

## **Health and Human Services**

### Contributions to Other Agencies

#### Health Agency

- Behavioral Health

- Driving Under the Influence

- Emergency Medical Services

- Law Enforcement Medical Care

- Medically Indigent Services Program

- Public Health

#### Social Services Administration

- CalWORKs

- Foster Care

- General Assistance

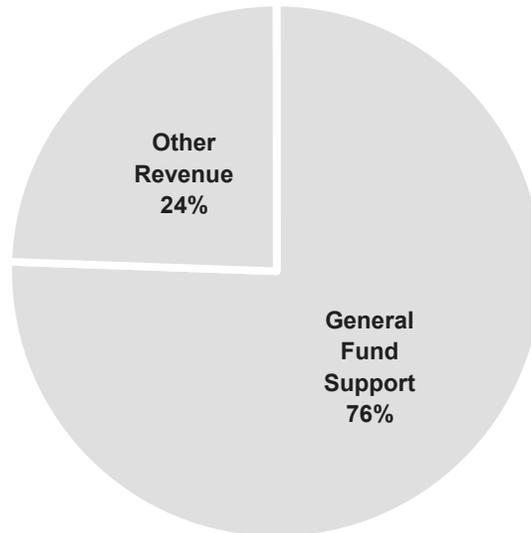
#### Veterans Services

**PURPOSE STATEMENT**

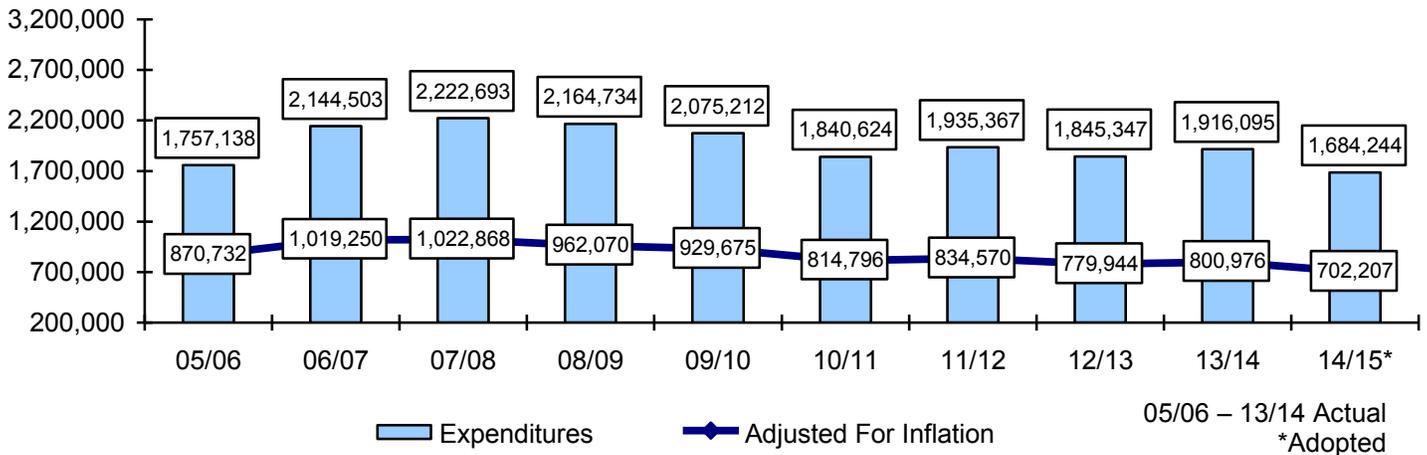
To assist non-profit agencies and organizations by providing financial support for essential services not provided by the County; and to support County recognized advisory committees and councils with their on-going operations.

| <u>Financial Summary</u>      | 2012-13<br><u>Actual</u> | 2013-14<br><u>Actual</u> | 2014-15<br><u>Requested</u> | 2014-15<br><u>Recommended</u> | 2014-15<br><u>Adopted</u> |
|-------------------------------|--------------------------|--------------------------|-----------------------------|-------------------------------|---------------------------|
| Other Revenues                | \$ 360,816               | \$ 356,515               | \$ 359,250                  | \$ 399,250                    | \$ 399,250                |
| Interfund                     | <u>27,000</u>            | <u>36,000</u>            | <u>0</u>                    | <u>0</u>                      | <u>0</u>                  |
| <b>**Total Revenue</b>        | <b>\$ 387,816</b>        | <b>\$ 392,515</b>        | <b>\$ 359,250</b>           | <b>\$ 399,250</b>             | <b>\$ 399,250</b>         |
| Services and Supplies         | 1,845,347                | 1,911,905                | 1,588,919                   | 1,639,244                     | 1,684,244                 |
| Other Charges                 | <u>0</u>                 | <u>4,190</u>             | <u>0</u>                    | <u>0</u>                      | <u>0</u>                  |
| <b>**Gross Expenditures</b>   | <b>\$ 1,845,347</b>      | <b>\$ 1,916,095</b>      | <b>\$ 1,588,919</b>         | <b>\$ 1,639,244</b>           | <b>\$ 1,684,244</b>       |
| <br>                          |                          |                          |                             |                               |                           |
| General Fund Support (G.F.S.) | <u>\$ 1,457,531</u>      | <u>\$ 1,523,580</u>      | <u>\$ 1,229,669</u>         | <u>\$ 1,239,994</u>           | <u>\$ 1,284,994</u>       |

**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

Contributions to Other Agencies has a total expenditure level of \$1,684,244 to provide the following services:

**District Community Project Grants**

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

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

**Community Based Organizations**

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

Total Expenditures: \$768,500 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. 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: \$381,675 Total Staffing (FTE): 0.00

**Other Agency Requests**

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

Total Expenditures: \$404,379 Total Staffing (FTE): 0.00

**COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS**

The recommended FY 2014-15 level of General Fund support for this fund center, at \$1,239,994, is a decrease of \$250,872 or 16% from FY 2013-14 adopted levels. The decrease is primarily due to the reallocation of several programs (noted below) to Fund Center 103 – Non-Department Other Expenditures. In addition, no funding is recommended for the Action for Healthy Communities survey as FY 2013-14 was the second and final year of funding. Overall, the recommended budget provides for \$1,619,244 in grant funds, an increase of \$31,314 when compared to FY 2013-14 adjusted for the reallocation of program noted above. Grants are funded through a combination of the General Fund and tobacco settlement dollars. The recommended budget includes \$20,000 of unallocated funding. The following is a description, by category, of the recommended funding distribution.

**District Community Project Grants:** For FY 2014-15, it is recommended that funding for District Community grants remain at FY 2013-14 levels of \$129,690. This funding would again allocate \$25,938 for each supervisorial district and, as in prior years, any district funds remaining from FY 2013-14 will be carried forward to FY 2014-15. The exact amount of funds to be carried forward will be determined at the end of FY 2013-14.

| <b>District Community Projects</b> | <b>2014-15 Request</b> | <b>2014-15 Recommendation</b> | <b>2014-15 Adopted</b> |
|------------------------------------|------------------------|-------------------------------|------------------------|
| 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  |
| <b>Total</b>                       | <b>\$129,690</b>       | <b>\$129,690</b>              | <b>\$129,690</b>       |

**Community Based Organization (CBO) and Preventive Health Grant (PHG):** The CBO/PHG Review Committee is made up of representatives appointed by the Adult Policy Council, the Behavioral Health Advisory Board (formerly the Mental Health Advisory Board and Drug and Alcohol Board), the Health Commission and Children's Services Network. Due to the consolidation of the Mental Health Advisory Board and Drug and Alcohol Board, it is recommended that the Administrative Office be given the authority to appoint a public member at-large and alternate. This action will bring the Review Committee back to five (5) regular members and five (5) alternate members.

The CBO/PHG Review Committee, along with Administrative Office staff, formulated the funding recommendations below. A total of 60 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.

Funding for 56 proposals totaling \$1,085,175 is recommended. The following organizations are recommended for funding in FY 2014-15. Funding for sober living beds and/or start up costs for the establishment of new sober living facilities, e.g. Captive Hearts, Casa Solana, SLO Alano Club, are not recommended for funding as it was confirmed that funding for these activities is available through County Drug and Alcohol.

**Contributions to Other Agencies  
Fiscal Year 2014-15 Final Budget**

**Fund Center 106**

| <b>Community Based Organizations /<br/>Preventive Health Grant</b>                              | <b>2014-15<br/>Requested</b> | <b>2014-15<br/>Recommendation</b> | <b>2014-15<br/>Adopted</b> |
|---|------------------------------|-----------------------------------|----------------------------|
| 5 Cities Homeless Organization  | 16,250                       | 7,000                             | 7,000                      |
| AIDS Support Network  |                              |                                   |                            |
| <b>Stable Housing Program</b>   | 23,000                       | 20,000                            | 20,000                     |
| <b>Hep C Project</b>  | 25,000                       | 22,000                            | 22,000                     |
| <b>SLO Syringe Exchange Program</b>   | 10,000                       | 10,000                            | 10,000                     |
| Alpha Pregnancy and Parenting Support   | 12,000                       | 12,000                            | 12,000                     |
| Assistance League   | 10,000                       | 7,500                             | 7,500                      |
| Atascadero Loaves & Fishes  | 20,000                       | 18,000                            | 18,000                     |
| Big Brothers Big Sisters  | 10,000                       | 8,000                             | 8,000                      |
| Cal Poly Corporation  | 29,446                       | 25,000                            | 25,000                     |
| Cambria Connection  | 30,000                       | 20,000                            | 20,000                     |
| Captive Hearts  | 9,000                        | 0                                 | 0                          |
| Casa Solana, Inc.   | 20,000                       | 0                                 | 0                          |
| Child Development Resource Center of the Central Coast  | 39,296                       | 37,000                            | 37,000                     |
| Children's Resource Network of Central Coast  | 15,000                       | 7,500                             | 15,000                     |
| Coast Unified School District   | 64,022                       | 22,500                            | 22,500                     |
| Community Action Partners of SLO County   |                              |                                   |                            |
| <b>Adult Day Service Centers</b>  | 30,000                       | 30,000                            | 30,000                     |
| <b>Adult Wellness and Prevention</b>  | 15,000                       | 10,000                            | 10,000                     |
| <b>Forty Wonderful Program</b>  | 8,250                        | 6,000                             | 6,000                      |
| <b>Liberty Tattoo Removal Program</b>   | 8,000                        | 8,000                             | 8,000                      |
| <b>SAFE South County</b>  | 18,000                       | 15,000                            | 15,000                     |
| Community Counseling Center   | 24,000                       | 24,000                            | 24,000                     |
| Community Health Centers of the Central Coast   | 11,000                       | 11,000                            | 11,000                     |
| County of San Luis Obispo, Drug & Alcohol Services,<br>Division of Behavioral Health Department | 76,938                       | 22,500                            | 22,500                     |
| Court Appointed Special Advocates (CASA)  | 19,000                       | 19,000                            | 19,000                     |
| EL Camino Homeless Organization   | 47,950                       | 35,000                            | 35,000                     |
| Five Cities Meals on Wheels   | 7,000                        | 7,000                             | 7,000                      |
| Food Bank Coalition of San Luis Obispo County   | 120,000                      | 100,000                           | 100,000                    |

**Contributions to Other Agencies  
Fiscal Year 2014-15 Final Budget**

**Fund Center 106**

| <b>Community Based Organizations / Preventive Health Grant</b>   | <b>2014-15 Requested</b> | <b>2014-15 Recommendation</b> | <b>2014-15 Adopted</b>       |
|--|--------------------------|-------------------------------|------------------------------|
| Literacy Council for San Luis Obispo County  | 50,000                   | 15,000                        | 15,000                       |
| Long Term Care Ombudsman Services  | 15,000                   | 14,000                        | 14,000                       |
| Lucia Mar Unified School District  | 25,000                   | 25,000                        | 25,000                       |
| North County Connection  | 40,000                   | 20,000                        | 20,000                       |
| Partnership for Children Pediatric Dental Care   | 30,000                   | 30,000                        | 30,000                       |
| Paso Robles Unified School District  | 61,410                   | 21,000                        | 21,000                       |
| People's Self-Help Housing   | 25,000                   | 15,000                        | 15,000                       |
| RISE (formerly known as North County Women's Shelter and Resource Program and Sexual Abuse Counseling Program) |                          |                               |                              |
| <b>Sexual Assault/Domestic Violence Counseling</b>   | 20,000                   | 20,000                        | 20,000                       |
| <b>Prevention Education Program in high schools</b>  | 30,000                   | 30,000                        | 30,000                       |
| SLO Alano Club   | 10,803                   | 2,000                         | 2,000                        |
| SLO Committee for Education on Alcoholism (DBA SLO Middlehouse)  | 11,675                   | 11,675                        | 11,675                       |
| SLO Noor Foundation  | 155,000                  | 100,000                       | 150,000                      |
| San Luis Obispo Child Abuse Prevention Council (SLOCAP)  |                          |                               |                              |
| <b>Talking about Touching</b>  | 10,000                   | 5,000                         | 5,000                        |
| <b>Dental Treatment for uninsured children</b>   | 20,500                   | 10,000                        | 10,000                       |
| Senior Legal Services Project (SLO Legal Alternatives)   | 11,300                   | 7,000                         | 7,000                        |
| Senior Nutrition Program   | 50,000                   | 45,000                        | 50,000                       |
| Senior Volunteer Services  | 12,000                   | 12,000                        | 12,000                       |
| South County Youth Coalition   | 78,624                   | 22,500                        | 22,500                       |
| SPOKES   | 9,000                    | 0                             | 0                            |
| The Link   |                          |                               |                              |
| <b>SAFE Program North County</b>   | 15,000                   | 15,000                        | 15,000                       |
| <b>North County First Contact/Last Resort</b>  | 3,000                    | 3,000                         | 3,000                        |
| Transitional Food and Shelter  | 54,249                   | 40,000                        | 40,000<br>(\$5,000 from PHG) |
| Transition-Mental Health Association   |                          |                               |                              |
| <b>Growing Grounds</b>   | 18,000                   | 18,000                        | 18,000                       |
| <b>North County Wellness Center</b>  | 10,000                   | 10,000                        | 10,000                       |

**Contributions to Other Agencies  
Fiscal Year 2014-15 Final Budget**

**Fund Center 106**

| <b>Community Based Organizations / Preventive Health Grant</b> | <b>2014-15 Requested</b> | <b>2014-15 Recommendation</b> | <b>2014-15 Adopted</b> |
|--|--------------------------|-------------------------------|------------------------|
| <b>HOTLINE</b>   | 10,000                   | 10,000                        | 10,000                 |
| United Way – 211   | 35,000                   | 25,000                        | 25,000                 |
| Wilshire Community Services                                    |                          |                               |                        |
| <b>Caring Callers</b>  | 4,500                    | 4,000                         | 4,000                  |
| <b>Good Neighbor Program</b>                                   | 5,000                    | 5,000                         | 5,000                  |
| <b>Senior Peer Counseling Program</b>                          | 4,500                    | 4,000                         | 4,000                  |
| Wilshire Hospice   | 11,065                   | 0                             | 0                      |
| Women's Shelter Program  |                          |                               |                        |
| <b>Domestic Violence School Advocate Program</b>               | 23,000                   | 23,000                        | 23,000                 |
| <b>Domestic Violence Counseling</b>                            | 12,000                   | 12,000                        | 12,000                 |
| YMCA   | 24,910                   | 4,000                         | 6,500                  |
| Pacific Wildlife Care  | 3,000                    | 3,000                         | 3,000                  |
| <b>Total</b>   | <b>1,616,688</b>         | <b>1,085,175</b>              | <b>1,150,175</b>       |

**Other Agency Requests:** Funding for County's share of the Local Agency Formation Commission (LAFCO) (\$155,287) and the State (\$60,000) and Federal (\$72,000) advocates has been reallocated to the newly created Fund Center 103 – Non-Department Other Expenditures. When adjusting for these programs and services, the recommended grant funding of \$404,379 is a \$10,000 decrease from FY 2013-14 adopted levels. The decrease is attributed to funding not recommended for the Action for Healthy Communities survey as FY 2013-14 was the second and final year of funding.

Funding for the Central Coast Commission for Senior Citizens – Area Agency on Aging (Triple AAA) is a required match of the Older Americans Act. As the County's Local Arts Planning Agency, the Arts Council/ARTS Obispo 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. Funding for the San Luis Obispo County Arts Council/ARTS Obispo is recommended to remain at FY 2013-14 levels of \$18,525. As a result, the County is "over-matching" by \$6,525.

| <b>Other Agency Requests</b>                                       | <b>2014-15 Requested</b> | <b>2014-15 Recommended</b> | <b>2014-15 Adopted</b> |
|--|--------------------------|----------------------------|------------------------|
| Central Coast Commission for Senior Citizens- Area Agency on Aging | 40,000                   | 40,000                     | 40,000                 |
| Coastal San Luis Resources Conservation District                   | 20,000                   | 10,000                     | 10,000                 |
| San Luis Obispo County Arts Council/Arts Obispo                    | 20,000                   | 18,525                     | 18,525                 |
| San Luis Obispo Visitors & Conference Bureau                       | 325,854                  | 325,854                    | 325,854                |
| Upper Salinas-Las Tablas Resources Conservation District           | 10,000                   | 10,000                     | 10,000                 |
| <b>Total</b>   | <b>\$415,854</b>         | <b>\$404,379</b>           | <b>\$404,379</b>       |

**BOARD ADOPTED CHANGES**

During budget hearings, the Board approved using \$20,000 of unallocated funds budgeted in this fund center for FY 2014-15 along with \$45,000 in General Fund contingencies, for a total of \$65,000, to increase the grant funding for the following programs:

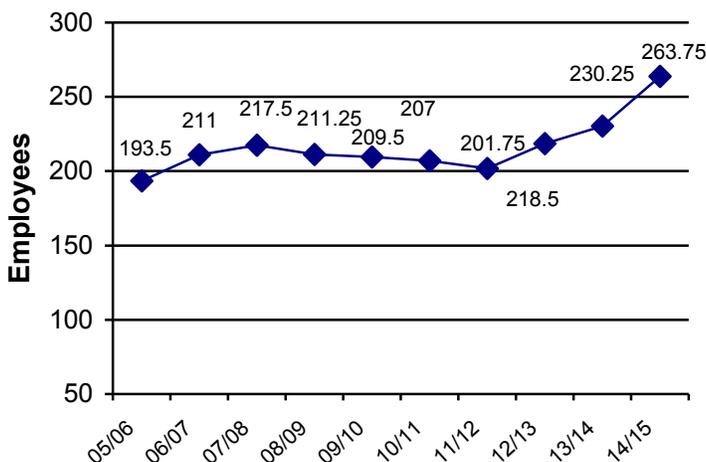
- The Children's Resource Network of the Central Coast grant funding was increased by \$7,500 to \$15,000;
- The SLO Nour Foundation grant funding was increased by \$50,000 to \$150,000;
- The Senior Nutrition Program grant funding was increased by \$5,000 to \$50,000;
- The YMCA Program grant funding was increased by \$2,500 to \$6,500.

**MISSION STATEMENT**

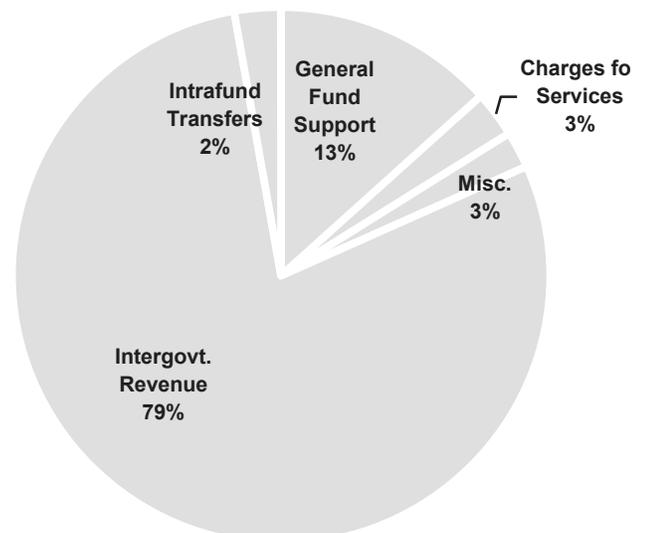
San Luis Obispo County Behavioral Health Department works in collaboration with the community to provide services necessary to improve and maintain the health and safety of individuals and families affected by mental illness and/or substance abuse. Services are designed to assist in the recovery process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

|                                  | 2012-13              | 2013-14              | 2014-15              | 2014-15              | 2014-15              |
|----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <u>Financial Summary</u>         | <u>Actual</u>        | <u>Actual</u>        | <u>Requested</u>     | <u>Recommended</u>   | <u>Adopted</u>       |
| Fines, Forfeitures and Penalties | \$ 75,000            | \$ 180,000           | \$ 91,000            | \$ 91,000            | \$ 91,000            |
| Intergovernmental Revenue        | 36,635,777           | 39,076,115           | 42,335,257           | 43,513,057           | 43,600,502           |
| Charges for Current Services     | 1,138,750            | 1,186,858            | 1,545,375            | 1,545,375            | 1,545,375            |
| Other Revenues                   | 926,700              | 893,468              | 889,589              | 1,321,146            | 1,321,146            |
| Other Financing Sources          | 11,568               | 0                    | 0                    | 0                    | 0                    |
| Interfund                        | 529,171              | 450,064              | 161,020              | 199,104              | 199,104              |
| <b>**Total Revenue</b>           | <b>\$ 39,316,966</b> | <b>\$ 41,786,505</b> | <b>\$ 45,022,241</b> | <b>\$ 46,669,682</b> | <b>\$ 46,757,127</b> |
| Salary and Benefits              | 24,038,920           | 25,213,929           | 27,872,113           | 29,425,745           | 29,425,745           |
| Services and Supplies            | 24,116,664           | 25,078,296           | 24,607,531           | 24,774,040           | 24,819,485           |
| Other Charges                    | 332,522              | 47,519               | 945,942              | 1,007,178            | 1,049,178            |
| Fixed Assets                     | 40,086               | 0                    | 0                    | 0                    | 0                    |
| <b>**Gross Expenditures</b>      | <b>\$ 48,528,192</b> | <b>\$ 50,339,744</b> | <b>\$ 53,425,586</b> | <b>\$ 55,206,963</b> | <b>\$ 55,294,408</b> |
| Less Intrafund Transfers         | 1,903,565            | 1,125,856            | 1,206,140            | 1,267,349            | 1,267,349            |
| <b>**Net Expenditures</b>        | <b>\$ 46,624,627</b> | <b>\$ 49,213,888</b> | <b>\$ 52,219,446</b> | <b>\$ 53,939,614</b> | <b>\$ 54,027,059</b> |
| General Fund Support (G.F.S.)    | <u>\$ 7,307,661</u>  | <u>\$ 7,427,383</u>  | <u>\$ 7,197,205</u>  | <u>\$ 7,269,932</u>  | <u>\$ 7,269,932</u>  |

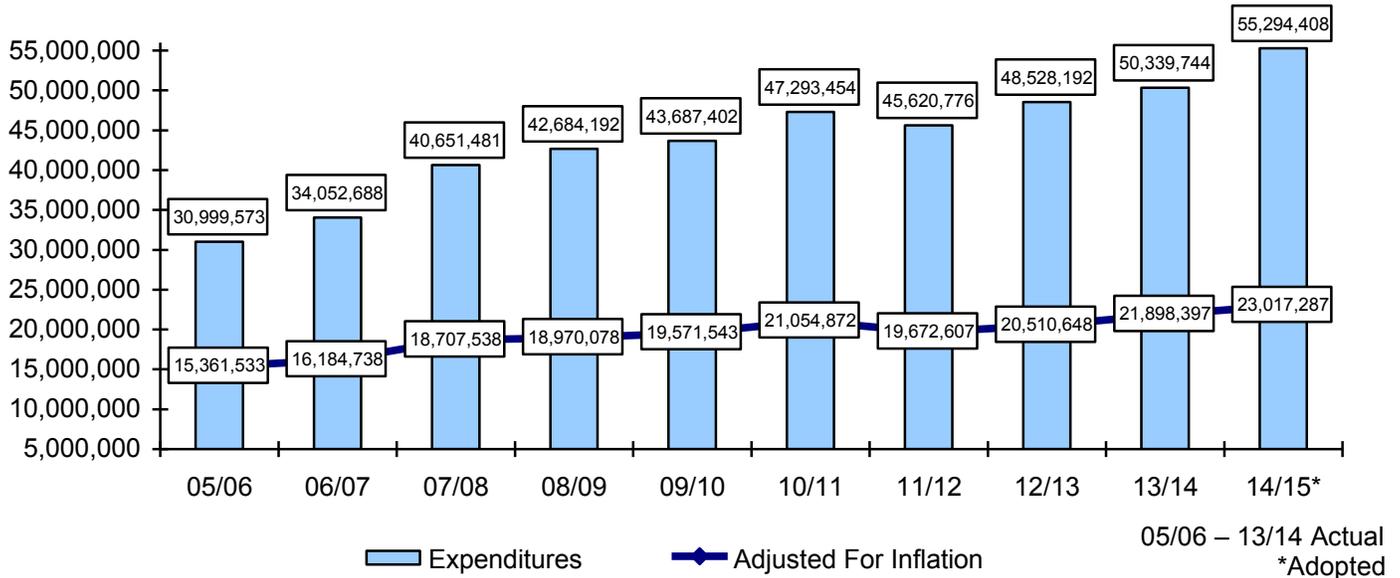
**Number of Employees  
(Full Time Equivalent)**



**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

Behavioral Health has a total expenditure level of \$55,294,408 and a total staffing level of 263.75 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: \$33,594,121 Total Staffing (FTE): 136.25

**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: \$9,315,639 Total Staffing (FTE): 73.00

**Mental Health Services Act (MHSA)**

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

Total Expenditures: \$12,384,648 Total Staffing (FTE): 54.50

**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 had been 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 2014-2015 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 (MHSA) 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. While the Affordable Care Act (ACA) has increased eligibility for Medi-Cal for many previously unsponsored individuals, and has expanded services for both substance use disorder and mental health treatment, this department does not yet have sufficient data to gauge the increase of revenue or need that will impact our services. This budget does not fully reflect the impact of the ACA that will become more apparent over the next 12 months.

While California government--both State and local--appear to be slowly recovering from the past several years of fiscal crisis, the department recognizes that the need to continue improve efficiencies in order to conserve resources and continue providing uninterrupted service to this community are in order. The department has, over the last several fiscal years, tried to sustain service levels with fewer resources. The opportunity to slowly rebuild services lost over the past year is reflected in the conservative requests for additional staffing to serve the anticipated newly eligible Medi-Cal recipients and expanded benefits. 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 majority of the increase in the General Fund requirement is associated with the department request to increase salary compensation to permanent Psychiatrist staff. Behavioral Health along with Human Resources will return to the Board later in the year to recommend new compensation increases.

**FY 2013-14 Accomplishments**

- Began the implementation of the Electronic Health Record for the Psychiatric Health Facility.
- Completed and published MHSA 3-year evaluation of Prevention and Early Intervention (PEI) programs, which included findings such as 96% of middle school Student Assistance Program participants demonstrating improvements in three key academic indicators (incl. 62% improving in all three).
- Completed the San Luis Obispo construction project in 2013 creating 8 new affordable studio units available for our clients and a new Wellness Center facility. The apartments have full residency and the Wellness Center serves approximately 70 individuals per week.
- Successfully integrated a Mental Health Therapist into the Veterans Services Office to conduct behavioral health outreach, assessment and treatment for court and community veterans. Fifty veterans were engaged in the first quarter of FY 13-14.
- Obtained new youth development grant funding to address underage drinking and distracted driving including conducting a successful DUI Trial on Campus for over 500 students.
- Successfully transitioned children with Healthy Families into Early and Periodic Screening Diagnosis and Treatment services.
- Collaborated with Department of Social Services (DSS) in implementing new services for Katie A clients. To date, the Katie A plan has been approved by the State and elements of the plan, including the creation of a multiagency implementation team, workflow chart, referral process, database for tracking eligible class members, training of DSS, Mental Health, and contractors to the Core Practice Model, coordination with accounting to create proper billing codes. We continue to treat approximately 90 "sub-class" youth.
- Continued to recruit and retain psychiatrists. Worked with Human Resources to explore creative solutions such as an incentive program and sign-on bonuses.
- Continued to educate and evaluate the impact of Health Care Reform on the local level.

**FY 2014-15 Objectives**

- Monitor, analyze, and adapt to changing treatment environment created by new Medi-Cal eligibility and benefits.
- Increase departmental adherence to State and Federal compliance requirements through enhanced training, supervision, and monitoring.
- Complete implementation of the Behavioral Health Electronic Health Records system in all areas of the department.
- Continue integration of mental health and substance use services both clinically and operationally.
- Increase training in specific clinical areas, including trauma-informed care, 0-5 age specific interventions, and other evidence based, recovery-oriented treatment modalities.
- Develop new a orientation program for all department staff.
- Initiate outpatient detoxification program for opiate addictions.
- Continue to work collaboratively with forensic agencies to enhance rehabilitation and treatment for both substance use disorders and mental health challenges in this population.
- Explore options for in-custody restoration to competency.
- Increase collaboration for children's services with Department of Social Services for Katie A "sub-class."
- Continue successful collaboration with schools for children who are eligible for public mental health services.
- Explore and increase substance abuse treatment services for youth, including introduction of Drug Medi-Cal services on high school campuses with three new school contracts added in the first year.
- Provide Mental Health First Aid training to over 100 community members, including agency and school personnel.
- Expand crisis services to better meet the needs of the community.

**COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS**

The recommended budget reflects increases in revenues of approximately \$3.2 million or 7%, in total expenditures of more than \$3.7 million or 7%, and in General Fund support of \$551,583 or 8% compared to the FY 2013-14 adopted budget.

Several mid-year adjustments were approved by the Board in FY 2013-14, resulting in an increase of more than \$1.8 million in revenue and expenditures. A net total of 15.75 FTE were added to the Position Allocation List (PAL) for Behavioral Health (listed below). Adding these positions results in an annualized increase in salary and benefits expenses of approximately \$1.7 million.

Several revenue accounts are increasing and decreasing at various levels compared to the FY 2013-14 adopted budget. The most notable variances include:

- An increase of more than \$3.6 million in Medi-Cal revenue: \$1 million of this is a result of the implementation of the ACA and the expansion of Medi-Cal eligibility to childless adults, and \$1.5 million is associated with the implementation of the Katie A. settlement;
- A decrease of almost \$569,000 due to the elimination of the Conditional Release Program (CONREP);
- A decrease of approximately \$812,000 in MHSA funding due to the ending of various "Innovation" and workforce training programs as well as the reduction of expenditures for development of the Behavioral Health Electronic Health Records (BHEHR) system;
- An increase of more than \$913,000 in 2011 Realignment revenue for Mental Health Managed Care and Early and Periodic Screening Diagnosis and Treatment (the youth program under Medi-Cal) programs, reflecting growth;
- A decrease of more than \$530,000 in Federal grant revenue reflecting the end of two grant-funded programs - Adult Treatment Court Collaborative (ATCC) and the Children Affected by Methamphetamine (CAM) programs; and
- The addition of \$431,557 in one-time Tobacco Settlement money allocated to the Behavioral Health department per the terms of Measure A.

The more than \$3.7 million increase in expenditures compared to the FY 2013-14 adopted budget includes an increase of almost \$3.6 million or 13% in the salary and benefits accounts, to include the positions added mid-year, the net elimination of 5.50 FTE in the department's Status Quo budget request, and the addition of 23.50 FTE new positions to the PAL. All of these staffing changes are listed below. Other key factors influencing the increase in the salary and benefits accounts include: an increase in the compensation for Psychiatrists approved by the Board in March, 2013 adding \$394,000, a more than \$466,000 reduction in expenditures for staff associated with the ATCC and CAM grants as well as the CONREP program, and approximately \$650,000 in compensation and benefit increases due to recently approved Board actions.

Services and supplies are decreasing by more than \$871,000 (3%) overall. The primary reason for this reduction is a change in accounting for staff time spent across divisions within this budget. This change resulted in the elimination of more than \$1 million in Intrafund charges that are reflected in the services and supplies accounts. This accounting change did not result in a net increase in expenditures for Behavioral Health. Other significant variances in the services and supplies accounts include:

- an increase of almost \$555,500 or 13% in the Professional Services - Other account for increased Board and Care costs and for sober living beds funded by AB109, the Department of Social Services, and the General Fund,
- a reduction of almost \$456,000 in expenditures for the implementation of the BHEHR system now that it is moving into maintenance mode, and
- a reduction of approximately \$351,400 in Countywide Overhead.

Other accounts are varying by smaller amounts.

**Specific changes to the Behavioral Health PAL**

Positions changes made to the PAL midyear FY 2013-14 (15.75 FTE net additions):

- 1.0 FTE Mental Health Program Supervisor (for the MHSA)
- 11.25 FTE Mental Health Therapist I, II, III, IVs (for various programs)
- 2.0 FTE Mental Health Program Supervisors (for the Psychiatric Health Facility - PHF)
- -1.0 FTE Mental Health Nurse (from the PHF)
- 1.25 FTE Mental Health Nurse practitioner (for the PHF and AB 109)
- -0.50 Drug and Alcohol Specialist IV (for MHSA)

- 0.50 FTE Administrative Assistant III (for Healthy Families transition to Medi-Cal)
- 0.25 FTE Senior Account Clerk (0.25 FTE)
- 0.50 FTE Medical Records Technician/Health Information Technician (Katie A)
- 0.50 FTE Psychiatrist (for Katie A)
- Reclassification of 8.5 FTE Medical Records Technicians to Health Information Technicians (no change to FTE)

Positions eliminated from the PAL in the Status Quo budget (5.75 FTE):

- 0.50 FTE Administrative Assistant III (due to the elimination of CONREP)
- 2.75 FTE Mental Health Therapist I, II, III, IVs (due to the elimination of CONREP)
- 1.0 FTE Drug and Alcohol Specialist IV (due to the end of the contract with Lucia Mar School District)
- 0.75 FTE Drug and Alcohol Specialist IV (due to the elimination of the State Parole grant for treatment services)
- 0.75 FTE Drug and Alcohol Program Supervisor (a 0.75 FTE position was increased to 1.0 FTE in the requested budget and a 1.0 FTE Program Supervisor was transferred to FC 375 – Driving Under the Influence)

Positions added to the PAL in the recommended FY 2014-15 budget (23.5 FTE):

- 13.0 FTE Drug and Alcohol Specialist I, II, III, IVs
- 1.00 FTE Drug and Alcohol Program Supervisors
- 2.0 FTE Administrative Assistant I, II, IIIs
- 2.5 FTE Health Information Technician I, II, IIIs
- 1.0 Administrative Services Officer I, II
- 2.0 FTE Mental Health Worker Aides
- 1.50 FTE Mental Health Therapist I, II, III, IV
- 0.50 FTE Mental Health Nurse Practitioner

Given the significant increase in resources in the FY 2014-15 recommended budget, service levels are expected to be expanded, particularly to those with Substance Use Disorder.

**BOARD ADOPTED CHANGES**

The Board approved a request included in the Supplemental Budget document to increase expenditures and revenue by \$87,445 in order to purchase two new vehicles, two new laptop computers and other supplies and equipment needed for an expansion of Mobile Crisis services. These costs will be funded with Mental Health Services Act revenue. The two new vehicles will be added to the Fixed Asset List for FC 407 – Fleet Services.

**BUDGET AUGMENTATION REQUESTS ADOPTED**

| Unit Amount   | Description   | Results  |
|---|---|--|
| Gross: \$1,077,662<br><br>General Fund support: \$429,697 | Add 14.0 FTE (various classifications noted below) to offer new Intensive Outpatient Treatment and expanded Voluntary Treatment services to those with Substance Use Disorder, now available due to the implementation of the Affordable Care Act. Funding will come from Drug Medi-Cal and the County General Fund.<br><br>The positions added include: <ul style="list-style-type: none"> <li>• 6.0 FTE Drug and Alcohol Specialist (DAS) I, II, III, IV</li> <li>• 3.0 FTE DAS 1s</li> <li>• 1.0 FTE Drug and Alcohol Program Supervisor</li> <li>• 2.0 FTE Administrative Assistant IIIs</li> </ul> | <ul style="list-style-type: none"> <li>• A minimum of 200 individuals will be served each year.</li> <li>• 100% of those completing the program will have at least 90 days of abstinence prior to completion, complete all individualized treatment plan goals and be engaged in a long-term community based support program such as a twelve step program, community based counseling, etc.</li> <li>• Clients in the Intensive Outpatient Program will stay in the program and average of 180 days (the minimum length of time for effective substance use disorder treatment).</li> </ul> |

**Behavioral Health  
Fiscal Year 2014-15 Final Budget**

**Fund Center 166**

|  |  |  |
|--|--|--|
|  | <ul style="list-style-type: none"> <li>• 1.0 FTE Health Information Technician</li> <li>• 1.0 FTE Administrative Services Officer I, II</li> </ul>   |  |
| <p>Gross: \$141,649</p> <p>General Fund support: \$51,824</p>          | <p>Conversion of 5,200 hours of Temporary Help hours to five half-time positions (2.5 FTE) to ensure continuity of regular staffing at the Psychiatric Health Facility (PHF) and to reduce reliance on temporary help for work of an ongoing nature. The cost offset comes from savings in temp help expenditures.</p> <p>The positions added include:</p> <ul style="list-style-type: none"> <li>• Four 0.5 FTE Mental Health Worker Aides (2.0 FTE)</li> <li>• One 0.5 FTE Mental Health Therapist II</li> </ul>   | <ul style="list-style-type: none"> <li>• Increase predictability and consistency of staff at the PHF which is expected to improve the quality of care provided to patients.</li> <li>• Ensure compliance with the County's policy on use of Temporary Help.</li> </ul>   |
| <p>Gross: \$282,556</p> <p>General Fund support: \$0 (-\$53,912)</p>   | <p>Add 3.0 FTE Drug and Alcohol Specialist IIs to provide Substance Use treatment services at nine high schools that have been recently certified as Drug Medi-Cal sites. This results in contracts to provide these services to six new high school sites and continuation of services at three high schools currently receiving early intervention services.</p> <p>This budget augmentation request will generate Drug Medi-Cal in excess of the total cost of the three positions being added because resources currently paid for with General Fund support will also be eligible for Drug Medi-Cal reimbursement. There will be a net savings of \$53,912 in General Fund support in the first year.</p> | <ul style="list-style-type: none"> <li>• Participants will reduce their self-reported drug and alcohol use in the past 30 days.</li> <li>• Participants will report improved grades and class attendance.</li> <li>• Participants will report reduced feelings of depression and other behavioral health indicators such as reduced suicidal ideations.</li> </ul> |
| <p>Net Expense Increase: \$35,792</p> <p>General Fund support: \$0</p> | <p>Convert a vacant 1.0 FTE Administrative Services Officer I to a 1.0 FTE Mental Health Therapist IV to provide technical assistance and training to staff and community-based organizations using the Behavioral Health Electronic Health Records system. Funded with Mental Health Services Act revenue.</p>  | <ul style="list-style-type: none"> <li>• Ensure optimized use of the BHEHR system.</li> <li>• Provide 8-10 trainings a month to an estimated 325 system users.</li> <li>• Track training courses and participants through the E-Learning system.</li> </ul>  |
| <p>Net Expense Increase: \$67,333</p> <p>General Fund support: \$0</p> | <p>Add 1.0 FTE Health Information Technician I, II, III to the BHEHR system technical team to serve</p>  | <ul style="list-style-type: none"> <li>• Assist in resolving an anticipated 75% increase in requests for technical support</li> </ul>  |

**Behavioral Health  
Fiscal Year 2014-15 Final Budget**

**Fund Center 166**

|   |   |   |
|---|---|---|
|   | as a dedicated help desk support person. This will be fully revenue offset with Mental Health Services Act and Federal Medicaid revenue.  | <ul style="list-style-type: none"> <li>as a result of the implementation of a new module for the Psychiatric Health Facility (an increase from 800 requests to approximately 1,400)</li> <li>Ensure optimized use of the BHEHR system.</li> </ul>   |
| Gross: \$240,255<br>General Fund support: \$150,013 | <p>Add 3.0 FTE to expand and conduct medically based outpatient detoxification services. These positions would be partially offset by Drug Medi-Cal funding.</p> <p>The positions added include:</p> <ul style="list-style-type: none"> <li>0.50 FTE Nurse Practitioner</li> <li>0.50 FTE Health Information Technician</li> <li>2.0 FTE Drug and Specialists I, II, III, IV</li> </ul> | <ul style="list-style-type: none"> <li>150 individuals will be treated in the first year.</li> <li>The average length of stay in the program for detox clients will be 60 days.</li> <li>Less than 15% of clients treated will be re-admitted into the program within one year.</li> <li>90% of clients will be offered case management services in order to provide essential linkages to treatment and social services.</li> <li>70% treated clients will complete detoxification.</li> </ul> |

**GOALS AND PERFORMANCE MEASURES**

|  |                            |                            |                            |                  |                            |                 |
|--|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| <p><b>Division Treatment Goal:</b> To help individuals experiencing severe mental illness or serious emotional disturbance to be as functional and productive as possible in the least restrictive and least costly environments.</p> <p><b>Communitywide Result Link:</b> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community</p>  |                            |                            |                            |                  |                            |                 |
| <p><b>1. Performance Measure: Rate of client satisfaction with County mental health services.</b></p>  |                            |                            |                            |                  |                            |                 |
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| **76%  | **75%                      | *N/A                       | 85%                        | 89%              | 85%                        | 86%             |
| <p><b>What:</b> 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 a one-week period each fiscal year. The survey asks 36 questions covering the quality of service and the direct result of services received. The rate is an average for all questions, with the maximum possible score of 100%. The following rate is based on an average of the number of responses where the response was "agree" or "strongly agree".</p> <p><b>Why:</b> Client satisfaction is one indicator of the quality of services provided for mental health services.</p> <p><b>How are we doing?</b> During 2013-14, there were two Statewide Client Satisfaction Surveys administered. The first, administered August 26-30, 2013, resulted in a client satisfaction rating of 85% based on 115 surveys. The second, administered April 28-May 2, 2014, received a client satisfaction rating of 84% based on 124 surveys. Overall, results combined show an average client satisfaction rating of 85% for Mental Health services. Overall, comments were very positive. The area that clients reported the least satisfaction was their inability to be seen by a psychiatrist as quickly as desired. Delays in filling a number of vacant psychiatrist positions resulted in longer wait times for clients. In an effort to recruit and retain psychiatrists, a change in their compensation package was approved which should help in retaining and recruiting these important positions. Other comparable county results are not published by the State and are thus unavailable for comparison purposes.</p> <p>*The November 2011 and May 2012 Statewide surveys were cancelled by the State pending a review of their survey requirements; therefore there are no results available to report for FY 2011-12.</p> <p>**The Actual rates for both FY 09-10 &amp; 10-11 were revised to reflect two specific indicators, "agree" &amp; "strongly agree", where before they had included a third indicator of "neutral".</p> |                            |                            |                            |                  |                            |                 |

| <b>2. Performance Measure: Day treatment days provided to youth in out-of-county group home facilities.</b>  |                            |                            |                            |                  |                            |                 |
|--|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| 2,212  | 2,937                      | 1,588                      | 1,885                      | 2,340            | 1,764                      | 1,920           |
| <p><b>What:</b> 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.</p> <p><b>Why:</b> 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.</p> <p><b>How are we doing?</b> The actual day treatment days for FY 2013-14 were 1,764, which are below the FY 2013-14 Adopted target level of 2,340. The lower result is due to a net reduction in group home census throughout the year. The year started off with 7 clients placed in group homes and dropped to 6 by the end of the year. This decrease in client census was due to graduating three clients to lower levels of care while also moving these three back with their families within the county, however two new clients were also put in group homes during the year. The decrease was due, in part, to diligent efforts to provide a full range of outpatient services within the county to clients in a timely manner, including use of a new in-county elementary day treatment program affiliated with the County Office of Education. The average cost to provide day treatment at out-of-county group homes is \$202/day.</p> <p>The FY 2014-15 target of 1,920 (8 clients times 240 treatment days) is lower than the Adopted and higher than the Actual number of days for the current year, but is also in line with historical actuals.</p> <p>A report by APS Healthcare, California's External Quality Review Organization (EQRO), found that for calendar year 2012, San Luis Obispo County provided day treatment services to 0.05% of its Medi-Cal eligible youth population compared to 0.03% for all medium sized counties and 0.06% for all counties statewide.</p>   |                            |                            |                            |                  |                            |                 |
| <b>3. Performance Measure: Net Mental Health Services Act (MHSA) operating cost per unduplicated full service partnership enrollee.</b>  |                            |                            |                            |                  |                            |                 |
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| \$10,319   | \$12,140                   | \$13,940                   | \$11,955                   | \$12,475         | \$12,727                   | \$11,200        |
| <p><b>What:</b> 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 &amp; Treatment (EPSDT), and then divided by the number of unduplicated clients served.</p> <p><b>Why:</b> This measure was intended to be used to monitor the operating cost per FSP enrollee and to compare to other counties.</p> <p><b>How are we doing?</b> The net MHSA operating cost per FSP enrollee for FY 2013-14 was \$12,727 and is only \$252 more than the adopted target. The actual was calculated by taking the amount of net FSP revenue spent in FY 2013-14 divided by the number of FSP clients served (\$2,316,295 divided by 182 = \$12,727). The Department expects the target amount to be lower in FY 2014-15 than in previous years due to a potential increase in Medi-Cal revenue as a result of the Affordable Care act, which requires those previously uninsured clients have Medi-Cal or some other form of health coverage.</p> <p>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 among counties. 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. The Mental Health Oversight and Accountability Commission is working with the California Behavioral Health Directors Association to develop a better evaluation tool for counties to use to more effectively evaluate FSP data across the state.</p> <p>(Data Source: County's Enterprise Financial System and UCLA's Mental Health Services Act Evaluation)</p> |                            |                            |                            |                  |                            |                 |

| <b>4. Performance Measure: Average Annual Cost of Services per Unduplicated Medi-Cal Client.</b>   |                            |                            |                            |                  |                            |                 |
|--|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| \$5,073  | \$5,033                    | \$4,852                    | \$5,926                    | \$5,220          | \$5,562                    | \$5,990         |
| <p><b>What:</b> This measure calculates the annual cost of Medi-Cal services divided by annual Medi-Cal clients served based on Medi-Cal approved claims.</p> <p><b>Why:</b> Since the majority of our clients are on Medi-Cal, comparing the cost per client on a historical basis provides an indicator to monitor cost efficiency based on the number of clients served and the relative cost to serve those clients.</p> <p><b>How are we doing?</b> The average annual cost of services per Medi-Cal client for FY 2013-14 was \$5,562 (\$20,214,083 / 3,634 clients). Broken down by age group; the average cost per youth client in FY 2013-14 was \$7,494 (\$12,829,366 / 1,712 clients), while the average cost per adult client was \$3,842 (\$7,384,717 / 1,922 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 Day Treatment and Wraparound), thereby avoiding placement in out-of-county group homes. The cost per youth client is almost double the cost per adult client. We expect this trend to continue in FY 2013-14 and FY 2014-15.</p> <p>1) The percent of Medi-Cal eligible individuals in the county who actually receive services is referred to as the penetration rate. For CY 2012, the latest report available, California External Quality Review Organization's (EQRO) report shows San Luis Obispo County's penetration rate was 7.74%, versus 5.3% for other medium size counties and 5.90% for all counties statewide.</p> <p>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 CY 2012, the latest report available, EQRO reports San Luis Obispo County's penetration rate for children ages 6-17 was 10.59%, 55% higher than the average for other medium size counties at 6.80% and 43% more than the statewide county average of 7.37%.</p> |                            |                            |                            |                  |                            |                 |
| <b>5. Performance Measure: Percentage of Readmission to the Psychiatric Health Facility (PHF) Within 30 Days of Discharge.</b>   |                            |                            |                            |                  |                            |                 |
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| 11%  | 11%                        | 9.4%                       | 8.2%                       | 10%              | 12.9%                      | 10%             |
| <p><b>What:</b> The percentage of clients who are readmitted to the (PHF) within 30 days from their prior discharge. The 30-day readmission rate is a standard performance measure used in both private and public hospitals.</p> <p><b>Why:</b> Low readmission rates indicate that clients are being adequately stabilized prior to discharge.</p> <p><b>How are we doing?</b> In FY 2013-14, the client overall readmission rate was 12.9%. This is slightly higher than our FY 13-14 adopted rate since the data used to establish the target did not include clients that were readmitted 3 or more times to the PHF within a 30 day period. In FY 2013-14, 37 clients out of 1246 total admissions, or 2.9%, fell into this category. This is in addition to clients that were readmitted within a 30 day period, but less than 3 times, of which there were 124 admissions out of the 1246 total admissions, or 10%. Our combined total readmissions were 161 out of the total 1246 admissions, resulting in the 12.9% actual results figure.</p> <p>As a comparison, Santa Barbara reported the readmission rate for their PHF at 10% in FY 2011-12 and the rate in Monterey County was 10.2% in FY 2012-13.</p>   |                            |                            |                            |                  |                            |                 |
| <p><b>Division Treatment Goal:</b> To reduce alcohol and other drug-related problems among program participants who access services in regional clinics that provide efficient, high quality, intensive treatment services to community members desiring recovery from the misuse of alcohol and/or other drugs.</p> <p><b>Communitywide Result Link:</b> <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community</p>  |                            |                            |                            |                  |                            |                 |
| <b>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. (This performance measure is being deleted)</b>   |                            |                            |                            |                  |                            |                 |
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| 88%  | 86%                        | 87%                        | 75%                        | 86%              | 67%                        | Delete          |
| <p><b>What:</b> Decreased or eliminated drug and alcohol use demonstrates the impact of treatment and its subsequent effect on behavior.</p> <p><b>Why:</b> Successful recovery involves positive lifestyle changes.</p>   |                            |                            |                            |                  |                            |                 |

**How are we doing?** During FY 2013-14, 655 individuals completed their treatment with County Behavioral Health Drug and Alcohol Services (DAS). Today, roughly 70% of DAS clients are in specialized criminal justice programs and many enter treatment services directly from jail or court referred and are drug free on entry, but are still in need of treatment services. Many enter treatment and complete their treatment drug free and show no change in their drug use status. Since the measure focuses on those who report reduced or eliminated alcohol or drug use as a result of treatment, those maintaining sobriety are not counted as a successful outcome of treatment. Of the 655 participants completing treatment during FY 2013-14, 198 (or 30%) entered treatment drug free and completed drug free. Of the remaining 457 participants in treatment, 434 (66%) progressed from using alcohol or other drugs on entry to being abstinent on completion, seven (1.1%) participants demonstrated reduced use and sixteen (2.4%) reported an increase in drug use. This particular measure focuses on those clients who reduce or eliminate alcohol or drug use and does not take account of those who maintain their sobriety. As the percentage of clients entering treatment sober and leaving sober increases, the net effect is a reduction in the relevance of the performance measure. Since this measure does not include maintaining sobriety as one of the successful outcomes in tracking the success of treatment, a new measure is included in FY 2014-15 that factors in maintaining sobriety as a positive outcome of treatment. (See Measure 9).

Similarly for California statewide data during FY 2013-14, of the 95,672 participants completing treatment during the year, 15,945 or (17%) entered and completed drug free. Of the remaining 79,727 participants 53,434 progressed from using to abstinent (55.9%), 21,071 participants demonstrated reduced use (22%) and 5,222 (5.5%) reported an increase in drug use.

(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".**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 94%                        | 92%                        | 91%                        | 91%                        | 91%              | 90%                        | 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 655 treatment clients provided surveys in FY 2013-14, 432 surveys were returned for a return rate of 66%. Of those returned surveys, 90% indicated overall high satisfaction (Very Satisfied or Extremely Satisfied rating) with the treatment program and their experience at Behavioral Health - Drug & Alcohol Services. While the survey includes varying aspects of the client's experience with Drug & Alcohol treatment, this measure is based on the client's response and personal interpretation of the survey question of "overall satisfaction" with services. The slight variation in five returned surveys results in the 1% difference between actual and prior year results. 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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 11%                        | 10%                        | 10%                        | 10%                        | 10%              | 10%                        | 10%             |

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

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

**How are we doing?** During FY 2013-14, approximately 10% of county residents (27,000 out of 269,337) were reached through a variety of activities and campaigns including countywide information, education and interventions provided by Behavioral Health's Prevention and Outreach Division. The goal of 10% penetration rate was met.

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 2013-14 by all California county substance abuse prevention efforts statewide was 1.5%. San Luis Obispo County has made prevention a priority and has allocated proportionally more funding toward prevention than many other counties. The County has also been successful in obtaining prevention grants to increase efforts.

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

**9. Performance Measure: Percentage of clients who report reduced, eliminated, or maintained sobriety from alcohol or other drug use upon completion from Drug and Alcohol Services (DAS) treatment. (New performance measure in FY 2014-15)**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 89%                        | 88%                        | 89%                        | 94%                        | N/A              | 97.6%                      | 97%             |

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

**Why:** Successful recovery involves positive lifestyle changes.

**How are we doing?** During FY 2013-14, 655 individuals successfully completed their treatment with County Behavioral Health - Drug and Alcohol Services. This number does not include individuals who attended "drop in" assessments but who did not return for on-going treatment, nor does it include those who did not complete their course of treatment or who were discharged or returned to court due to non-compliance. The total percentage of those who reported eliminated or reduced drug use, including those who maintained their sobriety was 97.6%. Of the 655 treatment completions 198 (30.2%) maintained their sobriety, 434 (66.3%) achieved abstinence and sobriety, seven (1.1%) reduced their alcohol and other drug use, and sixteen (2.4%) showed an increase in alcohol or other drug use. This is a new measure for FY 2014-15 and the prior fiscal year's results were recalculated to include those clients who reported maintaining their sobriety from beginning to end.

By comparison, 94.5% of CA statewide participants completing treatment during FY 2013-14 demonstrated eliminated or reduced drug use, including those who maintained their sobriety during treatment.

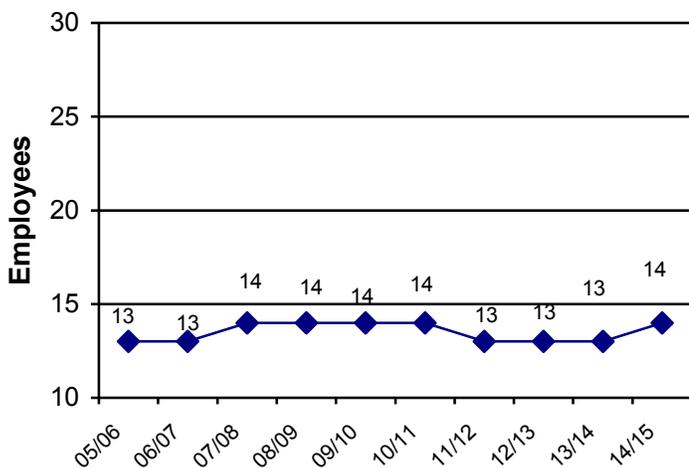
(Data Source: California Outcome Measurement System, CalOMS)

**MISSION STATEMENT**

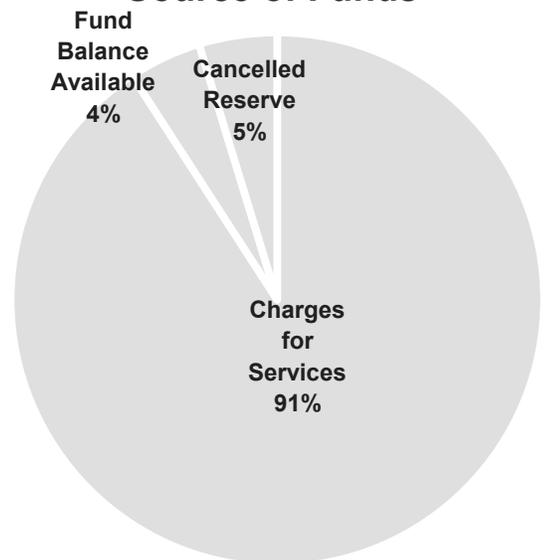
Driving Under the Influence (DUI) Programs promote safe, healthy, responsible, and informed choices concerning alcohol and other drugs through programs responsive to community needs.

|                                      | 2012-13             | 2013-14             | 2014-15             | 2014-15             | 2014-15             |
|--------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| <u>Financial Summary</u>             | <u>Actual</u>       | <u>Actual</u>       | <u>Requested</u>    | <u>Recommended</u>  | <u>Adopted</u>      |
| Revenue from Use of Money & Property | \$ 2,008            | \$ 1,373            | \$ 1,000            | \$ 1,000            | \$ 1,000            |
| Charges for Current Services         | 1,405,268           | 1,343,682           | 1,482,649           | 1,482,649           | 1,482,649           |
| Other Revenues                       | 0                   | 1                   | 0                   | 0                   | 0                   |
| Interfund                            | 1,956               | 58,300              | 0                   | 0                   | 0                   |
| <b>Total Revenue</b>                 | <b>\$ 1,409,232</b> | <b>\$ 1,403,356</b> | <b>\$ 1,483,649</b> | <b>\$ 1,483,649</b> | <b>\$ 1,483,649</b> |
| <br>                                 |                     |                     |                     |                     |                     |
| Fund Balance Available               | \$ 156,682          | \$ 123,502          | \$ 93,453           | \$ 93,453           | \$ 72,534           |
| Cancelled Reserves                   | 0                   | 11,200              | 58,300              | 57,250              | 78,169              |
| <b>Total Financing Sources</b>       | <b>\$ 1,565,914</b> | <b>\$ 1,538,058</b> | <b>\$ 1,635,402</b> | <b>\$ 1,634,352</b> | <b>\$ 1,634,352</b> |
| <br>                                 |                     |                     |                     |                     |                     |
| Salary and Benefits                  | \$ 934,599          | \$ 1,039,822        | \$ 1,177,431        | \$ 1,177,431        | \$ 1,177,431        |
| Services and Supplies                | 430,470             | 417,411             | 417,971             | 416,921             | 416,921             |
| Other Charges                        | 0                   | 0                   | 0                   | 0                   | 0                   |
| Fixed Assets                         | 0                   | 0                   | 0                   | 0                   | 0                   |
| <b>Gross Expenditures</b>            | <b>\$ 1,365,069</b> | <b>\$ 1,457,233</b> | <b>\$ 1,595,402</b> | <b>\$ 1,594,352</b> | <b>\$ 1,594,352</b> |
| <br>                                 |                     |                     |                     |                     |                     |
| Contingencies                        | 0                   | 0                   | 40,000              | 40,000              | 40,000              |
| New Reserves                         | 77,341              | 5,600               | 0                   | 0                   | 0                   |
| <b>Total Financing Requirements</b>  | <b>\$ 1,442,410</b> | <b>\$ 1,462,833</b> | <b>\$ 1,635,402</b> | <b>\$ 1,634,352</b> | <b>\$ 1,634,352</b> |

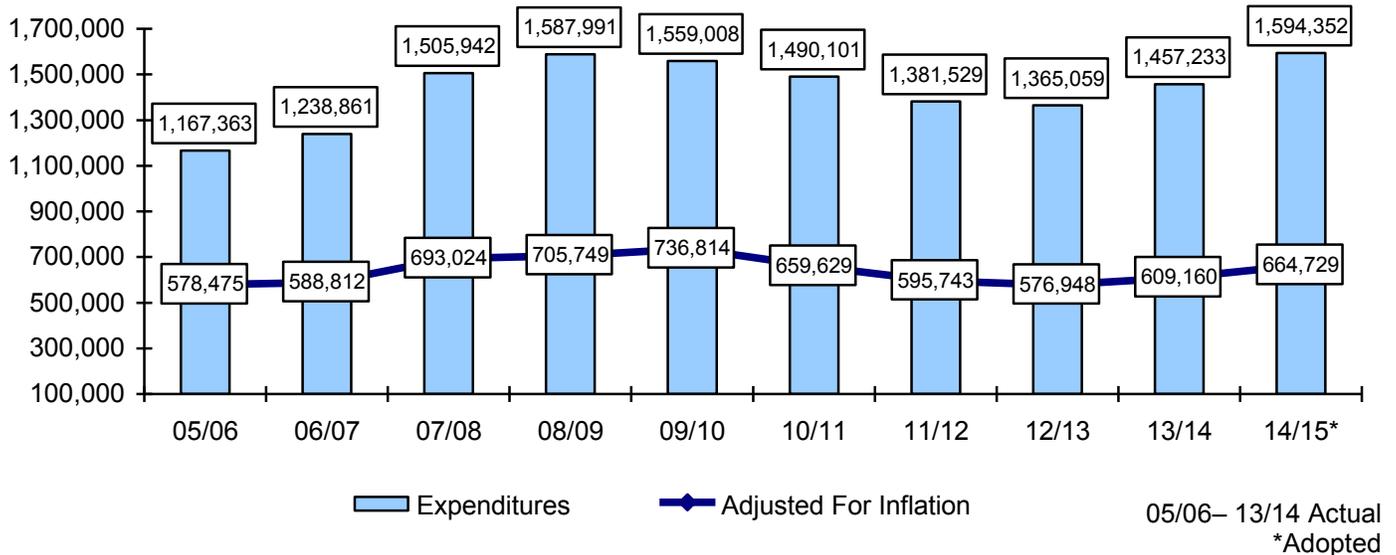
**Number of Employees  
(Full Time Equivalent)**



**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

The Driving Under the Influence fund center has a total expenditure level of \$1,594,352 and a total staffing level of 14.00 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: \$807,922 Total Staffing (FTE): 7.25

**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: \$720,162 Total Staffing (FTE): 6.25

**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: \$24,495 Total Staffing (FTE): 0.25

**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: \$41,773 Total Staffing (FTE): 0.25

**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 Department of Health Care Services.

For over three decades, SLO County has conducted its court-ordered DUI Program. This program is expected to enroll 1,200 participants in FY 2013-14 in First Offender, Second Chance, and other DUI programs. Eighty-five percent (85%) of clients rank their DUI program above satisfactory or excellent on the participant satisfaction survey at completion.

**FY 2013-14 Accomplishments**

- In July, 2013 the Paso Robles Behavioral Health/Drug and Alcohol Services Clinic was opened. We initially transferred 150 clients to be served in the Driving Under the Influence program in that regional clinic. Since opening, the clinic has served 325 unduplicated clients. The Paso Robles community has been very receptive to having the services located in their region and the clients, many of whom do not have drivers' licenses, have been appreciative of this expansion of access.
- There has been an increased awareness and expansion on the part of local law enforcement agencies to focus on the Driving Under the Influence issues in their jurisdictions with dedicated officers, media coverage, and DUI sobriety checkpoints.

**FY 2014-15 Objectives**

- Development and integration of the DUI program into the Behavioral Health Electronic Health Records.
- Improve client assessment methods in order to provide more individualized services to the clients within a regulated and standardized treatment program

**COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS**

Driving Under the Influence (DUI) is a special revenue fund, and does not receive any General Fund support. The budget is essentially recommended as submitted. Total Financing Sources are increasing \$102,787 or 6% compared to FY 2013-14 adopted levels in order to fund increased program expenses. The primary increase in financing is due to higher net fee revenue of approximately \$81,000 or 5% from the First Offender and Second Chance programs expected as a result of higher enrollment levels in these two programs. Fee revenue is the largest source of financing for this budget and is budgeted at almost \$1.5 million. There is also a Fund Balance Available of \$93,453 to fund next year's program expenses. In order to balance the budget, \$57,250 in reserves will be canceled; an increase of nearly \$52,000 or 922% compared to FY 2013-14 adopted levels. This will leave a balance of \$556,874 in DUI reserves at the end of the fiscal year.

Operating expenditures are budgeted to increase \$186,289 or 13%. The primary increase of \$163,733 or 16% is in the salary and benefit accounts, which is largely due to the addition of a Program Supervisor to the Position Allocation List (PAL) for this fund center. In past years, this Program Supervisor was included on the PAL for FC 166 – Behavioral Health. Approximately half of this supervisor’s time was spent overseeing the DUI program and funds of approximately \$59,000 were transferred to FC 166 to offset the cost associated with this oversight. Many of the DUI staff are relatively new and full-time supervision is needed. Therefore, the Health Agency has proposed to shift a 1.0 FTE Program Supervisor to the DUI PAL and include the full cost of this position in this budget. This shift adds a net increase of approximately \$62,000 in expense (increasing salary and benefit accounts by approximately \$121,000 and reducing the services and supplies accounts by more than \$59,000). Other salary and benefit increases are due to recent Board-approved increases to staff compensation and benefits and an increase of almost \$5,300 or 14% in temporary help.

Expenditures in the services and supplies accounts are recommended to increase \$22,556 or 5% compared to FY 2013-14 adopted levels. The most significant variances include an increase of approximately \$82,300 in Countywide Overhead and the elimination of \$59,000 in funds transferred to FC 166 for the Program Supervisor, noted above. Other accounts are varying by much smaller amounts

No changes in service levels are anticipated as a result of the recommended budget.

**BOARD ADOPTED CHANGES**

The Driving Under the Influence budget ended FY 2013-14 with a Fund Balance Available that was \$72,534; \$20,919 less than the amount assumed in the FY 2014-15 Proposed Budget. The Board approved a reduction of \$20,919 in the appropriation to the Systems Development designation to transfer this amount to the operating budget to make up for this shortfall in FBA.

**GOALS AND PERFORMANCE MEASURES**

|  |                            |                            |                            |                  |                            |                 |  |
|--|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|--|
| <b>Division Goal:</b> 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.  |                            |                            |                            |                  |                            |                 |  |
| <b>Communitywide Result Link:</b> <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community  |                            |                            |                            |                  |                            |                 |  |
| <b>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.</b>  |                            |                            |                            |                  |                            |                 |  |
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |  |
| 2.7%   | 1.7%                       | 1%                         | 1.3%                       | 2%               | 1.3%                       | 1.3%            |  |
| <b>What:</b> Measures recidivism and effectiveness of the First Offender program.  |                            |                            |                            |                  |                            |                 |  |
| <b>Why:</b> If our First Offender DUI program is effective, graduates will not be arrested for another alcohol-related driving offense within the first 12-months of graduation from the program. If they do re-offend, they will be remanded to the Multiple Offender program.  |                            |                            |                            |                  |                            |                 |  |
| <b>How are we doing?</b> For FY 2013-14, the calculated recidivism rate for First Offender DUI Program (FOP) 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 7/1/2012 through 6/30/2013 and determining how many of these clients were remanded to the Multiple Offender DUI program within 12-months of their First Offender completion. Specifically, 939 First Offender DUI program participants completed their program between 7/1/2012 through 6/30/2013 and 12 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 California State re-offense rate after one year is 3.75%, according to Department of Motor Vehicles data published in 2013. |                            |                            |                            |                  |                            |                 |  |
| (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".**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 84%                        | 87%                        | 85%                        | 84%                        | 86%              | 85%                        | 86%             |

**What:** Measures client satisfaction with the services provided by Driving Under the Influence staff.

**Why:** Because Drug and Alcohol Services is committed to providing high quality service, client satisfaction is an indication of program quality. The client satisfaction survey allows us to improve our programs based on participant feedback. The DUI Client Satisfaction Survey offers the following levels of satisfaction: Extremely Satisfied, Very Satisfied, Satisfied, Unsatisfied and Very Unsatisfied. Rates of "high satisfaction" measure the percent of survey respondents who mark "Extremely Satisfied" or "Very Satisfied".

**How are we doing?**

From the 1,141 program participants provided surveys during FY 2013-14, 870 client surveys or 76% were returned. Based on the results, 85% or 737 of the 870 survey respondents rated their experience with the program as "Very Satisfied" or "Extremely Satisfied." Since 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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 94%                        | 92%                        | 102%                       | 102%                       | 100%             | 96%                        | 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?**

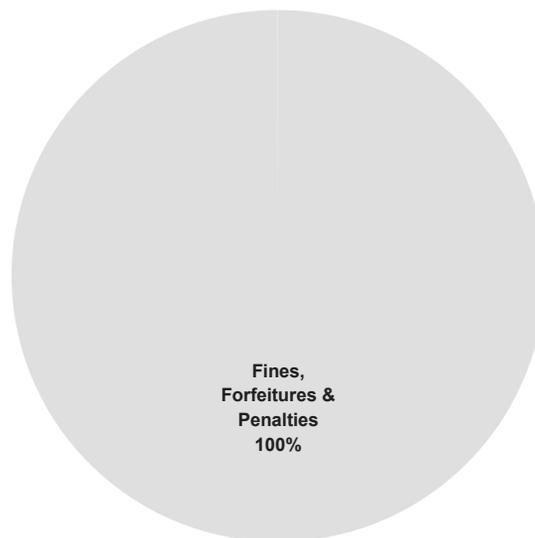
Budgeted DUI fees for FY 2013-14 were \$1,399,963. The actual fee amount collected for FY 2013-14 was \$1,343,682 which is -4% or \$56,281 less than what was targeted for the year. The revenue reduction is, in part, a result a decline of overall DUI enrollments; down by 10% as compared to budget. Specifically, during FY 2013-14, the number of participants in the Second Chance and Extended First Offender programs were lower compared to budget resulting in an unfavorable revenue variance. There are no statewide data on DUI Program fee collection trends.

**PURPOSE STATEMENT**

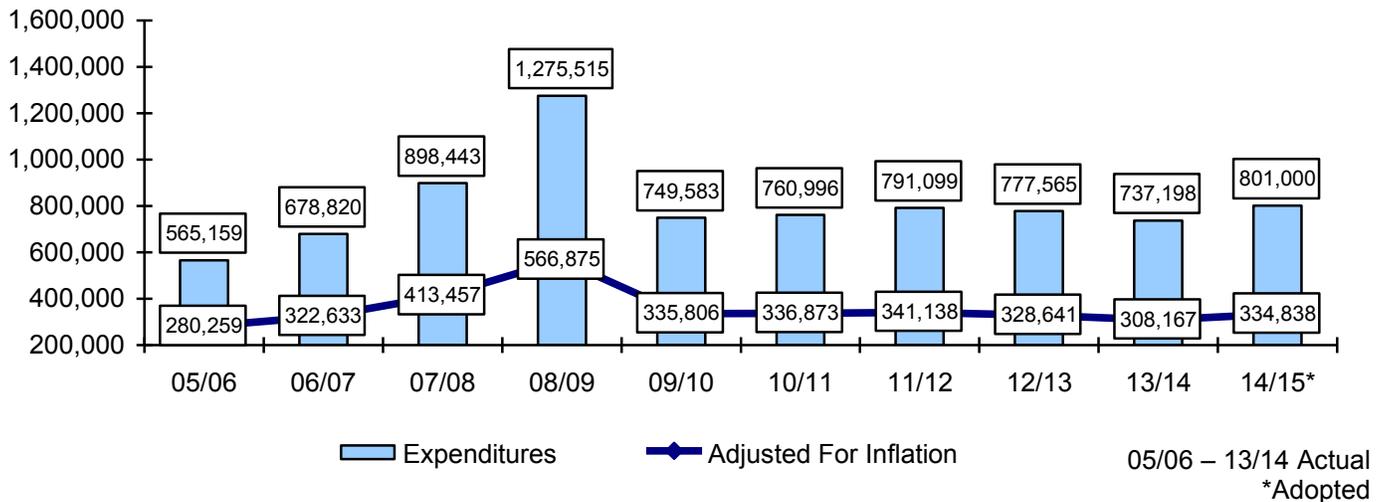
The Emergency Medical Services Fund is part of the Health Agency's Health Care Services Division. Assessments on court fines are used to compensate medical providers for uncompensated emergency room care and to offset the cost of the local Emergency Medical Services Agency.

|                                      | 2012-13       | 2013-14       | 2014-15          | 2014-15            | 2014-15        |
|--------------------------------------|---------------|---------------|------------------|--------------------|----------------|
| <u>Financial Summary</u>             | <u>Actual</u> | <u>Actual</u> | <u>Requested</u> | <u>Recommended</u> | <u>Adopted</u> |
| Fines, Forfeitures and Penalties     | \$ 776,525    | \$ 679,436    | \$ 800,000       | \$ 800,000         | \$ 800,000     |
| Revenue from Use of Money & Property | 470           | 335           | 1,000            | 1,000              | 1,000          |
| Total Revenue                        | \$ 776,995    | \$ 679,771    | \$ 801,000       | \$ 801,000         | \$ 801,000     |
| Fund Balance Available               | \$ 0          | \$ 0          | \$ 0             | \$ 0               | \$ 0           |
| Cancelled Reserves                   | 0             | 0             | 0                | 0                  | 0              |
| Total Financing Sources              | \$ 776,995    | \$ 679,771    | \$ 801,000       | \$ 801,000         | \$ 801,000     |
| Salary and Benefits                  | \$ 0          | \$ 0          | \$ 0             | \$ 0               | \$ 0           |
| Services and Supplies                | 777,565       | 737,198       | 801,000          | 801,000            | 801,000        |
| Other Charges                        | 0             | 0             | 0                | 0                  | 0              |
| Fixed Assets                         | 0             | 0             | 0                | 0                  | 0              |
| Gross Expenditures                   | \$ 777,565    | \$ 737,198    | \$ 801,000       | \$ 801,000         | \$ 801,000     |
| Contingencies                        | 0             | 0             | 0                | 0                  | 0              |
| New Reserves                         | 0             | 0             | 0                | 0                  | 0              |
| Total Financing Requirements         | \$ 777,565    | \$ 737,198    | \$ 801,000       | \$ 801,000         | \$ 801,000     |

**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

**Emergency Medical Services Fund**

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

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

\*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 2014-15, available funding is projected to remain consistent with the FY 2013-14 Adopted Budget. Assuming the projected revenue is realized, approximately \$119,600 will be allocated to the Emergency Medical Services Agency for emergency medical services, \$176,000 to hospitals, \$408,000 to physicians, \$52,600 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**

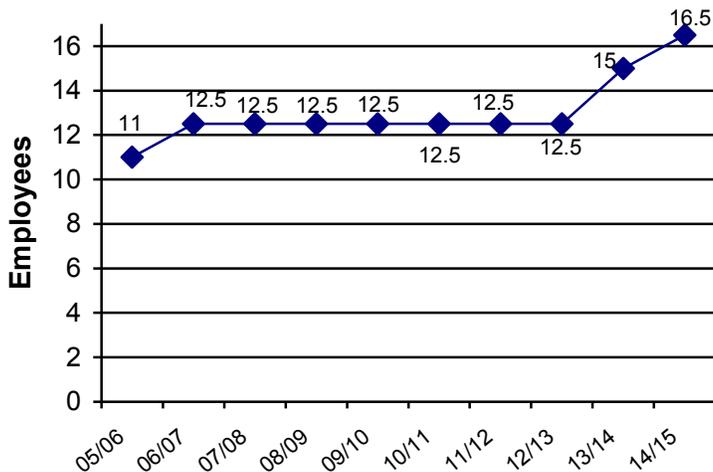
None.

**MISSION STATEMENT**

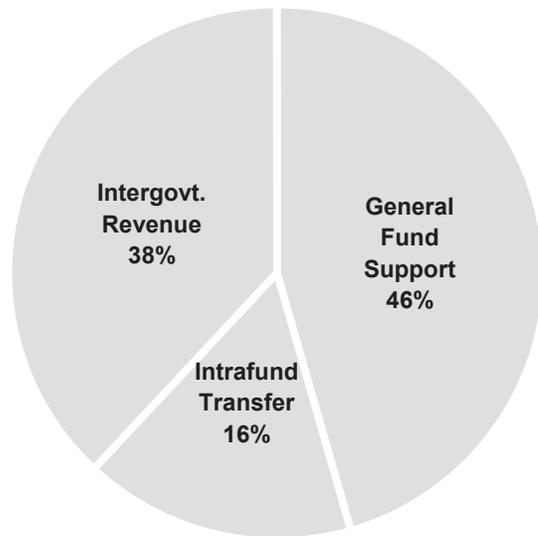
The mission of the Law Enforcement Medical Care (LEMC) Program is to provide cost effective, quality medical care for persons incarcerated at the County Jail and the Juvenile Services Center.

| <u>Financial Summary</u>      | 2012-13<br><u>Actual</u> | 2013-14<br><u>Actual</u> | 2014-15<br><u>Requested</u> | 2014-15<br><u>Recommended</u> | 2014-15<br><u>Adopted</u> |
|-------------------------------|--------------------------|--------------------------|-----------------------------|-------------------------------|---------------------------|
| Intergovernmental Revenue     | \$ 940,544               | \$ 1,118,459             | \$ 1,108,755                | \$ 1,207,080                  | \$ 1,242,351              |
| Charges for Current Services  | 1,754                    | 1,018                    | 0                           | 0                             | 0                         |
| Other Revenues                | <u>2</u>                 | <u>0</u>                 | <u>0</u>                    | <u>0</u>                      | <u>0</u>                  |
| <b>**Total Revenue</b>        | <b>\$ 942,300</b>        | <b>\$ 1,119,477</b>      | <b>\$ 1,108,755</b>         | <b>\$ 1,207,080</b>           | <b>\$ 1,242,351</b>       |
| Salary and Benefits           | 1,828,665                | 1,935,330                | 2,071,564                   | 2,071,564                     | 2,188,745                 |
| Services and Supplies         | <u>963,687</u>           | <u>1,242,857</u>         | <u>1,104,717</u>            | <u>1,104,717</u>              | <u>1,104,717</u>          |
| <b>**Gross Expenditures</b>   | <b>\$ 2,792,352</b>      | <b>\$ 3,178,187</b>      | <b>\$ 3,176,281</b>         | <b>\$ 3,176,281</b>           | <b>\$ 3,293,462</b>       |
| Less Intrafund Transfers      | <u>518,884</u>           | <u>510,592</u>           | <u>521,262</u>              | <u>521,262</u>                | <u>521,262</u>            |
| <b>**Net Expenditures</b>     | <b>\$ 2,273,468</b>      | <b>\$ 2,667,595</b>      | <b>\$ 2,655,019</b>         | <b>\$ 2,655,019</b>           | <b>\$ 2,772,200</b>       |
| <br>                          |                          |                          |                             |                               |                           |
| General Fund Support (G.F.S.) | <u>\$ 1,331,168</u>      | <u>\$ 1,548,118</u>      | <u>\$ 1,546,264</u>         | <u>\$ 1,447,939</u>           | <u>\$ 1,529,849</u>       |

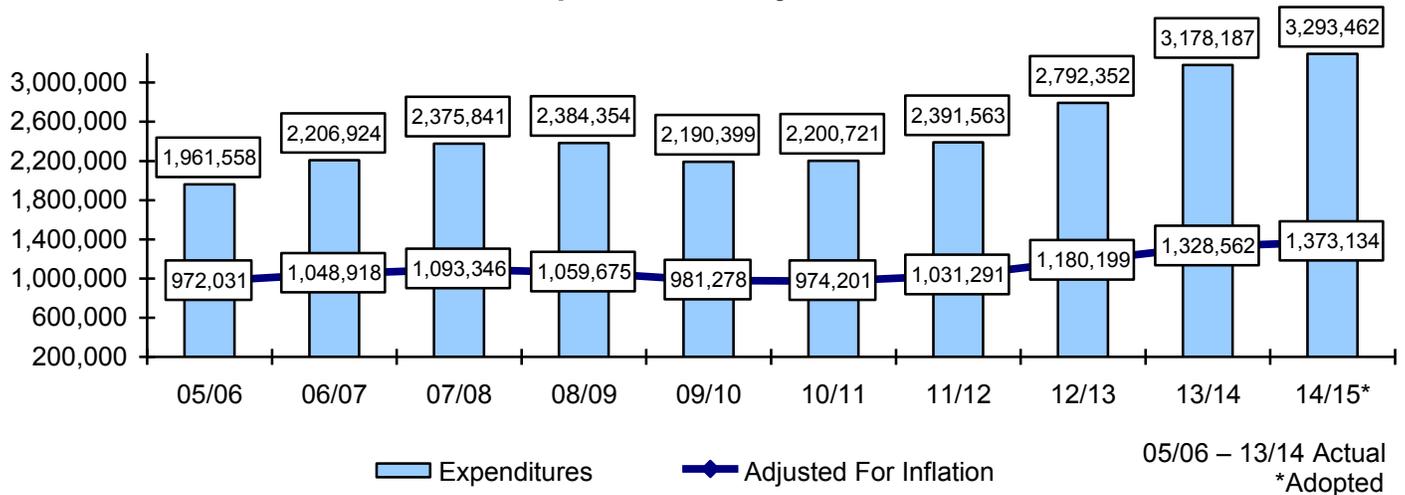
**Number of Employees  
(Full Time Equivalent)**



**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

Law Enforcement Medical Care has a total expenditure level of \$3,293,462 and a total staffing level of 16.50 FTE to provide the following services:

**Jail Medical Services**

This program provides medical care for County Jail inmates, including medical evaluations, daily sick call, administering prescribed medications, coordinating referrals with drug abuse/alcohol programs and mental health services, and referring 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: \$2,772,200 Total Staffing (FTE): 12.00

**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: \$521,262 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 wards at the 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 growth in the average daily population (ADP) of inmates at the County Jail has not abated over the last year, going from an ADP of 717 in calendar year (CY) 2012 to 782 in CY 2013. Not only has the number of incarcerated persons increased, largely due to AB 109 (2011 Public Safety Realignment), but so too has the medical demand for this different set of inmates. While the CY 2013 census is up about 9% over CY 2012, the number of sick visits was 43% higher in CY 2013 (avg. 4,140/mo.) compared with CY 2012 (avg. 2,900/mo.), resulting in 15,000 additional sick encounters with a nurse or physician.

Another quantitative as well as qualitative change for the LEMC unit is the number of days that inmates are spending in the hospital. In CY 2012 there were 97 hospital inpatient days among jail inmates; in CY 2013 that number was 305. This factor not only increases health care costs, but also presents significant challenges for the system as a whole. Some Inmates with more severe illnesses are spending more time in the hospital because the jail is not equipped to deal with some of the intensive outpatient medical needs that many of the state prisons can handle. When these inmates are stabilized to the point of being able to return to the jail, their medical needs put extra caretaking burdens on the medical unit, as well as custody, for those who need bedside assistance with basic activities of daily living or hygiene.

Using AB 109 funding, since FY 2012-13, LEMC has added 2.5 FTEs to its ranks, as well as additional orientation time, physician hours, and correctional nurse supervisor coverage. However, these incremental changes are proving inadequate to keep up with the continued increase in service demand.

**FY 2013-14 Accomplishments**

- LEMC has developed a partnership with Alliance for Pharmaceutical Access to provide significantly discounted medications for inmates with HIV.
- LEMC, in collaboration with the rest of the Public Health Department, has begun assessing an electronic health record (EHR) opportunity available through a Health Information Exchange product for which Public Health has obtained grant funding.
- Added services of a volunteer Podiatrist who provides foot care to diabetic inmates and others on a monthly basis.
- Educated 594 (vs. goal of 360) 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.
- Tested 45 inmates for sexually transmitted infections (STIs) with 7% positivity. This compares to 19 inmates tested in FY 2012-13.

**FY 2014-15 Objectives**

- Pursue legal remedies (e.g., contract with California Department of Corrections & Rehabilitation-state prisons or long-term care facilities to house medically fragile inmates) for alternate placement of inmates whose medical needs exceed capacity of the LEMC unit.
- Continue working toward use of an EHR system with an implementation goal of FY 2015-16.
- Seek efficiencies in medication storage and distribution as well as medical record maintenance, through an ergonomic evaluation of the medication room and use of trays, and completion of a record scanning project to avoid off-site record storage, respectively.
- Implement optometry care and enhanced dental services for long-term inmates.
- Work with Custody and Department of Social Services to enroll eligible, hospitalized inmates in Medi-Cal to increase revenue.
- Continue educating minors on safe sex practices; further increase the number tested for STIs and referred for birth control.

**COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS**

The level of General Fund support for Law Enforcement Medical Care (LEMC) is recommended to decrease by \$168,261 or 10% compared to the FY 2013-14 adopted level.

Overall, revenue is recommended to increase \$265,645 or 28% primarily due an increase of approximately \$152,000 in AB 109 Public Safety Realignment revenue that was added to the budget mid-year in FY 2013-14, and the addition of approximately \$98,000 in new revenue from Medi-Cal to cover inpatient hospitalization costs for eligible inmates who are admitted and remain in the hospital for at least 24 hours. This new Medi-Cal coverage of inmate stays in the hospital is available as a result of the implementation of the Affordable Care Act, which expanded Medi-Cal to eligible childless adults as of January 1, 2014. In addition to the mid-year addition of AB 109 revenue, the recommended budget includes an increase of approximately \$41,000 in AB 109 funding due to a higher proportion of AB 109 inmates in the jail.

As noted in the County Administrator’s comments and recommendations for FC 350 – Medically Indigent Services Program, realignment revenue is decreasing in the LEMC budget due to the passage of AB 85. This bill authorized the State to redirect realignment revenue totaling more than \$2.7 million given the expected reduction in cost to the County to meet its obligation under the Welfare and Institutions Code 17000. Approximately \$2.4 million of the \$2.7 million was eliminated from the FC 350 budget. The LEMC budget is also impacted by the provisions of AB 85 with realignment revenue being reduced by \$25,688 or 6%. The remaining amount of realignment revenue to be redirected by the State is reflected in FC 160 – Public Health.

Overall, expenditures are recommended to increase \$97,384 or 3% compared to the FY 2013-14 adopted budget. The net increase of almost \$69,000 in salary and benefits expenditures is largely due to the mid-year addition of an Administrative Assistant III to the LEMC Position Allocation List (PAL) along with approximately \$24,000 in training/orientation hours for staff, funded with AB 109 realignment revenue. A 2.5% salary savings, totaling more than \$40,600 is factored into the salary and benefits accounts reflecting a typical vacancy rate for LEMC.

Recommended expenditures for services and supplies are increasing \$37,023 or 3% compared to the FY 2012-13 adopted budget. This increase is primarily attributed to the mid-year addition of approximately \$13,000 in the Professional Services account to add physician clinic hours combined with an increase in the Risk Management liability insurance charge to LEMC of almost \$12,800 or 24%. Other services and supplies 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 amendment to the Position Allocation List to add 0.50 FTE Correctional Nurse Supervisor and 1.0 FTE Administrative Services Officer I/II, which was included in the Supplemental Budget Document. The addition of these positions resulted in an increase in expenditures of \$117,181 and an increase in revenue of \$35,271 (from AB 109 – Public Safety Realignment). These changes increase the General Fund support to LEMC by \$81,910.

**BUDGET AUGMENTATION REQUESTS NOT ADOPTED**

The following budget augmentation request is not included in the recommended budget because the Community Corrections Partnership Executive Committee had not yet approved the allocation of \$35,271 in AB 109 Public Safety Realignment to offset a portion of the cost of this new position. The proposed augmentation described below was modified in the Supplemental Document and adopted by the Board as described above.

| Unit Amount  | Description  | Results  |
|--|--|--|
| Gross: \$117,181<br><br>General Fund support: \$81,910 | Add 1.0 FTE Correctional Nurse Supervisor to augment jail medical care management and supervision needed given the increase in the inmate census, the increase in the number of sick call visits, and increased complexity of care for sicker inmates. A portion of the funding for this position would come from additional AB 109 revenue. | <ul style="list-style-type: none"> <li>• Reduce the span of control for the existing 0.75 FTE Correctional Nurse Supervisor from 24 FTE (14 permanent and 10 temporary FTE) to 13 FTE.</li> <li>• The Jail medical and mental health units’ administrative and clinical policy binders will be reviewed and updated each year beginning in FY 2014-15, to ensure reliable health care/medical planning and response to emergencies.</li> <li>• Reduce the rate of annual inpatient days per annual average daily population 10% (from the current 0.156 to 0.0156).</li> </ul> |

**GOALS AND PERFORMANCE MEASURES**

|  |                            |                            |                            |                  |                            |                 |
|--|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| <b>Department Goal:</b> Provide cost effective medical care maintaining the health of County jail inmates.   |                            |                            |                            |                  |                            |                 |
| <b>Communitywide Result Link:</b> <input type="checkbox"/> Safe <input type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input checked="" type="checkbox"/> Well-Governed Community  |                            |                            |                            |                  |                            |                 |
| <b>1. Performance Measure: Medical cost per inmate day at the County Jail.</b>   |                            |                            |                            |                  |                            |                 |
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| \$8.46   | \$8.41                     | \$7.66                     | \$8.24                     | \$9.74           | \$9.37                     | \$9.50          |
| <p><b>What:</b> This shows the average cost per day to provide mandated medical services to adult inmates at the County jail. The measure is calculated by accumulating all costs of providing medical care to inmates and dividing by the product of the average daily inmate census and the number of days in the year.</p> <p><b>Why:</b> Medical cost per inmate day is intended to be an efficiency-oriented performance measure reflecting both the cost of providing medical care and the level of demand among jail inmates. This measure has been in place over a period of significant growth in the inmate census and as such has been helpful in monitoring ongoing cost-efficiency of the provision of medical services for jail inmates.</p> <p><b>How are we doing:</b> The FY 2013-14 medical costs per inmate day of \$9.37 (calculated by \$2.668M costs ÷ 780 inmates ÷ 365 days), reflects the annual average daily inmate population and labor and medical claim costs. The average daily population built into the Adopted target was estimated at 718 but 780 was the actual year-end average which resulted in a per inmate cost reduction.</p> <p>It remains to be seen if budgetary growth will keep pace with medical cost demands of an increasingly complex inmate population. In particular, it will be important to monitor 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.</p> <p>For FY 2013-14 and prior years this measure was based on the total average daily inmate population of both in custody and out of custody inmates. Beginning in FY 2014-15, this measure will be based on the average daily inmate population of inmates housed in the jail and honor farm only; no inmates on home detention will be included. This performance measure is expected to remain at higher levels in FY 2014-15 and beyond compared with the historical norm of less than \$9/inmate in years past. The total average daily inmate population of 780 in 2013-14 has risen by 222 from 558 in 2010-11, resulting in an overall increase of 40% during this time period.</p> <p>No comparison data is available at this time.</p> <p>(Data Source: Enterprise Financial System – EFS Budget Status Report and Monthly San Luis Obispo County Jail Medical Care Medical Dispensary Visits Report)</p> |                            |                            |                            |                  |                            |                 |

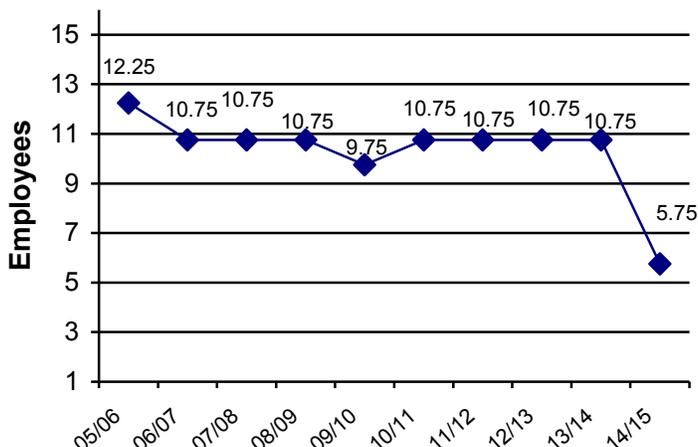
**MISSION STATEMENT**

The Medically Indigent Services Program\* (MISP) is administered through partner agencies to ensure access to health care for medically indigent adults who have no availability of health care insurance.

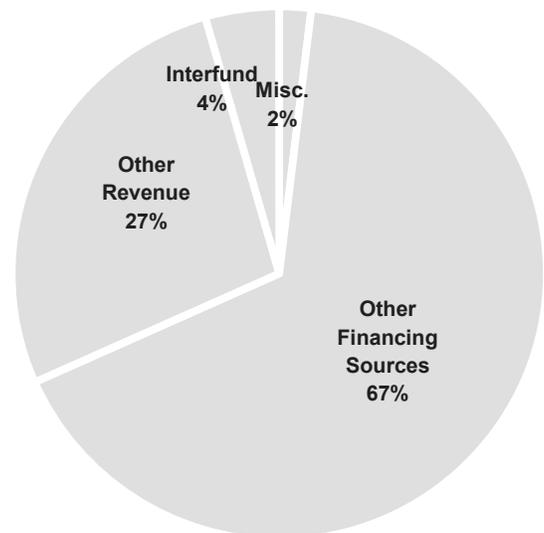
\* MISP was formally known as the County Medical Services Program and has been renamed in 2014 to appropriately identify ourselves as one of the 23 MISP counties in California that manages their own indigent program, setting their own rules about service and eligibility.

|                                      | 2012-13             | 2013-14             | 2014-15             | 2014-15             | 2014-15             |
|--------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| <u>Financial Summary</u>             | <u>Actual</u>       | <u>Actual</u>       | <u>Requested</u>    | <u>Recommended</u>  | <u>Adopted</u>      |
| Revenue from Use of Money & Property | \$ 2,833            | \$ 2,300            | \$ 1,500            | \$ 1,500            | \$ 1,500            |
| Intergovernmental Revenue            | 2,491,078           | 1,215,387           | 49,672              | 49,672              | 49,672              |
| Other Revenues                       | 1,047,364           | 800,885             | 692,810             | 694,550             | 694,550             |
| Other Financing Sources              | 1,517,446           | 1,892,778           | 1,677,587           | 1,676,400           | 1,676,400           |
| Interfund                            | 107,255             | 81,667              | 109,816             | 109,816             | 109,816             |
| <b>Total Revenue</b>                 | <b>\$ 5,165,976</b> | <b>\$ 3,993,017</b> | <b>\$ 2,531,385</b> | <b>\$ 2,531,938</b> | <b>\$ 2,531,938</b> |
| <br>                                 |                     |                     |                     |                     |                     |
| Fund Balance Available               | \$ 0                | \$ 70,000           | \$ 0                | \$ 0                | \$ 0                |
| Cancelled Reserves                   | 0                   | 0                   | 0                   | 0                   | 0                   |
| <b>Total Financing Sources</b>       | <b>\$ 5,165,976</b> | <b>\$ 4,063,017</b> | <b>\$ 2,531,385</b> | <b>\$ 2,531,938</b> | <b>\$ 2,531,938</b> |
| <br>                                 |                     |                     |                     |                     |                     |
| Salary and Benefits                  | \$ 958,002          | \$ 632,033          | \$ 591,625          | \$ 591,625          | \$ 591,625          |
| Services and Supplies                | 3,926,118           | 3,568,602           | 1,939,760           | 1,940,313           | 1,940,313           |
| Other Charges                        | 0                   | 0                   | 0                   | 0                   | 0                   |
| Fixed Assets                         | 0                   | 0                   | 0                   | 0                   | 0                   |
| <b>Gross Expenditures</b>            | <b>\$ 4,884,120</b> | <b>\$ 4,200,635</b> | <b>\$ 2,531,385</b> | <b>\$ 2,531,938</b> | <b>\$ 2,531,938</b> |
| <br>                                 |                     |                     |                     |                     |                     |
| Contingencies                        | 0                   | 0                   | 0                   | 0                   | 0                   |
| New Reserves                         | 0                   | 0                   | 0                   | 0                   | 0                   |
| <b>Total Financing Requirements</b>  | <b>\$ 4,884,120</b> | <b>\$ 4,200,635</b> | <b>\$ 2,531,385</b> | <b>\$ 2,531,938</b> | <b>\$ 2,531,938</b> |

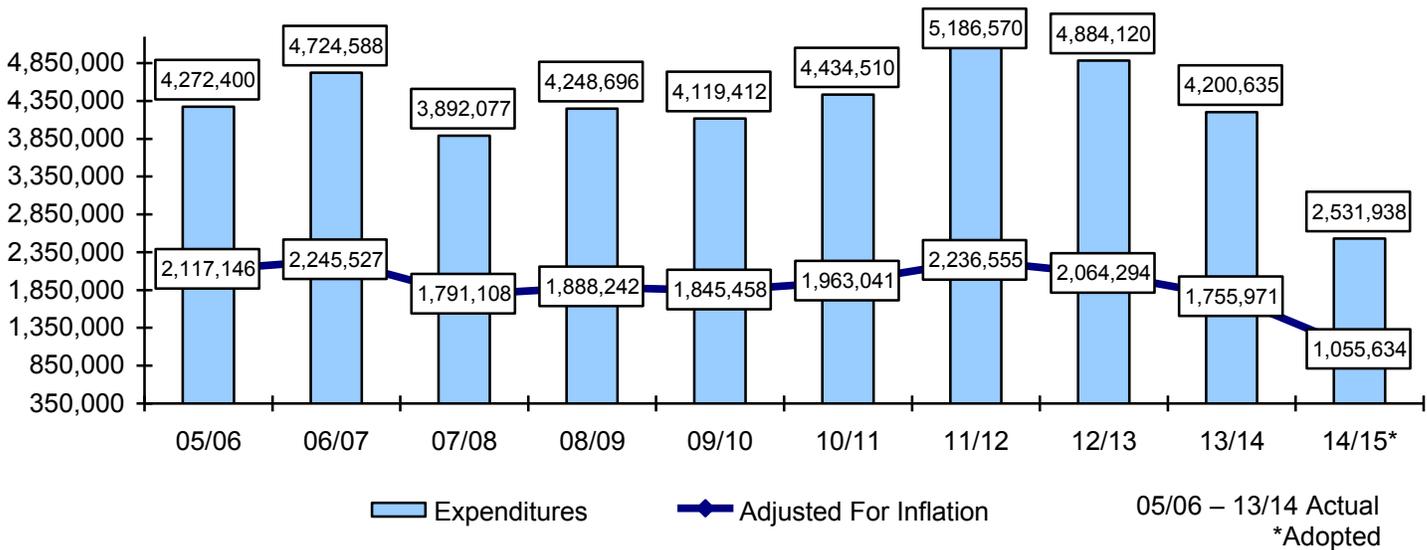
**Number of Employees  
(Full Time Equivalent)**



**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

The County of San Luis Obispo’s Medically-Indigent Services Program (MISP) has a total expenditure level of \$2,531,938 and a total staffing level of 5.75 FTE to provide the following services:

**Medically-Indigent Services Program (MISP)**

This program facilitates access to health care for eligible adults who cannot afford to pay for their medical care.

Total Expenditures: \$1,802,912 Total Staffing (FTE): 5.50

**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: \$729,026 Total Staffing (FTE): 0.25

**DEPARTMENT COMMENTS**

The County Medical Services Program (CMSP) has been the County’s medically indigent services program since 1982 when California restricted Medi-Cal eligibility and excluded childless adults. Under the State Welfare and Institutions (W&I) Code 17000, each county is required to provide for the medical care of indigent residents who have no other payer source. The program authorizes medical services for short-term illness or injury as well as care for chronic diseases. Functions include eligibility determination, enrollment of qualified applicants, coordinating services with providers, processing claims, and performing utilization review for requested specialty diagnostic testing and treatment.

With the inception of the Medi-Cal expansion under the Affordable Care Act (ACA) on January 1, 2014, the majority of CMSP clientele became newly eligible for Medi-Cal. The remaining clients, with incomes 139-250% of the Federal poverty level (FPL), are mandated under the ACA to purchase health insurance, and they may obtain subsidized coverage through the State’s Health Benefits Exchange (known as Covered California). There are, however, exemptions from the ACA’s individual mandate for persons who have verifiable financial or other specified hardships. Thus, the changes wrought by the ACA for CMSP, though very momentous, do not eliminate the County’s obligation under W&I Code 17000.

In the last full fiscal year 2012-13 for which information is available, 3,200 county residents were enrolled in CMSP. Seventy-eight percent of those clients, or about 2,500, were of an income level (<138% FPL) to now qualify them for Medi-Cal coverage. The remaining 700 clients would be expected to purchase health insurance per the individual mandate. However, with no experience upon which to base an estimate of the number of persons who will qualify for an exemption, it is difficult to forecast a number of "residual" medically indigent adults. A mid-range figure of 350 individuals has been used in developing the budget for FY 2014-15.

Given such a dramatic change in the size of the program, a number of modifications have been made or are in process. First, the Health Agency used the opportunity of the change to rename the program to the Medically-Indigent Services Program (MISP). This action was taken to avoid confusion among consumers, providers and policy-makers with the long-standing Health Agency-based CMSP program, as well as to eliminate the decades-long mix-up with the State's 35-county CMSP program which provides similar but not identical services.

Another change that is occurring is the transition of the eligibility function to the Department of Social Services (DSS). Since DSS determines eligibility for Medi-Cal (and many other programs), DSS management has agreed to accept responsibility for eligibility determination for the reduced number of medically indigent adults. Accordingly, three full-time Eligibility Technicians have been transferred from the Health Agency to DSS.

A further change has been put into place regarding the reimbursement mechanism for primary and ancillary health care, and pharmacy services. Since 2004, the County has contracted with the Community Health Centers of the Central Coast (CHC) to provide these services under a lump sum grant agreement. Initially more expansive, over time, and due to the Great Recession, the funding amount was reduced to the point of covering only services for CMSP-qualified persons. With an expected 90% decrease in the program's client base, a new agreement, effective January 1, 2014 between the County and CHC, was approved by the Board of Supervisors based on fee-for-service payment, rather than a grant, to reimburse CHC for covered services. Accordingly, Fund Center (FC) 183 – Medical Assistance Program, which existed largely for the purpose of transferring General Fund revenue to FC 350 (a non-General Fund budget), will be closed at the end of FY 2013-14. Instead, MISP's General Fund support will be transferred to FC 350 from FC 102 - Non-Departmental-Other Financing Uses, beginning July 1, 2014. The only other revenue support in FC 183 has come from CHC's paying rent on a lease agreement for partial use of the Health Campus Annex building. Dissolution of the lease is anticipated to occur April 1, 2014.

There are many unknowns going into FY 2014-15 such that a precise estimate of expenses for the new MISP program remains elusive. Discussions are still underway with CenCal Health, the County's Medi-Cal Managed Care Plan, in an effort to forge an agreement with CenCal Health to serve as a third party administrator (TPA) for MISP. However, CenCal Health would need to make changes to some of their systems and processes, and those are still under evaluation and development. In the meantime, the Health Agency is prepared to continue its current administrative services for utilization review, provider authorizations, client service coordination, claims processing, and appeals. The FY 2014-15 budget reflects status quo staffing for a much reduced number of clients.

Also unknown, as noted above, is the number of clients who will enroll, but so too is the cost of care for each enrollee. Under the grant arrangement with CHC, the cost of primary and ancillary care and pharmacy was calculated to roughly equate to a straight fee-for-service (FFS) Medi-Cal reimbursement rate. The new contract with CHC reimburses each patient visit at \$145, the average full cost for an encounter at CHC's approved federally-qualified health center rate; approximately four times the State's FFS Medi-Cal reimbursement rate. Also, whereas all outpatient laboratory, radiology, and other ancillary services were previously paid for under the grant, those will now be paid separately on a FFS basis directly to other contracted providers. There is no historic data for estimating the use or cost of those specific services. Hospital contracts have been renewed through the end of FY 2013-14 with a 3% increase in payment rates; rates for FY 2014-15 are as yet undetermined.

**FY 2013-14 Accomplishments**

- Maintained all services for CMSP clients through December 31, 2013 despite “premature” loss of staff (eligibility, accounting, utilization review nurse) at varying points in Fall 2013.
- Seamlessly transferred 3 Eligibility Technicians to DSS effective November 25, 2013.
- Worked with DSS to develop policies and procedures for performance of eligibility function.
- Collaborated with DSS to assist 271 clients enroll in Medi-Cal or Covered California plans during October/November 2013, through an electronic enrollment hub at the CMSP office.
- Developed educational materials for clients and staff to understand ACA implications for CMSP.
- Renewed or replaced contracts with all four hospitals and CHC.
- Continued monthly meetings of 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 2014-15 Objectives**

- Solidify processes and Memorandum of Understanding with DSS for performance of enrollment function.
- Conclude the cost and feasibility study for a MISP TPA agreement.
- Rectify and pay claims, as appropriate, for care rendered to all remaining Medi-Cal pending clients from previous fiscal years.
- Provide care coordination assistance to clients who would have previously been eligible for CMSP or are deemed eligible for the new MISP (est. 350).

**COUNTY ADMINISTRATOR’S COMMENTS AND RECOMMENDATIONS**

Total financing sources and expenditures for the Medically-Indigent Services Program (MISP) are recommended to decrease \$2,640,158 or 51% compared to FY 2013-14 adopted levels due to the implementation of the Affordable Care Act and the resulting expansion of Medi-Cal to previously ineligible populations. MISP is not a General Fund budget but receives a transfer of General Fund support from Fund Center 102 – Non-Departmental Revenue. The recommended General Fund support is decreasing \$121,502 or 6%, reflecting the Health Agency’s best estimate of the costs to provide medical care to the medically indigent population exempt from the individual mandate to purchase insurance coverage (referred to as the “residual population”).

The reduction in revenue is primarily a result of the elimination of realignment funding for this program. Pursuant to the terms of AB 85, the State will redirect 44.45% of the realignment revenue that would have been deposited in the Health Realignment Trust, which is estimated to total more than \$2.7 million. This revenue is being redirected by the State given the expected reduction in cost to the County to meet its obligation under the Welfare and Institutions Code 17000 referenced in the Department’s comments above. In FY 2013-14, approximately \$2.4 million in realignment revenue was included in the budget for the County Medical Services Program (now MISP). Given that the State will redirect more than \$2.7 million from the County, reductions in realignment funding will also occur in the Public Health and Law Enforcement Medical Care budgets. Additional reductions in revenue for the MISP budget include the reduction in General Fund support noted above and a reduction in Intrafund charges to other Health Agency fund centers.

The salary and benefits accounts are decreasing a total of \$385,290 (39%) reflecting the elimination of 5.0 FTE (almost half of the 10.5 FTE allocated to this fund center). The positions eliminated in the department’s requested budget include 3.0 FTE Eligibility Technician IIIs that have shifted to the Department of Social Services, a vacant 0.50 FTE Public Health Nurse, and 1.5 FTE vacant Sr. Account Clerk positions.

The services and supplies accounts are decreasing by almost \$2.3 million primarily due to a \$2.2 million or 67% reduction in the budgeted expenditures for medical services provided to eligible clients. This represents the Health Agency's best estimate of the costs to serve the residual population, as explained in the Department Comments above. Other accounts are decreasing due to the elimination of the positions noted above. Approximately \$688,000 of the amount included in the services and supplies accounts represents payments from Tobacco Tax Settlement receipts made to physicians and hospitals for uncompensated emergency medical care, per the terms of Measure A, passed by the voters in 2002.

While the size of the population to be served under MISP is expected to be dramatically smaller than past years, service levels to this population are expected to remain unchanged compared to FY 2013-14.

**BOARD ADOPTED CHANGES**

None.

**GOALS AND PERFORMANCE MEASURES**

With the implementation of the Affordable Care Act, the County's program to provide access to health care for the uninsured medically indigent population has changed dramatically. Given this change, the performance measures that have been in place for the County Medical Services Program are no longer relevant. No replacement measures have been proposed at this time because there are still too many unknowns regarding how this program will be administered. New performance measures for the Medically Indigent Services Program will be considered once program administration details have been determined and put in place.

|   |                      |                      |                      |               |                      |              |
|---|----------------------|----------------------|----------------------|---------------|----------------------|--------------|
| <b>Department Goal:</b> 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.  |                      |                      |                      |               |                      |              |
| <b>Communitywide Result Link:</b> <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community   |                      |                      |                      |               |                      |              |
| <b>1. Performance Measure: Percentage of clients rating CMSP's overall performance as Very Satisfied or Extremely Satisfied.</b>  |                      |                      |                      |               |                      |              |
| 09-10 Actual Results  | 10-11 Actual Results | 11-12 Actual Results | 12-13 Actual Results | 13-14 Adopted | 13-14 Actual Results | 14-15 Target |
| 55%   | 80%                  | 78%                  | 69%                  | 75%           | 64%                  | Delete       |
| <b>What:</b> 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.                      |                      |                      |                      |               |                      |              |
| <b>Why:</b> 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.   |                      |                      |                      |               |                      |              |
| <b>How are we doing?</b> The percentage of client's being very and extremely satisfied with CMSP's overall performance fell short of target. Longer lobby wait times most likely contributed to the decline in client satisfaction in the first half of FY 2013-14. During the two survey months, July and October, 191 Client Satisfaction Surveys were completed. The overall performance percentage rating of 64% was calculated based on 122 clients responding Very and Extremely Satisfied out of 191 total respondents. (Data Source: CMSP Client Satisfaction Survey) |                      |                      |                      |               |                      |              |
| The Health Agency is discontinuing this measure beginning FY 2014-15 due to the substantial changes to the County's Medically Indigent Services Program and the unknowns regarding administration of this new program, as noted above.  |                      |                      |                      |               |                      |              |
| <b>2. Performance Measure: Percentage of day surgeries referred to surgery centers.</b>   |                      |                      |                      |               |                      |              |
| 09-10 Actual Results  | 10-11 Actual Results | 11-12 Actual Results | 12-13 Actual Results | 13-14 Adopted | 13-14 Actual Results | 14-15 Target |
| 44%   | 31%                  | 43%                  | 41%                  | 40%           | 43%                  | Delete       |
| <b>What:</b> 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 2013-14, the percentage of day surgeries performed at local surgery centers instead of local hospitals was 43% (56 out of a total of 131 day surgeries). CMSP saves an estimated \$700 a surgery referring patients to licensed day surgery centers (with an average cost of \$500 per surgery) instead of performing the surgeries at local hospitals (with average cost of \$1,200 per surgery). There is no comparable county data available. (Data Source: CMSP Medical Payment Tracker)

The Health Agency is discontinuing this measure beginning FY 2014-15 due to the substantial changes to the County's Medically Indigent Services Program and the unknowns regarding administration of this new program, as noted above.

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

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 60                         | 35                         | 38                         | 33                         | 40               | 26*                        | Delete          |

**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 continued to decline in FY 2013-14 to 26 pending applications far below the 40 target. In July 2012 the ETs 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. This schedule change enabled the ETs to allocate a portion of their time each week to process incomplete applications when before their schedules would not have allowed it a few years ago. In FY 2013-14 when compared to prior years, applicants have been better prepared at their eligibility interview which has contributed to reduced follow-up requests from the ETs for verification documents and improved their efficiency. There is no comparable county data available. (Data Source: MIAMI: Eligibility Update for Pending Eligibility Report and Monthly Eligibility Statistical Report).

\*The 2013-14 result was based on the CMSP eligibility process in place from July – November 2013 only. From December 2013 through June 2014 other staff completed the eligibility determination for CMSP and MISP.

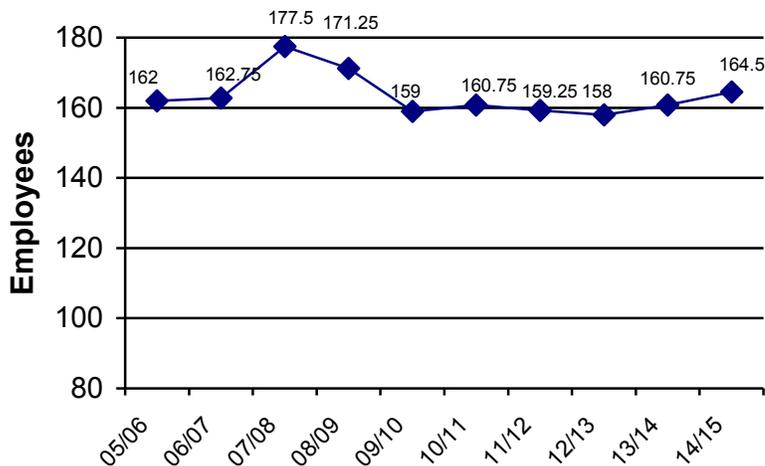
The Health Agency is discontinuing this measure beginning FY 2014-15 due to the substantial changes to the County's Medically Indigent Services Program and the unknowns regarding administration of this new program, as noted above.

**MISSION STATEMENT**

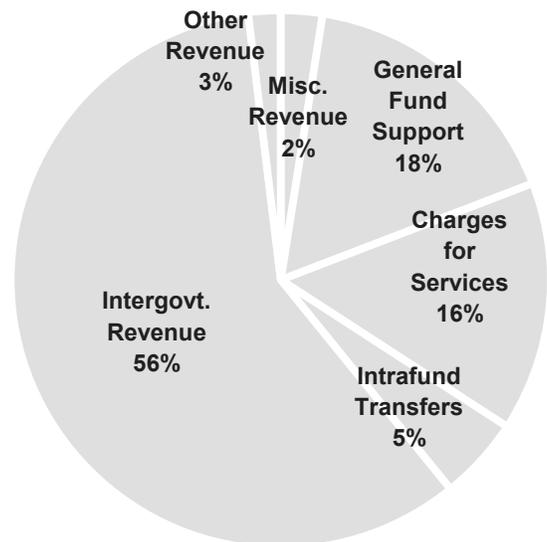
To promote, preserve and protect the health of all San Luis Obispo County residents through disease surveillance, health education, direct services, and health policy development.

|                                  | 2012-13              | 2013-14              | 2014-15              | 2014-15              | 2014-15              |
|----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <u>Financial Summary</u>         | <u>Actual</u>        | <u>Actual</u>        | <u>Requested</u>     | <u>Recommended</u>   | <u>Adopted</u>       |
| Licenses and Permits             | \$ 21,248            | \$ 21,504            | \$ 23,073            | \$ 23,073            | \$ 23,073            |
| Fines, Forfeitures and Penalties | 144,945              | 52,074               | 142,072              | 142,072              | 142,072              |
| Intergovernmental Revenue        | 11,752,813           | 11,465,199           | 13,182,923           | 13,353,520           | 13,353,520           |
| Charges for Current Services     | 3,371,637            | 3,580,979            | 3,695,187            | 3,695,187            | 3,695,187            |
| Other Revenues                   | 631,001              | 589,826              | 540,770              | 755,325              | 755,325              |
| Other Financing Sources          | 0                    | 10,070               | 0                    | 0                    | 0                    |
| Interfund                        | 271,902              | 290,545              | 188,945              | 188,945              | 188,945              |
| <b>**Total Revenue</b>           | <b>\$ 16,193,546</b> | <b>\$ 16,010,197</b> | <b>\$ 17,772,970</b> | <b>\$ 18,158,122</b> | <b>\$ 18,158,122</b> |
| Salary and Benefits              | 15,929,694           | 15,970,584           | 17,030,949           | 17,397,305           | 17,397,305           |
| Services and Supplies            | 4,503,819            | 4,523,643            | 4,703,962            | 4,739,553            | 4,739,553            |
| Other Charges                    | 393,832              | 72,015               | 1,580,000            | 1,580,000            | 1,580,000            |
| Fixed Assets                     | 74,197               | 22,279               | 0                    | 0                    | 0                    |
| <b>**Gross Expenditures</b>      | <b>\$ 20,901,542</b> | <b>\$ 20,588,521</b> | <b>\$ 23,314,911</b> | <b>\$ 23,716,858</b> | <b>\$ 23,716,858</b> |
| Less Intrafund Transfers         | 1,042,910            | 1,101,456            | 1,355,090            | 1,232,898            | 1,232,898            |
| <b>**Net Expenditures</b>        | <b>\$ 19,858,632</b> | <b>\$ 19,487,065</b> | <b>\$ 21,959,821</b> | <b>\$ 22,483,960</b> | <b>\$ 22,483,960</b> |
| General Fund Support (G.F.S.)    | \$ 3,665,086         | \$ 3,476,868         | \$ 4,186,851         | \$ 4,325,838         | \$ 4,325,838         |

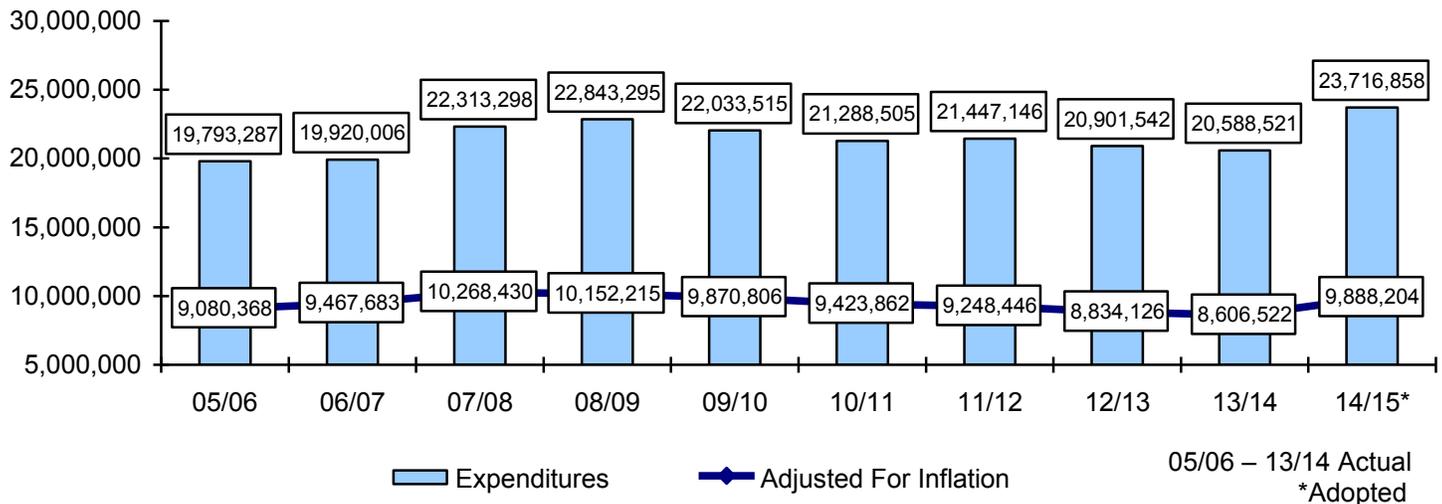
**Number of Employees  
(Full Time Equivalent)**



**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

Public Health has a total expenditure level of \$23,716,858 and a total staffing level of 164.50 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: \$3,484,711 Total Staffing (FTE): 25.00

**Family Health Services**

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, forensic medical services for clients referred to the Suspected Abuse Response Team (SART), Reproductive Health Services and Women’s Cancer Screening. Maternal, Child, and Adolescent Health collaborative and outreach services supporting prenatal nutrition education, screening for substance use in pregnancy, and Field Nurse Home Visits to low-income pregnant and parenting families and first time low-income 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. Outreach and case management services around Childhood Lead Prevention program is offered to at-risk children. Other services include Epidemiology, Disease Surveillance, Medical Marijuana Identification Card and Vital Records (birth and death certificates).

Total Expenditures: \$8,881,480 Total Staffing (FTE): 69.25

**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), Injury Prevention, and Oral Health Promotion.

Total Expenditures: \$2,919,140 Total Staffing (FTE): 23.25

**Emergency Medical Services**

The Emergency Medical Services Division includes the Emergency Medical Services agency, which provides training, regulatory and medical direction for the County's pre-hospital system of care, including Base Station Hospitals and Specialty Care Centers (STEMI and Trauma). The Public Health Emergency Preparedness program oversees planning, training and response for health and medical aspects of disaster events.

Total Expenditures: \$1,070,060 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: \$1,968,865 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: \$5,392,602 Total Staffing (FTE): 28.50

**DEPARTMENT COMMENTS**

The Public Health Department has a very broad range of programs which touch county residents in a considerable number of ways; e.g., from assuring clean water systems and food facilities; to tobacco cessation classes and retail license monitoring; to communicable disease testing and outbreak interventions; case management and education for at-risk pregnant women and young children on substance use, nutrition, oral health, and special medical needs; oversight of the Emergency Medical System; family planning and women's health care; medical care for county jail inmates and juvenile wards; assurance of access to medical care and much more.

FY 2013-14 has been another year of opportunity and challenge in the face of health care reform and increasing disease rates such as sexually-transmitted infections and severe influenza in a younger age group. So too have demands increased for quality assurance, privacy compliance, and meaningful use of electronic health records. "Meaningful Use" is a federal requirement for all health care providers (hospitals, clinics, and private providers) to use certified electronic health records systems. The Stage 2 Meaningful Use Final Rules strongly encourage local Public Health Agencies to establish new processes to receive public health data from health care providers. The escalation in infrastructure needs comes on the heels of a sixth round of County budget reductions, which in total equates to a General Fund decrease of 35.4% from FY 2008-09 adopted levels.

A 2012 *Institute of Medicine* report noted that while a global-high 18% of the national Gross Domestic Product (GDP) is spent on health care in the US, total governmental (federal, state and local) spending on public health amounts to a mere three percent (3%) of the nation's overall expenditure on health. The Patient Protection and Affordable Care Act (ACA, also known as ObamaCare) attempts to turn that paradigm around - with rules like free preventive screenings required of insurers, payment incentives for improved outcomes, and creation of the Prevention and Public Health Fund to address emerging health threats to our country and persistent chronic disease rates.

Other areas of ongoing change for the Public Health Department in the past year are the implementation of coverage expansions under the ACA, and the ongoing strains placed on jail medical care due to 2011 Public Safety Realignment. These areas are addressed in more detail under FCs 350 – Medically Indigent Services Program and 184 – Law Enforcement Medical Care, respectively.

**FY 2013-14 Accomplishments**

- Implemented electronic case management database (“*Persimmony*”) for Field Nursing
- Obtained grant funding to lead effort in development of a county-wide Health Information Exchange
- Received California State Association of Counties (CSAC) Merit Award for Women, Infants and Children (WIC) Dental Days program, providing early dental intervention and education for low-income infants and children
- Far exceeded outreach target of 5,000 by providing education and services to a total of >15,000 residents:
  - Injury Prevention:
    - 2,000 youths on bike education
    - 400 seniors on pedestrian safety
  - gave 300 car seats
  - Nutrition:
    - 5,000 WIC
    - 5,000 Supplemental Nutrition Assistance Program (SNAP-Ed),
    - 360 Comprehensive Perinatal Support Program
  - Oral Health: 1,200 WIC youth
  - Maternal and Child Health nurse case management:
    - 350 Field Nursing
    - 250 at Martha’s Place
    - 400 Foster Care
- Provided informational brochure “*CMSP Client’s Guidebook to New & Better Healthcare Coverage in 2014*” and 1:1 counseling to 1,926 CMSP clients; brochure to 950 hospitalized clients, Community Health Centers (CHC), and Drug and Alcohol clients; conducted two training programs for 250 County and Community-Based Organizations staff on ACA-related changes in health care system

**FY 2014-15 Objectives**

- Implement Electronic Laboratory Reporting to state California Reportable Disease Information Exchange (CalREDIE) system
- Implement a system to accept online credit card payments from Environmental Health customers
- Conduct state-mandated five-year needs assessment for Maternal, Child and Adolescent Health program
- Work with seven municipal Parks and Recreation departments to strengthen sugar-sweetened beverage policies and increase access to drinking water
- Complete at least two components of the three pre-requisites (Strategic Plan, Community Health Needs Assessment and Community Health Improvement Plan) for seeking Public Health Accreditation
- Complete update of all Health Insurance Portability and Accountability Act (HIPAA) policies, in collaboration with Behavioral Health to ensure all new standards are met and that the County is prepared for any possible federal audits.
- Develop an android-based version of the widely utilized San Luis Obispo EMS smart phone application for Advanced Life Support (ALS) treatment protocols to make timely, current treatment protocols available to paramedics in the field, and mobile intensive care nurses in the base hospitals
- Continue to support Hands-Only CPR training in partnership with public safety agencies and the four hospitals
- Conduct a full-scale multi-agency drill testing the County’s ability to respond to a multi-casualty incident caused by a hazardous chemical release

- Trained 1,250 people during National CPR Day (objective = 1,000)
- Completed and presented an Emergency Medical Services(EMS) Field Study to evaluate contract ambulance response time performance and standards; suggested revised geographical boundary standards for future reviews
- Completed several Emergency Preparedness goals: Health Agency Continuity of Operations Plan, Vaccination drill for 1,300 first responders and Medical/Health drill with 4 hospitals on large-scale outbreak (E.Coli)

**COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS**

The recommended budget reflects a \$211,525 or 1% increase in revenues, a \$747,795 or 3% increase in total expenditures and an increase in General Fund support of \$536,270 or 14% compared to the FY 2013-14 adopted budget.

Revenues are increasing primarily due to an increase of more than \$472,000 or 27% in realignment revenue from Vehicle Licenses Fees, an increase of approximately \$177,700 or 11% in the California Children's Services (CCS) allocation, an increase of \$179,700 or 7% in Environmental Health Fees to improve the rate of cost recovery, and an increase of more than \$193,700 in one-time Tobacco Settlement money distributed to Public Health per the terms of Measure A. These increases, and smaller increases in other accounts, help mitigate a reduction in revenue from other sources such as a \$552,083 or 41% reduction in realignment revenue from sales tax due to the State's redirection of a portion of the realignment health trust pursuant to AB85, and a reduction in the amount of realignment growth revenue allocated from the Department of Socials Services trust account to partially fund the CCS program.

Total net expenditures for this fund center are recommended at almost \$22.5 million. This reflects an increase of \$524,139 or 2% compared to the Health Agency's requested budget due to the recommended budget augmentations described below. Most of the variance between the requested and recommended budget is in salary and benefit accounts due to the addition of 3.75 FTE.

Salary and benefits costs are increasing \$789,291 or 4% compared to the FY 2013-14 adopted budget. The primary drivers of this increase include the addition of the 0.75 FTE Mapping Graphics Specialist in September 2013, the addition of the 3.75 FTE requested as budget augmentations, the elimination of approximately \$157,000 in salary savings from Voluntary Time Off included in the FY 2013-14 adopted budget, and approximately \$199,400 in compensation and benefit increases recently approved by Board of Supervisors.

Services and supplies expenditures are recommended to increase \$64,067 or 1% compared to FY 2013-14 adopted levels. Several accounts are increasing or decreasing by various levels. The most notable variances include:

- an increase of \$50,648 or 79% in the software maintenance account primarily for a new electronic case management service;
- an increase of \$109,067 13% in the Professional Services account for contracts with local non-profits to meet the Nutrition Education and Obesity Prevention grant objectives and the addition of \$50,000 for consultant costs and/or tools to support the compliance program noted in the table below;
- a reduction of \$62,674 or 13% in County General Services charges for maintenance and custodial services; and
- a reduction of \$98,429 or 17% in Countywide Overhead charges.

The recommended budget includes the addition of 3.75 FTE to the Public Health Position Allocation List. New positions being added are identified in the table below for budget augmentation requests that are being included in the recommended budget. In addition, the Health Agency requested a change in staffing for the Emergency Medical Services Agency (EMSA): to delete a half-time Community Health Nurse position and increase a half-time Administrative Services Officer I/II (ASO) to a full-time position. There is no net increase in staffing as a result of this change and the ASO position is a more appropriate classification for the duties needed by EMSA. Service levels for Public Health are expected to increase due to the inclusion of these additional resources in the recommended budget.

**BOARD ADOPTED CHANGES**

The Board approved an amendment to the Position Allocation List (PAL) to delete 1.0 FTE Public Health Nurse and add 1.0 FTE Program Manager I/II to support implementation of the County’s Maternal Child and Adolescent Health Program. This PAL amendment had been approved by the Board on April 22, 2014 and was included in the Supplemental Budget document given that the Proposed Budget had already gone to print. There was no change to expenditures or revenue as a result of the PAL change.

**BUDGET AUGMENTATION REQUESTS ADOPTED**

| Unit Amount   | Description   | Results  |
|---|---|--|
| Gross: \$233,409<br><br>General Fund support: \$233,409 | Add 1.0 FTE Program Manager II, 1.0 FTE Department Automation Specialist, and \$50,000 in funds to hire consultants and/or purchase required tools. These added resources will be used to develop/enhance the Health Agency’s Compliance Program to ensure that all Health Agency programs are in full compliance with applicable privacy and security laws and regulations.  | Full compliance with applicable rules and regulations as evidenced in the results of an audit conducted at least two years after the initial program development period.   |
| Gross: \$69,242<br><br>General Fund support: \$0        | Add 0.75 FTE Physical Therapist/Occupational Therapist I/II in the California Children’s Services (CCS) Medical Therapy Program, to better meet the treatment needs of clients. This additional staffing will be added to existing part-time positions: a 0.50 FTE Physical Therapist in Oceano and a 0.25FTE Occupational Therapist in San Luis Obispo. This will be funding with revenue from the CCS trust fund and an increase in the CCS allocation. | <ul style="list-style-type: none"> <li>• Achieve 90% of therapy per prescribed treatments (compared to current performance of 75% - 80%).</li> <li>• Reduce the number of complaints about reduced treatment time from parents from 4-6/year to 0-2/year.</li> </ul>   |
| Gross: \$121,455<br><br>General Fund support: \$121,455 | Add 1.0 FTE Department Automation Specialist III to augment the technical team that serves the Health Agency with computer tech support. This restores a position that had been eliminated as a budget reduction measure during the recession.  | <ul style="list-style-type: none"> <li>• Reduce existing response time to requests for technical support by 15 minutes (from 25 to 10 minutes).</li> <li>• Increase the amount of scheduled routine maintenance by 50% (from once per 6 months to once per 3 months).</li> <li>• Reduce the number of</li> </ul> |

|  |  |  |
|--|--|--|
|  |  | support requests submitted by 15% (from 300/month to 250/month) due to improved security measures. |
|--|--|--|

**BUDGET AUGMENTATION REQUESTS NOT ADOPTED**

|   |   |  |
|---|---|--|
| Gross: \$119,103<br><br>General Fund support: \$119,103 | Add 1.0 FTE Software Engineer II to augment the Health Agency technical team. This position would be included on the Information Technology Department Position Allocation List, but would be funded by the Health Agency and fully dedicated to supporting Health Agency operations. | <ul style="list-style-type: none"> <li>• Reduce risk of system outages, data inaccuracy and citizen complaints</li> <li>• Reduce response time to address technical problems down to 10 minutes</li> <li>• Clear backlog of tasks</li> </ul> |
|---|---|--|

**GOALS AND PERFORMANCE MEASURES**

| <b>Department Goal:</b> Prevent epidemics and the spread of disease or injury.<br><b>Communitywide Result Link:</b> <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community  |                            |                            |                            |                  |                            |                 |  |
|--|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|--|
| <b>1. Performance Measure: Annual rate of reported retail foodborne disease outbreaks per 100,000 county population.</b>   |                            |                            |                            |                  |                            |                 |  |
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |  |
| 1.50   | .37                        | .37                        | 1.49                       | .75              | .36                        | .75             |  |
| <p><b>What:</b> 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.”</p> <p><b>Why:</b> 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.</p> <p><b>How are we doing?</b> There was one (1) reported foodborne outbreak during FY 2013-14 compared to four (4) in FY 2012-13, which is based on a population of 279,000. The one reported outbreak was due to norovirus which is highly contagious, thus easily spread in the food industry. Historical data supports that one (1) to four (4) foodborne outbreaks are consistently reported annually. 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 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 and identification of an increased number of outbreaks in the future.</p> <p><b>Benchmark Data:</b> The State has stopped publishing foodborne outbreak data in the California Reportable Diseases Monthly Summary Report. Data is not readily available from other counties; therefore no benchmark data is available at this time.</p> |                            |                            |                            |                  |                            |                 |  |
| <b>2. Performance Measure: Cost per visit for childhood immunization.</b>  |                            |                            |                            |                  |                            |                 |  |
| 09-10<br>Actual<br>Results   | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |  |
| \$47.95/visit  | \$56.62/visit              | \$45.53/visit              | \$39.76/visit              | \$54/visit       | \$45.25/visit              | Eliminate       |  |
| <p><b>What:</b> 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.</p>  |                            |                            |                            |                  |                            |                 |  |

**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?** Effective October 2012, Public Health Departments could no longer immunize privately insured children with free federal vaccines provided through the California Vaccine For Children (VFC) Program. Historically, Public Health Departments immunized both the insured and underinsured. The new policy requires the insured population receive their immunizations through their primary care provider. The new VFC federal requirements are intended to ensure that free vaccines be used only for the neediest children. At the time of the policy change, the impact to Public Health was unknown. During FY 2013-14 Public Health immunized 723 children with net expenditures totaling \$32,712, resulting in a per visit cost of \$45.25; compared to FY 2012-13 when 983 children were immunized with net expenditures of \$39,085, resulting in a per visit cost of \$39.76. Due to the loss of the privately insured population, net expenditures have decreased resulting in a redirection of the staff previously dedicated to child immunizations. In addition, the Affordable Care Act (ACA) took effect January 2014, which ensures legal residents have health care coverage, continuing to further reduce our uninsured population. Due to the vaccine policy changes, ACA, the decline in the number of clients served and declining expenditures, the department requests to eliminate this performance measure.

**Benchmark Data:** None Available.

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

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 7.9                        | 5.6                        | 5.2                        | 5.6                        | 5.9              | 5.0                        | 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 2013-14, 14 cases of HIV were detected, compared to 15 in FY 2012-13, which is based on a population of 279,000. This small numeric change is not statistically significant and due to the low number of cases the rates are statistically unstable. There would need to be greater than 20 cases both years to judge statistical significance. It should also 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:** The Office of AIDS publishes data by calendar year as opposed to fiscal year; therefore it is difficult to get benchmark data for other counties.

**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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 12.7                       | 11.6                       | 11.2                       | 10.4                       | 12.0             | 8.2                        | 11.0            |

**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 2013-14, 24 out of a population of 4569 females in the age range of 15-17 years gave birth, compared to 46 out of 4569 in FY 2012-13, per Automated Vital Statistic System. The 3-year total of live births from FY 2011-12 to 2013-14 is 113; annually the number of overall births from 15-17 year old females has been continuing to decline, thus driving the 3-year average down. Per the Centers for Disease Control and Prevention 2013 Youth Risk Behavior Surveillance, nationwide data indicates that birth rates are declining largely because more youth are using contraception, youth appear to be delaying sexual intercourse, and access to no cost youth-friendly family planning services through Family PACT (Planning, Access, Care and Treatment) Program have increased.

Given the historical data and current results, we propose to reduce the FY 2014-15 target to 11.0.

**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.

| <b>5. Performance Measure: Percentage of low birth weight infants.</b>  |                            |                            |                            |                  |                            |                 |
|---|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 09-10<br>Actual<br>Results  | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| 6.1%  | 5.6%                       | 5.4%                       | 5.5%                       | 5.7%             | 5.8%                       | 5.7%            |
| <p><b>What:</b> 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.</p> <p><b>Why:</b> 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.</p> <p><b>How are we doing?</b> The rate for LBW babies born in FY 2011-12 through FY 2013-14 was 5.8% (455 LBW babies divided by total live births of 7,798), per the Automated Vital Statistic System. Whereas, FY 2010-11 through FY 2012-13 the rate was 5.5% (436 LBW babies divided by total live births of 7,871).</p> <p>The three-year average rate has remained relatively consistent in recent years and the percentage change is not statistically significant. The low rate in San Luis Obispo County may be attributed in part to multiple preventative Public Health programs, including <i>First-Time Mothers/Early Support Program</i> (nurse home-visiting), <i>Baby's First Breath</i> (tobacco cessation), <i>Women, Infants and Children (WIC) Program</i> and the <i>Perinatal Substance Use Program (4 P's program – Past Parents Partner and Pregnancy)</i>, all of which are aimed at reducing the rate of low birth weight infants and improving birth outcomes. Emphasis is placed on increasing outreach, education and referral to reduce known risk factors such as teen pregnancy, poor nutrition, tobacco, alcohol and/or other drug use and late entrance into prenatal care.</p> <p><b>Benchmark Data:</b> In the latest version of the County Health Status Profiles (2014 edition), contained in each county profile is a three year average of low birth weight babies. California had a three year average of 6.8. For the period between 2010-2012, San Luis Obispo ranked 7<sup>th</sup> out of 58. Source California Department of Public Health County Health Status Profiles 2014. <a href="http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2014.pdf">http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2014.pdf</a></p> |                            |                            |                            |                  |                            |                 |
| <b>6. Performance Measure: Percentage of live born infants whose mothers received prenatal care in the first trimester.</b>   |                            |                            |                            |                  |                            |                 |
| 09-10<br>Actual<br>Results  | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| 78%   | 78%                        | 82%                        | 80%                        | 78%              | 79%                        | 80%             |
| <p><b>What:</b> Percentage of live-born infants, born to this County's residents, whose mothers received prenatal care in the first trimester of pregnancy.</p> <p><b>Why:</b> Early, high quality prenatal care reduces the incidence of morbidity and mortality for both mother and infant.</p> <p><b>How are we doing?</b> During FY 2013-14, 79% of mothers (2,016 women out of a total of 2,565) sought prenatal care in their first trimester, compared to 80% (2,087 out of a total of 2,617) during the same period in FY 2012-13.</p> <p>In addition to having a relatively educated and engaged population, our County's rate of women receiving early prenatal care can be attributed in part to some of the preventive Public Health programs. In particular, the Family Planning program identifies women early in their pregnancies and provides immediate counseling and referral into prenatal care, as do other Public Health programs such as Women, Infants and Children (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.</p> <p><b>Benchmark Data:</b> Each year, the State publishes selected health benchmarks. The number of women receiving prenatal care in their first trimester is presented as a three-year average. San Luis Obispo County ranked 24<sup>th</sup> out of 58. California had a three year average rate of 83%. Source: California Department of Public Health County Health Status Profiles 2014. <a href="http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2014.pdf">http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2014.pdf</a></p>  |                            |                            |                            |                  |                            |                 |
| <b>7. Performance Measure: Percentage of the State allocated caseload enrolled in the Women, Infants &amp; Children (WIC) Program.</b>  |                            |                            |                            |                  |                            |                 |
| 09-10<br>Actual<br>Results  | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| 97%   | 100%                       | 99%                        | 99%                        | 99%              | 95%                        | 99%             |
| <p><b>What:</b> Measures the number of San Luis Obispo County women, infants and children receiving supplemental food coupons as a percentage of the State allocated caseload. Nutrition education and referrals to health care services are also provided but are not calculated as part of the allocated caseload. Allocated baseline caseload is determined by the State WIC Branch and is based on a combination of census data, county poverty levels, and past performance.</p>   |                            |                            |                            |                  |                            |                 |

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

**How are we doing?** During FY 2013-14, the average number of women, infants and children participating in the WIC program was 4,681 per month or 95%, compared to 4,908 or 99% in FY 2012-13. The FY 2013-14 allocated caseload is 4,975.

The following restrictions have had a direct impact on the caseload rate, as the caseload rate is determined by the number of food coupons distributed each month. During the Federal shutdown in October 2013 the issuance of food coupons was restricted to providing only one month worth of food coupons to families, instead of the typical three months. In February 2014 the State implemented a new policy restricting local agencies from mailing food coupons to families, regardless of transportation barriers, which impacts a rural county such as San Luis Obispo County with reliable transportation being a barrier for many of the WIC clients. Historically this population has been noncompliant with appointment attendance, which impacts the caseload rate as coupons cannot be issued if a client does not show up for their appointment. Additionally statewide birth rates are declining and counties are reporting a decrease in the number of prenatal enrollments in the WIC program; San Luis Obispo County saw an 11% decrease in FY 2013-14. A reduction in client enrollment directly correlates to a reduction of the caseload rate, as fewer food coupons are being issued to prenatal clients.

The State WIC program mandates local agencies serve 97%-100% of their allocated caseload, however due to below normal caseloads being reported statewide (see benchmark data below). Penalties will not be placed on local agencies serving below 97% of their allocated caseload during Federal Fiscal Year (FFY) 2014-15; caseload mandates will resume in FFY 2015-16.

**Benchmark Data:** FY 2013-14 Marin – 85.8% (2,906) ; Monterey – 92.8% (20,075); Napa – 86.7% (3,597); Placer – 87.7% (3,947); Santa Barbara – 94.9% (18,027); Santa Cruz – 90% (8,805); Statewide – 90.6% (1,369,158).

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).**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Adopted | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|------------------|------------------|----------------------------|-----------------|
| 16%                        | Biennial Survey            | 13%                        | Biennial Survey  | 13%              | 10%                        | Biennial Survey |

**What:** Measures the proportion of our County youth in the 11<sup>th</sup> 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 nine 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) conducted during the 2013-14 school year found that 10% (169 of 1690), of 11<sup>th</sup> grade students indicated they had smoked cigarettes within the past 30 days. The survey results reflected a 3% decrease from the 2011-12 school year. Teen smoking rates have been in decline since 1996, and in light of this fact, we anticipate the next biennial survey results will reflect a continued decline in 11<sup>th</sup> grade smoking rates. The decline in smoking rates can be attributed to the overall perception that smoking is harmful to one's health, increased laws which ban smoking in indoor and outdoor areas, the increased cost due to higher taxes, and the change in social norms attributable to work in the tobacco control field for the past 20 years.

This may be the last year in which the County of San Luis Obispo Office of Education administers the CHKS. Due to continued budget cuts, many counties' Office of Education school districts have stopped administering the CHKS. WestEd, the agency that conducts and analyzes the survey, no longer produces county level reports unless they are requested to by the County Office of Education and a fee is paid. In previous years, benchmark data from surrounding counties was made available by WestEd, but can no longer be accessed from their website.

**Benchmark Data:** Data is not available at this time. A statewide report, showing aggregate data for all participating schools, will be available in August 2014.

**9. Performance Measure: Adult smoking rates.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| Biennial survey            | 10.2%<br>(2009 survey)     | Biennial Survey            | 10.6%<br>(2011 survey)     | Biennial Survey  | Biennial Survey            | 10%             |

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

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

**How are we doing?** Data from the 2011 CHIS survey asserts that the percentage of adults over 18 who smoke every day in the state of California is 12.7%. The same survey reflected that in San Luis Obispo County, the adult smoking rate was 10.6%. The 2011 results indicated a .40% increase from 2009, which is not statistically significant.

There are several factors that contribute to the relatively low smoking rate in San Luis Obispo County. San Luis Obispo tends to be more affluent and have higher education rates than the population of California as a whole, and smoking is inversely related to socioeconomic status. The Tobacco Control Program has also been effectively working with local jurisdictions to create retail licensing ordinances, as well as ordinances to ban smoking in outdoor areas. Research indicates that increased environmental restrictions result in a higher cost of cigarettes and lower the rate of smoking overall. We would expect smoking rates to continue a downward trend in future years.

As of July 31, 2014, the CHIS results have not been published and are at the discretion of UCLA, who conducts the survey. The next publication date is unknown at this time. The FY 2014-15 target rate is expected to remain around 10% based on historical data and the continued outreach performed by the Tobacco Control Program.

**Benchmark Data:** None 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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 96.3%                      | 95.7%                      | 95.4%                      | 94.8%                      | 96%              | 96%                        | 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 2013-14, 96% (1901 out of 1987) of the routine water samples were in compliance with the drinking water standards, compared to 94.8% (1,845 out of 1,946) in FY 2012-13. Due to an increase in the number of routine water samples that met drinking water standards, the target compliance rate was met in FY 2013-14. 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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 66%                        | 61%                        | 59%                        | 63%                        | 60%              | 53%                        | 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 FY 2013-14, Public Health Nursing received 151 referrals for pregnant or parenting women with a positive drug and/or alcohol screen or admitted substance abuse. Of those 151 referrals, 76 clients or 53% were enrolled into the program and 8 remain on a wait list. Of the 67 clients not enrolled in services, five (5) moved out of the county, twenty three (23) were unable to be located, one (1) did not meet the criteria to receive Nurse Case Management service, six (6) terminated pregnancies, four (4) clients and the Nurse Case Manager mutually agreed the client had sufficient resources and would not benefit from services and twenty eight (28) refused or declined services. These low-income, high-risk pregnant women and new mothers are frequently homeless, mistrustful of agencies and present a challenge to enroll in and retain in services.

The rate is lower than anticipated due to the implementation of electronic case management software in April 2014. Due to the each nurse being required to spend approximately 8 to 10 hours per week on implementation and training, the number clients served is expected to temporarily decrease, but should begin increasing within the next four months.

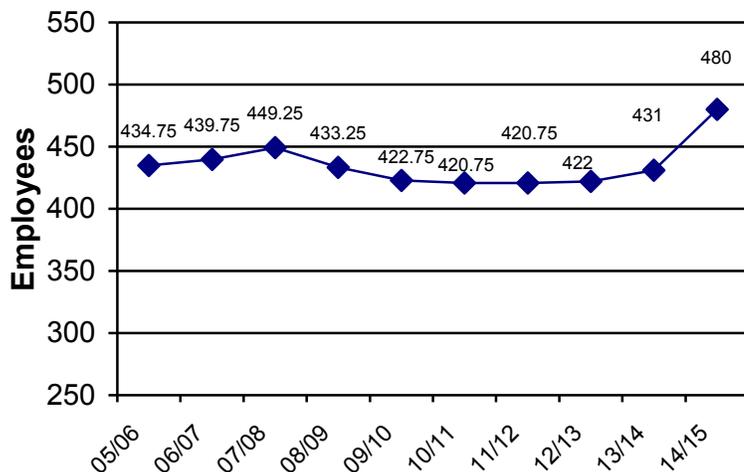
**Benchmark Data:** None Available.

**MISSION STATEMENT**

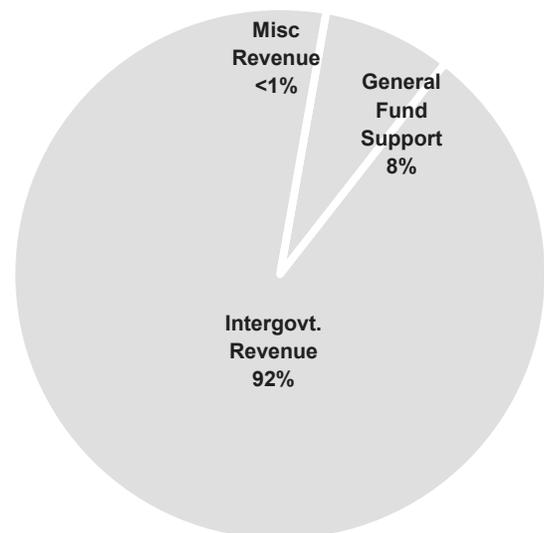
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

|                               | 2012-13              | 2013-14              | 2014-15              | 2014-15              | 2014-15              |
|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <u>Financial Summary</u>      | <u>Actual</u>        | <u>Actual</u>        | <u>Requested</u>     | <u>Recommended</u>   | <u>Adopted</u>       |
| Intergovernmental Revenue     | \$ 51,769,747        | \$ 54,095,751        | \$ 59,727,739        | \$ 60,382,684        | \$ 60,382,684        |
| Charges for Current Services  | 6,725                | 11,770               | 3,000                | 3,000                | 3,000                |
| Other Revenues                | 50,492               | 32,181               | 0                    | 0                    | 0                    |
| Other Financing Sources       | 24,890               | 30,448               | 0                    | 0                    | 0                    |
| <b>**Total Revenue</b>        | <b>\$ 51,851,854</b> | <b>\$ 54,170,150</b> | <b>\$ 59,730,739</b> | <b>\$ 60,385,684</b> | <b>\$ 60,385,684</b> |
| Salary and Benefits           | 35,577,633           | 38,096,021           | 41,847,845           | 42,465,777           | 42,465,777           |
| Services and Supplies         | 14,936,289           | 15,123,641           | 16,081,665           | 15,949,201           | 15,949,201           |
| Other Charges                 | 6,573,716            | 6,294,414            | 6,795,148            | 6,948,136            | 6,948,136            |
| Fixed Assets                  | 41,800               | 91,618               | 114,390              | 129,390              | 129,390              |
| <b>**Gross Expenditures</b>   | <b>\$ 57,129,438</b> | <b>\$ 59,605,694</b> | <b>\$ 64,839,048</b> | <b>\$ 65,492,504</b> | <b>\$ 65,492,504</b> |
| Less Intrafund Transfers      | 88,998               | 62,268               | 66,656               | 66,656               | 66,656               |
| <b>**Net Expenditures</b>     | <b>\$ 57,040,440</b> | <b>\$ 59,543,426</b> | <b>\$ 64,772,392</b> | <b>\$ 65,425,848</b> | <b>\$ 65,425,848</b> |
| General Fund Support (G.F.S.) | <u>\$ 5,188,586</u>  | <u>\$ 5,373,276</u>  | <u>\$ 5,041,653</u>  | <u>\$ 5,040,164</u>  | <u>\$ 5,040,164</u>  |

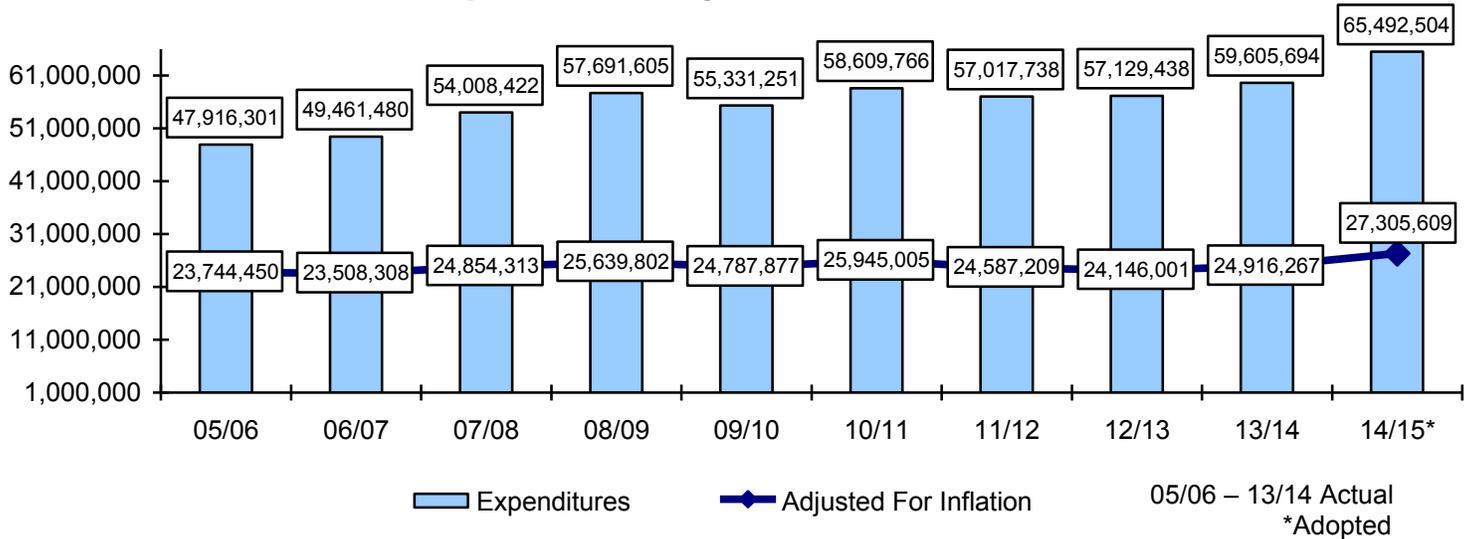
**Number of Employees**  
(Full Time Equivalent)



**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

The Department of Social Services has a total expenditure level of \$65,492,504 and a total staffing level of 480.00 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: \$7,988,409 Total Staffing (FTE): 30.25

**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: \$9,601,097 Total Staffing (FTE): 63.00

**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: \$12,936,582 Total Staffing (FTE): 123.50

**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: \$12,027,647 Total Staffing (FTE): 103.00

**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: \$12,159,533 Total Staffing (FTE): 115.25

**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: \$8,233,896 Total Staffing (FTE): 38.00

**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: \$2,194,296 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 strains on its infrastructure related to the implementation of a historic new program, the Affordable Care Act, and a continuing caseload that has risen by 31% in the last five years and shows no signs of abating.

Following are some of the department's notable accomplishments for FY 2013-14 and specific objectives for FY 2014-15:

**FY 2013-14 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 key categories:
  - Adoption composite is 28% higher than California's average
  - Long Term Care composite is 17% higher
  - Timely response in immediate response situations is .3% higher
  - Timely response in "10-Day" (less immediate) situations is 5% higher
  - Placement with relatives upon entry into foster care is 81% higher, and placement in group homes upon entry is 95% lower
  - Rate of timely health exams for foster children is 11% higher
  - Rate of timely dental exams for foster children is 25% higher
- The County has placed over 120 transitional age foster youth (those who have turned 18 but are under 21) into post-secondary education, including many who are in 4 year universities.
- The County has maintained outstanding performance in processing applications for aid under the Affordable Care Act, where we have far exceeded initial projections and have processed more cases than many counties much larger than ours.
- Based upon figures made available for Federal Fiscal Year 2012-13, the County's Workforce Investment Act performance exceeds Federal requirements in 5 of 7 measures.
- The County has helped to lead the 100,000 Homes initiative for Homeless Services, and is poised to recommend a solution to case management services for those deemed most at risk.

**FY 2014-15 Objectives**

- The department will coordinate effectively with the County's Health Agency in ensuring a smooth transition of the County Medical Services Program (CMSP) population into Medi-Cal, as well as managing the residual Medically Indigent Services Program (MISP).
- The County will continue to surpass State averages in at least 75% of performance measures related to Child Welfare Services.
- The department will ensure effective implementation of the 100,000 Homes initiative, including monitoring of case management services to ensure that they are being provided to the individuals found to be most at risk.
- The County will meet or exceed all Federal requirements under the Workforce Investment Act.
- 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.
- Acquire additional space in the coastal region of the County to better serve clients in that area, and continue with efforts to expand office space in the North County region to accommodate increased caseload in that area.
- Continue to pilot implementation of the State-mandated Resource Family Approval program which aligns the rules for becoming Foster and Adoptive parents to support permanency for Foster children.

**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 \$102,035 or 1.5% compared to FY 2013-14 adopted levels. The level of General Fund support for this fund center is recommended to decrease \$60,770 or 1% compared to FY 2013-14 adopted levels. Revenues are recommended to increase \$4,314,453 or 7% and total expenditures are recommended to increase \$4,253,683 or 6% compared to FY 2013-14 adopted levels.

Legislative changes in recent years have significantly impacted the department's budget and operations. In the Fall of 2011, the department 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. The department continued to see change in FY 2013-14 with the implementation of the Affordable Care Act (ACA) and changes to the CalWORKs and CalFresh programs. The significant increase in the department's revenue and expenditure levels is largely due to expanded responsibility in these program areas, which are fully funded with State and Federal allocations. In August 2013, the Board approved a budget adjustment in the amount of \$2.2 million to fund the addition of 24.00 FTE to the department's Position Allocation List (PAL) and other expenses related to the implementation of the ACA. In November 2013, the Board approved a budget adjustment in the amount of \$3.1 million to fund the addition of another 18.00 FTE positions to support the implementation of changes to the CalWORKs and CalFresh programs and to support necessary changes to the department's CalWIN system (an online system that supports the administration of public assistance benefits) and to connect to the State's California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) in support of ACA implementation and the call center network.

As noted above, the significant increase in revenue is due to increased State allocations that have come to the County in the current year to support changes to the CalWORKS and CalFresh programs, and to support the implementation of ACA. 2011 Realignment funding, which replaced the State's contribution for the Adult Services, Adoptions, Foster Care, Child Abuse Prevention, Child Welfare, and Transitional Housing Placement programs is increasing by 5% compared to FY 2013-14 levels based on estimates provided by the State. Overall, 1991 Realignment revenue from sales tax to the Department of Social Services is budgeted to increase 19.6% over FY 2013-14 adopted levels. Because 1991 Realignment receipts are coming in significantly over budget in the current year, the FY 2014-15 budgeted number represents only a 1.1% increase over current year estimates. Consistent with prior years, the department will transfer a portion of 1991 Realignment revenue to other departments including Probation and Public Health, to pay for services that those departments provide to Social Service clients. The department also allocates a portion of its 1991 Realignment revenue to FC 181- Foster Care and Adoptions to cover the County share of cost for Foster Care and Adoptions. The amount allocated to FC 181 is increasing 6% compared to FY 2013-14 adopted levels. The amount of 1991 Realignment in FC 180 is increasing 86% and reflects what the department projects that it will actually receive in FY 2014-15, rather than moving a significant excess above budget into a trust account. The recommended amount of 1991 Realignment revenue also includes utilization of prior year caseload growth, which the department does not typically budget for. This increase will provide the department with the necessary resources to expand services in the North County and coastal regions and also helps to decrease the department's level of General Fund support. Workforce Investment Act (WIA) funds are decreasing by 4% compared to FY 2013-14 adopted levels, based on current formula allocations.

Salary and benefits are recommended to increase \$4,023,269 or 10% compared to FY 2013-14 adopted levels and includes full funding for all 473.00 FTE currently allocated positions, as well as 7.00 FTE new positions that are being recommended. The increase over FY 2013-14 adopted levels is due to almost entirely to the mid-year addition of 42.00 FTE in support of legislative changes to the programs that the department administers. Regular pay step increases, an increase in the department's overtime budget to account for the workload associated with implementing ACA, and the recommended addition of 7.00 FTE to the department's PAL also contribute to the increase.

As noted above, 42.00 FTE have been added to the department's PAL in the current year, which has brought the department's number of authorized positions to 473.0 FTE.

On August 13, 2013, the Board approved the following changes to the department's PAL:

- +11.00 FTE Employment Resource Specialist I/II/III
- +5.00 FTE Employment Resource Specialist IV
- +2.00 FTE Employment Services Supervisor
- +1.00 FTE Social Services Program Review Specialist
- +4.00 FTE Administrative Assistant I/II/III
- +1.00 FTE Department Automation Specialist I/II/III

On November 26, 2013, the Board approved the following changes to the department's PAL:

- +3.00 FTE Employment Resource Specialist I/II/III
- +6.00 FTE Employment Resource Specialist IV
- +3.00 FTE Social Services Program Review Specialist
- +5.00 FTE Administrative Assistant I/II/III
- +1.00 FTE Supervising Administrative Clerk II

Several changes to the department's PAL are recommended in FY 2014-15. The reclassification of one existing position is 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 480.00 FTE. The details of the recommended PAL changes are as follows:

- Several requests for classification studies were submitted to Human Resources during the 2013 Classification Study Open Window Period. Based on studies conducted by Human Resources staff, it is recommended that one Social Worker IV be reclassified to a Program Manager II so that the classification more appropriately matches the work that is currently being performed. This reclassification has 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:
  - +1.00 FTE Program Manager
  - +3.00 FTE Administrative Assistants I/II/III's
  - +3.00 FTE Program Review Specialists

The addition of these new positions has a total cost of \$617,932 but 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 \$313,400 or 2% compared to FY 2013-14 adopted levels, due to increase in various accounts. Notable increases include: 1) an increase to computer software for the necessary purchase of scanner software to support the department's project to image all of their documents in order to make various documents more accessible to staff, 2) an increase in expense for modular office furniture to purchase and configure furniture in new office space needed as a result of caseload growth and the implementation of ACA, 3) an increase in rents and leases to support the acquisition of additional office space in Paso Robles, Morro Bay, Atascadero and San Luis Obispo, due to caseload growth in those areas, as well as staff growth due to the implementation of ACA, 4) an increase in the County's cost for the CalWIN system in support of ACA implementation (noted above), and 5) an increase in the County's share of cost for the In Home Supportive Services (IHSS) program. Increases in various accounts are partially offset by a decrease in countywide overhead.

In FY 2013-14, the department saw a significant decrease in its level of General Fund support due largely to changes in the way that the In Home Supportive Services (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. In FY 2013-14, the County's share of IHSS costs were replaced with a Maintenance of Effort (MOE) that was equal to the County's share of IHSS costs in FY 2011-12. 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%. Per State statute, the MOE amount increases up to 3.5% each year, and can also increase due to changes to IHSS caregiver compensation. In FY 2013-14, the County concluded negotiations with the United Domestic Workers of America over caregiver compensation. The negotiations resulted in an approximate 10.5% increase to caregiver compensation over seven months. In FY 2013-14, the caregiver compensation increased by 8%

from \$10.00 per hour to \$10.80 per hour effective in January 2014, resulting in an additional County share of cost of approximately \$42,935. This additional County cost was more than offset by a decrease in the County's share of Public Authority health benefit costs of approximately \$90,750. The discontinuance of the health benefit costs began in January 2014 due to the implementation of ACA. In FY 2014-15, caregiver compensation will increase by 2.3% from \$10.80 per hour to \$11.05 per hour to be effective July 2014, resulting in an additional County share of cost of approximately \$172,700. The additional County share of cost for caregiver compensation again will be offset by Public Authority health benefit costs of approximately \$182,000 in the budget year. In FY 2014-15, the County's share of IHSS costs are increasing in total by \$362,579, compared to the FY 2013-14 adopted level. The statutory 3.5% inflator accounts for \$146,944 of this increase, and the negotiated increase to caregiver compensation accounts for the remaining \$215,635.

Other charges, which consists mostly of contracted services for clients and interdepartmental charges, is recommended to decrease by \$105,866 or 1% compared to FY 2013-14 adopted levels due largely to a \$482,015 decrease in Workforce Investment Act (WIA) contracts for one stop operator and youth services. WIA funding is allocated to the County for two year funding cycles. The decrease is due in part, to an approximate 4.7% decrease in the County's WIA formula allocation in FY 2013-14 due to Federal sequestration. The decrease is also attributable to the end of National Emergency Grant funding that the department received due to mass layoffs a few years back. It is expected that there will be remaining funds in FY 2013-14 to carry forward into FY 2014-15 and when combined with the new FY 2014-15 WIA allocations, the decrease is not expected to impact current service levels in WIA programs. This decrease in WIA expenditures is offset in part, by a recommended \$125,000 increase in subsidized vendor payments which provide wage subsidies to incentivize employers to hire the department's clients, as well as a \$169,108 increase in contributions for equipment, to fund the recommended addition of five mid-size sedans and one minivan to the department's fleet, outlined below.

Fixed assets are recommended to increase \$22,390 or 20% compared to FY 2013-14 adopted levels and includes funding for replacement copiers, servers, a scanner to assist with document imaging efforts, and the recommended purchase of an Electric Utility Transport Vehicle to transport equipment and clients between the department's South Higuera and Empleo offices in San Luis Obispo.

**BUDGET AUGMENTATION REQUESTS ADOPTED**

| <b>Unit Amount</b>                                | <b>Description</b>   | <b>Results</b>  |
|---|--|---|
| Gross: \$128,659<br><br>General Fund support: \$0 | Add 1.00 FTE Program Manager II to the Staff Development Division to oversee and monitor all employee induction training materials and processes. Funded entirely with Federal/State allocations and 1991 Realignment funds.                             | <ol style="list-style-type: none"> <li>1. Induction training classes will be held year round, on an as-needed basis</li> <li>2. Staffing shortages throughout the department will be reduced and the duration of position vacancies will decrease</li> <li>3. Induction classes will be able to accommodate 6-26 new employees</li> <li>4. Training unit staff will be able to more readily implement new programs and regulations and develop policies and procedures to support them</li> </ol> |
| Gross: \$93,432<br><br>General Fund support: \$0  | Add 1.00 FTE Program Review Specialist to the Staff Development Division to support the development and ongoing management a year-round induction training for new employees. Funded entirely with Federal/State allocations and 1991 Realignment funds. | <ol style="list-style-type: none"> <li>1. Induction training classes will be held year round, on an as-needed basis</li> <li>2. Training modules will be updated on an ongoing basis, based on regulatory system and program changes</li> <li>3. New hires will be better equipped to manage caseloads</li> </ol>   |
| Gross: \$93,432<br><br>General Fund support: \$0  | Add 1.00 FTE Program Review Specialist to the Staff Development Division to support the development  | <ol style="list-style-type: none"> <li>1. Induction training classes will be held year round, on an as-needed basis</li> </ol>  |

**Social Services  
Fiscal Year 2014-15 Final Budget**

**Fund Center 180**

|   |  |  |
|---|--|--|
|   | and ongoing management a year-round induction training for new employees. Funded entirely with Federal/State allocations and 1991 Realignment funds.   | <ol style="list-style-type: none"> <li>2. Training modules will be updated on an ongoing basis, based on regulatory system and program changes</li> <li>3. New hires will be better equipped to manage caseloads</li> </ol>  |
| Gross: \$139,318<br>General Fund Support: \$0 | Add 2.00 FTE Administrative Assistants to provide administrative support to staff and process a significant amount of client applications for financial assistance in the department's new Morro Bay office (department is in the process of acquiring space) . Funded entirely with Federal/State allocations and 1991 Realignment funds. | 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   |
| Gross: \$93,432<br>General Fund support: \$0  | Add 1.00 FTE Program Review Specialist to the Staff Development Division to support the development and ongoing management a year-round induction training for new employees. Funded entirely with Federal/State allocations and 1991 Realignment funds.   | <ol style="list-style-type: none"> <li>1. Induction training classes will be held year round, on an as-needed basis</li> <li>2. Training modules will be updated on an ongoing basis, based on regulatory system and program changes</li> <li>3. New hires will be better equipped to manage caseloads</li> </ol>  |
| Gross: \$69,659<br>General Fund support: \$0  | Add 1.00 FTE Administrative Assistant to provide clerical and administrative support to the Human Resources Division to support the department's new on-boarding program. Funded entirely with Federal/State allocations and 1991 Realignment funds.   | <ol style="list-style-type: none"> <li>1. Within one year of launching a full and comprehensive on-boarding program, new hire churn will be reduced by 30%</li> <li>2. Within two years, new hire churn will be reduced by 50%</li> <li>3. Reduce the number of staff who choose to leave the department within six months of their hire date</li> </ol>   |
| Gross: \$177,204<br>General Fund support: \$0 | Add 5 mid-size cars to the department's fleet for use by staff in various programs. Add 1 minivan to be used by the Team Services Division to be used for daily mail deliveries and delivering equipment and supplies to various offices. Funded entirely with Federal/State allocations and 1991 Realignment funds.                       | Reduce the need for staff to use their personal vehicles for departmental business, and reduce the amount of mileage reimbursement that the department must pay to employees. Addition of vehicles will support the recent addition of new staff and will assure that the department can effectively conduct business without violating department policy which does not allow for the use of personal vehicles to transport non-departmental staff in the course of business. |
| Gross: \$15,000<br>General Fund support: \$0  | Add 1 Electric Utility Transport vehicle to be used to transport equipment and clients with limited mobility between the department's South Higuera and Empleo offices in San Luis Obispo. Funded entirely with Federal/State allocations and 1991 Realignment funds.  | Department will be able to quickly access case files or other equipment that may be stored in one office or the other, without having to wait for a departmental vehicle to be available. Department will also be able to easily transport clients with limited mobility between the two offices, as needed.   |

**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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 7.45%                      | 14%                        | 13.33%                     | 17.3%                      | 10%              | 21.27%                     | 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 (12.23%) by 9.04% and above the Comparison County average (15.63%) by 5.64%. Due to reporting delays with the State, the available data is through the quarter ending March 31, 2014. Actual results reflect the yearly average. Through the month of March 2014, 22 out of 106 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.

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

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 94.1%                      | 96.7%                      | 97.6%                      | 98%                        | 98%              | 94.97%                     | 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 (94.13%) by .84% and above the Comparison Counties (92.83%) by 2.14%. Due to reporting delays from the State, the available data is through the quarter ending March 31, 2014. Actual results reflect the yearly average. In the month of March 2014, 320 out of 337 referrals were responded to within the 10-day time frame. The Department's results have improved with additional training as well as monitoring the response rates of each social worker on a monthly basis.

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

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 61%                        | 67.8%                      | 68.25%                     | 60.6%                      | 68.25%           | 57.33%                     | 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 (52%) by 5.33% and above the Comparison County average (52.1%) by 5.23%. Due to reporting delays from the State, the figures are from the quarter ending March 31, 2014. The County's results in this measure are below target by 10.92%. 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 2014, 103 out of 180 children were placed with all of their siblings.

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

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

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

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 42%                        | 45.49%                     | 24.16%                     | 33.22%                     | 45%              | 42.95%                     | 50%             |

**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 (45%) by 2.05%. The figures are through the quarter ending June 30, 2014. 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).**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 207 cases                  | 229.25 cases               | 223.25 cases               | 210 cases                  | 225 cases        | 216 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, 2014. Fluctuations in actual results are due to changes in staffing levels during the year. The average for FY 2013-14 was 216 cases, but the actual for the quarter ending June 30, 2014 was 277 cases. State or comparable county data is not available.

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

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| ER-17                      | ER-22                      | ER-31                      | ER-27                      | ER-15            | ER-27                      | ER-15           |
| FM-14                      | FM-10                      | FM-10                      | FM-11                      | FM-11            | FM-10                      | FM-11           |
| FR-10                      | FR-11                      | FR-12                      | FR-12                      | FR-12            | FR-11                      | FR-12           |
| PP-24                      | PP-23                      | PP-24                      | PP-28                      | PP-25            | PP-30                      | 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 (15) by 12 cases, and PP (25) by 5 cases. Cases are below target for FM (11) by 1 case and FR (12) by 1 case. 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, 2014. 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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 35.1%                      | 29.1%                      | 29.1%                      | 29.1%                      | 30%              | 29.1%                      | 35%             |

**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 (27.4%) by 1.7% and above comparison counties average (23.7%) by 5.4%. Among "medium-sized counties," San Luis Obispo ranks #1. The rate is based on a state sample- monthly average per state report which indicates that 367 of 1262 Welfare to Work participants are meeting Federal Work Participation requirements. Note that Actual Results have changed from what was shown in the Final Budgets for FY 10-11, FY 11-12, and FY 12-13 (from 35.1% to 29.1%). The change is due to the addition of actual figures for the quarter ending September 2010, which weren't available previously

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

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 30.83%                     | 29.7%                      | 29.5%                      | 29.9%                      | 30%              | 32.5%                      | 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 (27%) by 5.5% and is slightly below the comparison counties average (32.6%) by 0.1%. Data is through the quarter ending September 30, 2013. San Luis Obispo County maintains a focus both on employment and on eliminating barriers to employment. Since the implementation of CalWORKs, the County has combined the eligibility and employment services functions into a single classification, contrary to the separation of responsibilities that is practiced in many other counties. This has helped the County's staff remain focused on self-sufficiency. The economic recession has resulted in fewer employment opportunities for CalWORKs participants. Note that Actual Results have changed from what was shown in the Final Budget for FY 2012-13 (from 28.87% to 29.9%). The change is due to the addition of actual figures for the quarter ending June 30, 2013, which weren't available previously. Actual results reflect the yearly average. In the month of September 2013, 273 out of 840 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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 170 cases                  | 163 cases                  | 134.03 cases               | 149 cases                  | 150 cases        | 136.33 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 2013-14 adopted target by 13.67 cases. Data is through the quarter ending June 30, 2014. 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, can result in additional workload for staff. 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 decreased by 8.5% from FY 2012-13.

**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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| 93%                        | 90%                        | 91%                        | 87%                        | 95%              | 83.96%                     | 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.

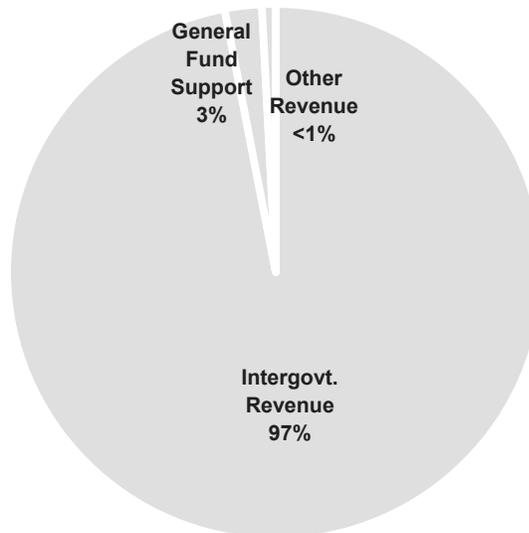
**How are we doing?** The department is below the FY 2013-14 adopted target by 11.04%. Available data is through June 30, 2014. The results in this measure may see higher than average fluctuations due to the fact that the denominator for this measure (the number of adults with an initial abuse 12 months ago) is a small number, which varied between 10 to 25 adults over the last 12 report months. Actual results reflect the yearly average. State or comparable county data is not available. Note that Actual Results have changed from what was shown in the Final Budget for FY 2012-13 (from 100% to 87%). The change is due to the addition of actual figures for the quarter ending June 30, 2013, which weren't available previously.

**MISSION STATEMENT**

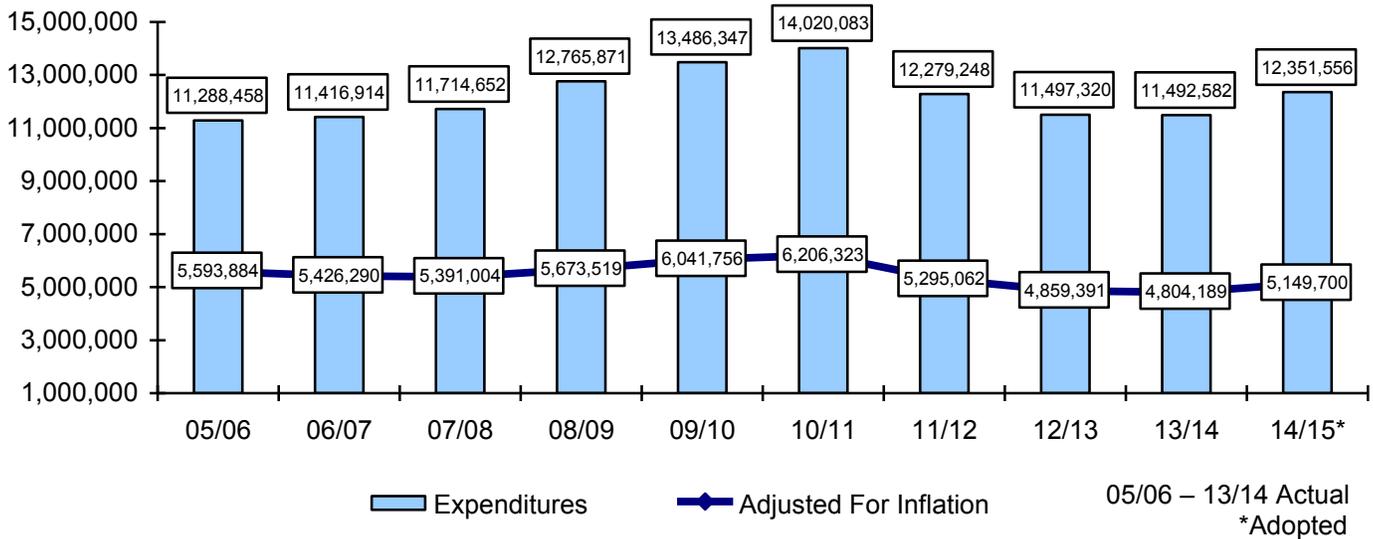
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

| <u>Financial Summary</u>      | <u>2012-13<br/>Actual</u> | <u>2013-14<br/>Actual</u> | <u>2014-15<br/>Requested</u> | <u>2014-15<br/>Recommended</u> | <u>2014-15<br/>Adopted</u> |
|-------------------------------|---------------------------|---------------------------|------------------------------|--------------------------------|----------------------------|
| Intergovernmental Revenue     | \$ 11,149,734             | \$ 11,158,125             | \$ 12,009,080                | \$ 12,009,080                  | \$ 12,009,080              |
| Other Revenues                | 2,228                     | 32,930                    | 11,228                       | 11,228                         | 11,228                     |
| <b>**Total Revenue</b>        | <b>\$ 11,151,962</b>      | <b>\$ 11,191,055</b>      | <b>\$ 12,020,308</b>         | <b>\$ 12,020,308</b>           | <b>\$ 12,020,308</b>       |
| Other Charges                 | 11,497,320                | 11,492,582                | 12,351,556                   | 12,351,556                     | 12,351,556                 |
| <b>**Gross Expenditures</b>   | <b>\$ 11,497,320</b>      | <b>\$ 11,492,582</b>      | <b>\$ 12,351,556</b>         | <b>\$ 12,351,556</b>           | <b>\$ 12,351,556</b>       |
| <br>                          |                           |                           |                              |                                |                            |
| General Fund Support (G.F.S.) | <u>\$ 345,358</u>         | <u>\$ 301,527</u>         | <u>\$ 331,248</u>            | <u>\$ 331,248</u>              | <u>\$ 331,248</u>          |

**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

CalWORKS has a total expenditure level of \$12,351,556 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: \$12,351,556 Total Staffing (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 FY 2013-14 caseload has fallen 5.7% from last year, and is 11.8% below the prior year.

Changes in law resulted in a grant increase for participants in this program, effective March 1, 2014. Even with this increase, grant levels in real dollars—i.e., not adjusted for inflation—will remain lower than they were in 2000. During this 13-year period, the consumer price index has risen by over 35%.

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 \$29,121 or 8% compared to FY 2013-14 adopted levels. Revenues are recommended to increase \$230,507 or 1%. Expenditures are recommended to increase \$201,386 or 1%.

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. The County's costs for the non-Federal share are 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 \$5,270,012.

The department is continuing to see a decline in caseload, due to the slowly improving economy, and the recent CalWORKS restructuring, which placed greater restrictions on eligibility for low income families. Caseloads are down 15.6% from a high in FY 2010-11, and are down 5.7% in the current year, compared to FY 2012-13.

Despite the declining caseload, CalWORKS services have recently been expanded to provide additional services and more family engagement for those families who still remain CalWORKS eligible. In addition, CalWORKS participants recently received a 5% grant increase, which will increase the cost per case in FY 2014-15. The budget is increasing to account for this expansion in services and grant increase, and to cover any potential increase in caseload.

**BOARD ADOPTED CHANGES**

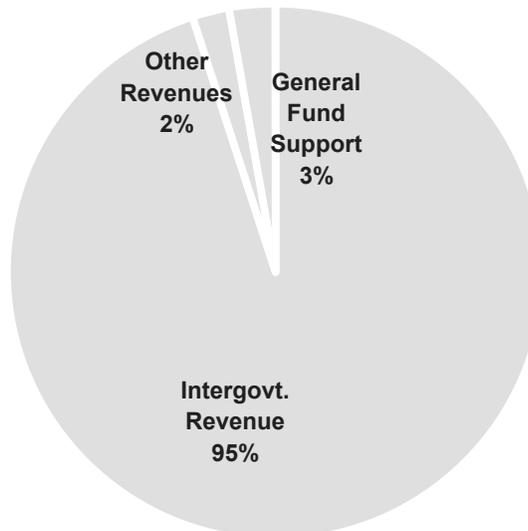
None.

**MISSION STATEMENT**

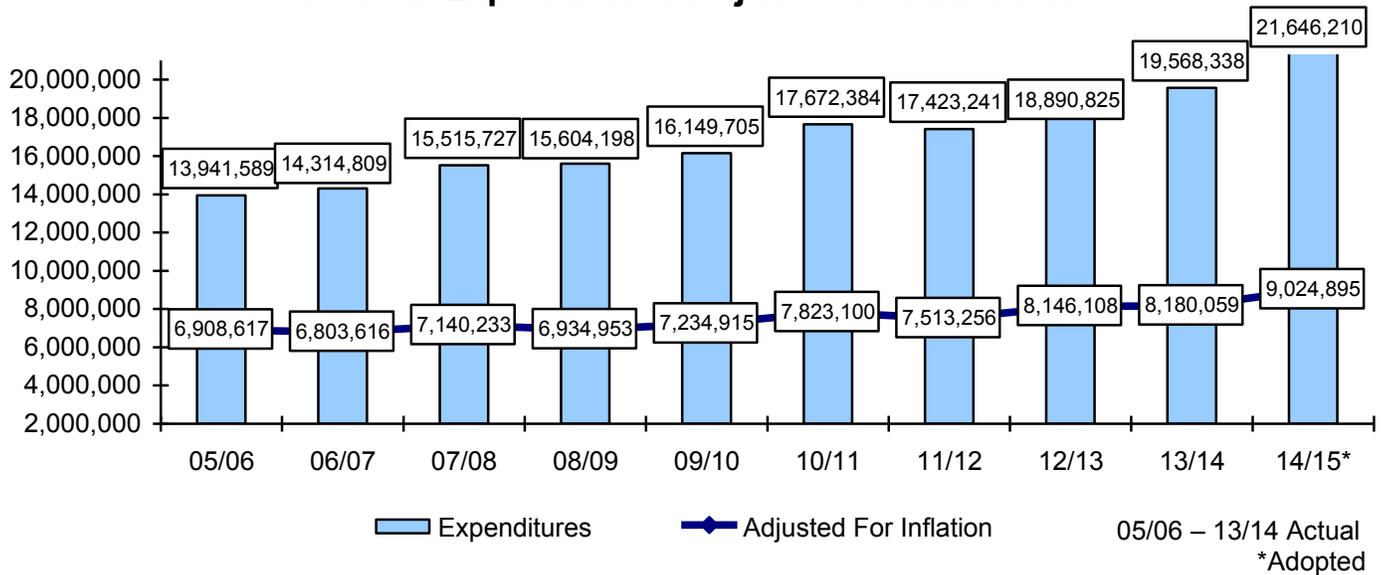
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

|                               | 2012-13           | 2013-14           | 2014-15           | 2014-15            | 2014-15           |
|-------------------------------|-------------------|-------------------|-------------------|--------------------|-------------------|
| <u>Financial Summary</u>      | <u>Actual</u>     | <u>Actual</u>     | <u>Requested</u>  | <u>Recommended</u> | <u>Adopted</u>    |
| Intergovernmental Revenue     | \$ 17,537,886     | \$ 18,996,970     | \$ 20,632,837     | \$ 20,632,837      | \$ 20,632,837     |
| Other Revenues                | <u>413,840</u>    | <u>189,801</u>    | <u>454,615</u>    | <u>454,615</u>     | <u>454,615</u>    |
| **Total Revenue               | \$ 17,951,726     | \$ 19,186,771     | \$ 21,087,452     | \$ 21,087,452      | \$ 21,087,452     |
| Services and Supplies         | 54,073            | 67,873            | 67,873            | 67,873             | 67,873            |
| Other Charges                 | <u>18,706,253</u> | <u>19,500,465</u> | <u>21,578,337</u> | <u>21,578,337</u>  | <u>21,578,337</u> |
| **Gross Expenditures          | \$ 18,760,326     | \$ 19,568,338     | \$ 21,646,210     | \$ 21,646,210      | \$ 21,646,210     |
| General Fund Support (G.F.S.) | <u>\$ 808,600</u> | <u>\$ 381,567</u> | <u>\$ 558,758</u> | <u>\$ 558,758</u>  | <u>\$ 558,758</u> |

**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

Foster Care has a total expenditure level of \$21,646,210 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: \$14,389,666 Total Staffing (FTE): \*

**Adoptions**

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

Total Expenditures: \$6,558,504 Staffing (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 Staffing (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) provides transition age youth (ages 18-21) with housing as they move from foster care to independence.

The Foster Care caseload grew incrementally for three years straight before declining in FY 2013-14, where they are currently running about 4.3% below the FY 2012-13 average caseload. 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.

New law established the "Extended Foster Care" program beginning in FY 2011-12, in which youth aged 18 -21 may elect to remain in Foster Care under specific agreed circumstances. Expenses associated with this program—one that has helped to create stability and to reduce homelessness for this population—have risen from a mere \$5,451 in that first year of implementation to over \$1.26 million in the requested budget, due to increasing caseload, as more youth become aware of this extension.

San Luis Obispo is the first county to implement the Resource Family Approval (RFA) project. Prior to the RFA, families were engaged in one process to be considered for eligibility as Foster Parents and a separate and quite distinct process to be considered as Adoptive Parents. This created an unfortunate scenario in which a foster family might accept children into their home on what initially was intended to be a temporary basis that, because of the subsequent failure to reunify the children with their biological parents, prompted the need to find permanency for the children. This same foster family—to whom the children had bonded—might decide they wanted to adopt the children, only to discover that the different rules for adoption prohibited them from doing so. The RFA is intended to align the rules, ensuring that any family considered as Foster Parents will simultaneously be qualified as potential Adoptive Parents.

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 be flat compared to FY 2013-14 adopted levels. Both revenues and expenditures are recommended to increase \$795,652 or 3% compared to FY 2013-14 adopted levels.

2011 Realignment presented some significant changes to the way that the programs in this fund center are administered. 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 2014-15 is based on the number and types of cases being administered through this fund center. In FY 2014-15, the level of General Fund support represents 2.6% of total expenditures, compared to 2.7% in FY 2013-14.

Increased expenditures are due to an overall increase within aid types, which are based upon caseload growth and cost per case. Overall, foster care caseloads are down 4.3% in the current year, compared to FY 2012-13. Despite this, expenses are increasing; several factors contribute to the recommended increase in expenditures for various aid types:

- The implementation of Assembly Bill (AB) 12- Extended Foster Care (EFC), which extended foster care benefits for youth from age 18 to 21. This extension of benefits was budgeted for in FY 2013-14. However, since EFC is a relatively new program, caseload has been difficult to project. In the current year, total EFC caseloads are up 275% compared to FY 2012-13. In anticipation that caseload will continue to grow as people become more aware of this new program, the department is budgeting for a 15% increase in EFC expenditures.
- The implementation of the Resource Family Approval (RFA) program, in line with direction from the State. As noted above, San Luis Obispo County is the first in the State to implement this new program which standardizes the rules and processes for becoming a Foster Parent and Adoptive Parent. As a result, potential Foster Parents must now go through the more extensive process necessary to qualify as an Adoptive Parent. The budgetary implication of this is that the foster and adoption certification costs have gone up overall. To account for growth in certification costs, the department is budgeting approximately \$351,000 for a full year of this newly implemented program in FY 2014-15.
- State-set rate increases for Foster Care, due to recent lawsuits which guarantee rate increases every year.

In addition, the department is expecting to increase its contract with Family Care Network for wraparound services, due to a State mandated increase in the monthly client rate, which went into effect in July of 2013. Wraparound services provide for alternatives to out-of-home placement in institutionalized settings by bringing targeted services to families based on an approved service plan. The proposed FY 2014-15 budget does not adjust for this increase, due to the timing of contract development. The department will monitor this contract and its budget and will return to the Board mid-year if a budget adjustment is needed to adequately fund the contract in FY 2014-15.

**BOARD ADOPTED CHANGES**

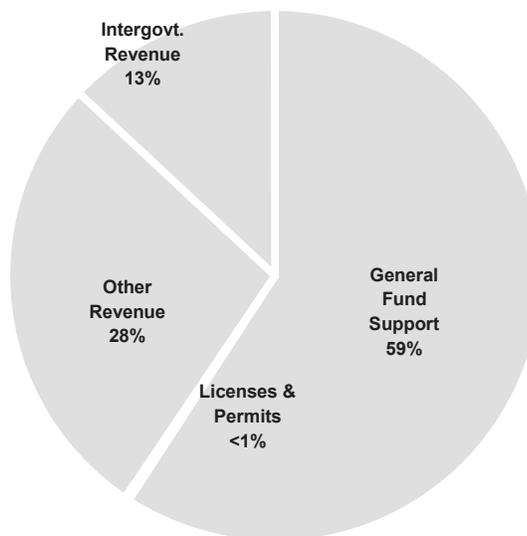
None.

**MISSION STATEMENT**

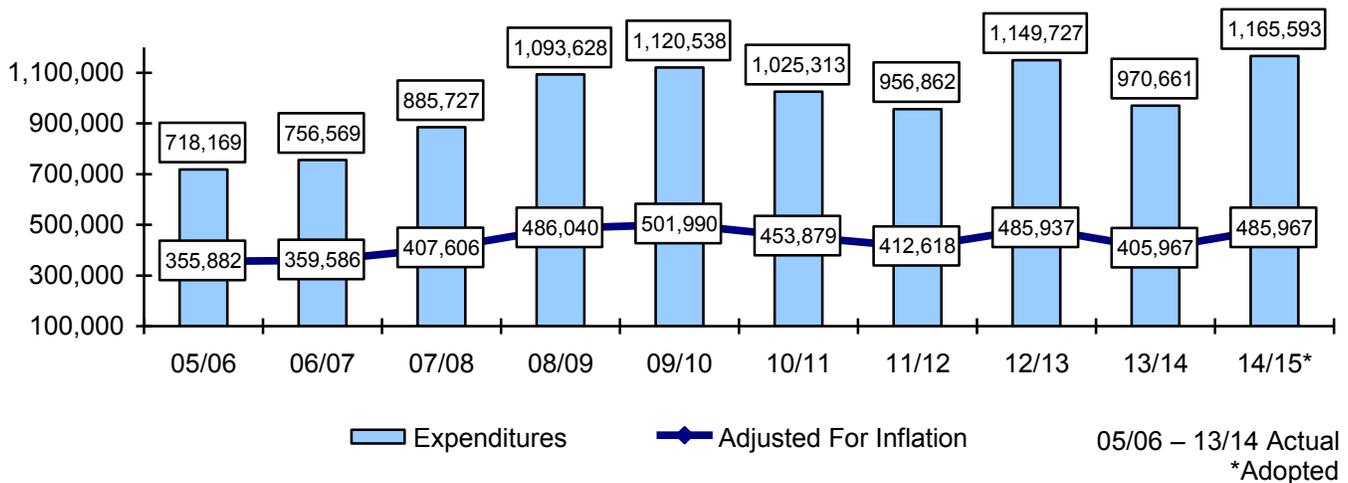
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

|                               | 2012-13           | 2013-14           | 2014-15           | 2014-15            | 2014-15           |
|-------------------------------|-------------------|-------------------|-------------------|--------------------|-------------------|
| <u>Financial Summary</u>      | <u>Actual</u>     | <u>Actual</u>     | <u>Requested</u>  | <u>Recommended</u> | <u>Adopted</u>    |
| Licenses and Permits          | \$ 7,180          | \$ 5,353          | \$ 4,793          | \$ 4,793           | \$ 4,793          |
| Intergovernmental Revenue     | 139,926           | 120,340           | 153,326           | 153,326            | 153,326           |
| Other Revenues                | <u>331,040</u>    | <u>366,214</u>    | <u>319,328</u>    | <u>319,328</u>     | <u>319,328</u>    |
| **Total Revenue               | \$ 478,146        | \$ 491,907        | \$ 477,447        | \$ 477,447         | \$ 477,447        |
| Other Charges                 | <u>1,149,727</u>  | <u>970,661</u>    | <u>1,165,593</u>  | <u>1,165,593</u>   | <u>1,165,593</u>  |
| **Gross Expenditures          | \$ 1,149,727      | \$ 970,661        | \$ 1,165,593      | \$ 1,165,593       | \$ 1,165,593      |
| General Fund Support (G.F.S.) | <u>\$ 671,581</u> | <u>\$ 478,754</u> | <u>\$ 688,146</u> | <u>\$ 688,146</u>  | <u>\$ 688,146</u> |

**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

General Assistance has a total expenditure level of \$1,165,593 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: \$1,165,593 Total Staffing (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 State 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 jumped in FY 2012-13, when the average caseload of 291 cases per month was nearly 23% above the prior year’s average. The department has seen this abate in the current year, with caseload numbers actually declining by 11.3% from FY 2012-13—though still higher than the year prior. The average monthly grant to these individuals remains at \$240.

This fund center is an assistance expenditure account only; please refer to 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 decrease \$12,144 or 1% compared to FY 2013-14 adopted levels. Revenues are recommended to increase \$5,300 or 1% and expenditures recommended to decrease \$6,844 or less than 1% compared to FY 2013-14 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 decrease, 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 \$19,328 compared to FY 2013-14 adopted levels. This increase is due to the continued success of the Benefits-ARCH program that the department initiated a few years ago, to assist people in applying to SSI benefits.

The recommended decrease in expenditures is due largely to a continued decline in CAPI caseloads, which corresponds to the decline in CAPI revenue, noted above. The decrease in CAPI expenditures is partially offset by a slight increase in General Assistance expenditures. General Assistance caseloads are down slightly in FY 2013-14, compared to FY 2012-13. Because General Assistance caseloads fluctuate from year to year, the department is budgeting a 5% increase over current year estimates to account for any potential increases in FY 2014-15.

**BOARD ADOPTED CHANGES**

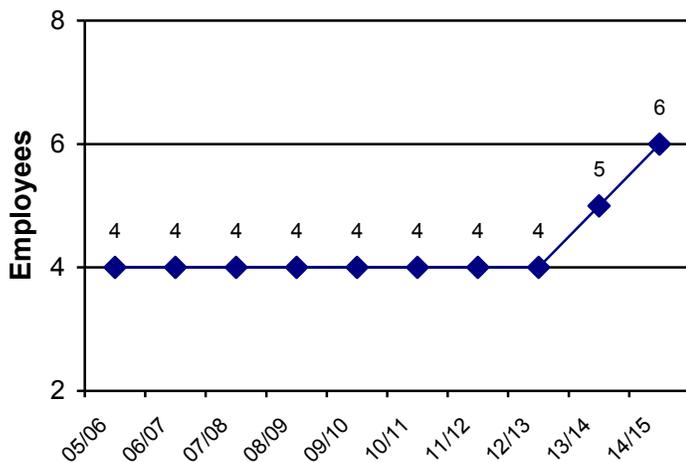
None.

**MISSION STATEMENT**

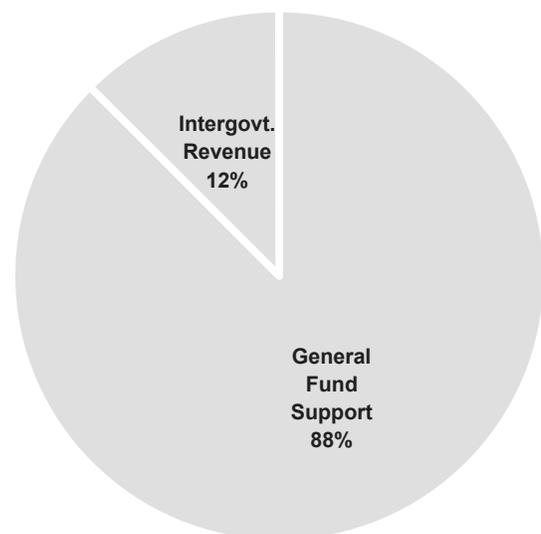
The Veterans Services Department works as an advocate for the men and women who serve or served in the Armed Forces of America, their dependents, and survivors in obtaining benefits and services from the U. S. Department of Veterans Affairs, California Department of Veterans Affairs, San Luis Obispo 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.

|                               | 2012-13       | 2013-14       | 2014-15          | 2014-15            | 2014-15        |
|-------------------------------|---------------|---------------|------------------|--------------------|----------------|
| <u>Financial Summary</u>      | <u>Actual</u> | <u>Actual</u> | <u>Requested</u> | <u>Recommended</u> | <u>Adopted</u> |
| Intergovernmental Revenue     | \$ 90,893     | \$ 583,332    | \$ 105,000       | \$ 65,000          | \$ 65,000      |
| **Total Revenue               | \$ 90,893     | \$ 583,332    | \$ 105,000       | \$ 65,000          | \$ 65,000      |
| Salary and Benefits           | 392,768       | 431,678       | 436,513          | 484,181            | 484,181        |
| Services and Supplies         | 68,880        | 113,104       | 40,632           | 40,632             | 40,632         |
| **Gross Expenditures          | \$ 461,648    | \$ 544,782    | \$ 477,145       | \$ 524,813         | \$ 524,813     |
| General Fund Support (G.F.S.) | \$ 370,755    | \$ (38,550)   | \$ 372,145       | \$ 459,813         | \$ 459,813     |

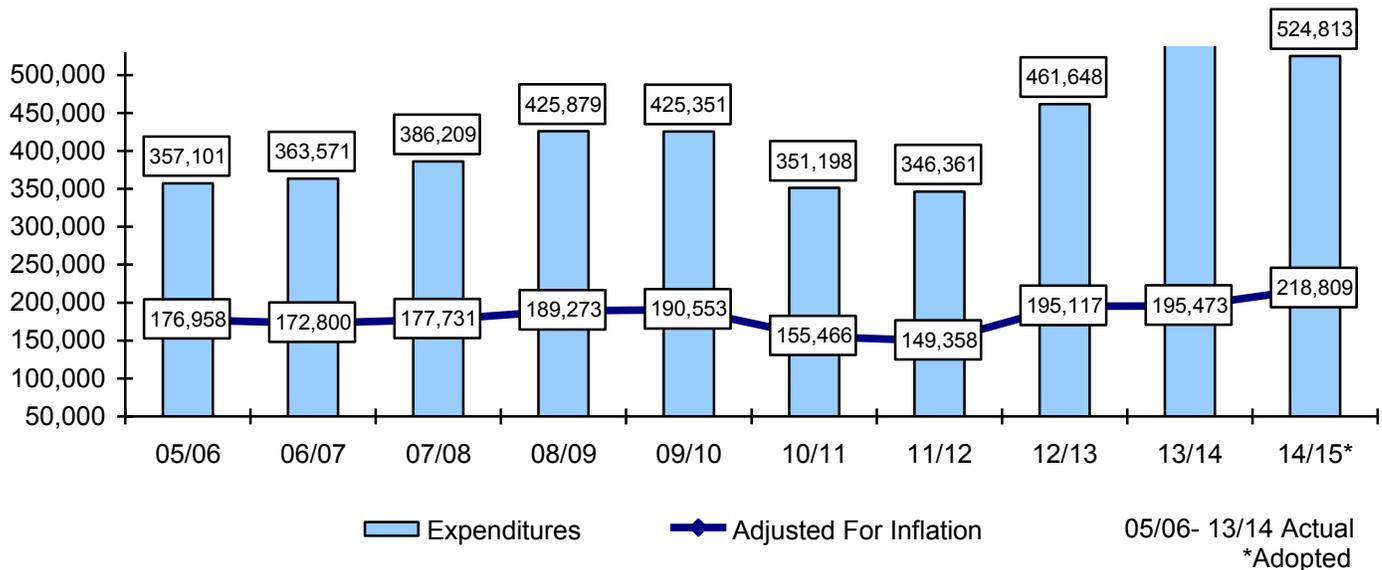
**Number of Employees  
(Full Time Equivalent)**



**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



**SERVICE PROGRAMS**

Veterans Services has a total expenditure level of \$524,813 and a total staffing level of 6.00 FTE Employees and 2.00 TEMP 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: \$295,207 Total Staffing (FTE): 4.00 (TEMP) 0.50

**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: \$13,120 Total Staffing (FTE): 0.20

**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: \$131,204 Total Staffing (FTE): 1.10 (TEMP) 0.90

**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: \$13,120 Total Staffing (FTE): 0.20

**Veterans Employment**

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

Total Expenditures: \$19,681 Total Staffing (FTE): 0.20 (TEMP) 0.10

**Veterans At Risk (Low income)/Homeless**

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

Total Expenditures: \$39,361 Total Staffing (FTE): 0.10 (TEMP) 0.50

**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: \$13,120 Total Staffing (FTE): 0.20

**DEPARTMENT COMMENTS**

The Veterans Services Department provides advocacy and assistance to the County's approximate 26,000 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 services counseling, claim processing and outreach.

The Governor's budget proposal for FY 2014-15 is to remain unchanged for County Veterans Service Offices. As a result, the regular subvention funds should remain at approximately \$ 60,000 or 16% of the budget. Additional one-time subvention funding from the passing of Assembly Bill 101 (AB101) is still to be determined.

Partnering with County Behavioral Health, the Veterans Clinic and the Vets Center, we are able to greatly enhance the services for the veteran, spouse and child. Using all the agencies allows us to help veterans and their families dealing with mental health issues get the counseling they need. We are also working with County Mental Health and local nonprofits to reach veterans and get needed services in new and innovative ways. We are continuing to work closely with the VA to assist county veterans/families with housing, through the Veterans Affairs Supporting Housing (VASH) Program and local providers. The VASH program is a low income program that assists veterans who are homeless and helps to provide a crucial link between the veteran and the local property owners and landlords.

The Vet Express, the Central Coast VA shuttle and the American Legion shuttle provide low to no cost rides for local veterans to and from appointments at the VA medical offices in San Luis Obispo and Santa Maria, the Vet Center and to Veterans Treatment Court.

**FY 2013-14 Accomplishments**

- The department processed a greater number of subvention claims than ever before. FY 2012-13 resulted in \$5,592,183 in annualized monthly benefits and The U.S. Department of Veterans Affairs spent an accumulative total of \$68,701,000 in the County during the same period.
- The office helped get AB101 passed through the state legislature providing an addition 2.6 million dollars to County Veterans Service Offices (CVSOs) around the state to better reach veterans in the community. This was the first increase in funding to CVSOs since 1998. Also the department became the lead agency on a \$400,000 statewide communications program to better inform veterans about the benefits and service available to them.
- The office spearheaded the creation of the first ever Veterans Treatment Court in San Luis Obispo. It is one of 16 across the state offering veterans treatment for conditions resulting from service that have caused them to become involved in the criminal justice system. This court collaborates with 9 other agencies from the federal to the local level.
- The office conducted the first ever 24 hour Stand Down for at risk and homeless veterans this year. We were able to connect 114 veterans to 30+ service providers from the Federal, State, and local level in one location, provide over 700 meals and give these veterans a hot shower and place to sleep.
- The office expanded operations at its satellite locations. The Paso Robles office is now open 4 days a week and a new office at the Nipomo Library is open one day a week on Fridays.
- The Department is obtaining our 5<sup>th</sup> grant of \$25,000 from the California Department of Veterans Affairs for conducting mental health outreach using Proposition 63 funds specifically set aside for Veterans Service Offices to help veterans learn more about mental health issues and connect with service providers. The funds are also used to inform deploying troops from the California National Guard at Camp Roberts, about conditions that can result in mental health issues.

**FY 2014-15 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 counties veterans are taken care of. We will be continuing to exploring new and more efficient ways of processing the veterans claim to get them their benefits and services as quickly as possible.
- The department has become a focal point for our veteran's community for all organizations that assist veterans and their families. We 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 counties 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. One way we will be doing this is to open a new satellite office on the north coast in Morro Bay, Cayucos or Cambria. We will also be looking to expand current outreach programs like the VetSurf program, participation in local Farmers Markets and other new innovative ways we can reach our local veterans.
- The office will conduct its second annual Stand Down. It will be expanded to cover 48 hours and hopefully reach a greater number of the 200+ homeless veterans living in our community and those veterans who are at risk of becoming homeless. This event is a collaborative effort with 30+ other agencies from the Federal, State, and local level.
- Staff will continue to attend training sessions throughout the year to maintain their accreditation and to remain current on the ever-changing laws that effect veterans and their claims.

**COUNTY ADMINISTRATOR’S COMMENTS AND RECOMMENDATIONS**

The recommended budget for FY 2014-15 includes General Fund support of \$459,813, or an increase of \$57,202 or 14% from FY 2013-14 levels. This is due to an increase in expenditures of \$57,202 without any corresponding increase in projected revenue as state subvention revenue is budgeted to remain consistent with prior years at \$65,000.

Services and Supplies accounts are recommended to increase by \$1,568 or 4% to better assist outreach efforts by increasing copying and other related office expenses. Salaries and Benefits are recommended to increase by \$55,634 or 12% over FY 2013-14 levels as the result of recommending the addition of a Administrative Assistant Aide as requested in a budget augmentation request.

The position allocation list includes an increase of 1.00 FTE for the addition of the Administrative Assistant Aide, raising the total number of departmental staff to six. The addition of the Administrative Assistant Aide is outlined in the recommended budget augmentation request below and represents \$47,668 or 68% of the \$55,634 total increase in salaries and benefits. The remaining \$7,966 or 32% is the result of step increases and prevailing wage adjustments. A 1.00 FTE Limited Term Assistant Veterans Services Officer (AVSO) was included in an additional budget augmentation request and is not being recommended at this time. A 1.00 FTE Permanent AVSO was added via budget augmentation request during the FY 2013-14 budget and the impacts of that staffing level increase have not yet been quantified.

**BOARD ADOPTED CHANGES**

None.

**BUDGET AUGMENTATION REQUESTS ADOPTED**

| <b>Unit Amount</b>                                    | <b>Description</b>                         | <b>Results</b>   |
|---|--|--|
| Gross: \$47,668<br><br>General Fund support: \$47,668 | Add 1.00 FTE Administrative Assistant Aide | The addition of the Administrative Assistant Aide will provide administrative assistance at the Veterans Services Office in Paso Robles allowing that location to increase its operating hours to full time. |

**BUDGET AUGMENTATION REQUESTS NOT ADOPTED**

| <b>Unit Amount</b>                                    | <b>Description</b>   | <b>Results</b>  |
|---|--|---|
| Gross: \$66,582<br><br>General Fund support: \$66,582 | Add 1.00 FTE Limited Term 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**

| <b>Department Goal:</b> Provide veterans, their dependents, and survivors with advice on monetary, healthcare, insurance, and other government benefits.  |                            |                            |                            |                  |                            |                 |
|---|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| <b>Communitywide Result Link:</b> <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input checked="" type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input checked="" type="checkbox"/> Well-Governed Community |                            |                            |                            |                  |                            |                 |
| <b>1. Performance Measure: Percentage of customer satisfaction surveys which rated the services performed by the Veterans Services Department as “satisfied” or “very satisfied”.</b>   |                            |                            |                            |                  |                            |                 |
| 09-10<br>Actual<br>Results  | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| 100%  | 97%                        | 99.8%                      | 100%                       | 98%              | 98.4%                      | 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 received less than 100 surveys in FY 2013-14.

**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 veteran was dissatisfied with our service it is evaluated and corrective action is taken. The department connected with more than 13,000 veterans through office interviews, phones calls and outreach efforts to assist veterans and their families in FY 2013-14. As the Country continues to draw down from conflicts around the world and the Department of Veterans Affairs does a better job marketing benefits and services it is expected that the number of veterans seeking benefits will grow. This trend continues from FY 2012-13 and is expected to continue. Also, 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, pension, and 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).**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| \$2,084,287                | \$1,500,000                | \$3,708,374                | \$5,692,497                | \$2,500,000      | \$4,377,240                | \$2,500,000     |
| \$3,788,921                | \$5,288,921                | \$8,997,295                | \$18,189,792               | \$20,689,792     | \$22,567,032               | \$23,189,792    |

**What:** The annualized and cumulative dollar amount of new services and benefits connected with compensation and pension claims received by clients as a result of the efforts of the department.

**Why:** This illustrates the desired outcome of ensuring that clients receive maximum entitled benefits.

**How are we doing?** The office processed 676 awarded work load units in FY 2013-14, has more than 2400 pending claims and is expected to meet or exceed these amounts in FY 2014-15. 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.**

| 09-10<br>Actual<br>Results | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| .065%                      | .065%                      | .070%                      | .049%                      | .060%            | .065%                      | .097%           |

**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 26,000 Veterans and their families (including active duty, reserve and national guard military).

**How are we doing?** County Veterans Services operating budget has risen from previous years with the addition of a new Veterans Services Representative. Veterans are provided services by the Veterans Services Office's 5 Full Time Employee (FTE's) and 2 temporary staff. This includes the department head, four Veterans Service Representatives (1 temp), one Administrative Assistant, one administrative aid (temp) and 8 U.S. Department of Veterans Affairs paid work studies. Work studies are recently discharged veterans who are going to school at least ¼ 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. Though the actual expenses were higher than the estimates this year, the office was able to secure an addition \$103,000. in one time funding money to offset those additional costs.

|   |                            |                            |                            |                  |                            |                 |
|---|----------------------------|----------------------------|----------------------------|------------------|----------------------------|-----------------|
| <p><b>Department Goal:</b> Conduct outreach in the community to reach veterans where they live, work and play to ensure they are receiving the benefits and services they have earned.</p> <p><b>Communitywide Result Link:</b> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input checked="" type="checkbox"/> Livable <input checked="" type="checkbox"/> Prosperous <input checked="" type="checkbox"/> Well-Governed Community</p>   |                            |                            |                            |                  |                            |                 |
| <p><b>4. Performance Measure: Number of veterans reached through outreach efforts in the community.</b></p>   |                            |                            |                            |                  |                            |                 |
| 09-10<br>Actual<br>Results  | 10-11<br>Actual<br>Results | 11-12<br>Actual<br>Results | 12-13<br>Actual<br>Results | 13-14<br>Adopted | 13-14<br>Actual<br>Results | 14-15<br>Target |
| N/A   | N/A                        | N/A                        | 2274                       | 1500             | 2075                       | 1500            |
| <p><b>What:</b> Outreach efforts are conducted throughout the county to reach veterans where they live, work and play.</p> <p><b>Why:</b> To inform veterans of the benefits and services they have earned and to help them access those benefits and services as needed.</p> <p><b>How are we doing?</b> This is a new measure for FY 2013-14. The department was able to outreach to 2075 veterans in FY 2013-14. We expect a drop in this measure due to the draw down in Afghanistan and the reduction of Soldier Readiness Processing (SRP)'s at Camp Roberts, but we still expect to reach at least 1500 veterans in the community through our outreach efforts. This outreach is done by participating in local farmers markets, the newly established Veterans Treatment Court and innovative programs such as the VetSurf program, the County Veterans ID card program, the Thank a Veteran Month program in November and the Veterans Stand Down program for at risk and homeless veterans.</p> |                            |                            |                            |                  |                            |                 |