to foodborne diseases each year. Laboratory technologies are constantly improving which may lead to the detection of increased identification of outbreaks in the future. The rate is calculated by dividing the number of foodborne outbreaks by SLO County's population/100,000; 4/(269,337/100,000) = 4/2.69 = 1.49)

Benchmark Data: Santa Barbara had 0 foodborne outbreaks reported in 2011. This is the latest year for which data was available. However, the numbers vary widely from year to year throughout the State. Source: Selected California Reportable Diseases Monthly Summary Report.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
$62.66/visit	$47.95/visit	$56.62/visit	$45.53/visit	$54/visit	$39.76	$54/visit

What: Measures the County's net cost per visit to immunize a child. Cost per visit includes all associated child immunization costs incurred by the Family Health Services Division, less any fees that are collected for the immunization service divided by the number of visits.

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

How are we doing? In FY 2012-13, Public Health staff immunized 983 children as compared to 2,124 children in FY 2011-12. The significant decrease is due to CDC requirements effective October 1, 2012 stipulating that State funded vaccines can no longer be used for immunizing insured children. This information was disseminated to the medical community, schools and other community stakeholders. Therefore local public health departments may not administer State funded vaccines to insured children and must refer insured children to their primary care providers; the public health department was unable to provide immunization services to 369 children and in turn referred them to their primary care providers from October 2012 to June 2013.

The cost per visit for FY 2012-13 is $39.76. This is calculated by dividing the net child immunization costs by the number of visits; $39,085 by 983 = $39.76. The cost per visit was lower than projected because the total number of children served significantly decreased due to the October 1, 2012 CDC policy change, which resulted in a decrease in net child immunization costs due to the redirection of staff.

Benchmark Data: None Available

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
7.5	7.9	5.6	5.2	5.9	5.6	5.9

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

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

How are we doing? In FY 2012-13, 15 cases of HIV were detected, compared to 14 in FY 2011-12. This is a difference of only one case and is not statistically significant. The rate is calculated by dividing the annualized HIV cases by SLO County's population of 269,337/100,000. It also should be noted that in low prevalence communities like the County of San Luis Obispo, year to year changes may appear to be considerable.

Benchmark Data: Santa Barbara had a rate of 4.63 cases per 100,000 in 2012. Source: Santa Barbara County HIV/AIDS surveillance report 2012.

Department Goal: Promote and encourage healthy behaviors.

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

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
9.8	12.7	11.6	11.2	12.0	10.4	12.0

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

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

How are we doing? In FY 2012-13, 46 females in the age range of 15-17 years gave birth, compared to 43 in FY 2011-12 (*Automated Vital Statistic System*). The 3-year total of live births from FY 10-11 to 12-13 is 142; the number of overall births from 15-17 year old females has been lower in past years, thus driving the 3-year average down.

The rate is derived by dividing the number of live births to 15 to 17 year old females over the last 3-years by the 3-year average of adolescent female's ages 15 to 17 per 1,000 population; 142/(13,707/1,000) = 142/13.71 = 10.4.

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

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
6.2%	6.1%	5.6%	5.4%	6.0%	5.5%	5.7%

What: Measures the three year rolling average of live-born infants born to San Luis Obispo County residents who weigh less than 2,500 grams (five and three-quarters pounds) at birth. The calculation is derived by the total number of infants born who weigh less than 2,500 grams divided by the total number of babies born that year.

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

How are we doing? The birth rate for LBW babies born in FY's 2010-11 through FY 2012-13 was 5.5% (436 LBW babies divided by total live births of 7,871). This data is derived from the Automated Vital Statistic System. .

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

Benchmark Data: In the latest version of the County Health Status Profiles (2013 edition), contained in each county profile is a three year average of low birth weight babies. Santa Barbara County had a three year average rate of 6.0. San Luis Obispo County ranked 10th out of 58.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
78%	78%	78%	82%	78%	80%	78%

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

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

How are we doing? FY 2012-13, 80% (2,087 women out of a total of 2,617) of mothers sought prenatal care in their first trimester compared to 82% (2,137 out of a total of 2,616) during FY 2011-12.

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

Benchmark Data: Each year, the State publishes selected health benchmarks. The number of women receiving pre-natal care in their first trimester is presented as a three year average. The Santa Barbara County percentage is 73%, this represents a three year average from 2009-2011. Source: California Department of Public Health County Health Status Profiles.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
97%	97%	100%	99%	99%	99%	99%

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

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

How are we doing? In FY 2012-13, the average number of women, infants and children participating in the WIC program was 4,908 a month or 99% of the State allocated caseload target (4,975). Obtaining 100% is difficult, as the population served leave the area during holidays and summers, making client contact for arranging appointments and providing services challenging.

It is anticipated that the program will serve 99% of the allocated caseload in FY 2013-14.

Benchmark Data: FY 2012-13 Marin – 89% (3,136); Monterey – 93.6% (20,752); Napa – 93.5% (3,834); Placer – 96.5% (4,323); Santa Barbara – 96.6% (18,351); Santa Cruz – 94.5% (9,352); Statewide – 94.3% (1,445,261).

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
Biennial Survey	16%	Biennial Survey	13%	Biennial Survey	Biennial Survey	13%

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

Why: Among young people, the short-term health consequences of smoking include respiratory illness, addiction to nicotine, and the associated risk of abusing alcohol and/or drugs. Most young people who smoke regularly continue to smoke throughout adulthood. According to the 2007 National Survey on Drug Use and Health, the rate of illicit drug use was almost 9 times higher among youths aged 12 to 17 who smoked cigarettes in the past month (47.3%) than it was among youths who did not smoke cigarettes in the past month (5.4%).
How are we doing? The California Healthy Kids Survey (CHKS) was conducted during the 2011-12 and 2012-13 school years and the results will be available during the 2013-14 school year.

9. Performance Measure: Adult smoking rates.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
11.1% (2007 survey)	Biennial survey	10.2%* (2009 survey)	Biennial Survey	10%	Results not available	Biennial Survey

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

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

How are we doing? According to UCLA, the 2011 CHIS data is not ready for publication; the projected release date is December 2013. The 12-13 Actual Results will be updated when data becomes available.

Department Goal: Protect against environmental hazards.

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

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
96.8%	96.3%	95.7%	95.4%	96%	94.8%	96%

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

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

How are we doing? In FY 2012-13, 94.8% (1,845 out of 1,946) of the routine water samples were in compliance with the drinking water standards, compared to 95.4% (1,952 out of 2,047) in FY 2011-12. Due to an increase in the number of routine water samples which did not meet drinking water standards, the target compliance rate was not met. 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. We continue to monitor this indicator to ensure that there is no dramatic decrement in our drinking water systems and to continue to strive for improvement.

Benchmark Data: None available

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

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

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
63%	66%	61%	59%	65%	63%	60%

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

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

How are we doing? In 2012-13, Public Health Nursing received 144 client referrals, of which 33 remain on a wait list. 70 clients were enrolled into the Nurse Case Management programs and 41 were not enrolled in services for the following reasons: 4 moved out of the county; 14 were unable to be located; 18 declined services; 2 terminated pregnancies; 1 client and Public Health Nurse mutually agreed the client had sufficient resources and would not benefit from services; the program was unable to serve 2 clients due to being at capacity in that part of the county. These low-income, high-risk pregnant women and new mothers are frequently homeless, mistrustful of agencies and present a challenge to enroll in services and retain in services.

The rate is derived by subtracting the number of client referrals on a wait list from the total number of client referrals received, then dividing the number of referrals resulting in enrollment by that subtotal; 70/(144-33) = 70/111 = 63%.

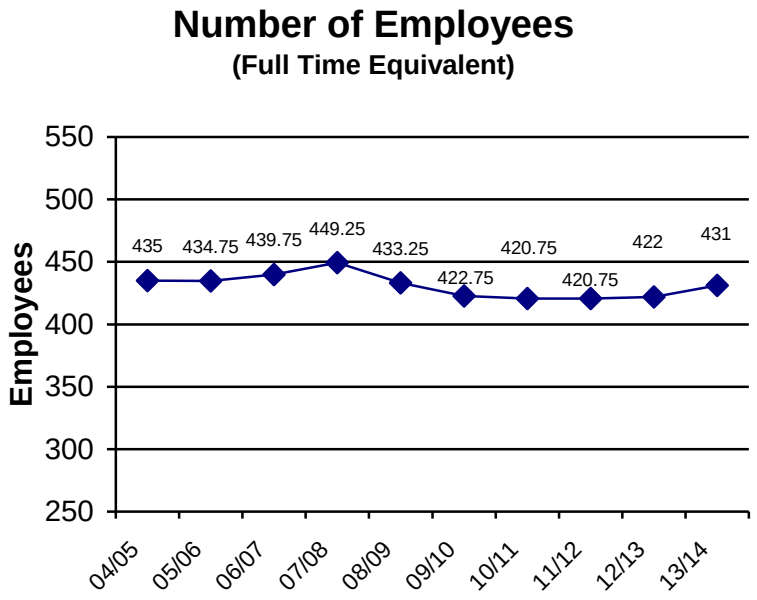
3.75 FTE staff retired during FY 2012-13 impacting the programs ability to provide services; the department is still in the process of hiring and training nurses to fill the vacancies.

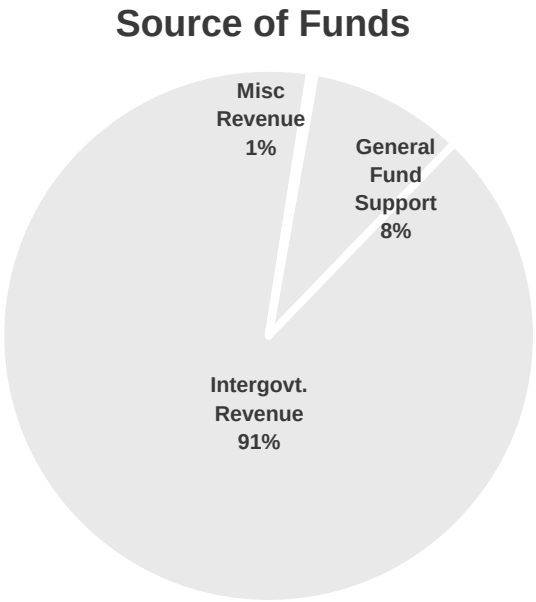
Benchmark Data: None Available

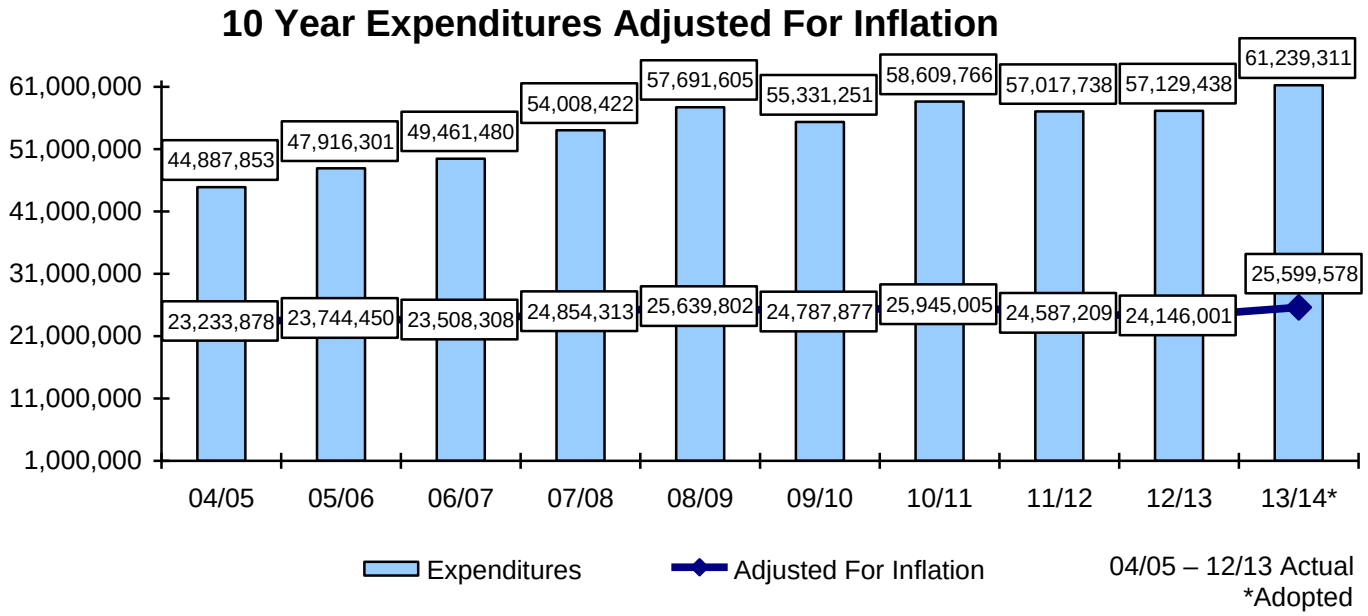
MISSION STATEMENT

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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Intergovernmental Revenue	$ 51,549,573	$ 51,769,747	$ 55,357,452	$ 55,859,423	$ 55,859,423
Charges for Current Services	700	6,725	2,560	2,560	2,560
Other Revenues	115,999	50,492	9,248	9,248	9,248
Other Financing Sources	0	24,890	0	200,000	200,000
**Total Revenue	$ 51,666,272	$ 51,851,854	$ 55,369,260	$ 56,071,231	$ 56,071,231
Salary and Benefits	34,895,675	35,577,633	37,697,850	38,442,508	38,442,508
Services and Supplies	15,177,031	14,936,289	15,862,009	15,635,801	15,635,801
Other Charges	6,888,531	6,573,716	7,054,002	7,054,002	7,054,002
Fixed Assets	56,501	41,800	107,000	107,000	107,000
**Gross Expenditures	$ 57,017,738	$ 57,129,438	$ 60,720,861	$ 61,239,311	$ 61,239,311
Less Intrafund Transfers	75,965	88,998	67,146	67,146	67,146
**Net Expenditures	$ 56,941,773	$ 57,040,440	$ 60,653,715	$ 61,172,165	$ 61,172,165
General Fund Support (G.F.S.)	$ 5,275,501	$ 5,188,586	$ 5,284,455	$ 5,100,934	$ 5,100,934







SERVICE PROGRAMS

The Department of Social Services has a total expenditure level of $61,239,311 and a total staffing level of 431.00 FTE to provide the following services:

Adult Services

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

Total Expenditures: $8,939,597 Total Staffing (FTE): 28.25

CalFresh (formerly Food Stamps)

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

Total Expenditures: $8,625,737 Total Staffing (FTE): 43.00

CalWORKs

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

Total Expenditures: $11,643,512 Total Staffing (FTE): 124.00

Child Welfare Services

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

Total Expenditures: $11,979,563 Total Staffing (FTE): 101.75

County Only Program

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

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

Medi-Cal

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

Total Expenditures: $10,390,527 Total Staffing (FTE): 91.00

Other Programs

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

Total Expenditures: $7,005,724 Total Staffing (FTE): 36.00

Workforce Investment Act (WIA)

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

Total Expenditures: $2,303,607 Total Staffing (FTE): 4.25

DEPARTMENT COMMENTS

Social Services- Administration includes the budget necessary to administer mandated Social Services activities, including salaries, services and supplies, contracts and fixed assets, as well as transfers to other departments for various contracts, and the County's mandated share of In-Home Supportive Services program costs.

The Department of Social Services continues its efforts to meet both its statutory mandates and its performance measures, despite a continuing caseload that has risen by 43% in the last five years. Despite these increases in workload attributable to the economic recession, and despite the department's assumption of major new responsibilities associated with the Workforce Investment Act programs previously administered by the Private Industry Council, staffing in the Department of Social Services has been reduced by 27.25 positions (about 6%) during the same time that the caseload in our largest programs has increased by over 6,700 cases.

Following are some of the department's notable accomplishments for FY 2012-13 and some specific objectives for FY 2013-14:

FY 2012-13 Accomplishments

- In the most recent month for which statistics are available, San Luis Obispo County's performance in key Child Welfare Services program referral and response measures exceeded the State's average performance in 24 out of 27 categories.
- In all four composite measures for Child Welfare Services, San Luis Obispo County exceeds other counties' performance:
- Reunification Composite is 2% higher (at 90% of the State average)
    - Adoption Composite is 23% higher
    - Long Term Care Composite is 15% higher
    - Placement Stability Composite is 1% higher
- Ratio of foster children whose initial placement is with relatives instead of in group homes or shelters: At 45:1, the County exceeds the Statewide ratio of 2.3:1.
- The Work Participation Rate defined as the percentage of CalWORKS participants who are meeting Federal requirements to participate in an approved activity that is likely to lead to self-sufficiency: According to the most recently available report, the County's rate—at 35.1%--exceeded the State's average of 29.2%. The County most recently ranked first in its cohort of medium-sized counties and is ranked in the top ten Statewide.
- Workforce Investment Act performance exceeds Federal requirements in 8 of 9 measures. Showing the most dramatic improvement is the performance for youth, where the department was at 242% of the Federal requirement.
- Sponsored a Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach Access and Recovery (SOAR) training to educate various community agencies about how to effectively secure SSI benefits for clients.

FY 2013-14 Objectives

- Collaborate effectively with the State Department of Health Care Services and the County's Health Agency in implementing the Affordable Care Act, ensuring a smooth transition of the County Medical Services Program (CMSP) population into Medi-Cal.
- No fewer than 98% of the 10-day referrals that are received by Child Welfare Services will have a timely response by a Social Worker.
- The County will continue to surpass State averages in at least 75% of performance measures related to Child Welfare Services.
- Collaborate effectively with the Health Agency to ensure implementation of the Katie A. settlement requirements, conducting an assessment and developing a plan to meet the mental health needs of children in the Child Welfare System.
- Continue to collaborate with other County departments and provide a high level of support to the Homeless Services Oversight Council (HSOC) to address homeless issues within the community.
- Continue to facilitate a smooth transition of the Healthy Families program to the County by assuming responsibility for existing cases and processing approximately 145 new applications per month to ensure that low-income children within the county have access to low-cost health insurance.

- Acquired a new facility in San Luis Obispo to:
- Provide work space for anticipated new hires for the Healthy Families program and implementation of the Affordable Care Act.
- Consolidate file storage to facilitate easier access to files, increase file security, and eliminate costs of offsite file storage.
- Provide additional space for four new family visitation rooms.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

In total, the overall General Fund support for the Department of Social Services (including its Administrative, Foster Care/Adoptions, CalWORKS and General Assistance budgets) is recommended to decrease $349,467 or 5% compared to FY 2012-13 adopted levels. The level of General Fund support for this fund center is recommended to decrease $170,963 or 3% compared to FY 2012-13 adopted levels. Revenues are recommended to increase $1,871,619 or 3% and total expenditures are recommended to increase $1,691,525 or 2% compared to FY 2012-13 adopted levels.

In the Fall of 2011 the Department of Social Services began receiving a number of new funding streams as a result of the 2011 Realignment passed by the Legislature in FY 2011-12. This new funding posed significant changes to the department's budget, largely with respect to how Child Welfare Services, Adult Services, CalWORKS, Foster Care and Adoptions programs are funded. In the current year and moving into FY 2013-14, the department will continue to face major changes to its programs and how they are funded. The most significant changes moving forward will be the implementation of both the Affordable Care Act and requirements resulting from the "Katie A." settlement which directs the department to work with the Health Agency to perform an assessment and if necessary, develop a plan to improve mental health services for children. At this time, there is a lot of uncertainty in both areas. As a result, the recommended budget does not adjust for any potential changes associated with either Affordable Care or "Katie A."

Revenue is recommended to increase due largely to an increase in State allocations, as well as increases in the amount of 2011 Realignment revenue that the department expects to receive. State allocations are increasing due largely to changes in the way that the In-Home Supportive Services (IHSS) program is funded (discussed in more detail below). 2011 Realignment is expected to increase 12% compared to FY 2012-13 adopted levels, based on estimates provided by the State, due largely to Child Welfare base restoration and Protective Services growth. Overall, 1991 Realignment is budgeted to increase 4% over current year estimates. In this fund center, 1991 Realignment funds are recommended to decrease, as more funds are recommended to be directed to the department's Foster Care/Adoptions budget. Workforce Investment Act (WIA) funds are decreasing by $369,351 or 13% compared to FY 2012-13 adopted levels, based on current formula allocations. It is recommended that $182,887 of California Children's Services (CCS) program growth funds be transferred from the department's realignment growth trust account to the Public Health department, which will reduce that fund center's need for General Fund support in FY 2013-14.

The substantial decrease in General Fund support is due largely to changes in the way that the IHSS program is funded. Based on the County's share of costs for IHSS, no other program has a greater impact on the department's budget. Changes to IHSS funding in FY 2013-14 have not only had a positive impact on the department's budget, but have also contributed to the balancing of the overall County budget. In FY 2013-14, the County's share of IHSS costs will be paid through a Maintenance of Effort (MOE) in an amount that is equal to the County's share of IHSS costs in FY 2011-12. In the past, IHSS has been budgeted based on caseload and authorized hours of care for elderly and disabled individuals. With the new MOE, the County's share of costs is capped and not impacted by an aging population and increased caseloads. In addition to the MOE, the implementation of a "Community First Choice Option" changed cost sharing ratios and decreased the County's share of costs from 17.5% to 15.4%. The net impact of these changes is an approximate $426,208 reduction to IHSS expenditures. The United Domestic Workers of America have requested that the County open negotiations

over caregiver compensation. Any increases to compensation would increase the IHSS MOE amount, however, the budget does not adjust for any potential change to caregiver compensation.

Salary and benefits are recommended to increase $1,397,281 or 3% compared to FY 2012-13 adopted levels and includes full funding for all 424.00 FTE currently allocated positions, as well as 7.00 FTE new positions that are being recommended. The increase over FY 2012-13 adopted levels is due to regular pay step increases, the addition of 2.00 FTE positions in FY 2012-13, reclassifications, and the recommended addition of 7.0 FTE new positions. The cost of the new recommended positions can be absorbed in the department's existing allocations, without the need for additional General Fund support.

In FY 2012-13, several changes to the department's PAL were approved by the Board. In December 2012, the Board approved the reclassification of 6.00 FTE Supervising Administrative Clerk I positions to Supervising Administrative Clerk II's as a result of classification studies initiated in 2011. In February 2013, the Board approved the addition of 2.00 FTE Employment Resource Specialist I/II/III positions to accommodate the transition of the Healthy Families Program from the State to the County.

Several changes to the department's PAL are also recommended in FY 2013-14. Three reclassifications of existing positions are recommended, as well as the addition of 7.00 FTE new positions. These recommended changes result in a net addition of 7.00 FTE, which brings the department's total personnel allocation to 431.00 FTE. The details of the recommended PAL changes are as follows:

- Several requests for classification studies were submitted to Human Resources during the 2012 Classification Study Open Window Period. Based on studies conducted by Human Resources staff, it is recommended that three positions be reclassified so that the classifications more appropriately match the work that is currently being performed. Specific recommendations include: reclassifying 1.00 FTE Administrative Assistant III to a Secretary II and reclassifying 2.00 FTE Senior Account Clerks to Collections Officer II's. These reclassifications have no net impact on the department's total number of position allocations.
- The recommended addition of 7.00 FTE, submitted by the department as requested budget augmentations including:
    - 3.00 FTE Social Worker I/II/III/IV's
    - 1.00 FTE Social Services Investigator
    - 2.00 FTE Program Review Specialists
    - 1.00 FTE Administrative Assistant

The addition of these new positions will not have any impact on the department's level of General Fund support. Additional information about these positions is outlined below.

Services and supplies are recommended to increase by $751,320 or 5% compared to FY 2012-13 adopted levels. The increase is due largely to: 1) an increase to significant value purchase to replace computers and other equipment that is past warranty and has not been replaced timely due to several years of budget difficulty, 2) an increase to maintenance projects, including funding transferred in from Countywide Maintenance to repair or replace leaking windows at the department's main offices in San Luis Obispo, and 3) a corresponding increase to countywide overhead charges. These increases are offset in part, by a significant reduction to the County's share of IHSS costs, as discussed above, as well as decreased charges for liability insurance.

Other charges, which consists mostly of contracted services for clients, is recommended to decrease by $460,076 or 6% compared to FY 2012-13 adopted levels due largely to decreased contracts for CalWORKS and WIA programs. The department is projecting a decrease in its contract with the Community Action Partnership (CAPSLO) for childcare services due to a decline in CalWORKS caseload, associated with recent CalWORKS restructuring which limited eligibility. WIA program contracts for one-stop operators and youth services are also decreasing, commensurate with the decline in WIA funding noted earlier. These decreases are partially offset by expected increases to contracts for parent education and other family support programs.

Fixed assets are recommended to increase $3,000 or 2% compared to FY 2012-13 adopted levels and includes funding for replacement copiers, servers and Livescan fingerprint image equipment which will help to avoid delays in home placements.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross: $69,765, funded entirely with 2011 Realignment allocations for Child Welfare Services, using protective services growth funds General Fund Support: $0	Add 1.00 FTE Social Worker I/II/III/IV to the Child Welfare Division to coordinate and maintain recruitment and retention of foster homes	1. Maintain an adequate number of licensed foster homes to provide for successful placement of all foster children 2. Increase the number of foster and adoptive parent training classes that are offered and increase attendance
Gross: $69,765, funded entirely with 2011 Realignment allocations for Adult Protective Services (APS), using protective services growth funds General Fund Support: $0	Add 1.00 FTE Social Worker I/II/III/IV to Adult Protective Services to provide case management services for elder and dependent adult clients	1. Reduce the number of investigations that each Social Worker must complete by approximately 25% 2. Provide case management services to elderly and dependent adult clients following investigations 3. Reduce the percentage of repeat referrals that APS receives from the current of 15%
Gross: $69,765, funded with Federal/State IHSS allocations General Fund Support: $0	Add 1.00 FTE Social Worker I/II/III/IV to the In Home Supportive Services program to provide ongoing case management and process applications more timely	Reduce the amount of time that it takes to process applications and determine eligibility for IHSS from over two months to 45 days
Gross: $88,082, funded entirely with Federal/State allocations for CalWORKS, CalFresh and Fraud Incentive programs General Fund Support: $0	Add 1.00 FTE Social Services Investigator to the Special Investigative Unit to assist with eliminating investigations backlogs and provide timely response to new referrals	1. Eliminate a backlog of 5,200 investigation referrals within two years 2. Increase the amount of client-caused CalWORKS overpayment recovery by 50%, from $153,889 to $230,834 within two years 3. Focus on early fraud detection to enhance cost avoidance by 50%, from $773,184 to $1,159,776 within two years
Gross: $78,873, funded with Federal/State/county allocations, 1991 and 2011 Realignment funds General Fund Support: $0	Add 1.00 FTE Program Review Specialist to the Special Investigative Unit to assist with eliminating investigations backlogs and provide timely response to new referrals	1. Eliminate a backlog of 5,200 investigation referrals within two years 2. Increase the amount of client-caused CalWORKS overpayment recovery by 50%, from $153,889 to $230,834 within two years 3. Focus on early fraud detection to enhance cost avoidance by 50%, from $773,184 to $1,159,776 within two years

Gross: $78,873, funded with Federal/State/county allocations, 1991 and 2011 Realignment funds General Fund Support: $0	Add 1.00 FTE Program Review Specialist to the Department of Social Services Information Technology Division to create and maintain complex barcoded forms for the department and provide user support and training for the new Electronic Document Management Service system	1. Assist in automating the storage of all department documents including confidential case file records, personnel records and fiscal records 2. Improve access to files by reducing the time it takes to route documents from the department's closed files location 3. Eliminate the need for physical offsite storage, reducing storage costs by approximately $15,600 a year
Gross: $46,848, funded with Federal/State/county allocations, 1991 and 2011 Realignment funds General Fund Support: $0	Add 1.00 FTE Administrative Assistant to provide administrative support to staff and process a significant amount of client applications for financial assistance in the department's Arroyo Grande office	Reduce the amount of time it takes to perform data entry for new applications for financial assistance from several days to the same day that the application is submitted

GOALS AND PERFORMANCE MEASURES

Department Goal: To provide for the safety, permanence and well being of children.

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

1. Performance Measure: Percentage of children reentering foster care within 12 months of being reunified with their families.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
14.05%	7.45%	14%	13.33%	10%	15.73%	10%

What: This performance measure tracks the percentage of children who must return to foster care after being returned to their families, if the reentry occurs within 12 months of the return.

Why: Both safety and stability are important to the well being of children. One of the goals of Child Welfare is to create permanency in the lives of children and the families to which they belong; if children are removed from their parents, later reunified and then removed a subsequent time, they may suffer emotional harm. The goal of Child Welfare is to create stability, and a higher rate suggests instability.

How are we doing? The County is above the State average (12.3%) by 3.43% and above the Comparison County average (13.07%) by 2.66%. Due to reporting delays with the State, the available data is through the quarter ending March 2013. Actual results reflect the yearly average. In the month of March 2013, 20 out of 108 children returned to foster care. Our goal in the current year is ambitious, but an increasingly challenging caseload in our Child Welfare Services program has put this goal out of our reach. Note that Actual Results have changed from what was shown in the Final Budget for FY 2011-12 (from 14.13% to 13.33%). The change is due to the addition of actual figures for the quarter ending June 2012, which weren't available previously.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
88.73%	94.1%	96.7%	97.6%	98%	97.6%	98%

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

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

How are we doing? The County is above the State average (92.33%) by 5.27% and above the Comparison Counties (92.43%) by 5.17%. Due to reporting delays from the State, the available data is through the quarter ending March 2013. Actual results reflect the yearly average. In the month of March 2013, 391 out of 399 referrals were responded to within the 10-day time frame. The Department's results have improved with additional training as well as monitoring the response rates of each social worker on a monthly basis. Note that Actual Results have changed from what was shown in the Final Budget for FY 2011-12 (from 97.33% to 97.6%). The change is due to the addition of actual figures for the quarter ending June 2012, which weren't available previously.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
55.5%	61%	67.8%	68.25%	65%	60.5%	68.25%

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

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

How are we doing? The County is above the State average (54.2%) by 6.3% and above the Comparison County average (58.07%) by 2.43%. Due to reporting delays from the State, the figures are from the quarter ending March 2013. The County's results in this measure are below target by 4.5%. Several factors impact this measure, including severity of abuse and the nature of sibling relationships. Our Department's practice in "Team Decision Making" and "Family Group Conferencing," as well as our county's higher than average rate of placements into relatives' homes, all support the opportunity for siblings to be placed together. Actual results reflect the yearly average. In the month of March 2013, 133 out of 220 children were placed with all of their siblings. Note that Actual Results have changed from what was shown in the Final Budget for FY 2011-12 (from 68.83% to 68.25%). The change is due to the addition of actual figures for the quarter ending June 2012, which weren't available previously.

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

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

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
26%	42%	45.49%	24.16%	40%	33.22%	45%

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

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

How are we doing? We are below the adopted target (40%) by 6.78%. The figures are through the quarter ending June 30, 2013. Although the Department advocates on behalf of SSI applicants, not all clients are eligible, resulting in the possible unavailability of recoupment to the County at any given time. A reduction in results may indicate that the Social Security Administration is processing eligibility notifications and awarding SSI payments in a timely manner to the applicants. This would result in less General Assistance being paid out by the County and consequently fewer recoupments. State or comparable County data is not available.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
140 cases	207 cases	229.25 cases	223.25 cases	230 cases	210 cases	225 cases

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

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

How are we doing? Available data is through the quarter ending June 30, 2013. Fluctuations in actual results are due to changes in staffing levels during the year. The average for FY 2012-13 was 210 cases, but the actual for the quarter ending June 30, 2013 was 221 cases. State or comparable county data is not available.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
ER-13 FM-15 FR-10 PP-28	ER-17 FM-14 FR-10 PP-24	ER-22 FM-10 FR-11 PP-23	ER-31 FM-10 FR-12 PP-24	ER-11 FM-11 FR-12 PP-19	ER-27 FM-11 FR-12 PP-28	ER-15 FM-11 FR-12 PP-25

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

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

How are we doing? The cases for ER are above the adopted target (11) by 16 cases, and PP (19) by 9 cases. Cases are on target for FM (11) and FR (12) cases. In 2000, the State legislature sponsored a study of Social Workers' caseloads that concluded that they were too heavy by half, and identified optimum standards, as follows: ER-9.88; FM-10.15; FR-11.94; PP-16.42. To help address this problem, significant augmentations of $700,000, paid entirely with Federal and State funds, have been made each year since that time, accessible only if the entire CWS allocation is spent. In addition, the County has been the recipient of $1.37 million in additional CWS funds due to its role as a "Pilot County" for Child Welfare Services improvement strategies. The available data is through June 30, 2013. State or comparison county data is not available.

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

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

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
33.3%	35.1%	35.1%	35.1%	30%	35.1%	30%

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

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

How are we doing? This was previously the Temporary Assistance for Needy Families (TANF) Work Participation Rate. The Federal Deficit Reduction Act changed the requirements, the calculations and the targets, and the transition to the new methodology has been a challenge. The State has changed the process of their system and is utilizing the "E2Lite" system for retrieving data. Additional focus on this activity has resulted in early increases in the rate, but the County clearly needs to continue that improvement. The County is above the State average (29.2%) by 5.9% and above comparison counties average (23.3%) by 11.8%. Among "medium-sized counties," San Luis Obispo ranks #1. The rate is based on a state sample- monthly average per state report: 396 participating out of 1,129.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
32.8%	30.83%	29.7%	29.5%	30%	27.6%	30%

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

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

How are we doing? The County outperforms the State average (25.5%) by 2.1% and is below the Comparison Counties average (29.3%) by 1.7%. Data is through the quarter ending September 30, 2012. San Luis Obispo County maintains a focus both on employment and on eliminating barriers to employment. Since the implementation of CalWORKs, the County has combined the eligibility and employment services functions into a single classification, contrary to the separation of responsibilities that is practiced in many other counties. This has helped the County's staff remain focused on self-sufficiency. The economic recession has resulted in fewer employment opportunities for CalWORKs participants. Note that FY 2011-12 Actual Results have changed from what was shown in the Final Budget for FY 2011-12 (from 29.67% to 29.5%). The change is due to the addition of actual figures for the quarter ending June 30, 2012, which weren't available previously. Actual results reflect the yearly average. In the month of September 2012, 223 out of 807 participants had earnings.

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

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

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
160.35 cases	170 cases	163 cases	134.03 cases	150 cases	149 cases	150 cases

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

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

How are we doing? The County is below the FY 2012-13 adopted target by 1 case. Data is through the quarter ending June 30, 2013. Data for State and comparison counties is not available. New assessment and documentation requirements, coupled with increases in the number of severely impaired program participants, have resulted in additional workload for staff even as the administrative allocation from the State has not kept pace with the cost of doing business. Rising caseloads per worker threaten the accuracy and efficiency of program operations. While no study of optimal workload standards has been conducted, it is the sense of the Department that full program integrity and responsiveness cannot be achieved when the average caseload per worker exceeds 100. The IHSS caseload per Social Worker has increased by 11% from FY 2011-12.

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

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
85%	93%	90%	91%	93%	100%	95%

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

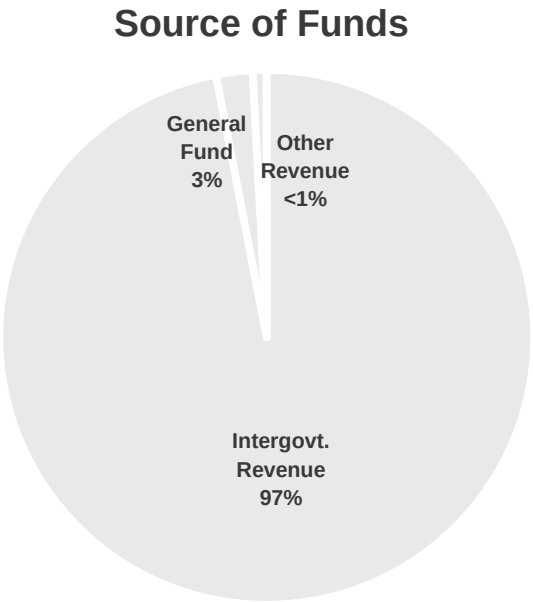
Why: This performance measure reflects effectiveness of initial services and quality of assessment. It is our commitment to provide long term and intensive case management to prevent any repeat of abuse to disabled adults and seniors. Initial interventions have been effective in reducing risk to the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

How are we doing? The Department is above the FY 2012-13 adopted target by 7%. Available data is through June 30, 2013. The results in this measure may see higher than average fluctuations due to the fact that the denominator for this measure (the number of adults with an initial abuse 12 months ago) is a small number, which varied between 4 to 28 adults over the last 12 report months. Actual results reflect the yearly average. State or comparable county data is not available.

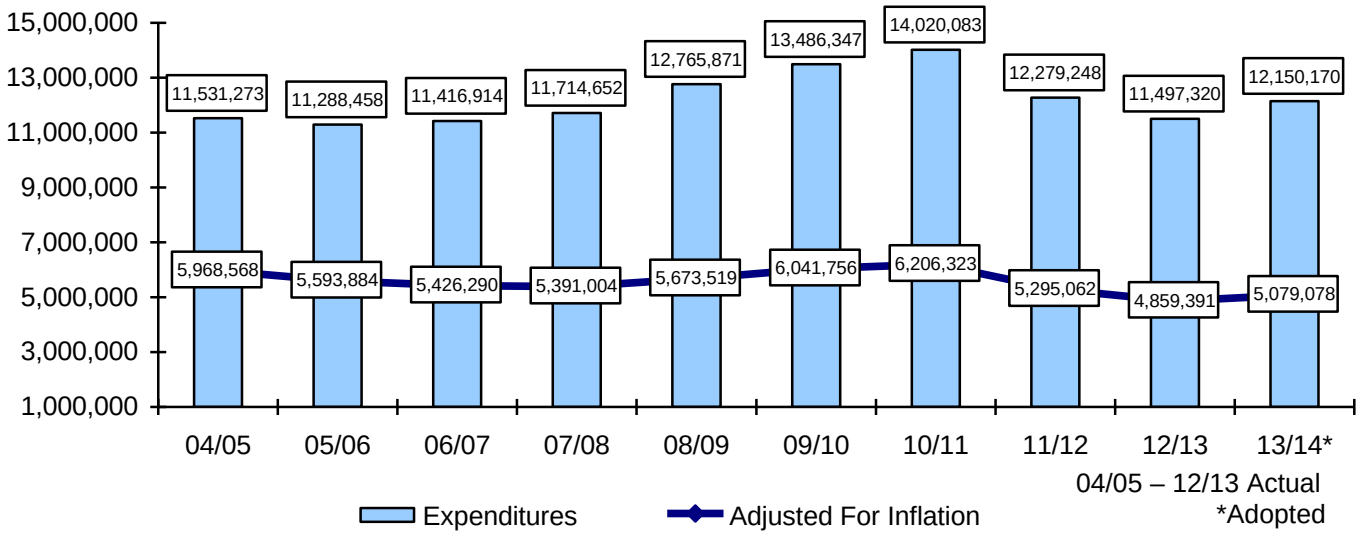
MISSION STATEMENT

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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Intergovernmental Revenue	$ 11,899,271	$ 11,149,734	$ 11,788,587	$ 11,788,587	$ 11,788,587
Other Revenues	6,653	2,228	1,214	1,214	1,214
**Total Revenue	$ 11,905,924	$ 11,151,962	$ 11,789,801	$ 11,789,801	$ 11,789,801
Other Charges	12,279,248	11,497,320	12,150,170	12,150,170	12,150,170
**Gross Expenditures	$ 12,279,248	$ 11,497,320	$ 12,150,170	$ 12,150,170	$ 12,150,170
General Fund Support (G.F.S.)	$ 373,324	$ 345,358	$ 360,369	$ 360,369	$ 360,369



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

CalWORKS has a total expenditure level of $12,150,170 to provide the following services:

CalWORKS

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

Total Expenditures: $12,150,170 Total (FTE): *

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

DEPARTMENT COMMENTS

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

The CalWORKS monthly average continuing caseload peaked in FY 2010-11. The current year caseload has fallen 7.5% from last year, and is 11.5% below the prior year.

Major revisions in the CalWORKS program are being implemented effective January 1, 2013 as a result of changes in State law. These changes could reduce this budget's expenditure trend over the course of the year.

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

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for this budget is recommended to increase $11,843 or 3% compared to FY 2012-13 adopted levels. Revenues are recommended to decrease $980,455 or 7%. Total expenditures are recommended to decrease $968,612 or 7%.

2011 Realignment has posed some significant changes to the way that CalWORKS is funded. The most notable change was that the County now pays the entire non-Federal share of most CalWORKS costs, funded through the redirection of funds from the 1991 Health and Human Services Realignment Mental Health sub-account to Social Services to cover the increased county share of CalWORKS expenses through a Maintenance of Effort (MOE) in the amount of $5,282,132.

Recommended decreases to both revenue and expenditures are the result of continued caseload decline. CalWORKS caseloads are down 7.5% in the current year, compared to FY 2011-12 levels, and down 11.5% compared to FY 2010-11 levels, due to an improving economy and the recent CalWORKS restructuring which placed greater restrictions on eligibility for low income families. Overall, expenditures are budgeted at 1% above current year estimates in most aid types. An exception to this is a budgeted increase of 62% for Kinship Guardianship Assistance Program (KinGap) expenditures which are experiencing rapid growth due to the implementation of Extended Foster Care which extends foster care benefits for youth from age 18-21. Increased expenditures due to Extended Foster Care result in a small change in the County's share of cost, increasing it from 2.7% in FY 2012-13 to 3% in FY 2013-14.

BOARD ADOPTED CHANGES

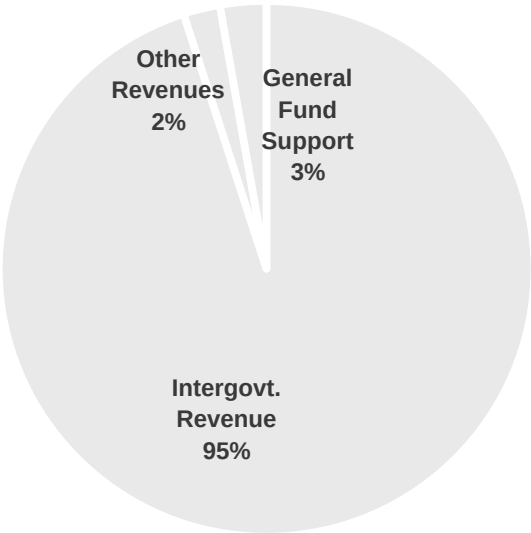
None.

MISSION STATEMENT

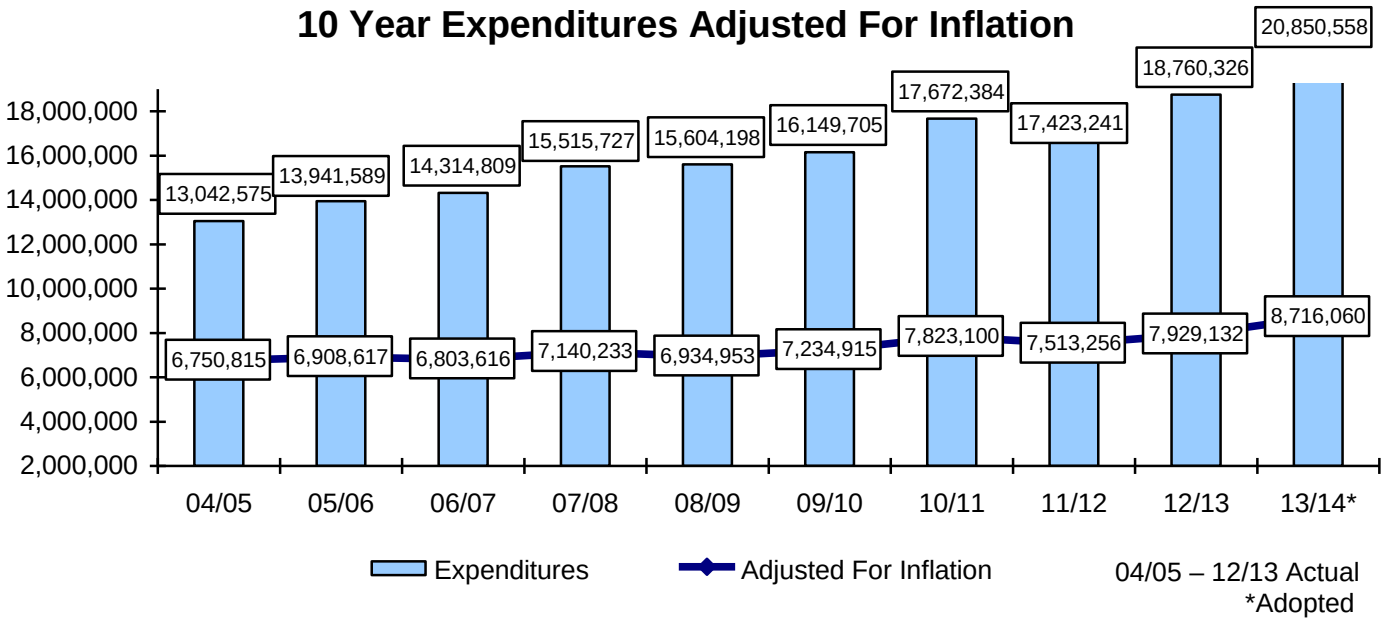
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Intergovernmental Revenue	$ 16,664,394	$ 17,537,886	$ 19,827,185	$ 19,827,185	$ 19,827,185
Other Revenues	459,479	413,840	464,615	464,615	464,615
**Total Revenue	$ 17,123,873	$ 17,951,726	$ 20,291,800	$ 20,291,800	$ 20,291,800
Services and Supplies	9,298	54,073	67,873	67,873	67,873
Other Charges	17,413,943	18,706,253	20,782,685	20,782,685	20,782,685
**Gross Expenditures	$ 17,423,241	$ 18,760,326	$ 20,850,558	$ 20,850,558	$ 20,850,558
General Fund Support (G.F.S.)	$ 299,368	$ 808,600	$ 558,758	$ 558,758	$ 558,758

Source of Funds



Health & Human Services



SERVICE PROGRAMS

Foster Care has a total expenditure level of $20,850,558 to provide the following services:

Foster Care

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

Total Expenditures: $13,661,649 Total (FTE): *

Adoptions

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

Total Expenditures: $6,490,869 Total (FTE): *

Transitional Housing Program – Plus (THP Plus)

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

Total Expenditures: $698,040 Total (FTE): *

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

DEPARTMENT COMMENTS

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

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

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

Recent statutes established the Extended Foster Care program, in which youth aged 18-21 may continue to receive Foster Care payments to assist them in transitioning to adulthood. This program serves to reduce homelessness and to increase stability among this population.

While the Foster Care program's core caseload remains lower than it was five years ago, it has experienced some incremental growth in each of the last three years. Both the Probation and Social Services Departments work to limit placements by emphasizing preventive social services. Similarly, both Departments focus their efforts on placing children with relatives in order to continue familial relationships. In fact, no other county comes close to San Luis Obispo's percentage of initial placements of children with relatives.

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

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for this budget is recommended to decrease $252,644 or 31% compared to FY 2012-13 adopted levels. Revenues are recommended to increase $2,212,377 or 12% and total expenditures are recommended to increase $1,959,733 or 10%.

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

The $558,758 in General Fund support recommended for FY 2013-14 is based on the number and types of cases being administered through this fund center. In FY 2013-14, the level of General Fund support represents 2.7% of total expenditures, compared to 4.3% in FY 2012-13. The amount of General Fund support in this budget is recommended to decrease due to the fact that realignment revenue is increasing as the economy strengthens. Recommended realignment levels are budgeted at 4% above FY 2012-13 estimates.

Increased expenditures are due to an overall increase within aid types, which are based upon caseload growth and cost per case. In addition, the department is expecting to increase its contract with Family Care Network for wraparound services, due to an anticipated need to increase the number of program slots that the department can utilize. Several factors which are beyond the County's control contribute to the recommended increase in expenditures for various aid types:

- Following several years of decline, current year Foster Care caseloads are up 4.6% compared to FY 2011-12. As a result, most aid types are budgeted at 3% above FY 2012-13 estimates.
- The implementation of Assembly Bill (AB) 12- Extended Foster Care, which extended foster care benefits for youth from age 18 to 21. This extension of benefits was not budgeted for in FY 2012-13 and is being budgeted in FY 2013-14 based on current year estimates.
- A continued decrease in the percentage of children who qualify as "federally eligible" in basic foster care. This decline is due to the fact that financial eligibility requirements for federal funding participation are the same as they were in 1996 and have not been adjusted for inflation, which means that fewer families qualify today.
- State-set rate increases for Foster Care, due to recent lawsuits which guarantee rate increases every year.

BOARD ADOPTED CHANGES

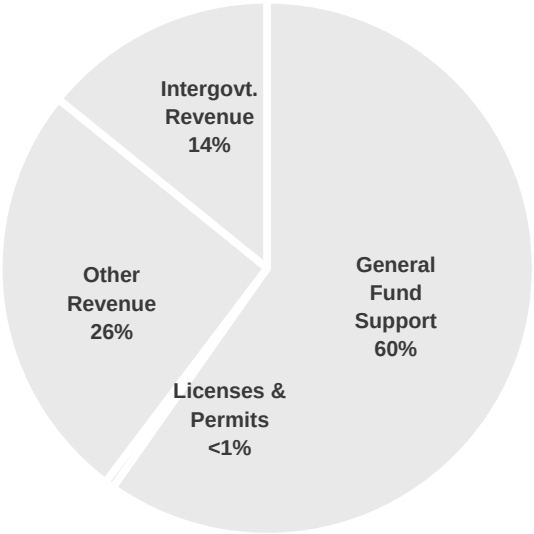
None.

MISSION STATEMENT

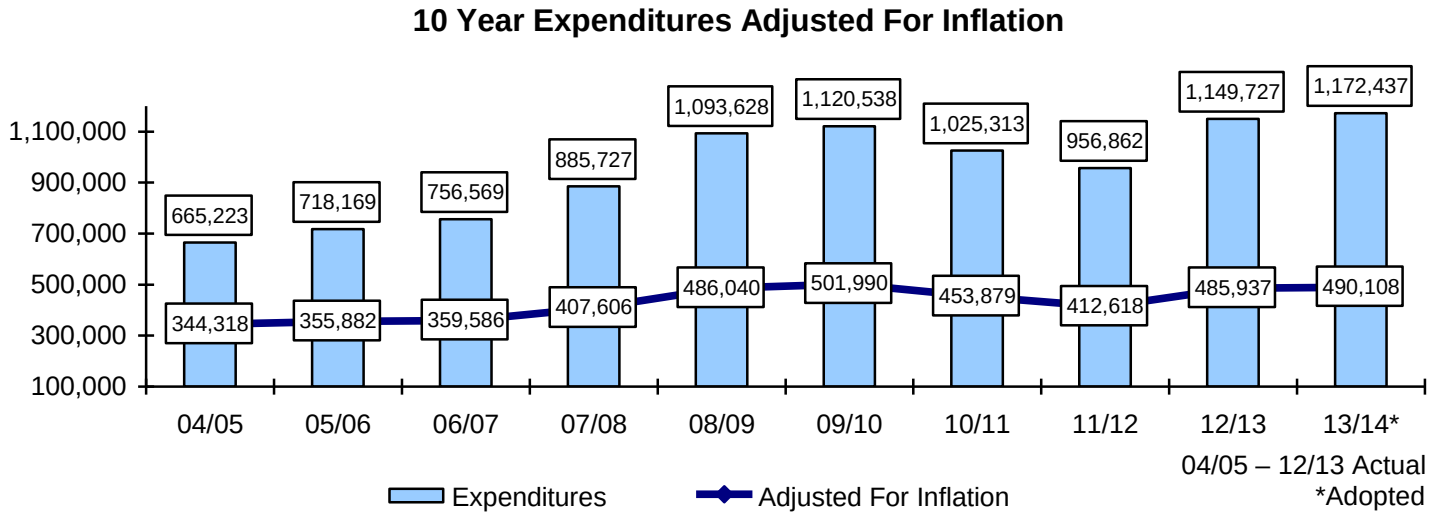
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Licenses and Permits	$ 6,556	$ 7,180	$ 6,260	$ 6,260	$ 6,260
Intergovernmental Revenue	141,446	139,926	165,887	165,887	165,887
Other Revenues	196,280	331,040	300,000	300,000	300,000
**Total Revenue	$ 344,282	$ 478,146	$ 472,147	$ 472,147	$ 472,147
Other Charges	956,862	1,149,727	1,172,437	1,172,437	1,172,437
**Gross Expenditures	$ 956,862	$ 1,149,727	$ 1,172,437	$ 1,172,437	$ 1,172,437
General Fund Support (G.F.S.)	$ 612,580	$ 671,581	$ 700,290	$ 700,290	$ 700,290

Source of Funds



Health & Human Services



SERVICE PROGRAMS

General Assistance has a total expenditure level of $1,172,437 to provide the following services:

General Assistance Program

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

Total Expenditures: $1,172,437 Total (FTE): *

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

DEPARTMENT COMMENTS

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

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

After many years of gradual growth, the General Assistance average monthly caseload has jumped in the last two years, with current numbers running 19% above last year and a full 32.4% above the prior year. These increases appear to be related to a number of factors that include a continuing troubled economy and a possible influx of transients from other areas of the State. The recession has had a major impact on these individuals, typically single adults who are unskilled and who have unstable living situations. The average monthly grant to these individuals remains at $240.

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

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for this budget is recommended to increase $62,297 or 9% compared to FY 2012-13 adopted levels. Revenues are recommended to increase $35,989 or 8% and total expenditures are recommended to decrease $98,286 or 9% compared to FY 2012-13 adopted levels.

Revenue in this fund center consists largely of reimbursements for Cash Assistance Program for Immigrants (CAPI) and Supplemental Security Income (SSI) expenditures. SSI reimbursements are dependent upon determinations made by Federal disability evaluation staff; CAPI expenditures are 100% State funded, so when CAPI expenditures increase, so too does reimbursement revenue. CAPI expenditures are continuing to decline, as they have been for a number of years. SSI reimbursements are recommended to increase $110,000 compared to FY 2012-13 adopted levels. This increase appears to be due to the success of the Benefits-ARCH program that the department recently initiated to assist people in applying to SSI benefits.

The recommended increase in expenditures is due largely to an expected increase in General Assistance payments. In the current year, General Assistance caseloads are up 19% over FY 2011-12 levels, due to the continued down economy, an influx of transients from other areas, as well as the success of the Benefits-ARCH program. Based on the success that the department has had in securing reimbursement for its SSI expenditures, it appears that other agencies may be referring indigent adults to the County. The result of this is that in the process of obtaining SSI benefits, these indigent adults are also applying for and begin receiving General Assistance, which increases caseloads. To mitigate the impact of this, the department recently sponsored a SSI/SSDI Outreach Access and Recovery (SOAR) training to assist other agencies in improving their ability to recoup SSI expenditures, which will hopefully serve to control General Assistance caseloads. The increase in General Assistance expense is partially offset by a decline in CAPI expenditures (which corresponds to the decline in CAPI revenue, noted above), consistent with the decline in CAPI caseloads seen in the current year.

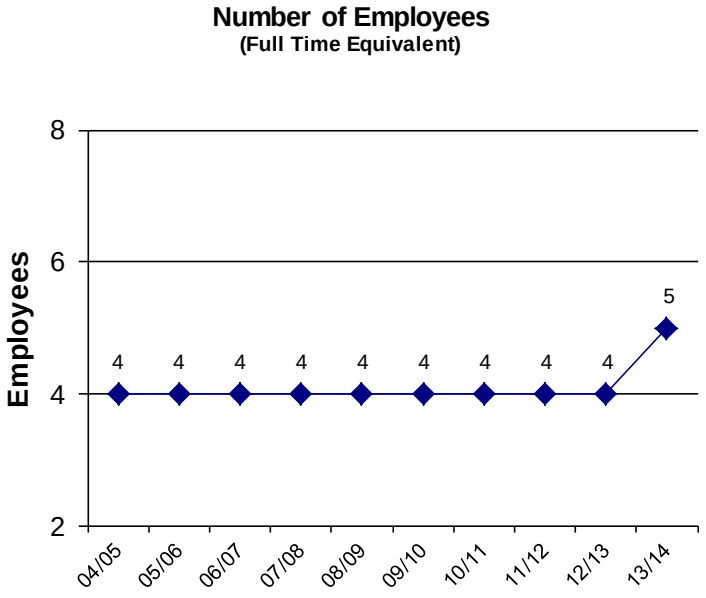
BOARD ADOPTED CHANGES

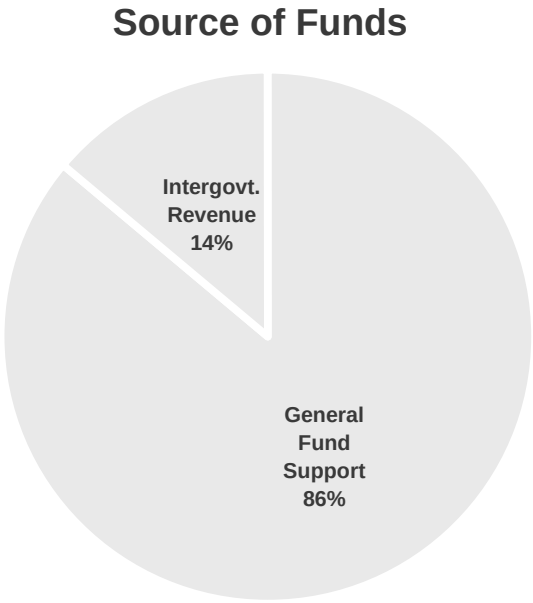
None.

MISSION STATEMENT

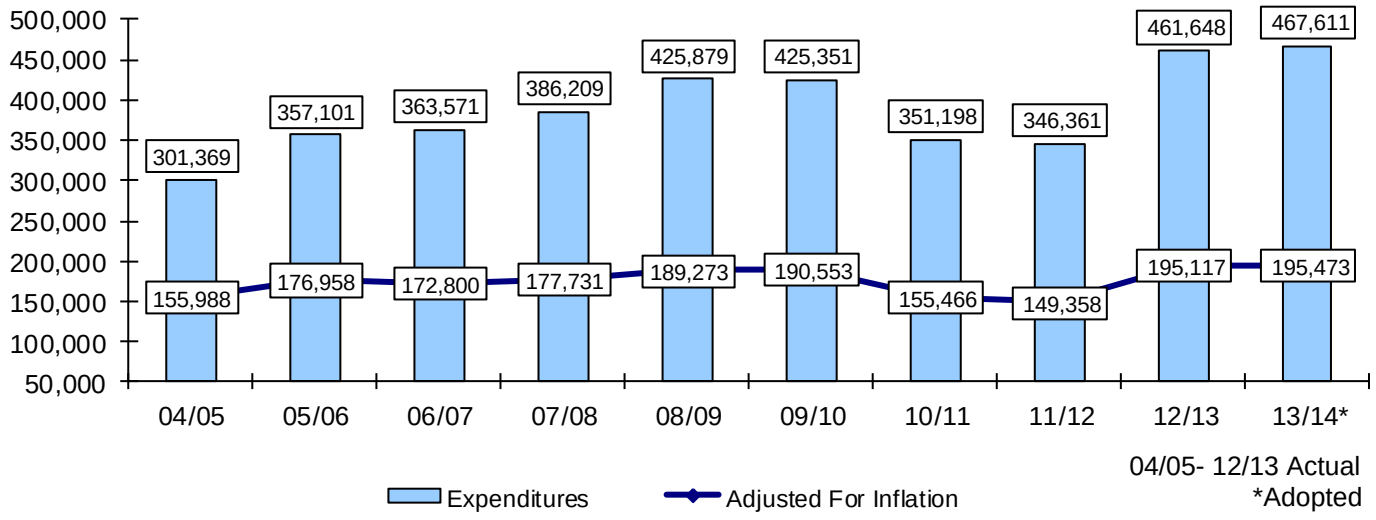
The Veterans Services department provides assistance to the men and women who serve in the Armed Forces of America, their dependents, and survivors in obtaining benefits and services from the U. S. Department of Veterans Affairs, California Department of Veterans Affairs, San Luis Obispo County and other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

Financial Summary	2011-12 Actual	2012-13 Actual	2013-14 Requested	2013-14 Recommended	2013-14 Adopted
Intergovernmental Revenue	$ 66,480	$ 90,893	$ 65,000	$ 65,000	$ 65,000
**Total Revenue	$ 66,480	$ 90,893	$ 65,000	$ 65,000	$ 65,000
Salary and Benefits	309,414	392,768	356,454	428,547	428,547
Services and Supplies	36,947	68,880	36,582	39,064	39,064
**Gross Expenditures	$ 346,361	$ 461,648	$ 393,036	$ 467,611	$ 467,611
General Fund Support (G.F.S.)	$ 279,881	$ 370,755	$ 328,036	$ 402,611	$ 402,611





10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Veterans Services has a total expenditure level of $467,611 and a total staffing level of 5.00 FTE Employees to provide the following services.

Compensation and Pension Claim Filing and Maintenance

Interview veterans and dependents to determine eligibility for potential benefits and services. This includes the completion of forms, collection of documentations and taking statements. Assist pension recipients in reporting of income and assets, and assist widows, widowers, and children with entitlement claims.

Total Expenditures: $280,567 Total Staffing (FTE): 3.00

College Fee Waiver Certificate

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

Total Expenditures: $9,352 Total Staffing (FTE): 0.10

Outreach and Referral

Outreach efforts include presentations to deploying troops (SRP's), veterans and civic organizations, conducting intake interviews at satellite offices in North & South County, conducting training for local veteran service organizations and the participation in events such as veteran stand downs, farmers markets, local air shows, parades etc…. At these events information is given to veterans and their families on how the claims process works, changing rules and conditions at governmental agencies including the U.S. Department of Veterans Affairs, California Department of Veterans Affairs, County agencies and other local agencies.

Total Expenditures: $149,636 Total Staffing (FTE): 1.60

Veterans Justice Outreach

Actively working with veterans involved in the criminal court system through the Veterans Treatment Court (VTC) and other systems depending on the benefits and services the veteran(s) qualify for. This is done to treat the possible cause of his/her criminal activity, to help them adjust to civilian life and prevent recidivism.

Total Expenditures: $9,352 Total Staffing (FTE): 0.10

Veterans Employment

In partnership with Shoreline Workforce Development helping veterans improve resumes, interview skills and secure employment.

Total Expenditures: $4,676 Total Staffing (FTE): 0.05

Veterans Lowincome/At Risk (Homeless)

Providing opportunities for veterans who are low income/at risk to gain employment, and housing through trainng opportunities, access to job search systems and federal programs to help these veterans get into affordable housing.

Total Expenditures: $9,352 Total Staffing (FTE): 0.10

VA Work Study

Providing a work opportunity for veterans pursuing a degree program and equipping them with the tools to transition back to the civilian work force.

Total Expenditures: $4,676 Total Staffing (FTE): 0.05

DEPARTMENT COMMENTS

The Veterans Services Department provides advocacy and assistance to the county's approximate 25,000 men and women who serve(d) in the nation's armed forces, as well as their dependents and survivors. Our focus is providing excellent customer service, benefits and service counseling, claim processing and outreach. Partnering with the County Behavioral Health Department, The Veterans Clinic, and the Vets Center we are able to greatly enhance the services for the veteran, spouse and child. This collaborative effort using all available agencies allows us to help veterans and their families deal with mental health issues and receive the counseling they need.

FY 2012-13 Accomplishments

- The department processed a greater number of subvention claims during the year putting the department on target to process 19% more claims than in previous years. FY 2011-12 resulted in $3,708,374 in annualized monthly benefits. The U.S. Department of Veterans Affairs (VA) spent a cumulative total of $69,949,000 in the County during the same period. The department obtained our 4th grant from the California Department of Veterans affairs for $58,000. This grant will allow us to provide mental health counseling to veterans in the community and to California National Guard soldiers at Camp Roberts who are deploying to Afghanistan.
- The office changed to the "Fully Developed Claim" process. By switching to this process and sending claims into the VA as complete packages, we are able to get veterans access to benefits and services faster with an average decision time of just 90 days. Prior to this process, an average claim could take up to 6 months.
- Staff attended 4 training sessions throughout the year to remain current on the ever-changing laws that affect veterans and their claims. This information was used to provide training for staff resulting in a consistency of claims filed by our office.

FY 2013-14 Objectives

- The department will continue advocating and assisting the County's veterans in obtaining their benefits and services earned through military service. We will continue to work with agencies at the Federal, State, and local level to make sure our county's community of veterans are taken care of. We will continue exploring new and more efficient ways of processing the veterans' claims to decrease the time between application and receipt of benefits and services.
- The department has become a focal point for our veterans community for all organizations that assist veterans and their families. We will continue to work with our fellow service providers in the community to disseminate information through the veterans community in as timely a manner as possible.
- We are continuing to grow our veterans outreach services to returning service members and local veterans. We will continue to look for ways to better reach the county's veterans where they live, work, and play and to make sure all county veterans are aware of all the benefits and services they have earned by serving our country.
- The department is working to establish a Veterans Treatment Court (VTC), and host a more robust Stand-Down program than in previous years. These programs provide needed assistance to our county veterans and their families and spotlight the county's dedication to those who have served and returned home with issues they didn't have before military service.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The recommended budget for FY 2013-14 includes General Fund support of $402,611, or an increase of $62,040 or 18% from FY 2012-13 adopted levels. This is due to an increase in expenditures of $74,575 that has been partially offset by $12,535 in reductions. Salaries and benefits are increasing $59,899 or 16% and services and supplies are increasing $2,141 or 5% over FY 2012-13 levels. State subvention revenue is budgeted to remain the same as prior years at $65,000.

The position allocation list includes an increase of 1.00 FTE for an additional Assistant Veterans Services Officer (AVSO), raising the total number of AVSOs to three and bringing the total number of departmental staff to five. The addition of the AVSO is outlined in the recommended budget augmentation request below and represents $60,766 of the $62,040 increase in General Fund support from FY 2012-13. A second AVSO was included in the augmentation request and is not being recommended at this time. Additionally, a 0.50 FTE Mental Health Technician (MHT) was requested for veterans' outreach and is being recommended to be added to the budget in FC 166 – Behavioral Health.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross: $58,708 Funding Source: General Fund	Add 1.00 FTE Assistant Veterans Services Officer (AVSO)	Provide better service to Veterans applying for benefits by decreasing the time between initial processing of claims and receipt of benefits.

BUDGET AUGMENTATION REQUESTS NOT ADOPTED

Unit Amount	Description	Results
Gross: $58,708 Funding Source: General Fund	Add 1.00 FTE Assistant Veterans Services Officer (AVSO)	Provide better service to Veterans applying for benefits by decreasing the time between initial processing of claims and receipt of benefits.

GOALS AND PERFORMANCE MEASURES

Department Goal: Provide veterans, their dependents, and survivors with advice on monetary, healthcare, insurance, and other government benefits.

Communitywide Result Link: ☐ 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 "satisfied" or "very satisfied".

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	12-14 Target
100%	100%	97%	99.8%	100%	100%	98%

What: A customer satisfaction exit survey is available to all clients, these are collected throughout the year to evaluate client satisfaction level. The department has received over 300 surveys to date in FY 2012-13.

Why: Ensure high quality service and continually assess client needs.

How are we doing? The surveys that the department receives back have consistently maintained a rating from clients of "satisfied" or "very satisfied". When a survey is received showing that a veterans was dissatisfied with our service it is evaluated and corrective action is taken. The department projects to conduct more than 3,200 office interviews and over 10,000 phones calls assisting veterans and their families in FY 2012-13. Due to the continued economic downturn, veterans have been applying for Veterans Administration benefits at a higher than normal rate. This trend continues from FY 2011-12 and is expected to continue at this level until the economy fully recovers. As the department and the U.S. Department of Veterans Affairs continue to streamline and improve the time it takes to process claims, it is expected that client satisfaction will remain high.

Department Goal: Determine eligibility and file claims for monetary benefits (monthly disability, disability pension, death benefits) to ensure that eligible individuals receive the maximum benefit from entitled services.

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).

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
$1,704,634	$2,084,287	1,500,000	3,708,374	$3,500,000	$5,692,497	$2,500,000
$1,704,634	$3,788,921	$5,288,921	$8,997,295	12,497,295	$18,189,792	$20,689,792

What: The annualized and cumulative dollar amount of new services and benefits connected with compensations 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 number of claims to date in FY 2012-13 has risen from FY 2011-12. The office processed over 800 work load units which is a 36% increase over the prior year. As we work with the Department of Veterans Affairs to streamline our processes we expect the number of claims to continue to rise though award amounts will decrease. This will be a result of completing claims under the 'Fully developed Claim' process which involves more time upfront to complete the claims package, but lessens the time that the veteran is waiting to receive his/her benefit. In previous years, veterans received large retroactive payments because claims averaged 18-24 months to complete the claims rating process. Using new streamlined programs and submitting complete claims packets results in claims being processed in as little as 90-120 days. Comparable County data is not available.

Department Goal: Provide effective Veterans assistance to County veterans and their families in a cost-effective manner.

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

3. Performance Measure: Veterans Services expenses as a percentage of the County Budget.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
.065%	.065%	.065%	.070%	.065%	.049%	.060%

What: This measure shows the relationship of County Veterans Services expenses to the County's budget by dividing the County Veterans Services county cost by the County's total budget cost.

Why: County Veterans Services strives to keep costs as low as possible, while providing effective assistance to the County's more than 25,000 Veterans and their families (including active duty, reserve and national guard military).

How are we doing? County Veterans Services operating budget remains consistent with prior years. The veterans are provided services by the Veterans Services Office's 4 Full Time Employee (FTE's) and 1 temporary staff, which includes the department head, three Veterans Service Representatives (1 temp), one Administrative Assistant, 2 ½ time Outreach coordinators and 8 U.S. Department of Veterans Affairs paid work studies. Work studies are recently discharge veterans who are going to school at least ¾ time, can work up to 25 hours a week, must do some form of outreach to veterans and are at no cost to the county.

Department Goal: Provide effective veterans assistance to county veterans and their families in a cost-effective manner.

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

4. Performance Measure: Veterans Services expenses as a percentage of the County Budget.

08-09 Actual Results	09-10 Actual Results	10-11 Actual Results	11-12 Actual Results	12-13 Adopted	12-13 Actual Results	13-14 Target
.065%	.065%	.076%	.070%	.065%	.069%	.075%

What: This measure shows the relationship of County Veterans Services expenses to the County's budget by dividing the County Veterans Services net county cost by the County's total budget.

Why: County Veterans Services strives to keep costs as low as possible, while providing effective assistance to the County's more than 23,500 civilian veterans and their families (not including active duty military).

How are we doing? County Veterans Services operating budget remains consistent with prior years, but is trending downward. The department is applying for new and larger grants to help offset costs to the county. Over all the cost of the Veterans Services Office is about 9% of what the department generates for funds coming into the county for veterans and their dependents from the Federal and State levels. Veterans are provided services by the Veterans Services Office staff consisting of; 1 department head, 3 Veterans Service Representatives, 1 Administrative Assistant and 2-3 veteran work studies.