

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

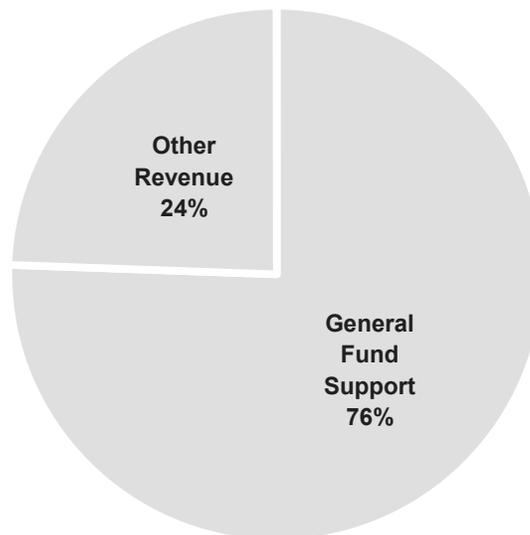
Veterans Services

PURPOSE STATEMENT

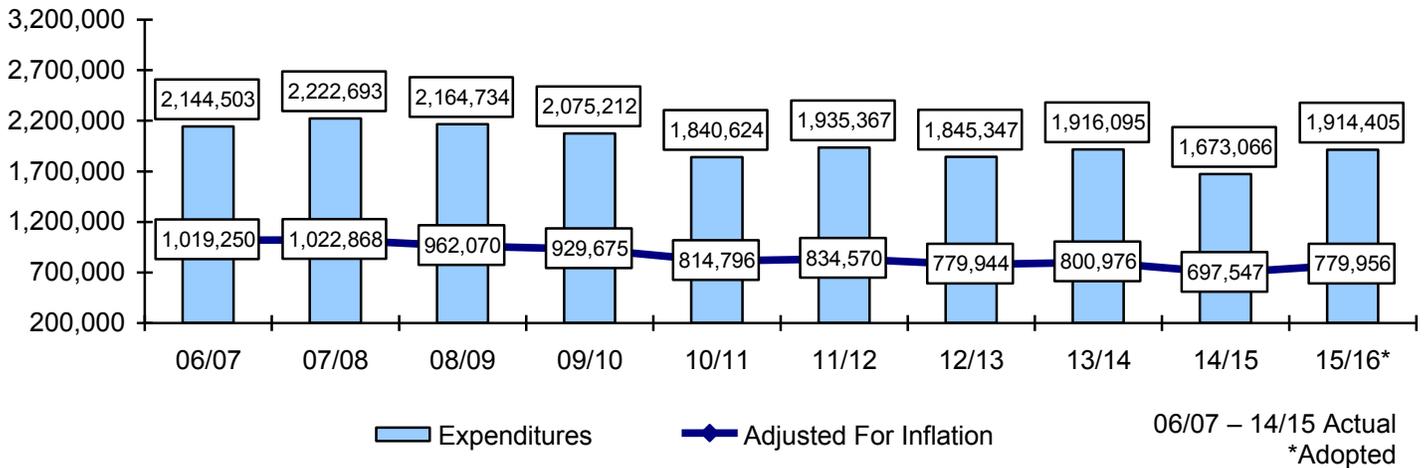
To assist non-profit agencies and organizations by providing financial support for essential services not provided by the County, and to support County recognized advisory committees and councils with their on-going operations.

Financial Summary	2013-14	2014-15	2015-16	2015-16	2015-16
	Actual	Actual	Requested	Recommended	Adopted
Other Revenues	\$ 356,515	\$ 393,232	\$ 355,005	\$ 374,000	\$ 374,000
Other Financing Sources	0	0	0	0	250,000
Interfund	36,000	0	0	0	0
**Total Revenue	\$ 392,515	\$ 393,232	\$ 355,005	\$ 374,000	\$ 624,000
Services and Supplies	1,911,905	1,673,066	1,351,720	1,604,405	1,914,405
Other Charges	4,190	0	0	0	0
**Gross Expenditures	\$ 1,916,095	\$ 1,673,066	\$ 1,351,720	\$ 1,604,405	\$ 1,914,405
General Fund Support (G.F.S.)	<u>\$ 1,523,580</u>	<u>\$ 1,279,834</u>	<u>\$ 996,715</u>	<u>\$ 1,230,405</u>	<u>\$ 1,290,405</u>

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Contributions to Other Agencies has a total expenditure level of \$1,914,405 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: \$139,505 Total Staffing (FTE): 0.00

Community Based Organizations

Provides funds to non-profit health and human services organizations for programs and services that 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: \$893,900 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: \$407,000 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: \$474,000 Total Staffing (FTE): 0.00

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The recommended FY 2015-16 level of General Fund support for this fund center, at \$1,230,405, is a decrease of \$54,589 or 4% from FY 2014-15 adopted levels. The decrease is primarily due to funding for Visit San Luis Obispo County not recommended to be continued. Overall, the recommended budget provides for \$1,604,405 in grant funds, a decrease of \$79,839 when compared to FY 2014-15. Grants are funded through a combination of the General Fund and tobacco settlement dollars. The recommended budget includes \$50,000 of unallocated funding. The following is a description, by category, of the recommended funding distribution.

District Community Project Grants: For FY 2015-16, it is recommended that funding for District Community grants increase to \$139,505, or \$27,901 per supervisorial district. This represents a less than 1% increase compared to FY 2014-15 levels. As in prior years, any district funds remaining from FY 2014-15 will be carried forward to FY 2015-16. The exact amount of funds to be carried forward will be determined at the end of FY 2014-15.

District Community Projects	2015-16 Request	2015-16 Recommendation	2015-16 Adopted
District 1 Community Projects	\$ 25,938 + carryover	\$ 27,901 + carryover	\$ 27,901 + carryover
District 2 Community Projects	\$ 25,938 + carryover	\$ 27,901 + carryover	\$ 27,901 + carryover
District 3 Community Projects	\$ 25,938 + carryover	\$ 27,901 + carryover	\$ 27,901 + carryover
District 4 Community Projects	\$ 25,938 + carryover	\$ 27,901 + carryover	\$ 27,901 + carryover
District 5 Community Projects	\$ 25,938 + carryover	\$ 27,901 + carryover	\$ 27,901 + carryover
Total	\$129,690	\$139,505	\$139,505

Community Based Organization (CBO) and Preventive Health Grant (PHG):

The CBO/PHG Review Committee, along with Administrative Office staff, formulated the funding recommendations below. The CBO/PHG Review Committee is made up of representatives appointed by the Adult Services Policy Council, the Behavioral Health Advisory Board, the Health Commission and Children's Services Network.

A total of 70 project proposals, requesting \$2 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 62 proposals totaling \$1,200,900 is recommended. Forty (40) proposals will be funded through the CBO grants program. This is an increase of \$58,400 or 8% compared to FY 2014-15 adopted amounts. Twenty-two (22) proposals will be funded through the PHG grants program. This represents a decrease of \$7,675 or 2% from FY 2014-15 levels. PHG grants are funded through tobacco settlement funds which fluctuate from year to year. CBO grants are funded using General Fund dollars. The following organizations are recommended for funding in FY 2015-16.

**Contributions to Other Agencies
Fiscal Year 2015-16 Final Budget**

Fund Center 106

Community Based Organizations / Preventive Health Grant	2015-16 Requested	2015-16 CBO Recommended	2015-16 PHG Recommended	2015-16 Adopted
5 Cities Homeless Organization	23,950		7,000	15,000
AIDS Support Network				
Stable Housing Program	23,000		20,000	20,000
Hep C Project	25,000		23,000	23,000
SLO Syringe Exchange Program	10,000		10,000	10,000
Alpha Pregnancy and Parenting Support	14,000	12,000		12,000
American Red Cross (home fire preparedness campaign)	7,000	0	0	0
Assistance League	10,000	10,000		10,000
Atascadero Loaves & Fishes	20,000	20,000		20,000
Big Brothers Big Sisters	10,000	8,000		8,000
Boys and Girls Club of South San Luis Obispo County	12,500	8,000		8,000
Cal Poly Corporation	33,845	25,000		25,000
Cambria Connection	35,000		20,000	35,000
Center for Family Strengthening (formally known as SLO Child Abuse Prevention Council)				
Kidz Tool Box for Personnel Safety	10,000	5,000		5,000
Dental Treatment for uninsured children	20,000		13,000	13,000
Promotores Collaborative of SLO County	36,000	15,000		15,000
Child Development Center of the Central Coast	39,296	37,000		37,000
Children's Resource Network of Central Coast	17,500	15,000		15,000
Coast Caregiver Resource Center/RISB Foundation	10,000	10,000		10,000
Coast Unified School District	79,237		22,500	22,500
Community Action Partners of SLO County				
Adult Day Service Centers	31,500	31,500		31,500
Adult Wellness and Prevention	15,750	10,000		10,000
Forty Wonderful Program	8,663		6,000	6,000
Liberty Tattoo Removal Program	8,400	8,400		8,400
SAFE South County	18,000		15,000	15,000

**Contributions to Other Agencies
Fiscal Year 2015-16 Final Budget**

Fund Center 106

Community Based Organizations / Preventive Health Grant	2015-16 Requested	2015-16 CBO Recommended	2015-16 PHG Recommended	2015-16 Adopted
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, Division of Behavioral Health Department	80,073		22,500	22,500
Court Appointed Special Advocates (CASA)				
Represent abused and neglected children under the jurisdiction of Juvenile Court	20,000	20,000		20,000
CASA services to infants and toddlers ages 0 to 3 years	4,400	4,000		4,000
El Camino Homeless Organization	0	0	0	35,000
Five Cities Meals on Wheels	8,000	8,000		8,000
Food Bank	120,000	100,000		100,000
Forget Me Not, Inc. (subsidizing court ordered supervised child visitations)	2,000	0	0	0
Gryphon Place/Gatehelp, Inc.	30,000	0	0	0
Life Steps Foundation, Inc.	2,500	2,500		2,500
Literacy Program for San Luis Obispo County	50,000	15,000		15,000
Long Term Care Ombudsman Services				
Facility monitoring, complaint investigations and resolutions	15,000	15,000		15,000
Mental health training for care facility staff	9,000		4,500	4,500
Lucia Mar Unified School District	41,400		25,000	25,000
North County Connection	40,000		20,000	30,000
Operation Coaching Our Youth (Operation COY)	75,000	0	0	0
Partnership for Children Pediatric Dental Care	30,000	30,000		30,000
Paso Robles Unified School District				
Girls Circle project	61,410	0	0	
Drug and alcohol prevention program	26,796		20,000	20,000

**Contributions to Other Agencies
Fiscal Year 2015-16 Final Budget**

Fund Center 106

Community Based Organizations / Preventive Health Grant	2015-16 Requested	2015-16 CBO Recommended	2015-16 PHG Recommended	2015-16 Adopted
Positive behavior implementation and strategies Program	26,138	0	0	0
Assessing at-risk students through intervention	60,375	0	0	0
People's Self-Help Housing	25,000	18,000		25,000
RISE				
Sexual Assault/Domestic Violence Counseling	20,000	20,000		20,000
Prevention Education Program in high schools	30,000	30,000		30,000
SLO Alano Club	5,000		2,000	2,000
SLO Bike Coalition (ride well program for homeless and at- risk)	10,683	2,500		2,500
SLO Noor Foundation	175,000	150,000		175,000
San Luis Obispo Legal Assistance Foundation (formerly known as San Luis Obispo Legal Alternatives)/Senior Legal Services Project	15,000	15,000		15,000
Senior Nutrition Program	75,000	55,000		55,000
Senior Volunteer Services				
RSVP (senior volunteers)	15,000	15,000		15,000
Central Coast Community Volunteer Program	5,000	5,000		5,000
South County Youth Coalition	99,794		22,500	22,500
The Link				
SAFE Program North County	27,500		15,000	15,000
North County First Contact/Last Resort Program	3,000	3,000		3,000
Transitional Food and Shelter	50,000		40,000	40,000
Transition-Mental Health Association				
Growing Grounds	18,000	18,000		18,000
North County Wellness Center	10,000	10,000		10,000
HOTLINE	30,000	25,000		25,000
United Way – 211	35,000	25,000		25,000
Wilshire Community Services				

**Contributions to Other Agencies
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Fund Center 106

Community Based Organizations / Preventive Health Grant	2015-16 Requested	2015-16 CBO Recommended	2015-16 PHG Recommended	2015-16 Adopted
Caring Callers	5,000	4,500		4,500
Good Neighbor Program	5,000	5,000		5,000
Senior Peer Counseling Program	5,000	4,500		4,500
Wilshire Hospice (SoulCollage Grief Support Program)	8,760	0	0	0
Women's Shelter Program				
Domestic Violence School Advocate Program	23,000		23,000	23,000
Domestic Violence Counseling	12,000	12,000		12,000
YMCA	10,000		8,000	8,000
Total	\$1,973,470	\$826,900	\$374,000	1,300,900

Other Agency Requests:

General Fund support for this category is recommended to decrease by \$193,379 or 48% from FY 2014-15 adopted levels. This decrease is primarily due to the elimination of funding for Visit San Luis Obispo County. At the writing of this narrative, Visit San Luis Obispo County is in the process of spearheading the formation of a countywide tourism marketing district (TMD). The TMD will provide a sustainable funding mechanism for Visit San Luis Obispo County so funding will no longer be needed.

Funding for the Central Coast Commission for Senior Citizens – Area Agency on Aging (Triple AAA) is a required match of the Older Americans Act. FY 2015-16 will begin the next two-year cycle of the Action for Healthy Communities survey. In the past, funds have been budgeted in each fiscal year of the cycle; however, this year the \$20,000 will be needed in the second half of FY 2015-16 and therefore, the entire amount is being budgeted in FY 2015-16. Funding for the Arts Council/ARTS Obispo is recommended to increase approximately \$2,500 or 13%. The Coastal San Luis and Upper Salinas Resource Conservations Districts are recommended to increase by \$5,000 (\$10,000 to \$15,000).

**Contributions to Other Agencies
Fiscal Year 2015-16 Final Budget**

Fund Center 106

Other Agency Requests	2015-16 Requested	2015-16 Recommended	2015-16 Adopted
Action for Healthy Communities	20,000	20,000	20,000
Central Coast Commission for Senior Citizens- Area Agency on Aging	40,000	40,000	40,000
Central Coast Veterans Memorial Museum	15,000	0	0
Coastal San Luis Resources Conservation District	39,319	15,000	20,000
Pacific Wildlife Care	4,000	3,000	3,000
San Luis Obispo County Arts Council/Arts Obispo	21,007	21,000	21,000
San Luis Obispo Visitors & Conference Bureau dba Visit San Luis Obispo County	325,854	0	0
SCORE	5,000	0	0
Upper Salinas-Las Tablas Resources Conservation District	45,000	15,000	20,000
Tourism Infrastructure Grant program		100,000	100,000
Cal Poly Performing Arts Center			250,000
Total	\$515,180	\$214,000	\$474,000

BOARD ADOPTED CHANGES

During budget hearings, the Board approved using \$50,000 of unallocated funds budgeted in this fund center for FY 2015-16 along with \$60,000 from General Fund Contingencies and \$250,000 from General Government Building Replacement Fund-General Building Designation for a total of \$360,000 for a net budget increase of \$310,000. These additional funds will be used to fund and/or increase the following projects:

- 5 Cities Homeless Coalition was increased by \$8,000 to \$15,000
- Cambria Connection was increased by \$15,000 to \$35,000
- El Camino Homeless Organization was awarded \$35,000
- North County Connection was increased by \$10,000 to \$30,000
- People's Self Help Housing was increased by \$7,000 to \$25,000
- SLO Noor Foundation was increased by \$25,000 to \$175,000
- Cal Poly Performing Arts Center was awarded a one-time grant of \$250,000
- Coastal San Luis Resources Conversation District was increased by \$5,000 to \$20,000
- Upper Salinas Las Tablas Resources Conservation District was increased by \$5,000 to \$20,000

BUDGET AUGMENTATION REQUESTS ADOPTED

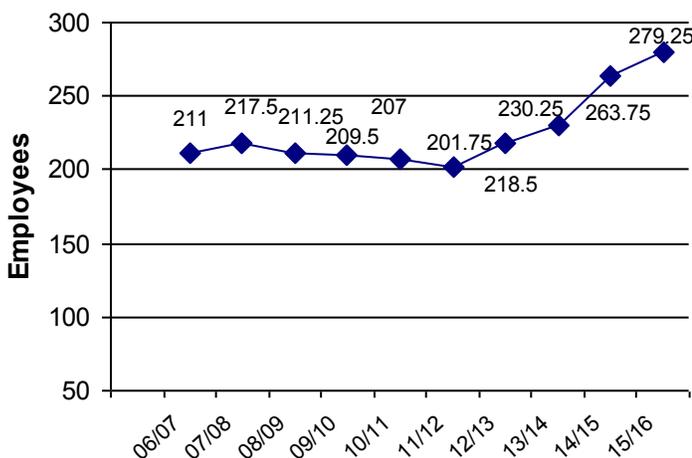
None requested.

MISSION STATEMENT

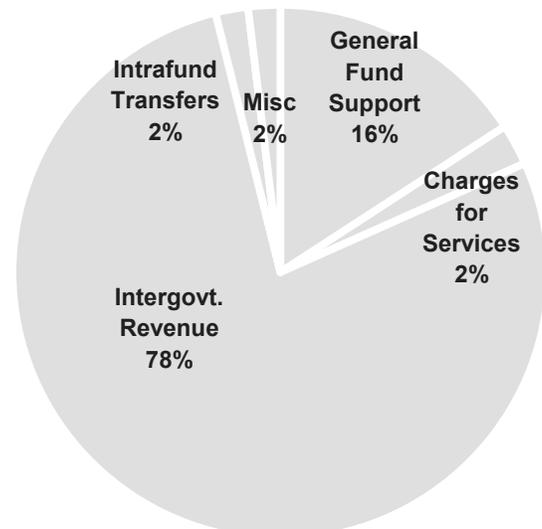
San Luis Obispo County Behavioral Health Department works in collaboration with the community to provide services necessary to improve and maintain the health and safety of individuals and families affected by mental illness and/or substance abuse. Services are designed to assist in the recovery process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

	2013-14	2014-15	2015-16	2015-16	2015-16
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Fines, Forfeitures and Penalties	\$ 180,000	\$ 91,000	\$ 195,000	\$ 195,000	\$ 195,000
Intergovernmental Revenue	39,076,115	42,750,726	44,715,374	46,070,665	46,070,665
Charges for Current Services	1,186,858	1,167,274	1,322,955	1,443,805	1,443,805
Other Revenues	893,468	1,342,176	881,827	881,827	881,827
Interfund	450,064	187,439	73,641	73,641	73,641
**Total Revenue	\$ 41,786,505	\$ 45,538,615	\$ 47,188,797	\$ 48,664,938	\$ 48,664,938
Salary and Benefits	25,213,929	26,924,697	29,383,397	30,791,035	30,791,035
Services and Supplies	25,078,296	24,736,525	26,827,005	27,379,019	27,379,019
Other Charges	47,519	2,385,555	1,097,221	1,097,221	1,097,221
**Gross Expenditures	\$ 50,339,744	\$ 54,046,777	\$ 57,307,623	\$ 59,267,275	\$ 59,267,275
Less Intrafund Transfers	1,125,856	1,278,669	1,181,755	1,181,755	1,181,755
**Net Expenditures	\$ 49,213,888	\$ 52,768,108	\$ 56,125,868	\$ 58,085,520	\$ 58,085,520
General Fund Support (G.F.S.)	<u>\$ 7,427,383</u>	<u>\$ 7,229,493</u>	<u>\$ 8,937,071</u>	<u>\$ 9,420,582</u>	<u>\$ 9,420,582</u>

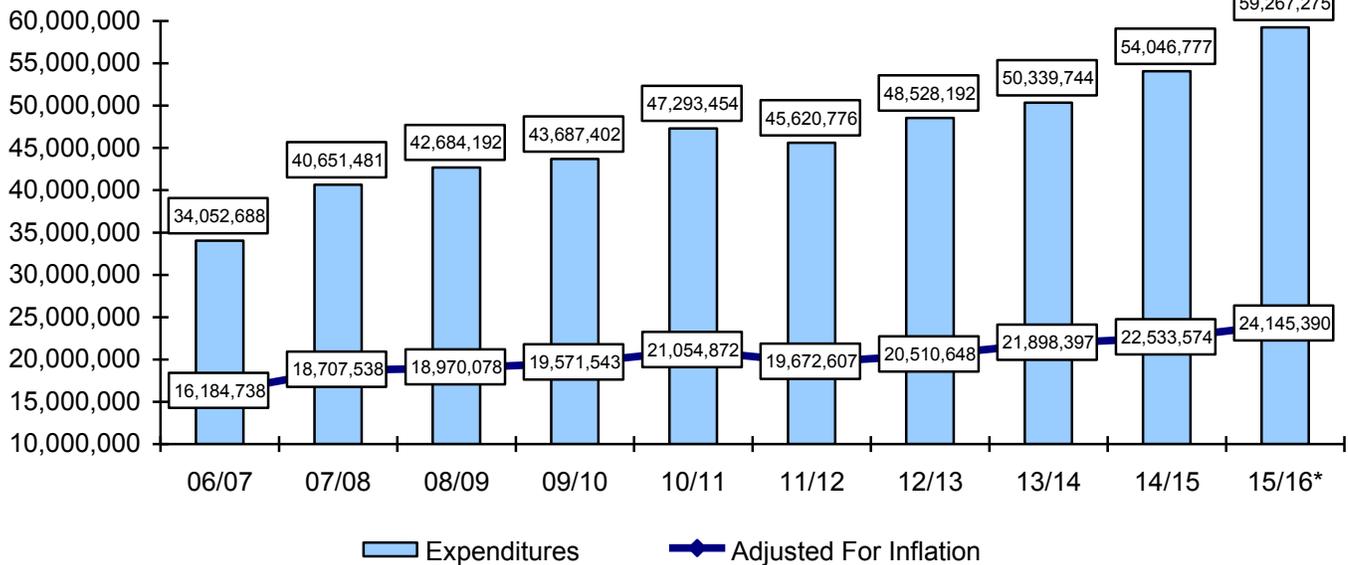
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



06/07 – 14/15 Actual
 *Adopted

SERVICE PROGRAMS

Behavioral Health is in the Health Agency and has a total expenditure level of \$59,267,275 and a total staffing level of 279.25 FTE to provide the following services:

Mental Health Services

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

Total Expenditures: \$35,188,918 Total Staffing (FTE): 150.25

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: \$10,657,404 Total Staffing (FTE): 73.50

Mental Health Services Act (MHSA)

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

Total Expenditures: \$13,420,953 Total Staffing (FTE): 55.50

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 manage their symptoms and improve their lives. Additionally, the department works with the community to inform, educate, and build skills which promote wellness, reduce barriers to care, and increase preventive health outcomes.

Funding for the department comes 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, Drug Courts, 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 2015-16 budget continues to include 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. 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, the data from the first six months of ACA implementation shows a small shift of eligibility for Medi-Cal and subsequent impact to revenues and service delivery needs. This budget reflects the initial projections for revenue and service trends, factoring in staff vacancies and subsequent reduction of both revenue and expense.

Several State and Federal initiatives (including amendments to section 1115b of the Social Security Act "Bridge to Reform" Waiver which impacts Drug Medi-Cal services and finance) and the movement toward integrated Health Homes, will continue to change both the department's service delivery system and financing methodologies. The budget also continues to reflect Mental Health Services Act special revenue funds which aid the department and community in increasing access to underserved populations and providing a focus on wellness and recovery.

The Department has, over the last several fiscal years, tried to sustain service levels with fewer resources. Until the ACA funded additions for drug and alcohol staff in the FY 2014-15 budget, few opportunities to increase the quantity and quality of services had been available outside of MHSA funded programs. This has had a severe impact on mandated mental health services, including access to care and in-house clinical care for adults

Following are some of the department's notable accomplishments for FY 2014-15 and specific objectives for FY 2015-16:

FY 2014-15 Accomplishments

- Completed the implementation of the Electronic Health Record system in all areas of the department except the jail.
- Developed new reporting tools to monitor, analyze, and adapt to changing treatment environment created by new Medi-Cal eligibility and benefits. Increased substance use disorder service capacity through new programs and staff.

FY 2015-16 Objectives

- Evaluate and begin implementation plans for an Electronic Health Record for jail services, in conjunction with Public Health.
- Increase adherence to timeliness and other standards for intake, assessment, and documentation, including required services to Spanish speakers and other underserved populations.

- Continued integration of mental health and substance use disorder services both clinically and operationally. Integrated forensic services under one division. Created additional co-occurring disorder treatment groups.
- Created a multi-agency group including Behavioral Health, Child Welfare Services and our community based organizations, which developed a structured all-day training on Trauma Informed Care for all staff.
- Developed an orientation program for all new staff. Health Agency on-boarding has begun and has been an extremely successful collaboration across internal departments.
- Initiated outpatient detoxification program for opiate and alcohol addictions. Withdrawal management program has begun and expanded to provide up to 30 hours a week of opiate withdrawal services.
- Increased collaboration for children's services with Department of Social Services for Katie A "sub-class". After a slow start, the services for the subclass defined population are fully implemented and referrals continue to increase. As of this time we are serving approximately 93 subclass children/families in the community.
- Continued successful collaboration with schools for children who are eligible for public mental health services. Services ranging from day treatment to Latino Outreach and therapeutic classroom strategies are available in 27 schools countywide.
- Increased early intervention and substance use disorders treatment services for youth, including the introduction of Drug Medi-Cal services on five high school campuses and expansion of contracts with six new school sites countywide.
- Expanded crisis services to better meet the needs of the community. An in-house team was developed to provide a higher level of response to San Luis Obispo hospital emergency rooms. This pilot project will be evaluated for efficacy after six full months of operation.
- Develop a data and performance outcome/quality assurance team to provide an efficient and effective data dashboard with standardized reports and analytics resulting in data driven decision making and management.
- Develop a system for collaborative care with physical health care providers for clients.
- Implement use of standardized assessment tools, CANS – Child and Adolescent Needs and Strengths; ANSA – Adult Needs and Strengths Assessment, for level of care and clinical progress.
- Develop a standardized protocol with emergency departments and law enforcement agencies for psychiatric crisis response.
- Integrate successful MHSA "Innovation" pilot projects into ongoing programming. In FY 2015-16, programs for veterans outreach and student wellness will be continued using MHSA funds.
- Develop a college-based prevention and early intervention program to address growing behavioral health needs of local students. In FY 2015-16, MHSA funds will be directed towards implementing awareness, crisis prevention, and campus wellness initiatives at Cuesta College and Cal Poly.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The recommended budget reflects increases in revenues of approximately \$1.9 million or 4%, in total expenditures of more than \$4 million or 7%, and in General Fund support of almost \$2.2 million or 29% compared to the FY 2014-15 adopted budget.

The most significant variance in the revenue accounts compared to the FY 2014-15 adopted budget is a \$1,253,605 increase in Medi-Cal revenue, due in large part to the expansion of Medi-Cal eligibility under the Affordable Care Act (ACA). Other significant revenue increases include a \$571,479 or 7% increase in 2011 Realignment revenue due to growth, and a \$501,154 or 5% increase in Mental Health Services Act funding primarily associated with a new Mobile Crisis agreement that will be considered by the Board in late June or early July, 2015. The most significant decreases in the revenue accounts include a \$439,419 or 34% decrease in Tobacco Settlement funds due to one-time settlement funds that were included in the FY 2014-15 adopted budget, as well as a \$253,739 or 22% decrease in Federal grant revenue resulting from the elimination of four Federal grants: Drug Free Communities, Adult Treatment Court Collaborative, Children Affected by Methamphetamine, and Family Drug Court.

The more than \$4 million increase in expenditures compared to the FY 2014-15 adopted budget includes an increase of almost \$1.4 million or 4% in the salaries and benefits, to include the positions added mid-year, the net elimination of 9.0 FTE in the department's budget request, and the addition of 22.0 FTE new positions to the Position Allocation List. All of these staffing changes are listed below. Other key factors influencing the overall recommended amount in the salaries and benefits include:

- a reduction of approximately \$1.1 million in salary costs for 3.0 FTE Staff Psychiatrists, to reflect the expectation that these Staff Psychiatrist positions will remain unfilled and Behavioral Health will need to rely on Locum Tenens to provide psychiatry services;
- an increase of approximately \$900,000 due to the compensation increases approved by the Board in FY 2014-15;
- the elimination of several grant funded positions due to the ending of four Federal grants, which reduced the salaries and benefits by approximately \$671,000; and
- an increase of \$136,544 or 41% in contract employee costs due to a combination of contract Psychiatrist hourly costs and the addition of Psychiatrist hours for services at the Psychiatric Health Facility (PHF), jail and the youth services site in San Luis Obispo as well as an increase of Pediatrician hours for medical exams of Martha's Place clients.

Services and supplies are increasing by almost \$2.6 million or 10% overall primarily driven by an almost \$1.8 million or 14% increase in the Professional and Special Services account. A large component of this increase is approximately \$717,000 in additional Locum Tenens costs due to Staff Psychiatrist vacancies as mentioned above. Another significant component of this increase is an approximately \$454,000 increase in costs for a new Mobile Crisis services program and vendor, which is fully offset with Mental Health Services Act funding. The remaining increase is largely associated with increases in Mental Health Services Act programs including new "Innovation" programs that will begin in FY 2015-16.

Other significant variances in services and supplies include:

- an increase of \$533,255 or 63% in countywide overhead;
- an increase of \$225,224 or 4% in the Professional Services - Other account to reflect higher rates for Institutes for Mental Disease as allowed by the State;
- an increase of \$191,502 in internal Health Agency overhead billings due to the allocation of Compliance Program staff costs budgeted in FC 160 – Public Health to other Health Agency budgets (which was not done in FY 2014-15);
- a reduction of \$263,876 in charges for Information Technology support for major system development, due to the completion of the Behavioral Health Electronic Health Records system implementation; and
- a reduction of \$238,332 or 45% in the cost of pharmaceuticals as a result of changes in the formulary with several high cost drugs now being available as lower cost generics.

Other services and supplies accounts are varying by smaller amounts.

Transfers from other fund centers are recommended to decrease by \$85,594 or 6% due to the elimination of one-time Tobacco Settlement funding transferred to Behavioral Health from the Sheriff's department in FY 2014-15, combined with a reduction of about \$48,000 in the amount the Department of Social Services had transferred to Behavioral Health for crisis services for their Adult Protective Services clients. Department of Social Services will now contract with the Hotline provider for these services.

Changes to the Position Allocation List (PAL)

The following is a listing of the PAL amendments approved mid year FY 2014-15, positions eliminated in the Behavioral Health budget request, and positions added in the recommended budget.

Mid-year PAL adjustments approved by the Board in FY 2014-15:

- the elimination of a Supervising Administrative Clerk II and the addition of an Administrative Services Officer I/II for a re-classified position that had been omitted from the requested FY 2014-15 budget; and
- the addition of 2.5 FTE Limited Term positions for the newly awarded Behavioral Health Treatment Court Collaborative grant. The positions added to the PAL include 1.0 FTE Mental Health Therapist IV, 1.0 FTE Drug and Alcohol Specialist II and a 0.50 FTE Administrative Assistant III. The term for all three positions is four years and will end January 27, 2019.

Positions eliminated from the PAL in the FY 2015-16 Status Quo budget (9.0 FTE):

The following positions are being eliminated due to the termination of the Adult Treatment Court Collaborative grant:

- 0.50 FTE Limited Term Administrative Assistant
- 0.75 FTE Limited Term Mental Health Therapist IV
- 0.50 FTE Limited Term Drug and Alcohol Worker II
- 0.75 FTE Limited Term Drug and Alcohol Specialist IV
- 1.0 FTE Drug and Alcohol Specialist IV
- 0.50 FTE Drug and Alcohol Worker II

The following positions are being eliminated due to the termination of the Children Affected by Methamphetamine grant:

- 0.50 FTE Limited Term Administrative Assistant
- 1.0 FTE Limited Term Drug and Alcohol Worker I (two half-time positions)
- 2.0 FTE Limited Term Drug and Alcohol Specialists

In addition, 1.0 FTE Drug and Alcohol Specialist IV is being eliminated due to the termination of the Drug Free Communities grant, and 0.50 FTE Drug and Alcohol Worker II is being eliminated due to the termination of the Family Drug Court grant.

Positions added to the PAL in the recommended FY 2015-16 budget (22.0 FTE) See table below for Budget Augmentation requests recommended:

- 4.0 FTE Drug and Alcohol Specialist I/II/III/IV
- 1.0 FTE Drug and Alcohol Worker I/II
- 3.0 FTE Health Information Technician I/II
- 1.50 FTE Mental Health Nurse II
- 1.0 FTE Mental Health Program Supervisor
- 10.5 FTE Mental Health Therapist I/II/III/IV
- 1.0 FTE Program Manager I/II

Given the significant increase in resources in the FY 2015-16 recommended budget, service levels are expected to be expanded, as described in the table below.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross: \$218,521 General Fund support: \$0	Add 2.0 FTE Drug and Alcohol Specialist I/II/III and 0.50 FTE Health Information Technician to provide intensive outpatient treatment to youth in partnership with County Office of Education.	<ol style="list-style-type: none"> 1. Participants will reduce their self-reported drug and alcohol use in the past 30 days. 2. Participants will report an increase in knowledge of alcohol and other drug use consequences. 3. Participants will report improved grades and class attendance. 4. Participants will report reduced feelings of depression and other behavioral health indicators such as reduced suicidal ideations.
Gross: \$231,946 General Fund support: \$0	Add 2.0 FTE Drug and Alcohol Specialist I/II/III, a 1.0 FTE Health Information Technologist and a 0.50 FTE Mental Health Therapist IV to provide co-occurring disorder treatment services to inmates in the jail, funded with AB 109 Public Safety Realignment money.	<ol style="list-style-type: none"> 1. Provide substance abuse counseling services to approximately 50 – 60 inmates per year. 2. Reduce substance use and other criminogenic factors over the length of treatment as measured by pre and post-tests. 3. Reduce recidivism for treated clients to no more than 15.2%. 4. At least 58% of inmates treated in the jail continue with community-based treatment upon release, for at least six months. 5. Increase medication compliance to 80% for clients with co-occurring disorders.
Gross: \$187,006 General Fund support: \$41,848	Convert 3,600 temporary help hours to permanent staff, adding two 0.50 FTE Mental Health Nurse I/II's and two 0.50 FTE Mental Health Therapist II/III/IV's for the Psychiatric Health Facility (PHF).	<ol style="list-style-type: none"> 1. Comply with the County's temporary help policy by reducing the number of temporary help workers performing work of an on-going nature. 2. Decrease overtime costs by 4% (approximately \$4,300).
Gross: \$64,821 General Fund support: \$31,514	Convert approximately 1,800 temporary help hours to permanent staff, adding 1.0 FTE Drug and Alcohol Worker I/II to conduct drug testing. Temporary help costs will be reduced by \$33,307.	<ol style="list-style-type: none"> 1. Test results will be posted within 48 hours, reduced from the current average time of 72 hours. 2. Comply with the County's temporary help policy by reducing the number of temporary help workers performing work of an on-going nature.

<p>Gross: \$605,764 General Fund support: \$348,178</p>	<p>Add 6.0 FTE Mental Health Therapists and 1.0 FTE Mental Health Program Supervisor to improve capacity to provide adult mental health services, and reduce wait times for clients.</p>	<ol style="list-style-type: none"> 1.Reduce wait time for treatment services from the current 20- 50 days to no more than 14 days, complying with the required timeliness standard 2.Decrease service requests for emergency/crisis mental health services in the county by 5%. 3.Decrease the rate of patient readmission to the PHF within 30 days by 5%. 4.Decrease the suicide rate in San Luis Obispo County by 5%.
<p>Gross: \$48,220 General Fund support: \$23,773</p>	<p>Add 0.50 FTE Mental Health Nurse II to complete utilization review of PHF admissions.</p>	<ol style="list-style-type: none"> 1.Reduce disallowances for reimbursement of inpatient days by 50% (from 50 days/month to 25 days/month). 2.Reduce disallowances for reimbursement of patient medication consent by 90% (from 124 to less than 12).
<p>Gross: \$132,367 General Fund support: \$31,499</p>	<p>Add 1.0 FTE Mental Health Therapist III and 1.0 FTE Health Information Technologist I/II to provide intensive day treatment services to youth.</p>	<p>Using the Child and Adolescent Needs and Strengths assessment instrument:</p> <ol style="list-style-type: none"> 1.80% of clients will show improvement in one or more areas of the “Life Domain Functioning” identified. 2.80% of clients will show improvement in one or more areas of the “Child Strengths” identified. 3.80% of clients will show improvement in one or more areas of the “Behavioral/Emotional Needs” identified.
<p>Gross: \$77,838 General Fund support: \$17,627</p>	<p>Add 1.0 FTE Mental Health Therapist III/IV to provide bilingual mental health services to youth in the north county.</p>	<p>Using the Child and Adolescent Needs and Strengths assessment instrument:</p> <ol style="list-style-type: none"> 1.80% of clients will show improvement in one or more areas of the “Life Domain Functioning” identified. 2.80% of clients will show improvement in one or more areas of the “Child Strengths” identified. 3.80% of clients will show improvement in one or more areas of the “Behavioral/Emotional Needs” identified.

<p>Gross: \$113,940 General Fund support: \$63,576</p>	<p>Add 1.0 FTE Mental Health Therapist III/IV and 0.50 FTE Health Information Technician I/II to provide/document intake assessments for Mental health Managed Care services.</p>	<p>1. The Mental Health Therapist will complete 250 – 300 intake assessments in FY 2015-16. 2. The average wait time for adult assessment will decrease from an average of 33 days to an average of 14 days.</p>
<p>Gross: \$102,053 General Fund support: \$39,801</p>	<p>Add 1.0 FTE Program Manager I/II to manage ongoing support functions for the Health Agency electronic health records systems.</p>	<p>Within two years of starting in the position: 1. Obtain Cerner Behavioral Health Alliance Leadership position; 2. Obtain California Special Interest Group Leadership position; 3. Draft at least three Data Processing Requests (for code-required system improvements); and 4. Develop improved outcome reporting from the Behavioral health electronic health record system.</p>

BUDGET AUGMENTATION REQUESTS NOT ADOPTED

Unit Amount	Description	Results
<p>Gross: \$149,772 General Fund support: \$93,581</p>	<p>Add 2.0 FTE Mental Health Therapist III/IV to perform bilingual psychotherapy and assessment for children ages birth to five years and to provide case management services to the families of these children.</p>	<p>Using the Child and Adolescent Needs and Strengths assessment instrument: 1. 80% of clients will show improvement in one or more areas of the “Life Domain Functioning” identified. 2. 80% of clients will show improvement in one or more areas of the “Child Strengths” identified. 3. 80% of clients will show improvement in one or more areas of the “Behavioral/Emotional Needs” identified.</p>
<p>Gross: \$166,700 General Fund support: \$114,110</p>	<p>Add 1.0 FTE Drug and Alcohol Specialist II position and 1.0 FTE Administrative Assistant III to expand outpatient substance use disorder treatment services in Paso Robles.</p>	<p>1. Increase access and treatment services. 2. Increase education classes specific to job development, substance abuse and life skills. 3. Decrease wait list and wait times for services for individuals living in the Paso Robles Area.</p>

Gross: \$251,879 General Fund support: \$129,250	Add 2.0 FTE Drug and Alcohol Specialist II positions and 1.0 FTE Health Information Technician to expand Drug Medical services to students in county school districts.	<ol style="list-style-type: none"> 1. Participants will reduce their self-reported drug and alcohol use in the past 30 days. 2. Participants will report an increase in knowledge of alcohol and other drug use consequences. 3. Participants will report improved grades and class attendance. 4. Participants will report reduced feelings of depression and other behavioral health indicators such as reduced suicidal ideations.
Gross: \$214,116 General Fund support: \$214,116	Convert 2.0 FTE Limited Term Mental Health Therapist III/IVs to permanent employment status to continue services that have been provided to children and families under the Children Affected by Methamphetamine grant. The services offered under this grant ended April 1, 2015 and the Limited Term positions will be eliminated in FY 2015-16.	<ol style="list-style-type: none"> 1. Reduce out-of-home child placement costs (and duration) by seven months. 2. Reduce recidivism by approximately 10%.
Gross: \$47,000 General Fund support: \$47,000	Funding for laboratory costs and supplies for drug testing of Drug-Medi-Cal clients.	Improve public safety and health of clients, their families and the community.

GOALS AND PERFORMANCE MEASURES

<p>Division Treatment Goal: To help individuals experiencing severe mental illness or serious emotional disturbance to be as functional and productive as possible in the least restrictive and least costly environments.</p> <p>Communitywide Result Link: <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community</p>						
<p>1. Performance Measure: Rate of client satisfaction with County mental health services.</p>						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
**75%	*N/A	85%	85%	86%	85%	87%
<p>What: Centers for Medicare and Medicaid Services (CMS) require the State to provide client satisfaction surveys to Medi-Cal beneficiaries. A State provided survey is offered to all clients receiving mental health services during a one-week period each fiscal year. The survey contains 36 statements to determine the quality of services provided. The survey offers the following five choices based upon each statement: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree. The measure of "satisfaction" is based on an average of the number of responses where the response was "Agree" or "Strongly Agree".</p> <p>Why: Client satisfaction is one indicator of the quality of services provided for mental health services.</p>						

How are we doing? During May 11-15, of 2015 the [Consumer Perception Survey](#) was administered. A total of 321 surveys were collected, reflecting an average aggregate client satisfaction rate of 85% of "Agree" or "Strongly Agree" (273/321).

Comparison data is not available to the department. In May of 2015 California Institute of Behavioral Health Solutions (CiBHS) began coordinating data collection and analysis for the State survey as part of the larger [CiBHS Statewide Evaluation](#) project. CiBHS is developing a framework that supports routine data collection consistency across agencies and providers. A report with comparison data is expected to be provided to Counties by the end of FY 2015-16. As methodology and standards have changed from the prior year, comparing specific data points would not be appropriate until the State report and technical assistance on the results have been provided. Based upon the upcoming guidelines from the State, Behavioral Health is also creating a tool in FY 2015-16 that will allow the data to be utilized locally in a more meaningful way.

*The November 2011 and May 2012 Statewide surveys were cancelled by the State pending a review of their survey requirements; therefore there are no results available to report for FY 2011-12.

**The Actual rates FY 2010-11 were revised to reflect two specific indicators, "agree" & "strongly agree", where before they had included a third indicator of "neutral".

2. Performance Measure: Day treatment days provided to youth in out-of-county group home facilities.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
2,937	1,588	1,885	1,764	1,920	1,613	1,920

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

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

How are we doing? The actual Day Treatment Intensive (DTI) days provided in FY 2014-15 was 1,613 with an average of 9 clients per month over the year.

FY 2014-15 started off with 6 clients placed in RCL 14 group homes, increasing to a high of 12 and ultimately ending the fiscal year with 9 clients. This net increase in client census was due to admitting eight new clients into out-of-county group homes and "graduating" five clients to lower levels of care within the county. 1,613 total DTI days were provided during FY 2014-15, which is 19% below the FY 2014-15 Adopted target level of 1,920. Some youth receive DTI services, while some youth receive only mental health services and medication support but still reside within the RCL-14 facility.

The FY 2015-16 target of 1,920 DTI (8 clients X 240 DTI days per year) remains the same amount adopted for FY 2014-15. With the implementation of the Katie A settlement and associated programs during FY 2013-14, the County has a better idea of potential youth anticipated to be in need of DTI.

A report by APS Healthcare, California's External Quality Review Organization (EQRO), found that for calendar year 2012, San Luis Obispo County provided DTI 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. The EQRO report for calendar year 2013 has not yet been published at the time this performance measure was written. The EQRO report for future years will be published by Behavioral Health Concepts, Inc.

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
\$12,140	\$13,940	\$11,955	\$12,727	\$11,200	\$20,117	\$15,952

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

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

How are we doing? The net MHPA operating cost per FSP enrollee for FY 2014-15 was \$20,117, which was \$8,917 more than the adopted target. The actual was calculated by taking the amount of net FSP revenue spent in FY 2014-15 divided by the number of FSP clients served (\$2,232,936 divided by 111 = \$20,117). As a comparison, in FY 2013-14 the amount per enrollee was calculated at \$2,316,295 divided by 182 = \$12,727 per enrollee. The increased cost of FSP clients was a result of changes that were made to the Child and Transitional Aged Youth (TAY) FSP Lite programs. The Department did a study on the "low-intensity" FSP model and concluded that it is successful, but dissimilar enough to the original FSP model that outcome reporting may be affected. MHPA stakeholders approved and the MHPA Annual Report reflects moving out the FSP Lite programs from Child and TAY FSP and into a newly-named "School and Family Empowerment" program. This change will allow for more accurate data collection and outcome measurement. As a result of the FSP lite program movement to the CSS program "School and Family Empowerment", the total number served during FY 2014-15 was less than what was originally projected, thus increasing the cost per client. Overall caseloads for all FSP programs will begin to normalize to adopted levels for FY 2015-16 to ensure the Department is utilizing staffing resources effectively.

The FY 2015-16 target amount is \$15,952 (\$2,552,319 divided by 160 clients = \$15,952), which is lower than the prior year actual. A request for proposal (RFP) process was conducted during FY 2014-15 on all FSP programs. The Department is anticipating an increase in FSP clients served during the fiscal year as a result of changes in service providers.

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
\$5,033	\$4,852	\$5,926	\$5,562	\$5,990	\$5,303	\$5,500

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

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

How are we doing? The average annual cost of services per Medi-Cal client for FY 2014-15 was \$5,303 (\$21,979,453 / 4,145 clients). Broken down by age group; the average cost per youth client in FY 2014-15 was \$8,005 (\$13,513,126 / 1,688 clients), while the average cost per adult client was \$3,229 (\$8,466,327 / 2,622 clients). Cost per client for adults has dropped from prior years due to the implementation of the Affordable Care Act. While the adult Medi-Cal population has increased by 36% (1922 to 2622 compared to FY 2013-14), the amount of adult Medi-Cal cost only increased by 15%. Increases in Medi-Cal costs relate to variable staffing costs. Overall, since costs did not increase at the same level as the Medi-Cal client count, the results for FY 2014-15 reflect an overall reduction in cost per Medi-Cal client. Overall increase in the current number of Mental Health clients eligible for Medi-Cal, has a direct effect in the overall cost reduction per client. The Department frequently reviews client Medi-Cal status to maximize revenue for specialty Mental Health Services. 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 significantly higher than cost per adult client. We expect this trend to continue in FY 2015-16.

The percent of Medi-Cal eligible individuals in the county who actually receive services is referred to as the penetration rate. For Calendar Year (CY) 2013, the latest report available, CenCal, our County's Medi-Cal administrator shows San Luis Obispo County's penetration rate was 7.59%, versus 5.78% for all counties statewide.

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
*12.8%	*11.6%	*10.6%	12.9%	10%	12.7%	11%

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

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

How are we doing In FY 2013-14, the client overall readmission rate was 12.9%. This is higher than our FY 2013-14 adopted rate due to the finding that our data used to establish the target did not include clients that were readmitted 3 or more times to the PHF with a 30 day period. The target for FY 2015-16 had already been set when this was discovered.

In FY 2014-15, 142 re-admissions occurred out of 1,122 total admissions; this is similar to the FY 2013-14 figure.

As a comparison, Monterey County's readmission rate was 10.2% in FY 2012-13 and Orange County's rate from January 2014 through May 2014 was 11.4%.

*Prior year actual results were revised to include clients that had been readmitted 3 or more times to the PHF within 30 days of discharge. The revision of the prior year's results was necessary to maintain consistency with the current and FY 2013-14 calculations.

Division Treatment Goal: To reduce alcohol and other drug-related problems among program participants who access services in regional clinics that provide efficient, high quality, intensive treatment services to community members desiring recovery from the misuse of alcohol and/or other drugs.

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
92%	91%	91%	90%	91%	86%	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? In FY 2014-15 the Behavioral Health Department began transitioning client surveys into an electronic format. As a result of this transition, only 126 surveys were collected, as compared to 432 surveys collected in FY 2013-14. As the electronic method has now been implemented, a larger sample size is expected in FY 2015-16.

Of those returned surveys, 86% (108/126) 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 has historically been based on the client's response to the single survey question of "overall satisfaction" with services.

Accordingly the target rate for FY 2015-16 has been set based on historical results. Because satisfaction rates are not part of any statewide database, no comparison data is available.

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
10%	10%	10%	10%	10%	10%	10%

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

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

How are we doing? During FY 2014-15, approximately 10% of county residents (28,900 out of 279,803) were reached through a variety of activities and campaigns including countywide information, education and interventions provided by the Department's Prevention and Intervention Services. The 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, revised the system in 2013, and is launching a new system in 2016. Based on that system, the number of individuals reached in FY 2014-15 by all California county substance abuse prevention efforts statewide was 1.5%, but since the system has changed so frequently, comparison data should be interpreted with caution.

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
88%	89%	94%	97.6%	97%	94.8%	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 2014-15, 805 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 94.8%. Of the 805 treatment completions 307 or (38.1%) maintained their sobriety, 440 or (54.7%) achieved abstinence and sobriety, 16 or (2.0%) reduced their alcohol and other drug use, and 42 (5.2%) 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 2014-15 demonstrated eliminated or reduced drug use, including those who maintained their sobriety during treatment according to the California Outcome Measurement System.

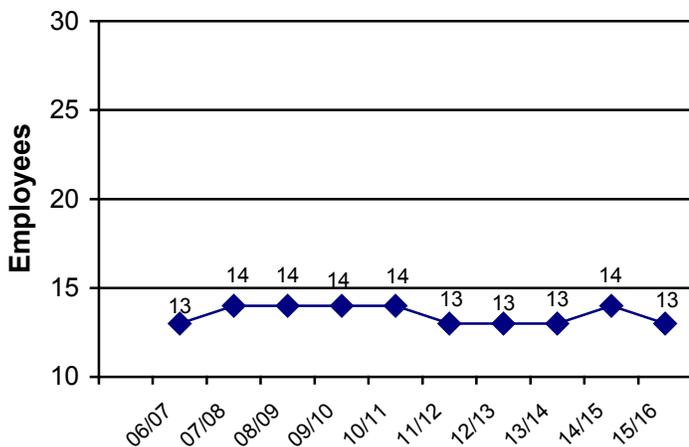
Data Source: California Outcomes Measurement System – Treatment

MISSION STATEMENT

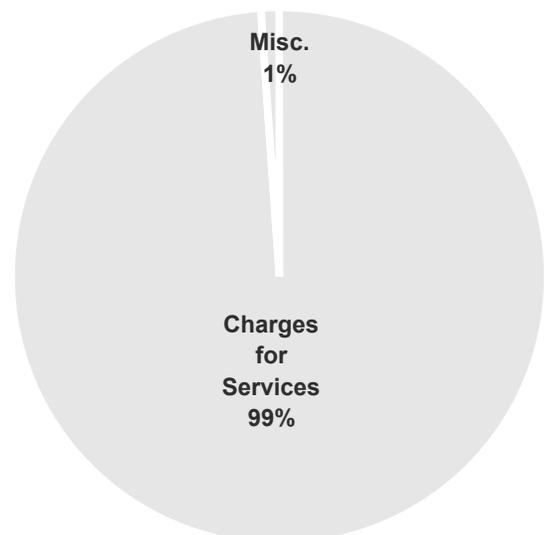
Driving Under the Influence (DUI) Programs promote safe, healthy, responsible, and informed choices concerning alcohol and other drugs through programs responsive to community needs.

	2013-14	2014-15	2015-16	2015-16	2015-16
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Revenue from Use of Money & Property	\$ 1,373	\$ 1,977	\$ 1,000	\$ 1,000	\$ 1,000
Charges for Current Services	1,343,682	1,306,719	1,340,158	1,340,158	1,340,158
Other Revenues	1	7	0	0	0
Interfund	58,300	29,665	0	0	0
Total Revenue	\$ 1,403,356	\$ 1,338,368	\$ 1,341,158	\$ 1,341,158	\$ 1,341,158
Fund Balance Available	\$ 123,502	\$ 72,534	\$ (68,538)	\$ (68,538)	\$ (17,752)
Cancelled Reserves	11,200	78,169	93,382	98,382	98,382
Total Financing Sources	\$ 1,538,058	\$ 1,489,071	\$ 1,366,002	\$ 1,371,002	\$ 1,421,788
Salary and Benefits	\$ 1,039,822	\$ 1,059,723	\$ 967,539	\$ 967,539	\$ 967,539
Services and Supplies	417,411	449,763	378,463	378,463	378,463
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 1,457,233	\$ 1,509,486	\$ 1,346,002	\$ 1,346,002	\$ 1,346,002
Contingencies	0	0	20,000	25,000	25,000
New Reserves	5,600	0	0	0	50,786
Total Financing Requirements	\$ 1,462,833	\$ 1,509,486	\$ 1,366,002	\$ 1,371,002	\$ 1,421,788

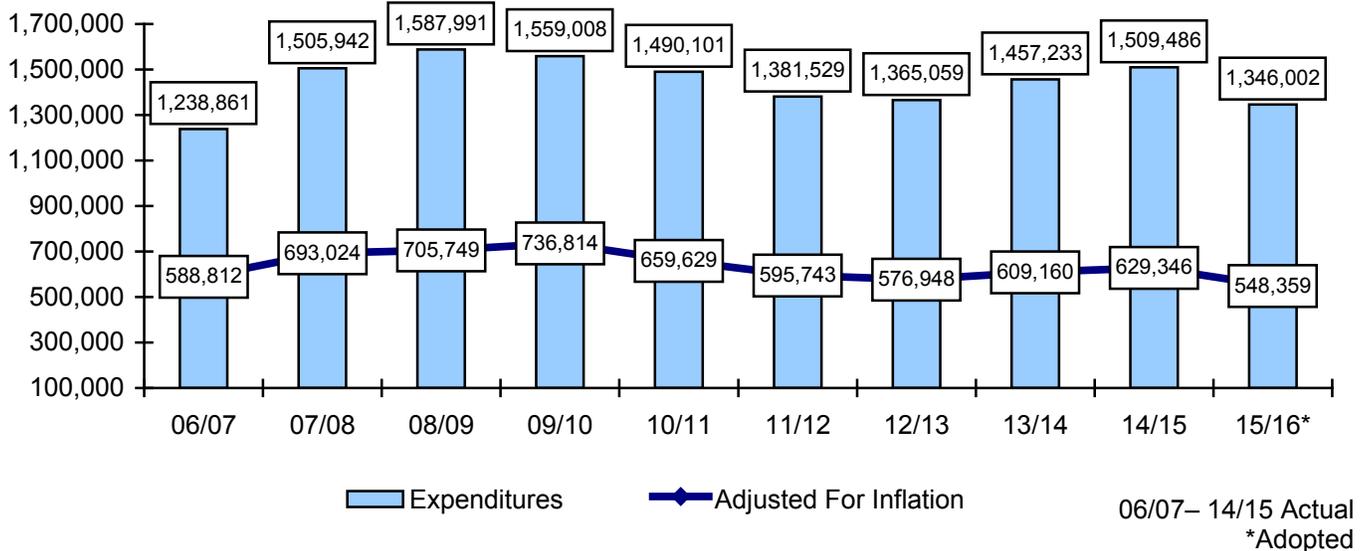
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The Driving Under the Influence program, operated by the Health Agency - Behavioral Health, has a total expenditure level of \$1,346,002 and a total staffing level of 13.00 FTE to provide the following services:

First Offender Program

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

Total Expenditures: \$677,156 Total Staffing (FTE): 6.50

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: \$619,550 Total Staffing (FTE): 6.00

Wet Reckless Program

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

Total Expenditures: \$20,126 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: \$29,170 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, San Luis Obispo County has conducted its court-ordered Driving Under the Influence program. This program is expected to enroll 1,200 participants in FY 2015-16 in First Offender, Second Chance, and other DUI programs.

Following are some of the division's notable accomplishments for FY 2014-15 and some specific objectives for FY 2015-16:

FY 2014-15 Accomplishments

- Implemented four Assessment Coordinators for each clinic site to handle DUI referrals to treatment. While the DUI Program is highly structured and regulated, clients may receive additional substance use disorder treatment services based on screening criteria.
- 87% of clients in the DUI program continue to rate their program either "excellent" or "above satisfactory."

FY 2015-16 Objectives

- In light of decreased enrollments, develop an improved process to track DUI convictions, area of residence, and enrollment status in conjunction with the Superior Court in order to maintain appropriate staffing levels.
- Develop a process to file documents electronically with the Superior Court.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Driving Under the Influence (DUI) is a special revenue fund, and does not receive any General Fund support. Total Financing Sources are decreasing \$263,350 or 16% compared to FY 2014-15 adopted levels due to expected decreased program enrollment and fee revenue. Program enrollment levels in FY 2014-15 are projected to come in 8.5% lower than assumed in the budget, resulting in a \$208,871 shortfall of fee revenue needed to cover program expenses.

Fee revenue is the largest source of financing for this budget and is budgeted at approximately \$1.3 million. The most significant decreases in fee revenue, compared to the prior year, are from the First Offender and Second Chance programs, expected to decrease by approximately \$73,000 or 13% and \$53,000 or 7% respectively. The Health Agency is projecting a negative Fund Balance Available of \$68,538 at year end, which will have an impact on overall financing sources for this budget. In order to balance the budget, \$98,382 in reserves will be canceled; an increase of \$20,213 or 25% compared to FY 2014-15 adopted levels. This will leave a balance of \$437,573 in DUI reserves at the end of FY 2015-16.

As a result of this decline in program enrollment, budgeted expenditures in FY 2015-16 are decreasing \$248,350 or 15% compared to the prior year. The most significant decrease is in the salary and benefit accounts, which is declining by \$209,892 or 17% in total. This decrease reflects the elimination of a vacant 1.0 FTE Drug and Alcohol Specialist from the Position Allocation List. In addition, approximately \$92,400 in salary savings is built into the budget based on the assumption that a filled Drug and Alcohol Specialist position will leave the DUI program at the beginning of FY 2015-16 to fill a vacancy in the Drug and Alcohol Services. No expenditures are budgeted for temporary help, given the decrease in program enrollment, resulting in a savings of almost \$41,000 in temporary help costs compared to FY 2014-15 the adopted budget.

Services and supplies accounts are decreasing \$38,458 overall or 9% compared to FY 2014-15 adopted levels. The most significant variances include a decrease of \$70,828 in the Countywide Overhead account, an increase of \$10,917 or 41% in rents and leases due to the new office in Paso Robles, established in FY 2014-15, and an increase of \$9,120 or 21% in Health Agency overhead charged to this budget for administration and information technology services. Other accounts are varying by much smaller amounts

Contingencies are budgeted at \$25,000 (2% of budgeted expenditures) to cover any unanticipated costs. There are no changes in service levels anticipated as a result of the recommended budget.

BOARD ADOPTED CHANGES

At year end, the final Fund Balance Available (FBA) was \$50,786 higher than assumed in the adopted budget. As part of final budget actions, the Board approved an increase in the DUI reserves in the amount of \$50,786.

BUDGET AUGMENTATION REQUESTS ADOPTED

None requested.

GOALS AND PERFORMANCE MEASURES

Division Goal: To enhance public safety by providing efficient and effective intervention and education to court ordered individuals referred for driving under the influence of alcohol or other drugs.						
Communitywide Result Link: <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community						
1. Performance Measure: Percentage of First Offender Driving Under the Influence (DUI) program completers who re-offend and are remanded to our Multiple Offender Program within 12 months of First Offender Program completion.						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
2.7%	1.7%	1%	1.3%	2%	1.01%	1.3%
What: Measures recidivism and effectiveness of the First Offender program.						
Why: If our First Offender DUI program is effective, graduates will not be arrested for another alcohol-related driving offense within the first 12-months of graduation from the program. If they do re-offend, they will be remanded to the Multiple Offender program.						
How are we doing? For FY 2014-15, the calculated recidivism rate for First Offender DUI Program participants was 1.01%. The recidivism rate was calculated by reviewing each client that graduated from the First Offender DUI Program during the time period from 7/1/2013 through 6/30/2014 and determining how many of these clients were remanded to the Multiple Offender DUI program within 12-months of their First Offender completion. Specifically, 589 First Offender DUI program participants completed their program between 7/1/2013 through 6/30/2014 and 6 re-offended in FY 2014-15 and were remanded to the Multiple Offender DUI Program within 12-months of their completion date, representing the re-offense rate of 1.01% 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".

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
84%	87%	85%	84%	86%	84%	86%

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

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

How are we doing?

From the 1,141 program participants provided surveys during FY 2014-15, 807 client surveys or 71% were returned. Based on the results, 84% or 675 of the 807 survey respondents rated their experience with the program as "Very Satisfied" or "Extremely Satisfied." While the survey includes varying aspects of the client's experience with the DUI program, this measure has historically been based on the client's response to the single survey question of "overall satisfaction" with services. During FY 2015-16 the Behavioral Health Department plans to utilize the updated collection method to conduct a more detailed analysis and include more data points in the result.

A preliminary analysis of the FY 2014-15 data indicates that questions related specifically to customer service, treatment, and care indicate a satisfaction rating of 94%, while questions related to costs of services are lower bringing the "overall" result down. The number of clients indicating that they were not satisfied (10), was shown to not be a statistically significant number and comments indicate that those clients were unhappy with the conviction itself and the expense associated with it; two factors beyond the control of Behavioral Health.

The Behavioral Health Department will be reviewing the survey during FY 2015-16 and make improvements where appropriate and conduct more meaningful analysis.

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.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
94%	92%	102%	102%	100%	90%	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 2014-15 were \$1,482,649. The actual fee amount collected for FY 2014-15 was \$1,338,367 which is -10% or \$144,281 less than what was targeted for the year. The revenue reduction is, in part, a result a decline of overall DUI convictions in San Luis Obispo County and the State. There are no statewide data on DUI Program fee collection trends.

As the Behavioral Health Department has no control over the number of clients convicted, who also reside in the County and choose to complete their program in the County, this measure is being changed for FY 2015-16 to reflect fees collected based upon services provided.

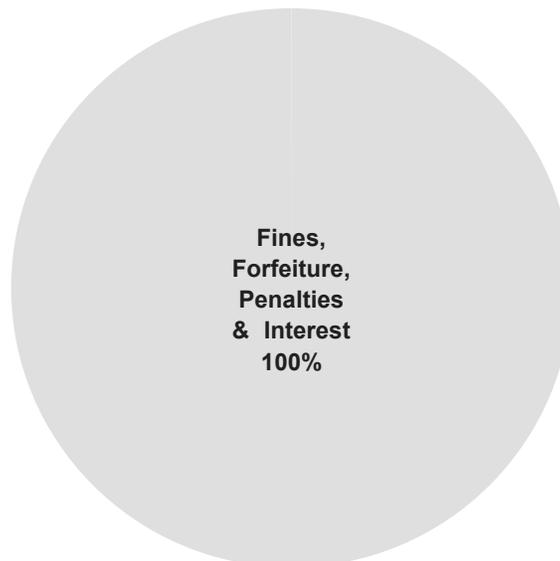
[Data Source: DMV Annual DUI Report](#)

PURPOSE STATEMENT

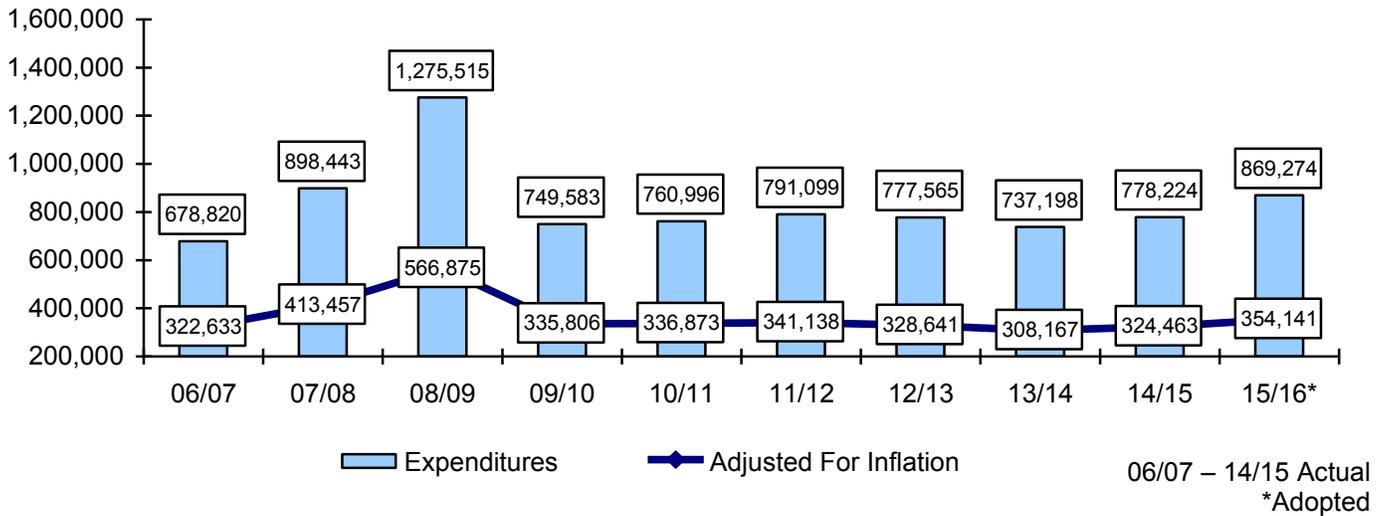
The Emergency Medical Services fund is part of the Health Agency's Health Care Services Division. Assessments on court fines are used to compensate medical providers for uncompensated emergency room care and to offset the cost of the local Emergency Medical Services Agency.

	2013-14	2014-15	2015-16	2015-16	2015-16
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Fines, Forfeitures and Penalties	\$ 679,436	\$ 880,537	\$ 845,500	\$ 845,500	\$ 845,500
Revenue from Use of Money & Property	335	737	500	500	500
Total Revenue	\$ 679,771	\$ 881,274	\$ 846,000	\$ 846,000	\$ 846,000
Fund Balance Available	\$ 0	\$ 0	\$ 0	\$ 0	\$ 23,274
Cancelled Reserves	0	0	0	0	0
Total Financing Sources	\$ 679,771	\$ 881,274	\$ 846,000	\$ 846,000	\$ 869,274
Salary and Benefits	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Services and Supplies	737,198	778,224	846,000	846,000	869,274
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 737,198	\$ 778,224	\$ 846,000	\$ 846,000	\$ 869,274
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	\$ 737,198	\$ 778,224	\$ 846,000	\$ 846,000	\$ 869,274

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The County of San Luis Obispo’s Emergency Medical Services fund is managed by the Health Agency and has a total expenditure level of \$869,274 and no staffing, to provide the following services:

Emergency Medical Services Fund

The Emergency Medical Services (EMS) fund, 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: \$869,274 Total Staffing (FTE): 0.00*

*Staffing is reflected in Fund Center 350 – Medically Indigent 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.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

This budget is essentially recommended as requested. Expenditures in this budget, which are used for the purposes described above, are driven by available funding. In FY 2015-16, available funding is projected to increase \$45,000 or 5% compared to FY 2014-15 adopted levels due to an increase in penalty assessment revenue expected. Assuming the projected revenue is realized, approximately \$126,000 will be allocated to the Emergency Medical Services Agency for emergency medical services, \$185,700 to hospitals, \$430,700 to physicians, \$56,300 to pediatric trauma services and \$47,100 will be used to cover Health Agency administrative costs (including countywide overhead and Information Technology support) associated with this budget. This program does not receive any General Fund support.

BOARD ADOPTED CHANGES

Fund Balance Available at year end was \$23,274 higher than the amount included in the adopted budget. As part of final budget actions, the Board approved an increase in appropriation for FY 2015-16 in the amount of \$23,274.

BUDGET AUGMENTATION REQUESTS ADOPTED

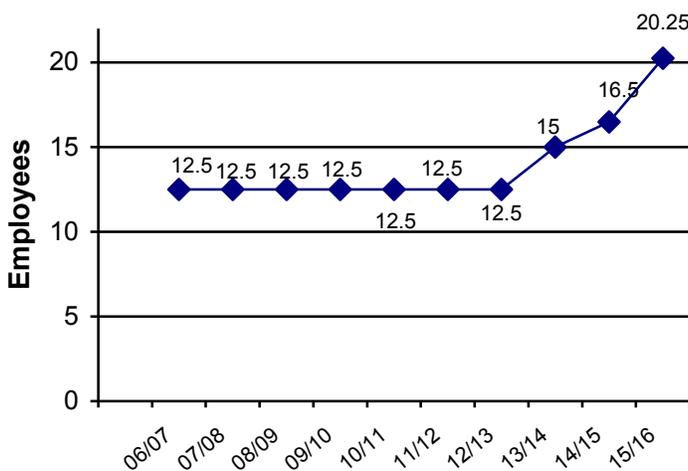
None requested.

MISSION STATEMENT

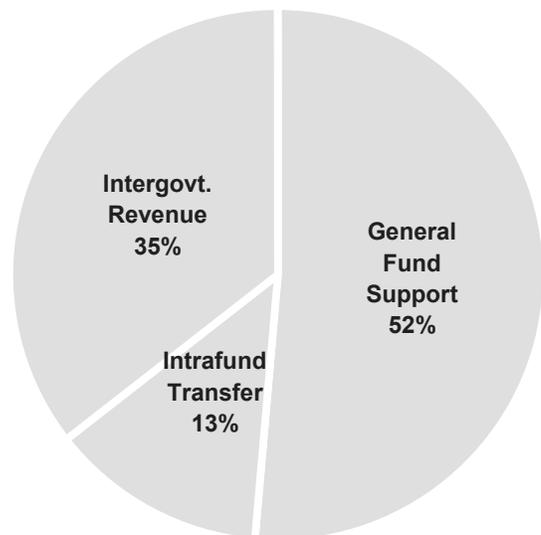
The mission of the Law Enforcement Medical Care (LEMC) Program is to provide cost effective, quality medical care for persons incarcerated at the County Jail and the Juvenile Services Center.

Financial Summary	2013-14	2014-15	2015-16	2015-16	2015-16
	Actual	Actual	Requested	Recommended	Adopted
Intergovernmental Revenue	\$ 1,118,459	\$ 1,124,469	\$ 1,313,671	\$ 1,438,587	\$ 1,438,587
Charges for Current Services	1,018	580	0	0	0
**Total Revenue	\$ 1,119,477	\$ 1,125,049	\$ 1,313,671	\$ 1,438,587	\$ 1,438,587
Salary and Benefits	1,935,330	2,169,764	2,320,963	2,760,281	2,760,281
Services and Supplies	1,242,857	1,128,540	1,284,370	1,299,747	1,299,747
**Gross Expenditures	\$ 3,178,187	\$ 3,298,304	\$ 3,605,333	\$ 4,060,028	\$ 4,060,028
Less Intrafund Transfers	510,592	548,656	540,597	540,597	540,597
**Net Expenditures	\$ 2,667,595	\$ 2,749,648	\$ 3,064,736	\$ 3,519,431	\$ 3,519,431
General Fund Support (G.F.S.)	<u>\$ 1,548,118</u>	<u>\$ 1,624,599</u>	<u>\$ 1,751,065</u>	<u>\$ 2,080,844</u>	<u>\$ 2,080,844</u>

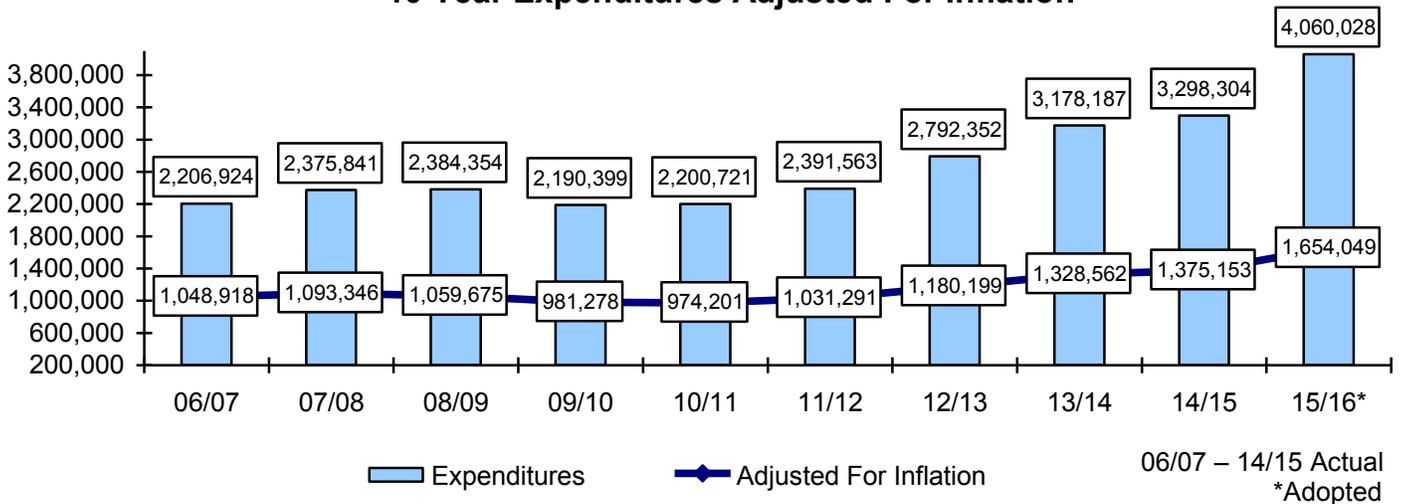
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Law Enforcement Medical Care is operated by the Health Agency – Public Health and has a total expenditure level of \$4,060,028 and a total staffing level of 20.25 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 medical facility.

Total Expenditures: \$3,519,431 Total Staffing (FTE): 17.25

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: \$540,597 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 average daily population (ADP) of inmates at the County Jail has not abated over the last year. It grew steadily in 2011 and 2012, hitting a plateau of 782 in 2013. The ADP has remained steady in calendar year (CY) 2014 at 775. Largely due to AB 109 (2011 Public Safety Realignment), the medical demands of the population have also remained high. At the writing of these comments, the average number of visits conducted with sick inmates in FY 2014-15 is 4,005 per month. Comparing this with CY 2012's average monthly visits of 2,900, LEMC has seen a 38% increase in the average number of visits per month since 2012.

Inmates frequently need specialty care that the medical clinic onsite is not equipped to provide. Emergency care, dialysis, surgery and other types of life-sustaining specialty care that must be provided outside the jail place an extra burden on custody and medical staff and extra cost for coordination and transportation. In FY 2013-14, there were 130 Emergency Room visits for Jail inmates (avg. 11/month) and another 311 hospital inpatient days (avg. 26/month). In an effort to reduce those numbers, the LEMC conducted a pilot project utilizing a nurse to conduct the medical screening of inmates upon booking to determine need and start treatment immediately or ensure urgent medical needs are met before booking. This requires the scheduling of a second nurse during times when inmates are booked into the jail. During the pilot project, in the first half of FY 2014-15, these averages dropped to six emergency room (ER) visits per month and nine inpatient days.

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.

Following are some of the department's notable accomplishments for FY 2014-15 and some specific objectives for FY 2015-16:

FY 2014-15 Accomplishments

- Conducted needs assessment with LEMC supervisors to determine the specifications needed in an electronic health record (EHR) system to be implemented at LEMC. (Target implementation FY 2015-16).
- An ergonomic evaluation of the medication room was completed as well as an assessment of medical record storage systems. As a result, LEMC implemented new methods for distributing medications to inmates, modified work stations used by staff and purchased a new, more efficient medical record filing system.
- LEMC coordinated approximately 500 inmate visits with a dentist on-site at the jail and approximately 50 visits with the volunteer podiatrist.
- Through a short-term pilot project aimed at improving medical screening of inmates upon booking to the jail, Registered Nurses conducted pre-booking screenings on over 220 inmates. During the pilot project, the Jail observed a corresponding 21% decrease in ER visits.
- Added a full-time Administrative Services Officer with clinical background to assist with writing and updating policies and procedures, managing clinic patient flow and coordinating with mental health staff to assure greater coordination of services for inmates.
- Educated 300 juvenile wards at JSC about the importance of safe sexual practices to prevent unwanted pregnancies and sexually transmitted diseases, and about the value of STI testing.

FY 2015-16 Objectives

- Continue to 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.
- Implement optometry care and other preventative care services onsite for long-term inmates.
- Revise, improve and implement new Quality Improvement (QI) protocols to ensure efficiency and quality of inmate care.
- Continue educating minors on safe sex practices; increase the number tested for sexually transmitted infections (STI) using new testing guidelines by 30% or 10 minors.

COUNTY ADMINISTRATOR’S COMMENTS AND RECOMMENDATIONS

Overall, revenue is recommended to increase \$196,236 or 15%, total expenditures are recommended to increase \$747,231 or 26% and the level of General Fund support for Law Enforcement Medical Care (LEMC) is recommended to increase \$550,995 or 36% compared to FY 2014-15 adopted levels.

The most significant increase in revenue is an increase of approximately \$167,000 or 21% in AB 109 Public Safety Realignment to fund additional nursing staff at the jail. In addition, realignment revenue is projected to increase \$29,538 or 8% overall.

The increase in expenditures is primarily due to the addition of staff in the jail. Salary and benefit accounts are increasing \$571,536 or 26% reflecting the recommended addition of the following positions to the Position Allocation List for LEMC:

- 3.0 FTE Correctional Nurse I/II's
- 0.50 FTE Licensed Vocational Nurse or Mental Health Therapist II (for medication management), and
- The conversion of a 0.50 FTE Correctional Nurse Supervisor to a 0.75 FTE level

This increased level of staffing results in an increase of \$441,904 in salary and benefits. The remaining increases in the salary and benefits accounts are a result of prevailing wage increases approved by the Board in FY 2014-15 and step increases for various staff. The new positions are further described below.

Recommended expenditures for services and supplies are increasing \$195,030 or 17% compared to the FY 2014-15 adopted budget. The most significant variances include a \$50,000 or 22% increase in the cost of pharmaceuticals based on actual costs in the current year, a \$90,653 or 78% increase in the Health Billings account as a result of increased management oversight and accounting support time provided to jail medical, an increase of \$29,232 in the Countywide Overhead account due to increased expenditures, and an increase of \$20,992 or 4% in the Professional Services account for increased physician hours and costs. Other services and supplies accounts are increasing or decreasing by smaller amounts.

The recommended budget will result in an increase in service levels for Law Enforcement Medical Care, primarily in the Jail as described below.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross: \$415,002 General Fund support: \$290,086	Add 2.0 FTE Correctional Nurses, convert a 0.50 FTE Correctional Nurse Supervisor 0.75 FTE, and add 1,920 hours of temporary help Correctional Nurses to augment jail medical supervision and nursing staff, improve medical care provided to inmates and improve compliance with Title 15 requirements. A portion of the funding for these positions would come from additional AB 109 revenue.	1. There will be no preventable in custody deaths due to delayed medical evaluation/ medical care. 2. At least 99% of all nursing shifts will be covered at all times.
Gross: \$163,872 General Fund support: \$26,821	Convert temporary help hours to permanent staff, adding 1.0 FTE Correctional Nurse II and 0.50 FTE Licensed Vocational Nurse or Mental Health Therapist II.	1. Improve compliance with the County’s Temporary Help policy by reducing reliance on temporary help to carry out “work of an ongoing nature” and adding permanent staff to accomplish this on-going work.

GOALS AND PERFORMANCE MEASURES

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
\$8.41	\$7.66	\$8.24	\$9.37	\$9.50	\$12.62	\$10.75

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

Why: Medical cost per inmate day is intended to be an efficiency-oriented performance measure reflecting both the cost of providing medical care and the level of demand among jail inmates. This measure has been in place over a period of 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.

How are we doing: The FY 2014-15 medical costs per inmate day of \$12.62 (calculated by \$2.750 million costs ÷ 597 in custody inmates ÷ 365 days) reflects the average cost of medical care per inmate (including labor and medical claims) based on the average daily population of inmates in custody. This performance measure exceeded the historical norm of less than \$9/inmate/day and the FY 2014-15 adopted target by \$3.12 for two reasons. First, in FY 2014-15, labor increased due to the addition of 1.00 FTE administrative and 0.50 FTE nursing supervisor positions. Second, the average daily population is now calculated differently and more accurately to account for only inmates cared for by Law Enforcement Medical Care staff. The number of out of custody inmates is not available to recalculate the prior fiscal years.

Beginning in FY 2014-15, this measure was based on the average daily inmate population of in custody inmates only. In custody inmates includes inmates housed in the jail and honor farm only. For FY 2013-14 and prior years this measure was based on the total average daily inmate population of both in custody and out of custody inmates (inmates on home detention).

Most California Counties contract for Jail medical services and in FY 2014-15, six of those Counties that contract for services, averaged \$16.26 of medical costs per inmate day (Counties providing data included: Butte, Santa Barbara, Santa Cruz, Stanislaus, Tulare, and Yolo).

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

2. Performance Measure: The percent of all specialty care visits (including dental) performed on-site at the jail. (This is a new measure for FY 2015-16)

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
N/A	N/A	N/A	N/A	N/A	85%	90%

What: This will demonstrate the proportion of specialty care visits (including dental) inside the jail as compared to total number of specialty care visits both inside and outside the Jail. Existing specialty care provided within the County Jail includes dental screens, dental extractions, OB/GYN, podiatry, x-rays, optometry, fracture casting, and suboxone treatment.

Why: This output measure compares specialty visits at the County Jail to all specialty visits to measure how successfully LEMC meets the specialty care needs of the current inmate population in-house. These results are important for both the Health Agency and Sheriff's Department as services provided within the Jail, as opposed to outside, require less facilitation among Departments and greater cost efficiency. For instance, an average medical visit inside the Jail costs the Health Agency 70% less (or \$62) for labor and the Sheriff's Department 85% less (or \$205) for labor and transportation costs.

How are we doing:

The FY 2014-15 specialty care visits totaled 855 where 730 visits were performed in-house representing 85%. Dental services account for 72%, or 527 of the in-house visits. The FY 2015-16 target was based on the FY 2014-15 first quarter results since this was a new measure and historical information was unavailable. The LEMC will continue to opt for in-house services whenever the option is available and seek in-house preventive clinical screenings in FY 2015-16.

No comparison data is available at this time.

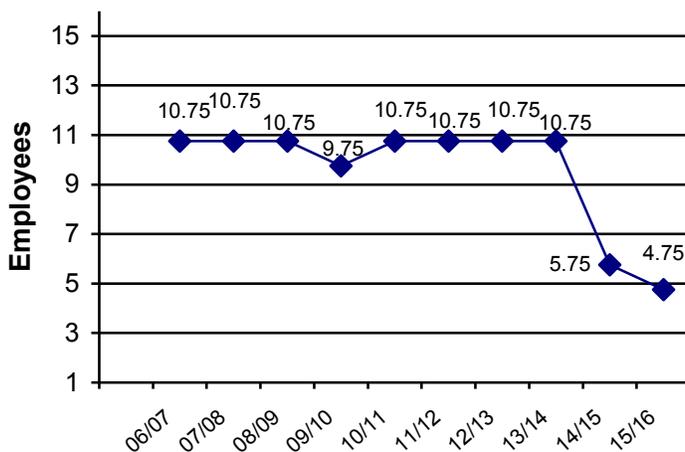
(Data Source: Monthly San Luis Obispo County Jail Medical Care Medical Dispensary Visits Report)

MISSION STATEMENT

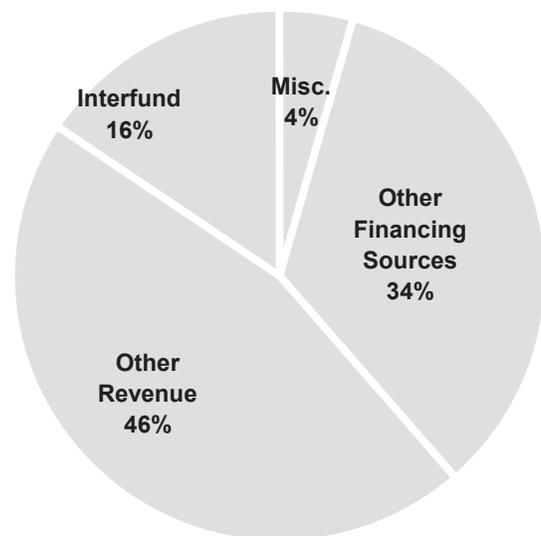
The Medically Indigent Services Program (MISP) is administered in partnership with healthcare providers and other agencies to ensure access to health care for medically indigent adults who lack health insurance.

Financial Summary	2013-14	2014-15	2015-16	2015-16	2015-16
	Actual	Actual	Requested	Recommended	Adopted
Revenue from Use of Money & Property	\$ 2,300	\$ 3,239	\$ 1,000	\$ 1,000	\$ 1,000
Intergovernmental Revenue	1,215,387	118,224	65,807	65,807	65,807
Other Revenues	800,885	681,667	686,342	686,342	686,342
Other Financing Sources	1,892,778	785,281	514,025	507,692	507,692
Interfund	81,667	158,446	232,381	232,381	232,381
Total Revenue	\$ 3,993,017	\$ 1,746,857	\$ 1,499,555	\$ 1,493,222	\$ 1,493,222
Fund Balance Available	\$ 70,000	\$ 0	\$ 0	\$ 0	\$ 0
Cancelled Reserves	0	0	0	0	0
Total Financing Sources	\$ 4,063,017	\$ 1,746,857	\$ 1,499,555	\$ 1,493,222	\$ 1,493,222
Salary and Benefits	\$ 632,033	\$ 556,712	\$ 544,432	\$ 538,099	\$ 538,099
Services and Supplies	3,568,602	1,290,003	955,123	955,123	955,123
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 4,200,635	\$ 1,846,715	\$ 1,499,555	\$ 1,493,222	\$ 1,493,222
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	\$ 4,200,635	\$ 1,846,715	\$ 1,499,555	\$ 1,493,222	\$ 1,493,222

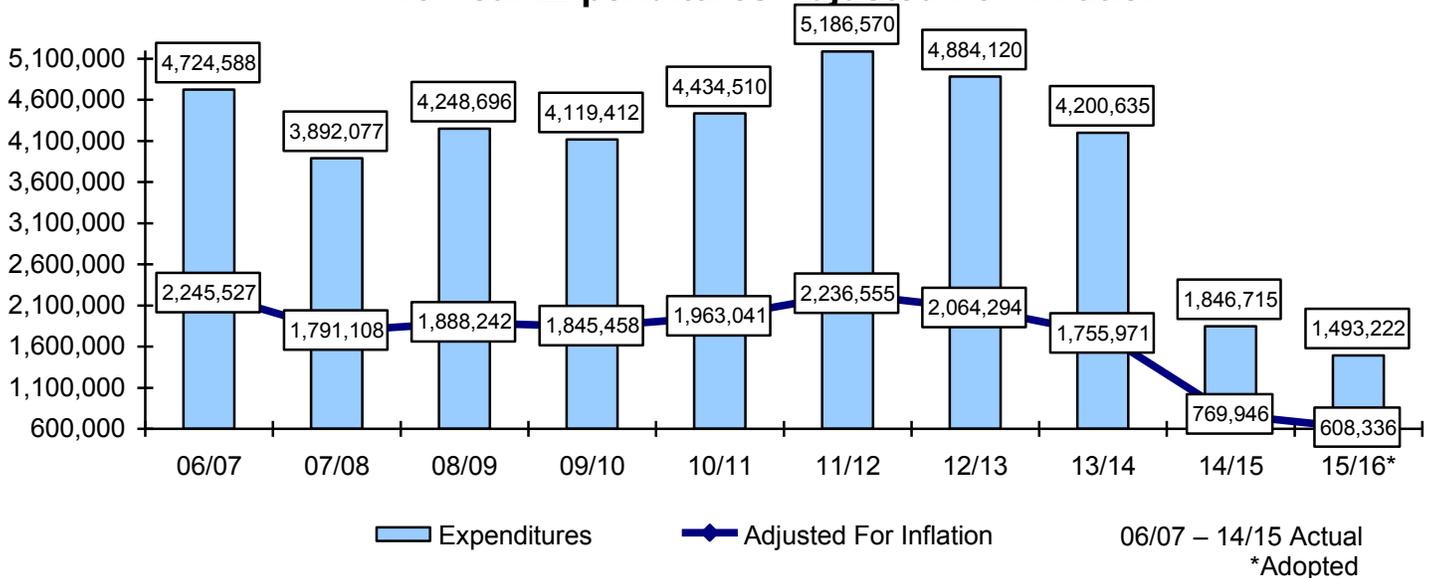
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The County of San Luis Obispo’s Medically-Indigent Services Program (MISP) is administered by the Health Agency – Public Health and has a total expenditure level of \$1,493,222 and a total staffing level of 4.75 FTE to provide the following services:

Medically-Indigent Services Program (MISP)

This program facilitates access to health care for eligible adults who lack coverage for medical care.

Total Expenditures: \$767,724 Total Staffing (FTE): 4.50

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: \$725,498 Total Staffing (FTE): 0.25

DEPARTMENT COMMENTS

In 2014, the Medically Indigent Services Program (MISP) replaced the County Medical Services Program (CMSP) which served medically indigent adults in San Luis Obispo County since 1982. Notwithstanding multiple changes in Medi-Cal eligibility over the past more than 30 years, the California Welfare and Institutions (W&I) Code 17000 still requires each county to provide medical care of indigent residents with no other payer source.

With the inception of the Medi-Cal expansion under the Affordable Care Act (ACA) on January 1, 2014, when CMSP became MISP, 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 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. The County is obligated to provide for these individuals under W&I 17000. Thus, the MISP provides this “gap” coverage to people meeting the hardship requirements.

Since CMSP closed its doors on January 1, 2014 and MISP became the replacement program for the small population of individuals meeting the new requirements, it is projected that 50-60 MISP applications will be processed by the end of FY 2014-15. However, staff project they will have assisted far more people than they have taken applications from, or approximately 300 encounters that will result in the 50-60 applications. Staff only request a complete MISP application if, upon preliminary assessment, the individual appears to meet the program's stringent criteria. (MISP criteria are posted at: <http://www.slopublichealth.org/MISP>.) At the time the FY 2014-15 budget was approved, it was estimated that 350 people would meet the new MISP requirements. Halfway into the year, this appears to be an overestimate. In FY 2015-16, this estimate is therefore being revised down to 50 individuals.

Although the number of enrolled clients in MISP is thus far considerably lower than originally anticipated, Health Care Services (HCS) Division staff members continue to assist individuals who were familiar with CMSP before its closure or are referred by a variety of other sources. Staff continue the historical role of directing potential enrollees to more appropriate full-benefit resources such as Medi-Cal disability, full-scope Medi-Cal for families with children, or the Veterans Administration. To better serve this function, the Public Health Department became a Certified Enrollment Entity (CEE) for Covered California in FY 2014-15 and HCS Division staff became Certified Enrollment Counselors (CECs). This certification gives HCS staff access to the Covered California web portal so that they can better assist individuals seeking coverage, including private insurance plans or Medi-Cal. The electronic health benefits exchange system can be very difficult to navigate, especially for people with little education, limited English language proficiency, mental illness or substance use disorder. CEE status allows HCS staff to be a "one stop shop" for people that may initially visit MISP, but then are found in-eligible. HCS CECs can help them enroll for other insurance without leaving the building, which is an important factor for the hard-to-engage populations. In addition, through a grant awarded to the Health Agency in FY 2014-15 that will continue into FY 2015-16, HCS staff coordinate with County Behavioral Health and Public Safety departments to provide outreach, education and enrollment assistance for targeted clients.

Finally, in FY 2014-15, the Public Health Department was designated by the County Board of Supervisors as the entity within the County that can apply for Medi-Cal on behalf of incarcerated individuals as part of implementation of State Assembly Bill (AB) 720. AB 720 allows counties to be reimbursed by Medi-Cal for inpatient hospital care provided to those eligible inmates who are unwilling or unable to submit an application. The County estimates Medi-Cal reimbursement of nearly \$100,000 (56% of total estimated inmate hospitalization costs), to offset inmate hospitalization costs.

There remain many unknowns going into FY 2015-16. For instance, MISP enrollment is still unclear – not only the number of clients needing enrollment, but also the cost of care for each enrollee. Also, it remains to be seen if Federal judicial or congressional action may have impacts on the insurance mandate provision of the ACA. Further, it is unknown how many inmates will require HCS staff to enroll them in Medi-Cal in order to receive reimbursement for their hospitalizations. It is unknown how many inmates will be hospitalized each year, how difficult it will be to complete applications, perhaps without inmate consent or assistance, or how complex the State reimbursement process will be.

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. Some staff will also have duties described above, including enrollment of AB 720 inmates in Medi-Cal as well as CEC duties for MISP and other clients who may be eligible for a variety of health coverage options and who need help navigating to the right solution.

Following are some of the department's notable accomplishments for FY 2014-15 and some specific objectives for FY 2015-16:

FY 2014-15 Accomplishments

- Completed and implemented a Memorandum of Understanding with Department of Social Services (DSS) clarifying enrollment of former CMSP clients in Medi-Cal and for referrals of appropriate clients to MISP.

FY 2015-16 Objectives

- Continue to coordinate with DSS to improve processes for bilateral referral of potential MISP clients and Medi-Cal eligible persons.

- Rectified and paid approximately 952 claims totaling over \$295,000 for 115 Medi-Cal pending clients from previous fiscal years.
- Provided care coordination and assistance with MISP, Medi-Cal or other health insurance options for a projected 300 individuals.
- Processed MISP applications, forecasted at 50-60.
- Renewed and replaced contracts to care for MISP patients with all four San Luis Obispo County hospitals and Community Health Centers.
- Continued periodic meetings of the ACA Planning Group of local health care stakeholders to coordinate planning efforts for ongoing implementation of state and Federal health care reforms.
- Developed educational materials for clients and staff to understand the ACA, new Medi-Cal and MISP requirements.
- Obtained CEE status, allowing Health Care Services Division staff to become CECs for Covered California.
- Utilize CEE status to improve the ability of Health Care Services CECs to assist MISP clients (and other targeted uninsured clients) to enroll in appropriate insurance plans.
- Continue to rectify and pay claims, as appropriate, for care rendered to all remaining Medi-Cal pending clients from previous fiscal years.
- Finalize process for HCS Division staff to enroll hospitalized inmates in Medi-Cal when they are not able to act on their own behalf, relieving the burden of cost for hospitalizations currently held by the County.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Total financing sources and expenditures for the Medically-Indigent Services Program (MISP) are recommended to decrease \$1,038,716 or 41% compared to FY 2014-15 adopted levels due to the implementation of the Affordable Care Act (ACA) 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. This General Fund support is the primary source of funding for the MISP budget and is recommended to decrease \$1,168,708 or 69%, reflecting the Health Agency's best estimate of the costs to provide medical care to the medically indigent population exempt from the individual health coverage mandate. As noted in the department comments above, the budgeted levels for FY 2014-15 assumed 350 clients would meet eligibility requirements for MISP services. The actual number of clients served in the first half of FY 2014-15 was substantially lower than anticipated. Thus, the Health Agency has prepared the requested budget reflecting the assumption that approximately 50 clients will be served in FY 2015-16. Budget levels will be further refined in future years as the County gains more experience with the implementation of the ACA.

An additional source of significant revenue for this fund center is Tobacco Settlement funds that are passed through to hospitals and physicians to offset the cost of uncompensated emergency medical care, per Measure A, passed by the voters in 2002. The amount of Tobacco Settlement funding for FY 2015-16 is \$686,342, reflecting a reduction of \$8,208 or 1% compared to the FY 2014-15 adopted budget. Other revenue sources are varying by smaller amounts.

The salary and benefits accounts are decreasing \$53,526 or 9% reflecting the elimination of a vacant 1.0 FTE Senior Account Clerk from the Position Allocation List (PAL). While the remaining staffing level of 4.75 FTE is substantial for a program that serves so few clients, staff on the MISP PAL also provide services to other programs operated by the Health Agency including Law Enforcement Medical Care and the California Children's Services Program. Funding from other Health Agency fund centers offset approximately 43% of staff costs in the MISP budget. In addition, a Medi-Cal Outreach and Enrollment grant of \$38,700 funds half the cost of the full-time Patient Services Representative on the MISP PAL. Staffing levels for the MISP fund center will also be further refined in future years with more experience under the ACA.

The services and supplies accounts are decreasing \$985,190 or 50% primarily due to a reduction of \$908,000 or 85% in budgeted expenditures for medical services provided to eligible clients. Other significant variances include a decrease in countywide overhead in the amount of \$94,197 or 100% and an increase of \$32,964 or 100% in Information Technology (IT) charges to the MISP fund center. These IT charges were omitted in the FY 2014-15 adopted budget. Other accounts are increasing or decreasing by smaller amounts.

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 2014-15.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

None requested.

GOALS AND PERFORMANCE MEASURES

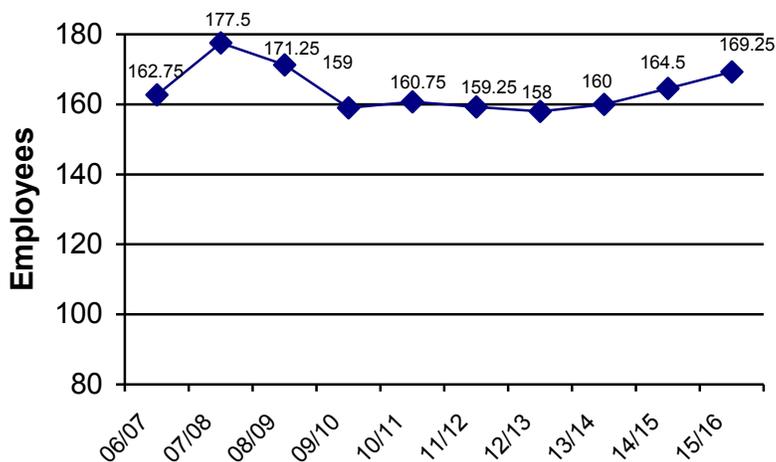
Department Goal: To ensure access to health care for medically indigent adults who lack health insurance.						
Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community						
1. Performance Measure: Number of people receiving information to help them obtain coverage for health care costs. (This is a new measure for FY 2015-16)						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
N/A	N/A	N/A	N/A	N/A	473	350
<p>What: This measure shows the number of people receiving information on medical care coverage options provided by the Public Health Department's Division of Health Care Services. Staff members receive internal and external referrals from providers and advocacy groups, as well as self-referrals, of uninsured individuals and then assess these persons for enrollment in the Medically-Indigent Services Program (MISP). For individuals who do not meet MISP eligibility criteria, staff provides referrals to other medical care insurance options based on information learned through their MISP assessment. As a Certified Enrollment Entity (CEE) for Covered California (California's Health Insurance Marketplace), Division staff may also assist people in enrolling in Medi-Cal or Covered California plans. This measure includes all encounters with people seeking coverage for medical needs including referrals to other agencies, those enrolled in MISP and those enrolled in other programs and services by Division staff.</p> <p>Why: The County Medical Services Program (CMSP) closed its doors on December 31, 2013. On January 1, 2014, MISP replaced CMSP. However, MISP eligibility is based on more strict criteria due to the implementation of the Affordable Care Act which allows legally-resident medically-indigent adults to enroll in Medi-Cal, or buy subsidized health insurance on Covered California if their income is greater than 138% of Federal Poverty Level (FPL). The Medically Indigent Services Program (MISP) therefore serves only a small portion of San Luis Obispo County's uninsured residents.</p> <p>However in this transition from CMSP to MISP, brought about by the Affordable Care Act, the Division of Health Care Services staff has been able to not only assess people for MISP enrollment, but also increasingly connect people with medical needs to affordable coverage that provides for those needs. To the extent that staff can help navigate uninsured persons to long-term full-benefit insurance, this will help the County limit future health care payments for medically-indigent adults, and will provide the opportunity for preventive and behavioral health care services for some of the highest cost and most medically-fragile users of the larger health care continuum.</p> <p>How are we doing? In July 2014, Division staff began collecting encounter data used in this measure. We anticipate that encounters will increase during Affordable Care Act (Covered California) Open Enrollment period each year. Encounters are also expected to be higher for the duration of a grant (FY 2014-15 through FY2015-16) from the state Department of Health Care Services which is funding MISP staff to do Medi-Cal outreach and education with vulnerable populations. Target groups include clients with mental health disorders, substance use disorders, post-release probationers, homeless, and persons with limited English proficiency, many of whom are from mixed-immigration families. The Health Agency has successfully become a Certified Enrollment Entity (CEE) for Covered California and has established Certified Enrollment Counselor (CEC) status for three MISP staff.</p> <p>No comparison data is available at this time.</p> <p>(Data Source: San Luis Obispo County Medically Indigent Services Program Application and Encounter Log)</p>						

MISSION STATEMENT

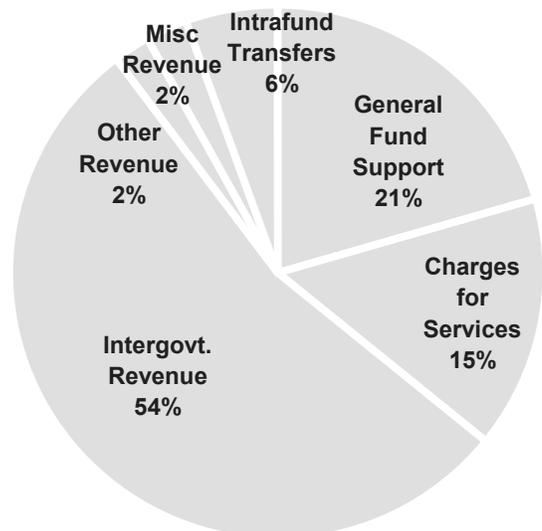
To promote, preserve and protect the health of all San Luis Obispo County residents through disease surveillance, health education, direct services, and health policy development.

	2013-14	2014-15	2015-16	2015-16	2015-16
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Licenses and Permits	\$ 21,504	\$ 39,351	\$ 23,235	\$ 23,235	\$ 23,235
Fines, Forfeitures and Penalties	52,074	8,377	107,500	126,311	126,311
Intergovernmental Revenue	11,465,199	11,996,294	13,535,037	13,661,692	13,661,692
Charges for Current Services	3,580,979	3,767,360	3,862,320	3,862,320	3,862,320
Other Revenues	589,826	855,104	474,157	574,167	574,167
Other Financing Sources	10,070	0	0	0	0
Interfund	290,545	232,180	217,397	217,397	217,397
**Total Revenue	\$ 16,010,197	\$ 16,898,666	\$ 18,219,646	\$ 18,465,122	\$ 18,465,122
Salary and Benefits	15,970,584	16,207,842	18,053,663	18,351,508	18,409,135
Services and Supplies	4,523,643	4,813,939	4,648,007	5,033,339	4,975,712
Other Charges	72,015	173,952	1,580,000	1,580,000	1,580,000
Fixed Assets	22,279	48,469	0	118,775	118,775
**Gross Expenditures	\$ 20,588,521	\$ 21,244,202	\$ 24,281,670	\$ 25,083,622	\$ 25,083,622
Less Intrafund Transfers	1,101,456	1,199,459	1,435,558	1,437,733	1,437,733
**Net Expenditures	\$ 19,487,065	\$ 20,044,743	\$ 22,846,112	\$ 23,645,889	\$ 23,645,889
General Fund Support (G.F.S.)	<u>\$ 3,476,868</u>	<u>\$ 3,146,077</u>	<u>\$ 4,626,466</u>	<u>\$ 5,180,767</u>	<u>\$ 5,180,767</u>

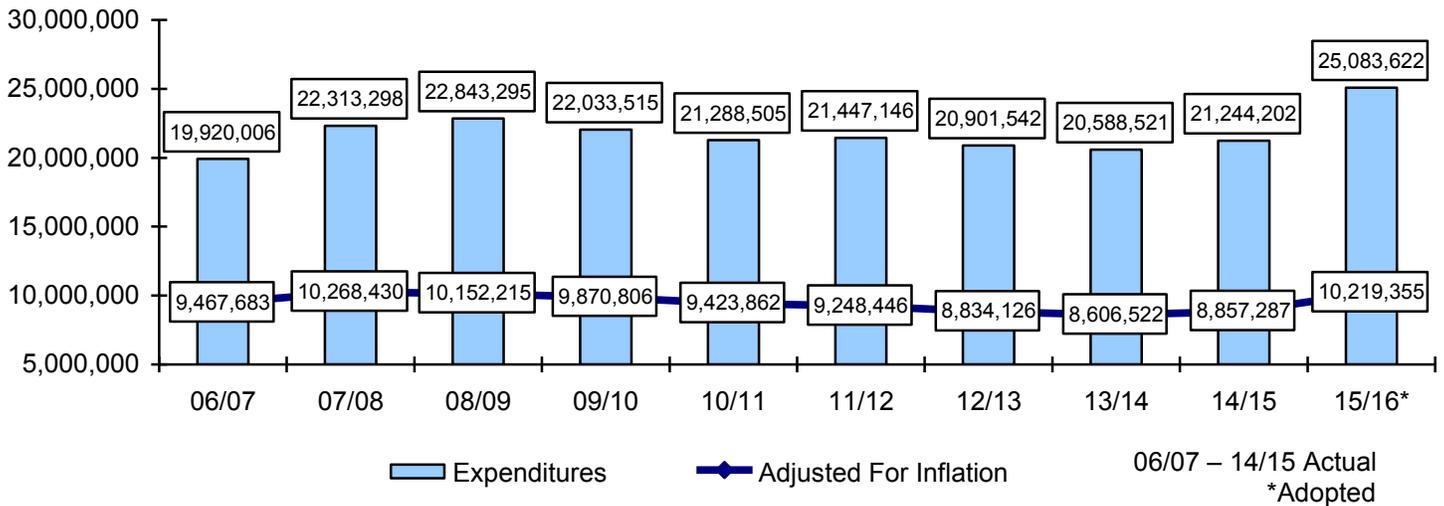
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Public Health is in the Health Agency and has a total expenditure level of \$25,083,622 and a total staffing level of 169.25 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: \$3,788,245 Total Staffing (FTE): 25.75

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: \$9,120,417 Total Staffing (FTE): 69.50

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: \$2,960,749 Total Staffing (FTE): 24.25

Emergency Medical Services

The Emergency Medical Services Division includes the Emergency Medical Services Agency (EMSA) and Public Health Emergency Preparedness (PHEP) programs. The EMSA 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). PHEP oversees planning, training and response for health and medical aspects of disaster events with healthcare partners and the Public Health Department.

Total Expenditures: \$1,077,735 Total Staffing (FTE): 7.00

Public Health Laboratory

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

Total Expenditures: \$1,968,124 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: \$6,168,352 Total Staffing (FTE): 31.50

DEPARTMENT COMMENTS

The Public Health Department has a very broad range of programs which touch county residents in a considerable number of ways, 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 related to 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.

For the last seven years, the department has made difficult resource allocation decisions while also trying to adapt to ever-changing challenges, demands, and opportunities. The department has adapted to its widening scope and reduced resources as staff continue to plan, prepare, and respond to both acute (new and urgent) and chronic (ongoing) threats to the community's health. In FY 2014-15, Public Health addressed health care reform, climate change, emergent infectious diseases like Ebola and Enterovirus D68, public safety realignment, succession planning, and social media communications.

The current severe drought, a priority issue for County leaders, is one such area that has demanded engagement from the Public Health Department. Over the course of FY 2014-15, the Environmental Health Division completed a project to map all water wells, nearly 15,000, constructed in the county since 1990; and worked with County Fire to map and assess the drought status of all community water systems in the County. In addition the Health Officer and Public Health Emergency Preparedness program staff participated in trainings, exercises and other planning efforts. While the response entities within Public Health continue to address the immediate impacts of this drought emergency, these programs and others have taken steps to address the long-term issues related to drought and climate change. Climate change poses a variety of public health risks, including those related to heat, outdoor and indoor air quality, water quality and availability, toxics, extreme weather events, infectious and vector borne diseases, and food safety and food security. Planning, resource allocation and coordination are essential to reduce the risks and impacts of climate change. In FY 2014-15, the State singled out our Health Promotion

Division to pilot a public awareness campaign communicating the health related risks of climate change and ways that residents can not only mitigate climate change, but also receive health benefits at the same time. For example, by reducing miles traveled in single occupancy vehicles and instead bicycling or walking, or by buying fresh produce from local farmer's markets, greenhouse gas emissions are decreased and people are simultaneously living healthier.

The department's public outreach and education activities have expanded, as it must, through our growing presence on social media. The number of followers, or page likes, on our Facebook Page more than doubled this year, from 332 to 672. We also launched Instagram and Twitter channels during our National Public Health Week campaign this year and have since gained over 400 followers. These two additional social media channels expanded our reach into a younger demographic, and Twitter is widely known as an essential crisis communications tool that must be established and maintained in advance of a public health emergency.

Following are some of the department's notable accomplishments for FY 2014-15 and specific objectives for FY 2015-16:

FY 2014-15 Accomplishments

- The Public Health (PH) Laboratory expanded testing capabilities to include influenza B virus sub-typing, and molecular tests for gastrointestinal and respiratory pathogens for rapid response to foodborne or other outbreaks.
- Completed five-year needs assessment for Maternal, Child and Adolescent Health program.
- Nurses began new health initiatives for young children: dental care during home visits - fluoride varnish, assessing decay, hygiene education; and blood lead screening in clinics.
- Two California Children's Services nurses obtained Certified Case Manager accreditation from the Commission for Case Manager Certification and the Case Management Society of America.
- Worked with all seven municipal Parks and Recreation departments to implement sugar-sweetened beverage policies - five adopted YMCA "healthy beverage" standards; local American Youth Soccer Organization (AYSO) adopted similar standards.
- Health Promotion Division Manager received 2014 "Guardian of Health" Award from California Center for Public Health Advocacy, in recognition of division's efforts in building a healthier community.
- Completion of all Health Insurance Portability and Accountability Act (HIPAA) policies to ensure new standards are met and that the County is prepared for any possible Federal audits.

FY 2015-16 Objectives

- Engage in strategic planning - implement PH Laboratory Strategic Plan; update Oral Health Strategic Plan.
- Continue to increase reach of social media, from 1,100 to 1,500 persons.
- Further advance website use; e.g., develop PDF fillable Environmental Health forms and Geographic Information System (GIS) maps for the public to locate former HazMat contaminated sites.
- Increase use of long-acting reversible contraception (LARC) among Reproductive Health clients by 40-50.
- Work with at least three municipalities to revise no-smoking ordinances to include e-cigarettes.
- Provide oral health screenings and fluoride treatment for at least 1,200 children.
- Install and/or check placement of 400 child safety seats.
- Provide 10 school assemblies on bicycle and pedestrian safety reaching more than 3,000 students.
- Implement countywide High Performance CPR program to improve patient outcomes from sudden cardiac arrest. Emphasizes hands-only CPR, early 911 activation, and organized multi-agency response/treatment. (San Luis Obispo EMS responds to ~275 cardiac arrests a year with a survival rate of 5%. Communities that have adopted the program have seen survival rates improve by as much as 50%).

- Community CPR training of 1,750 people in the first six months of fiscal year (FY 2013-14: 1,250 trained). Extraordinary effort resulted in Community Service Award from State Emergency Medical Services (EMS) Authority for one EMS Division staff member and two local paramedics.
- Completed a full-scale multi-agency CHEM PACK drill testing the County's ability to respond to a multi-casualty incident caused by a hazardous chemical release.
- Technology advancements in several areas of the Public Health Department include:
- Lab instituted use of electronic billing clearing house; progress continues on full e-reporting;
 - Environmental Health (EH) implemented system to accept online credit card payments;
 - EH completed electronic data exchange with CalEPA for tracking HazMat and waste facilities;
 - EMS implemented android-based version of the smart phone application for Advanced Life Support (ALS) treatment protocols to make treatment protocols available real-time to paramedics in the field, and Mobile Intensive Care nurses in the base hospitals; and
 - Children's Medical Services attained access to key hospital portals enabling direct download of client medical records; also implemented desktop electronic faxing with built-in Provider Directory.
- Update Multiple-Casualty Incident Plan to include new training material, two table top drills and a full scale drill involving all EMS agencies and hospitals.
- Evaluate and adopt a countywide Emergency Medical Dispatch (EMD) program, a systematic program of handling medical calls for assistance. (Trained dispatchers, using EMD *Guidecards*, can quickly and properly determine the nature and priority of the call, dispatch the appropriate response and then give the caller instructions to help treat the patient until the responding EMS unit arrives.)

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The recommended budget reflects a \$307,000 or 1% increase in revenues, a \$1,161,929 or 5% increase in total expenditures and an increase in General Fund support of \$854,929 or 19% compared to the FY 2014-15 adopted budget.

The overall increase in revenue is primarily due to an increase of almost \$170,000 or 4% in Federal revenue for Targeted Case Management and Medi-Cal Administrative Activities, and increase of \$163,000 in Environmental Health fees, and an decrease of \$181,158 in Other Revenue to cover a portion of the cost of a new Public Health electronic health record system. Significant revenue decreases include a \$197,231 or 34% decrease in Tobacco Settlement revenue due to one-time settlement funds budgeted in FY 2014-15 and a \$160,382 overall decrease in realignment revenue from the Department of Social Services due to accounting adjustments made by the State. Other revenue accounts are increasing or decreasing by various levels.

Total expenditures for Public Health are recommended to be more than \$25 million. This reflects an increase of approximately \$1,366,764 or 6% compared to the requested budget due to the recommended budget augmentations described below. Most of the variance between the requested and recommended budget is in the services and supplies accounts, which increase \$385,332 or 8%.

Salary and benefits costs are increasing \$954,203 or 5% compared to the FY 2014-15 adopted budget. The primary drivers of this increase include the addition of approximately \$417,000 for various new positions requested by the department in budget augmentation requests, and prevailing wage increases approved by the Board in FY 2014-15, totaling approximately \$545,000. New positions added to the department's Position Allocation List (PAL) are described in more detail below and include:

- 1.0 FTE Deputy Health Officer
- 1.0 FTE Administrative Assistant,
- 1.0 FTE Administrative Services Officer I/II, and
- 1.0 FTE Limited Term Administrative Services Officer I/II.

In addition, an existing 1.0 FTE Administrative Services Officer I/II is being re-classified to a Program Manager I/II. The PAL reflects this change and results in no net increase in staffing levels.

The Health Agency also requested the addition of a Software Engineer II to support automation needs. This position is being added to the Information Technology Department PAL and is funded entirely by the Health Agency, adding \$124,238 to the services and supplies accounts.

Services and supplies expenditures are recommended to increase \$293,786 or 6% compared to FY 2014-15 adopted levels. Several accounts are increasing or decreasing by various levels. The most notable variances include:

- an increase of \$100,000 or 65% in the Professional Services - Other account due to an increase in the number of California Children's Services eligible clients with conditions requiring extensive medical treatment. The County is responsible for a 17.5% share of the cost of treatment for these clients;
- a net increase of \$175,342 or 19% in the Professional and Special Services account primarily to fund an Environmental Impact Report for a permanent Biosolids Ordinance;
- a net increase of \$144,348 or 125% primarily due to the cost of the additional Software Engineer position mentioned above; and
- a reduction of \$200,258 or 43% in countywide overhead charges.

A new expense of \$118,775 is recommended in the Fixed Asset account to cover the cost of the Public Health electronic health record automation system software and implementation. This does not cover the full cost of this system as noted in the table below; only those costs that can be capitalized. Costs associated with staff and annual subscription and maintenance fees are included in the services and supplies accounts.

Interfund transfers from other fund centers are recommended to increase \$204,835 or 16%, which helps defray the cost of staff budgeted in this fund center. The primary reason for the allocation of cost for the Program Manager and Department Automation Specialist positions assigned the Health Agency Compliance Program to other Health Agency fund centers. In FY 2014-15, the full cost of these positions was borne by the Public Health budget.

Service levels for Public Health are expected to increase due to the inclusion of the additional resources in the recommended budget that are described in the table below.

BOARD ADOPTED CHANGES

Per the Supplemental Budget document, the Board approved an amendment to the Position Allocation List to add 1.00 FTE Limited Term Health Education Specialist through September 2016 to provide nutrition education services to the community for the Supplemental Nutrition Assistance Program: Nutrition Education Obesity Prevention grant (commonly known as SNAP-Ed). This work had previously been done by subcontractors in the community. To fund this position, the Board approved a shift of \$57,627 from services and supplies to salaries and benefits. There was no overall change in the adopted appropriation for Public Health.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross: \$51,046 General Fund support: \$0	Add 1.0 FTE Administrative Assistant III to digitize records for the Environmental Health division, reducing temporary help costs by \$20,000 to partially fund this added position.	<ol style="list-style-type: none"> 1. Eliminate the need for a 160 square foot storage bin. 2. Reduce the need for filing cabinet space freeing up room for approximately four cubicles. 3. Reduce contract shredding costs by \$1,600 (50%).
Gross: \$260,769 General Fund support: \$97,019	Add a Public Health electronic health record system, plus a 1.0 FTE Limited Term Administrative Services Officer I/II for two years to serve as project manager for this system. (Note: this budget augmentation request also included the addition of a Program Manager I/II to the FC 166 - Behavioral Health PAL.)	<p>Within two full years of the electronic health record system:</p> <ol style="list-style-type: none"> 1. remove at least 20 chart storage units across five clinical locations; 2. increase revenue by 20% (approximately \$300,000 per year) in FY 2016-17 and beyond for Public Health clinics due to improved billing procedures; and 3. reduce same day emergency room transport of jail inmates by 25% due to improved coordination of care, and implement a new Laboratory billing component that interfaces with the existing Lab information management system.
Gross: \$187,211 General Fund support: \$152,137	Add 1.0 FTE Deputy Health Officer.	<ol style="list-style-type: none"> 1. Implement a Clinical Quality Assurance process for four of ten clinical programs within the first 12 months of hire. 2. Finalize policies and procedures for the Tuberculosis program. 3. Update the Employee Health Manual to include plans and or standards for various diseases. 4. Hold bi-monthly meetings with Nurse Practitioners for case review. 5. Address 100% of third-step grievance from jail inmates within the mandated 10-business day timeframe.
Gross: \$124,238 General Fund support: \$124,238	Add 1.0 FTE Software Engineer (SE) II to the Information Technology Department PAL to support Health Agency automation needs.	<ol style="list-style-type: none"> 1. Reduce the risk of system outages, data inaccuracies and increase system efficiencies. 2. Increase existing response times on compliance and mandated changes to complex systems by adding a second SE who can free the existing SE to take on more complex projects that are not being done. 3. Complete the backlog of software system enhancement requests by at least 25%.

<p>Gross: \$90,219 General Fund support: \$81,198</p>	<p>Add 1.0 FTE Administrative Services Officer I/II to coordinate the effort to achieve accreditation for the Public Health Department.</p>	<ol style="list-style-type: none"> 1. Complete the pre-application process by December 31, 2016. 2. Submit a completed application for accreditation by December 31, 2017. 3. Accreditation attained by the end of FY 2018-19. 4. Accreditation maintained as a result of re-application every five years.
<p>Gross: \$200,000 General Fund support: \$200,000</p>	<p>Consultant services to complete an Environmental Impact Report for a permanent Biosolids ordinance to replace the existing interim ordinance.</p>	<ol style="list-style-type: none"> 1. If required by the California Environmental Quality Act, the EIR will be completed and certified by the Board prior to Board adoption of a replacement permanent Biosolids ordinance (before March 2018).

BUDGET AUGMENTATION REQUESTS NOT ADOPTED

Unit Amount	Description	Results
<p>Gross: \$90,219 General Fund support: \$81,198</p>	<p>Add 1.0 FTE Administrative Services Officer I/II to serve as a communications coordinator for the Public Health Department.</p>	<ol style="list-style-type: none"> 1. Complete a detailed Communications Plan by the end of FY 2015-16. 2. Handle a minimum of 40 media inquiries per year. 3. Increase social media followers by at least 30% (from 1,100 to 1,430). 4. Ensure all Health Agency Employee Newsletters are distributed by the deadline. 5. Transition 20% of health care providers from fax to e-mail for delivery of Public Health Alerts. 6. Staff at least six large community health fairs per year.
<p>Gross: \$52,846 General Fund support: \$40,321</p>	<p>Add 1.0 FTE Administrative Assistant for the Family Health Services Division's Reproductive Health clinic in Paso Robles.</p>	<ol style="list-style-type: none"> 1. Increase clinic revenue by \$15,000 each year. 2. Increase the number of women patients who opt for long acting reversible contraception by 250 (representing an increase from 19% to 25%). 3. Increase Chlamydia testing of all women younger than 26 from 73% to 80%.

<p>Gross: \$32,261</p> <p>General Fund support: \$32,261</p>	<p>Convert a 0.50 FTE Administrative Assistant position to a full time (1.0 FTE) position to provide increased clerical support at the San Luis Obispo Public Health Clinic.</p>	<ol style="list-style-type: none"> 1. Conduct quarterly phone audits to eliminate unnecessary lines, ensure correct charges and resolve malfunctioning phones within one day. 2. Implement an electronic tracking system for training clinical staff on nursing protocol updates. 3. Enhance quality improvement for the CalRedie system. 4. Develop outreach materials to double the number of high volume users (health care providers) from 15 to 30. 5. Create a centralized spreadsheet for data collection of all Family Health Services programs.
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GOALS AND PERFORMANCE MEASURES

<p>Department Goal: Prevent epidemics and the spread of disease or injury.</p> <p>Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community</p>						
<p>1. Performance Measure: Annual rate of reported retail foodborne disease outbreaks per 100,000 county population.</p>						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
.37	.37	1.49	.36	.75	.36	.72
<p>What: Measures the number of reported outbreaks originating from food sources (restaurants, other retail food preparation facilities, or community meals) as a rate per 100,000 population. A foodborne outbreak is defined as “the occurrence of 2 or more cases of a similar illness resulting from ingestion of a common food source.”</p> <p>Why: One of the many roles of the Public Health Department (PHD) is to ensure food safety in our county. The Communicable Disease program in collaboration with Environmental Health Services responds to foodborne disease outbreaks in order to mitigate further spread, identify the cause, and implement systems change in an effort to prevent future outbreaks of the same nature. There are many steps in the food production process and public health alone in no way has the capability of eradicating foodborne exposures. Local public health departments contribute meaningfully to ensuring the safe consumption of food products. It is unlikely that foodborne outbreaks will be eliminated. Yet, were this measure to worsen dramatically, the PHD would need to take a close look at where its efforts may be going awry.</p> <p>How are we doing? There was 1 reported foodborne outbreak during FY 2014-15 based on a population of 276,443. This is consistent with FY 2013-14 data of 1 reported foodborne outbreak out of a population of 279,000. (Census data from American Survey). Historical data supports that 1 to four 4 foodborne outbreaks are consistently reported annually in this County. National data reflects an estimated 48 million cases of foodborne disease occur each year in the United States. The majority of these cases are mild and cause symptoms for only a day or two and are not reported. The Centers for Disease Control and Prevention (CDC) estimates there are 128,000 hospitalizations and 3,000 deaths related to foodborne diseases each year. Laboratory technologies are constantly improving, which may lead to the detection and identification of an increased number of outbreaks in the future.</p> <p>Benchmark Data: The State has stopped publishing foodborne outbreak data in the California Reportable Diseases Monthly Summary Report. Data is not readily available from other counties; therefore no benchmark data is available at this time.</p>						

2. Performance Measure: Rate of newly diagnosed HIV cases per 100,000 population.						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
5.6	5.2	5.6	5.0	5.9	5.8	5.8
<p>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.</p> <p>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.</p> <p>How are we doing? During FY 2014-15, 16 cases of HIV were reported compared to 14 during FY 2013-14, based on a population of 276,443. It should be noted that in low prevalence communities like the County of San Luis Obispo, year-to-year changes may appear to be considerable.</p> <p>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.</p>						
<p>Department Goal: Promote and encourage healthy behaviors.</p> <p>Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community</p>						
3. Performance Measure: Birth rate of adolescent females, ages 15 to 17, per 1,000 population.						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
11.6	11.2	10.4	8.2	11.0	8.3	9.0
<p>What: The rate measures the number of live births born to adolescent females who are between the ages of 15 to 17 years old over a three year period.</p> <p>Why: The rate of adolescents giving birth is a direct predictor of future health, social and economic status of both the mother and child. The age range of 15 to 17 year olds is a critical one and a direct indicator of future high-risk families.</p> <p>How are we doing? In FY 2014-15, 38 out of a population of 4,569 females in the age range of 15-17 years gave birth, compared to 25 out of 4,569 in FY 2013-14, and 46 out of 4,569 in FY 2012-13 per the Automated Vital Statistic System. The 3-year total of live births from FY 2012-13 through 2014-15 is 109. Based on the increase in the number of births in this age category in FY 2014-15, the three year average rate may increase in future years. 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 the Family PACT (Planning, Access, Care and Treatment) Program have increased.</p> <p>The data for FY 2014-15 only reflects births to County of San Luis Obispo residents who gave birth in the county; any San Luis Obispo County residents who gave birth in other counties will not be reconciled in the Automated Vital Statistic System until the end of the calendar year.</p> <p>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.</p>						
4. Performance Measure: Percentage of low birth weight infants.						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
5.6%	5.4%	5.5%	5.8%	5.7%	6.2%	5.7%
<p>What: Measures the number of live-born infants born to San Luis Obispo County residents who weigh less than 2,500 grams (five and three-quarters pounds) at birth over a three year period. The calculation is derived by the total number of infants born who weigh less than 2,500 grams over a three year period divided by the total number of babies born during the same three year period.</p> <p>Why: Low birth weight (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>						

How are we doing? The rate for LBW babies born in FY 2012-13 through FY 2014-15 was 6.2% (482 LBW babies divided by total live births of 7,769). Whereas, FY 2011-12 through FY 2013-14 was 5.8% (455 LBW babies divided by total live births of 7,841), per the Automated Vital Statistic System.

The three-year average rate has remained relatively consistent, but rising slowly 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 *First-Time Mothers/Early Support Program* (nurse home-visiting), *Baby's First Breath* (tobacco cessation), *Women, Infants and Children (WIC) Program* and the *Perinatal Substance Use Program (4 P's program – Past Parents Partner and Pregnancy)*, all of which are aimed at reducing the rate of low birth weight infants and improving birth outcomes. Emphasis is placed on increasing outreach, education and referral to reduce known risk factors such as teen pregnancy, poor nutrition, tobacco, alcohol and/or other drug use and late entrance into prenatal care.

Given the historical data and current results, the FY 2015-16 projected rate may be higher than the published target rate.

Benchmark Data: 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 2010-12, San Luis Obispo ranked 7th out of 58 counties with the lowest percentage. Source California Department of Public Health County Health Status Profiles 2014. <http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2014.pdf>.

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
78%	82%	80%	79%	80%	79%	80%

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

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

How are we doing? During FY 2014-15, 79% of mothers (2,052 women out of a total of 2,588) sought prenatal care in their first trimester, compared to 79% (2,065 out of a total of 2,628) during FY 2013-14.

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.

Benchmark Data: Each year, the State publishes selected health benchmarks. The number of women receiving prenatal care in their first trimester is presented as a three-year average. San Luis Obispo County ranked 24th out of 58 counties in receiving the most prenatal care in the first trimester. California had a three year average rate of 83%. Source: California Department of Public Health County Health Status Profiles 2014. <http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2014.pdf>

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
100%	99%	99%	95%	99%	91%	96%

What: Measures the number of San Luis Obispo County women, infants and children receiving supplemental food coupons as a percentage of the State allocated caseload. Nutrition education and referrals to health care services are also provided through the WIC program but are not calculated as part of the allocated caseload. Allocated baseline caseload is determined by the State WIC Branch and is based on a combination of census data, county poverty levels, and past performance.

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

How are we doing? During FY 2014-15, the average number of women, infants and children participating in the WIC program was 4,530 per month or 91%, compared to 4,681 per month or 94% in FY 2013-14. The state allocated caseload for both FY 2013-14 and FY 2014-15 was 4,975.

The following restrictions have had a direct impact on the caseload rate, as this rate is determined by the number of food coupons distributed each month. In February 2014, the State WIC program implemented a new policy restricting local agencies from mailing food coupons to families, regardless of transportation barriers. This impacts a rural county such as San Luis Obispo in which reliable transportation is a barrier for many of the WIC clients. Historically the WIC 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. The number of births in San Luis Obispo County in FY 2014-15 was 2,587 compared to 2,628 in FY 2013-14. There is a direct correlation between the number of county births and prenatal WIC enrollments. 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 that local agencies serve 97%-100% of their allocated caseload, however due to below normal caseloads being reported statewide penalties will not be placed on local agencies falling below 97% of their allocated caseload during Federal Fiscal Year (FFY) 2014-15; caseload mandates will resume in FFY 2015-16.

The FY 2015-16 target rate is reduced to 96% based on the number of prenatal enrollees over this past year which is expected to continue into FY 2015-16. The State recently lowered all Counties authorized caseload. San Luis Obispo's authorized caseload was lowered from 4,975 to 4,700.

Benchmark Data: FY 2014-15: Marin – 84.5% (2,810) ; Monterey – 91.9% (19,871); Napa – 78.6% (3,181); Placer – 80.2% (3,614); Santa Barbara – 92% (17,481); Santa Cruz – 85.7% (8,359); Statewide – 85.6% (1,288,118).

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
Biennial Survey	13%	Biennial Survey	10%	Biennial Survey	Biennial Survey	10%

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

Why: Among young people, the short-term health consequences of smoking include respiratory illness, addiction to nicotine, and the associated risk of abusing alcohol and/or drugs. Most young people who smoke regularly continue to smoke throughout adulthood. According to the 2013 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 (53.9%) than it was among youths who did not smoke cigarettes in the past month (6.1%).

How are we doing? The California Healthy Kids Survey (CHKS) conducted during the 2013-14 school year found that 10% (169 of 1690); of 11th 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 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.

The next CHKS will be conducted during the 2015-16 school year. Given the historical data and the continued outreach performed by the County of San Luis Obispo Tobacco Control Program the FY 2015-16 target rate will be 10%.

Benchmark Data: None Available. Due to continued financial restrictions, many school districts no longer participate in the CHKS. Effective 2013, WestEd, who administers the CHKS, no longer publishes county reports making benchmark data no longer available. San Luis Obispo County Office of Education (SLOCOE) historically has received funding through the Tobacco-Use Prevention Education (TUPE) grant to administer the CHKS, but should SLOCOE no longer receive TUPE funding, participation in the CHKS may be terminated.

8. Performance Measure: Adult smoking rates. (This measure will be eliminated in FY 2015-16)

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
10.2% (2009 survey)	Biennial Survey	10.6% (2011 survey)	Biennial Survey	10%	No data available	Eliminate

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? This performance measure relies on results of the CHIS, which is conducted by the University of California Los Angeles (UCLA). Data for this survey continues to become increasingly difficult to obtain in a timely manner. We were unable to report the FY 2012-13 Actual Results at year-end as required nor are the 2014-15 results available. It is unknown when the results will be available. Performance measure will be eliminated in FY 2015-16.

Benchmark Data: None Available.

Department Goal: Protect against environmental hazards.

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
95.7%	95.4%	94.8%	95%	96%	97%	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? During FY 2014-15, 97% (1,849 out of 1,908) of the routine water samples were in compliance with the drinking water standards, compared to 95% (1,923 out of 2,018) during 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, as the State does not require counties to report this information.

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

10. 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.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
61%	59%	51%*	50%*	60%	66%	63%

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? During FY 2014-15, Public Health Nursing received 116 referrals for pregnant or parenting women with a positive drug and/or alcohol screen or admitted substance abuse. Of those 116 referrals, 76 clients or 66% were enrolled into the program and 2 remain on a wait list. Of the 38 clients not enrolled in services, 17 refused or declined services, 2 children were no longer in the family custody, 1 client has sufficient resources and would not benefit from the services and 16 could not be located. 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.

It is too early to estimate if the FY 2015-16 target rate should change based on the FY 2014-15 actual rate.

* Actual Results have been updated for FY 2012-13 and FY 2013-14 as the number of wait list clients were previously reduced from the total number of referrals, inflating the percentage. The calculation should divide the number of clients with a positive drug and/or alcohol screen or admitted substance abuse enrolled into the program by the total number of referrals for this same demographic.

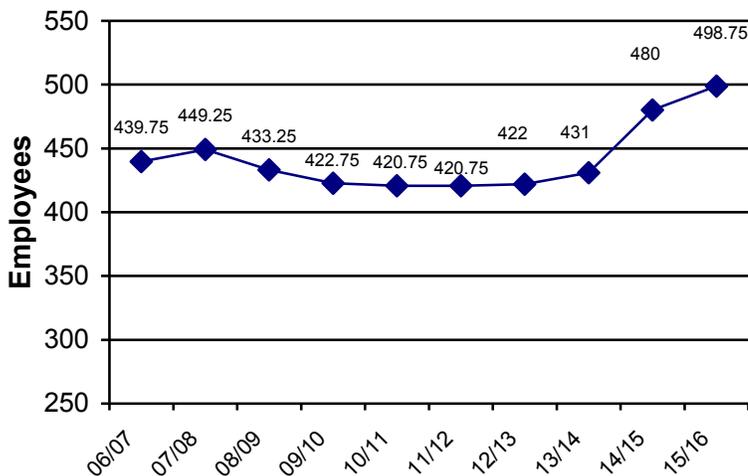
Benchmark Data: None available.

MISSION STATEMENT

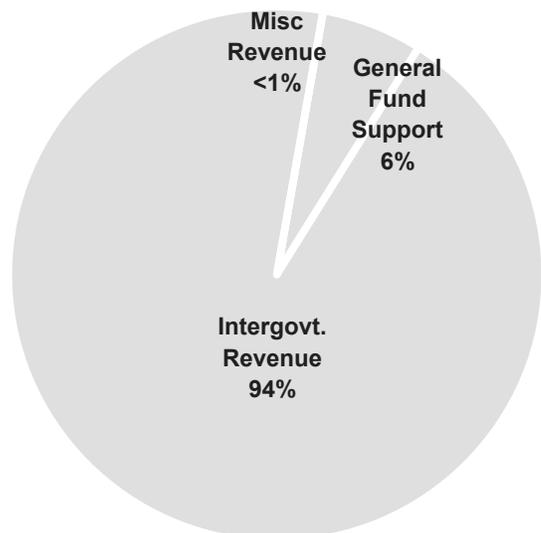
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

	2013-14	2014-15	2015-16	2015-16	2015-16
Financial Summary	Actual	Actual	Requested	Recommended	Adopted
Intergovernmental Revenue	\$ 54,095,751	\$ 62,497,779	\$ 65,488,768	\$ 66,924,319	\$ 66,924,319
Charges for Current Services	11,770	17,755	6,750	6,750	6,750
Other Revenues	32,181	153,806	6,863	6,863	6,863
Other Financing Sources	30,448	231,829	0	0	0
Interfund	0	0	0	179,210	179,210
**Total Revenue	\$ 54,170,150	\$ 62,901,169	\$ 65,502,381	\$ 67,117,142	\$ 67,117,142
Salary and Benefits	38,096,021	42,290,176	44,166,200	45,610,187	45,610,187
Services and Supplies	15,123,641	15,237,682	16,564,334	16,780,674	16,780,674
Other Charges	6,294,414	10,362,024	8,995,808	8,995,808	8,995,808
Fixed Assets	91,618	54,228	89,700	89,700	89,700
**Gross Expenditures	\$ 59,605,694	\$ 67,944,110	\$ 69,816,042	\$ 71,476,369	\$ 71,476,369
Less Intrafund Transfers	62,268	50,194	51,677	51,677	51,677
**Net Expenditures	\$ 59,543,426	\$ 67,893,916	\$ 69,764,365	\$ 71,424,692	\$ 71,424,692
General Fund Support (G.F.S.)	<u>\$ 5,373,276</u>	<u>\$ 4,992,747</u>	<u>\$ 4,261,984</u>	<u>\$ 4,307,550</u>	<u>\$ 4,307,550</u>

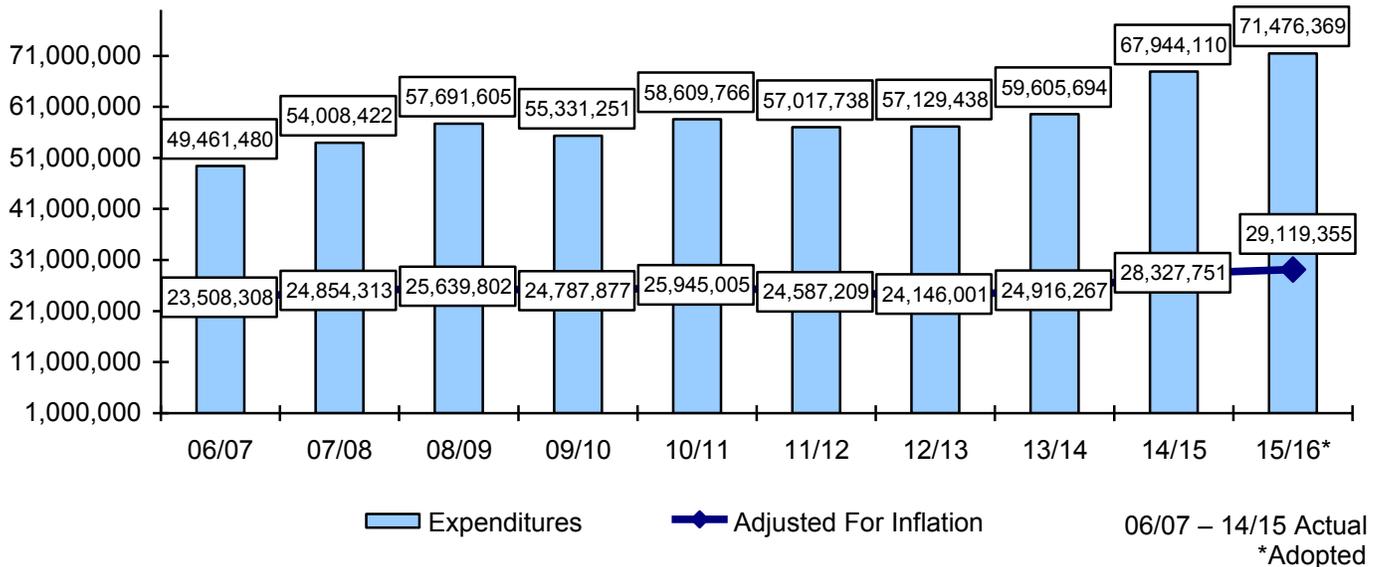
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The Department of Social Services has a total expenditure level of \$71,476,369 and a total staffing level of 498.75* 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: \$9,258,650 Total Staffing (FTE): 39.00

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: \$9,680,851 Total Staffing (FTE): 64.00

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: \$15,010,972 Total Staffing (FTE): 124.00

Child Welfare Services

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

Total Expenditures: \$14,129,834 Total Staffing (FTE): 108.00

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: \$13,184,211 Total Staffing (FTE): 118.00

Other Programs

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

Total Expenditures: \$7,827,580 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: \$2,033,227 Total Staffing (FTE): 5.00

*Staffing for Fund Center 181 – Foster Care, Fund Center 182 – CalWORKs, and Fund Center 185- General Assistance are reflected in Fund Center 180 – Department of Social Services.

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. More information about the department's programs can be found in Fund Center (FC) 181–Foster Care, FC 182–CalWORKs, and FC 185–General Assistance.

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 more than 66% in the last five years and shows no signs of abating.

Following are some of the department's notable accomplishments for FY 2014-15 and specific objectives for FY 2015-16:

FY 2014-15 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:
 - Timely response in immediate response situations is 3.6% higher
 - Timely response in "10-Day" (less immediate) situations is 6.7% higher
 - Placement of foster children with all of their siblings is 12.1% higher
 - Placement with relatives upon entry into foster care is 54.4% higher
 - Placement in group homes upon entry is 48.2% lower
 - Rate of timely health exams for foster children is 14% higher
- The County was awarded a California State Association of Counties Challenge Merit Award for its innovative Transitional Age Youth—Financial Assistance Program (TAY-FAP). The TAY-FAP program is the first of its kind in California and has helped nearly 150 youth leaving foster care to enroll in higher education.
- The County successfully implemented the Affordable Care Act, despite challenges created by the State's systems and processes. The Medically Indigent Service Program was integrated successfully into Medi-Cal, reducing the County's costs and obligations under the Welfare & Institutions Code. Over 750 applications have been taken from inmates in the jail, with the goal of easing transition from custody and reducing County General Fund costs.

FY 2015-16 Objectives

- Continue to surpass State averages in at least 75% of performance measures related to Child Welfare Services.
- The department will meet all of its goals in the 50Now Program, which provides housing and intensive services to 50 of the most vulnerable homeless individuals.
- 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.
- Increase the number of participants in Subsidized Employment by 81% (from 58 to 105 participants).
- Implement the Structured Decision Making tool in the Adult Protective Services program, and assume responsibility for after-hours calls.

- The department acquired additional space in Morro Bay and Paso Robles to accommodate additional workload and better serve clients.
- Based upon figures made available for Federal FY 2013-14, the County's Workforce Investment Act performance exceeds Federal requirements in seven of nine measures.
- The department started implementing the 50Now Program in collaboration with Transitions Mental Health Association, with the goal of housing the 50 most vulnerable homeless individuals in San Luis Obispo County. At least 24 individuals were housed within the first six months of implementation, far exceeding the goal to house 17 individuals in the first nine months.
- The County competed for and was awarded a \$1 million grant to house homeless families in the CalWORKs program. More than 31 families were housed within the first six months of implementation.
- The department continued to collaborate with other County departments and provided a high level of support to the Homeless Services Oversight Council (HSOC).

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

In total, the overall General Fund support for the Department of Social Services (including its Administrative (FC 180), Foster Care/Adoptions (FC 181), CalWORKs (FC 182) and General Assistance (FC 185) budgets) is recommended to decrease \$5,428 or less than 1% compared to FY 2014-15 adopted levels. The level of General Fund support for this fund center is recommended to decrease \$732,614 or 14% compared to FY 2014-15 adopted levels. Revenues are recommended to increase \$6,731,458 or 11% and total expenses are recommended to increase \$5,998,844 or 9% compared to FY 2014-15 adopted levels.

Legislative changes in recent years have significantly impacted the department's budget and operations. The department continued to see changes in FY 2014-15 with the implementation of changes to the Child Welfare Services (CWS) and the In-Home Support Service (IHSS) programs. In February 2015, the Board approved the addition of 2.00 FTE positions to prepare for and implement the new California Child Care and Family Service Review process in CWS and 6.75 FTE positions for the IHSS program and the related Public Authority (PA). The PA performs activities associated with the recruitment, interviewing, hiring and training of new providers, as well as matching providers to program participants. Additionally, the department was awarded new funding to implement a CalWORKs Housing Support Program (HSP), which provides housing to CalWORKs participants. In October 2014, the Board approved 2.00 FTEs to implement the new CalWORKs HSP.

The significant increase in revenue is primarily due largely to increased State allocations that have come to the County in the FY 2014-15 to support the previously mentioned expanded responsibility in the CWS and IHSS programs, as well as an increased caseload in the Medi-Cal program and implementation of the new CalWORKs HSP program. 2011 Realignment funding, which replaces the State's contribution for the Adult Services, Adoptions, Foster Care, Child Abuse Prevention, Child Welfare Services, and Transitional Housing Placement programs, is increasing by \$1.2 million or 15% compared to FY 2014-15 levels based on estimates provided by the State. 1991 Realignment revenue from vehicle license fees to the department is budgeted to increase by \$1.4 million or 515% over FY 2014-15 adopted levels, and Realignment revenue from sales tax is budgeted to decrease by \$450,207 due to AB 85, which swapped Vehicle License Revenue for sales tax revenue between the Social Services and Health subaccounts. Overall, the amount of 1991 Realignment (from sales tax revenue and Vehicle License Fees) in this fund center is increasing 29% and reflects what the department projects that it will actually receive in FY 2015-16, rather than moving a significant excess above budget into a trust account. This

increase helps to decrease the department's level of General Fund support. 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-Foster Care and Adoptions is increasing by less than 1% compared to FY 2014-15 adopted levels. Workforce Investment Act (WIA) funds are decreasing by 7% compared to FY 2014-15 adopted levels, based on current formula allocations.

Salary and benefits are recommended to increase \$3,144,410 or 7% compared to FY 2014-15 adopted levels and includes full funding for all 492.75 FTE currently allocated positions, as well as 6.00 FTE new positions that are being recommended. The increase over FY 2014-15 adopted levels is due to: the mid-year additions of 12.75 FTE in support of legislative changes and added responsibilities to the programs that the department administers, regular pay step increases, prevailing wage adjustments approved in FY 2014-15, and the recommended addition of 6.00 FTEs to the department's Position Allocation List (PAL).

As noted above, there was a net addition of 12.75 FTE positions to the department's PAL in FY 2014-15, which brought the department's number of authorized positions to 492.75 FTE.

On October 7, 2014, the Board approved the following changes to the department's PAL:

- +2.00 FTE Employment Resource Specialist IVs

On February 10, 2015, the Board approved the following changes to the department's PAL:

- +9.00 FTE Social Worker I/II/III
- +1.00 FTE Administrative Assistant I/II/III
- +1.00 FTE Accountant III
- +0.75 FTE Personal Care Aid
- -1.00 FTE Administrative Services Officer II

The addition of 6.00 FTE new positions to the department's PAL is recommended based upon budget augmentation requests submitted by the department in FY 2015-16, which brings the department's total personnel allocation to 498.75 FTE. The details of the recommended PAL changes are as follows:

- +3.00 FTE Social Worker I/II/III
- +1.00 FTE Administrative Assistant
- +1.00 FTE Senior Account Clerk
- +1.00 FTE Legal Clerk

The addition of these new positions has a total cost of \$400,350 but will not have any impact on the department's level of General Fund support. Additional information about these positions is outlined below. As part of the FY 2015-16 budget process, a 1.00 FTE Department Administrator is also recommended to be deleted and replaced with a 1.00 FTE Senior Division Manager.

Services and supplies are recommended to increase by \$831,473 or 5% compared to FY 2014-15 adopted levels. Notable increases include: 1) maintenance expenses to coordinate the department's keyless entry systems, 2) expenses for modular office furniture to purchase and configure furniture, primarily in the new Paso Robles office, 3) office expenses for new case files and headsets, and 4) countywide overhead costs.

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 in FY 2013-14. Health benefits under the Public Authority were also discontinued effective January 2014 due to the implementation of the Affordable Care Act (ACA). In FY 2015-16, the County's share of IHSS costs related to the MOE are increasing by \$72,952, compared to the FY 2014-15 adopted levels. The Public Authority operations costs are decreasing by \$333,760 because health benefits are now accessed through ACA for IHSS caregivers rather than through the Public Authority.

Other charges, which consist mostly of contracted services for clients, are recommended to increase by \$2 million or 29% compared to FY 2014-15 adopted levels. The increase is due largely to \$876,288 budgeted for the CalWORKs HSP, \$633,056 budgeted for the continued implementation of the 50Now program, and \$378,000 for a contract to provide expanded subsidized employment for CalWORKs participants. The 50Now program is a three-year pilot program that is housing 50 of the most vulnerable chronically homeless individuals living in the county.

Fixed assets are recommended to decrease \$39,690 or 30% compared to FY 2014-15 adopted levels and includes funding for replacement copiers, new photocopiers for the two new offices, an inserting/folding system, and computer equipment.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross: \$144,420 General Fund support: \$0	Add 2.00 FTE Social Workers to the Child Welfare Services Emergency Response Division assigned to the North region and South region to respond, investigate, and close child abuse/neglect referrals timely and effectively. Funded with Federal/State allocations and 1991 Realignment funds.	<ol style="list-style-type: none"> 1. Remain in compliance with State mandated requirements. 2. Respond to 100% of referrals within 24 hours for referrals needing immediate response and within 10-days for others, while reducing the use of comp-time and overtime.
Gross: \$72,210 General Fund support: \$0	Add 1.00 FTE Social Worker to implement the Resource Family Approval (RFA) program to certify foster and adoptive families in one comprehensive program. Funded entirely with Federal/State allocations and 1991 Realignment funds.	<ol style="list-style-type: none"> 1. 85% of Resource Family Approval homes will be certified within 90 days. 2. Dependent children will experience fewer placement moves. 3. More foster homes will be approved for placement of dependent children.
Gross: \$56,494 General Fund support: \$0	Add 1.00 FTE Senior Account Clerk to the County Expense Claiming Unit to process expense claims, make contract payments, travel reservations and payments, and process supportive services requests. Funded entirely with Federal/State allocations and 1991 Realignment funds.	Overtime will decrease in the County Expense Claiming Unit of the fiscal division by 50% by June 30, 2016.
Gross: \$78,498 General Fund Support: \$0	Add 1.00 FTE Legal Clerk in the Legal Processing Unit to process court orders. Funded entirely with Federal/State allocations and 1991 Realignment funds.	Late reports filed with the court will be reduced by 20%.

<p>Gross: \$48,728</p> <p>General Fund support: \$0</p>	<p>Add 1.00 FTE Administrative Assistant to provide clerical support to the Fraud Investigations Unit and Administrative Review Team (ART) unit that handles overpayment and over issuances and State hearings. Funded entirely with Federal/State allocations and 1991 Realignment funds.</p>	<ol style="list-style-type: none"> 1. Reduce the current backlog of referrals in the Special Investigations Unit by an additional 10%. 2. Reduce the current backlog of over issuances and overpayments by 10% at the end of the first year (FY 2015-16) and 15% at the end of the second year (FY 2016-17). 3. Provide customer services to the general public who will be attending a State Hearing by an Administrative Law Judge.
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GOALS AND PERFORMANCE MEASURES

<p>Department Goal: To provide for the safety, permanence and well being of children.</p>						
<p>Communitywide Result Link: <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community</p>						
<p>1. Performance Measure: Percentage of children reentering foster care within 12 months of being reunified with their families.</p>						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
14%	13.33%	17.3%	18.9%	10%	13.47%	10%
<p>What: This performance measure tracks the percentage of children who must return to foster care after being returned to their families, if the reentry occurs within 12 months of the return.</p> <p>Why: Both safety and stability are important to the well being of children. One of the goals of Child Welfare is to create permanency in the lives of children and the families to which they belong; if children are removed from their parents, later reunified and then removed a subsequent time, they may suffer emotional harm. The goal of Child Welfare is to create stability, and a higher rate suggests instability.</p> <p>How are we doing? The County is above the State average (12.13%) by 1.34% and below the comparable county average (14.4%) by .93%. Due to reporting delays with the State, the available data is through the quarter ending March 31, 2015. Actual results reflect the yearly average. Our goal in the current year is ambitious, and an increasingly challenging caseload in our Child Welfare Services program has put this goal out of our reach. However, the Department has shown marked downward improvement in current year, after a steadily increasing trend in the previous three years.</p>						
<p>2. Performance Measure: Percentage of child abuse/neglect referrals where a response is required within 10 days that were responded to timely.</p>						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
96.7%	97.6%	98%	96.1%	98%	97.93%	98%
<p>What: Child Welfare referrals may warrant either an "Immediate" response or a "10-day" response, depending on the severity of the allegation. The Department has performed consistently well on its Immediate Responses, but seeks to improve its responsiveness on 10-day referrals.</p> <p>Why: Delays in responding to an allegation could result in ongoing abuse or neglect. An earlier intervention may reduce the risk of injury or the need to remove a child from the parents' care.</p> <p>How are we doing? The County is above the State average (91.2%) by 6.73% and above the comparable counties (93.3%) by 4.63%. Due to reporting delays from the State, the available data is through the quarter ending March 31, 2015. Actual results reflect the yearly average. The results in this measure are on target (within 0.07%), and the Department's results have improved over FY 2013-14 due to additional training as well as monitoring the response rates of each social worker on a monthly basis.</p>						

3. Performance Measure: Percentage of children in out-of-home care who are placed with all of their siblings.						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
67.8%	68.25%	60.6%	56.85%	68.25%	51.3%	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 (50.6%) by 0.7% and above the comparable county average (48.67%) by 2.63%. Due to reporting delays from the State, the figures are from the quarter ending March 31, 2015. The County's results in this measure are below target by 16.95%. 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.

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.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
45.49%	24.16%	33.22%	42.95%	50%	15.53%	45%

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

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

How are we doing? We are below the adopted target (50%) by 34.47%. The figures are through the month of June 2015. 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).

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
229.25 cases	223.25 cases	210 cases	216 cases	225 cases	328 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? We are above the adopted target by 103 cases. Available data is through the quarter ending June 30, 2015. Fluctuations in actual results are due to changes in staffing levels during the year, as well as the implementation of the Affordable Care Act. State or comparable county data is not available. DSS is evaluating the possibility of augmenting staff, as the Medi-Cal allocation has increased for FY 2015-16.

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
ER-22 FM-10 FR-11 PP-23	ER-31 FM-10 FR-12 PP-24	ER-27 FM-11 FR-12 PP-28	ER-27 FM-10 FR-11 PP-30	ER-15 FM-11 FR-12 PP-25	ER-27.25 FM-8.5 FR-8 PP-27	ER-15 FM-11 FR-12 PP-25

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

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

How are we doing? The cases are above the adopted target for ER (15) by 12.25 cases and PP (25) by 2 cases. Cases are below target for FM (11) by 2.5 cases and FR (12) by 4 cases. The available data is through June 30, 2015. State or comparable county data is not available. Caseload and staffing varies from quarter to quarter based on staff vacancies and case activity.

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.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
29.1%	29.1%	29.1%	29.1%	35%	data not available	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 performance measure previously referred to the Temporary Assistance for Needy Families (TANF) Work Participation Rate. The Federal Deficit Reduction Act changed the requirements, the calculations and the targets, and the transition to the new methodology has been a challenge. The State has changed the process of their system and is utilizing the "E2Lite" system for retrieving data. Additional focus on this activity has resulted in early increases in the rate, but the County clearly needs to continue that improvement. Data for this measure, including State and comparable county information, has been unavailable from the State since September 2010. It is uncertain when the State will have updated information available regarding this statistic.

8. Performance Measure: Percent of CalWORKs adult participants with earnings.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
29.7%	29.5%	29.9%	32.5%	30%	33.9%	32.5%

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 (31.75%) by 2.15% and is below the comparable counties average (35.8%) by 1.9%. Data is through the quarter ending December 31, 2014. San Luis Obispo County maintains a focus both on employment and on eliminating barriers to employment. Since the implementation of CalWORKs, the County has combined the eligibility and employment services functions into a single classification, contrary to the separation of responsibilities that is practiced in many other counties. This has helped the County's staff remain focused on self-sufficiency. Actual results reflect the yearly average.

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.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
163 cases	134.03 cases	149 cases	136.33 cases	150 cases	140.13 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 the In-Home Supportive Services program. If the cases per Social Worker are too high, the worker may be overburdened and work quality affected. Caseloads per worker that are too low may imply reduced efficiency.

How are we doing? The County is below the FY 2014-15 adopted target by 9.87 cases or 6.5%. Data is through the quarter ending June 30, 2015. Data for State and comparable counties is not available. New assessment and documentation requirements, coupled with increases in the number of severely impaired program participants, can result in additional workload for staff. Rising caseloads per worker can threaten the accuracy and efficiency of program operations, however the actual results did not exceed the adopted target for FY 2014-15.

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.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
90%	91%	87%	83.96%	95%	81.5%	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.

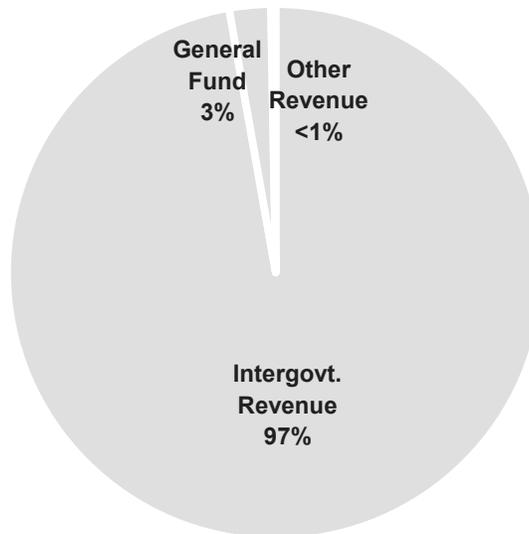
How are we doing? The Department is below the FY 2014-15 adopted target by 13.5%. Available data is through June 30, 2015. The results in this measure may see higher than average fluctuations due to the fact that the denominator for this measure (the number of adults with an initial abuse 12 months ago) is a small number. Actual results reflect the yearly average. State or comparable county data is not available.

MISSION STATEMENT

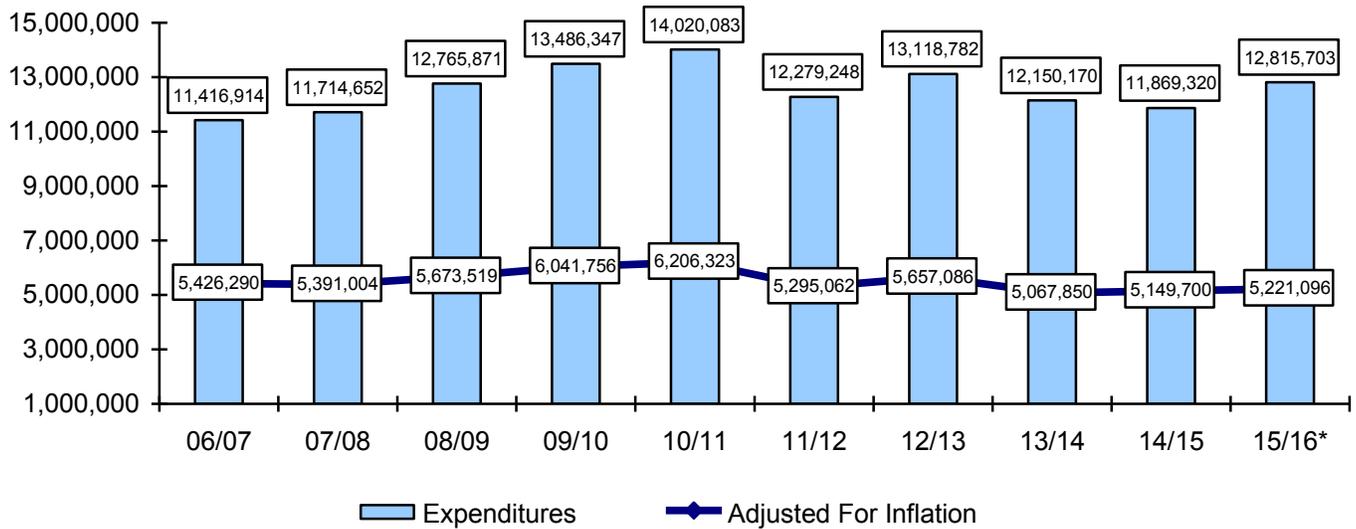
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

<u>Financial Summary</u>	<u>2013-14 Actual</u>	<u>2014-15 Actual</u>	<u>2015-16 Requested</u>	<u>2015-16 Recommended</u>	<u>2015-16 Adopted</u>
Intergovernmental Revenue	\$ 11,158,125	\$ 11,537,104	\$ 12,463,320	\$ 12,463,320	\$ 12,463,320
Other Revenues	32,930	32,751	27,575	27,575	27,575
**Total Revenue	\$ 11,191,055	\$ 11,569,855	\$ 12,490,895	\$ 12,490,895	\$ 12,490,895
Other Charges	11,492,582	11,869,320	12,815,703	12,815,703	12,815,703
**Gross Expenditures	\$ 11,492,582	\$ 11,869,320	\$ 12,815,703	\$ 12,815,703	\$ 12,815,703
General Fund Support (G.F.S.)	\$ 301,527	\$ 299,465	\$ 324,808	\$ 324,808	\$ 324,808

Source of Funds



10 Year Expenditures Adjusted For Inflation



06/07 – 14/15 Actual
 *Adopted

SERVICE PROGRAMS

CalWORKs functions under the Department of Social Services. CalWORKs has a total expenditure level of \$12,815,703 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: \$12,815,703 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. Success in this area is measured by 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 2014-15 caseload has fallen 2% from last year, and is 6% below FY 2012-13.

Changes in law resulted in a grant increase for participants in this program, effective April 1, 2015. 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 14-year period, the consumer price index has risen by over 37% according to the Labor of Bureau Statistics Consumer Price Inflation Calculator.

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 by \$6,440 or 1% compared to FY 2014-15 adopted levels. Revenues are recommended to increase by \$470,587 or 3%. Expenditures are recommended to increase by \$464,147 or 3%. This budget only includes expenses for benefits paid to program participants. The costs for administering the CalWORKs program are included in Fund Center 180-Social Services Administration.

Revenue for CalWORKs assistance benefits is allocated to the County from State sales tax Realignment and Federal sources, and these amounts vary based on a variety of factors such as increases to program participant benefits and programmatic changes made by the State. Regardless of the source of revenue, the County's share of cost is 2.5% of total CalWORKs assistance payments to clients.

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. Monthly average caseloads are down 16% from a high in FY 2010-11, and are down 2% in the current year compared to FY 2013-14.

Despite the declining caseload, the CalWORKs program has 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 2015-16. This budget is increasing to account for the grant increase, and to cover any potential increase in caseload.

BOARD ADOPTED CHANGES

None.

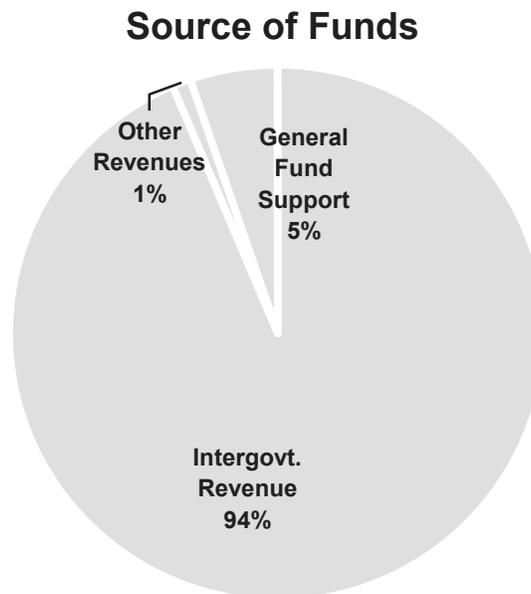
BUDGET AUGMENTATION REQUESTS ADOPTED

None requested.

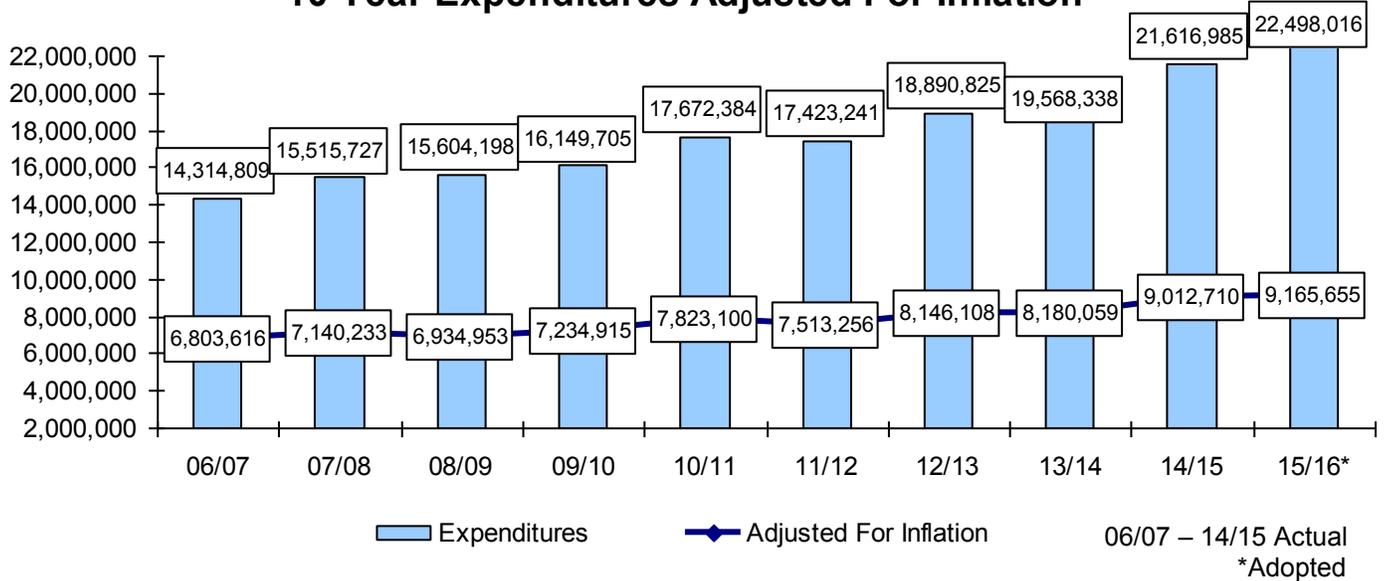
MISSION STATEMENT

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.

	2013-14	2014-15	2015-16	2015-16	2015-16
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 18,996,970	\$ 20,936,016	\$ 21,170,265	\$ 21,170,265	\$ 21,170,265
Other Revenues	189,801	186,064	213,599	213,599	213,599
**Total Revenue	\$ 19,186,771	\$ 21,122,080	\$ 21,383,864	\$ 21,383,864	\$ 21,383,864
Services and Supplies	67,873	67,873	67,873	67,873	67,873
Other Charges	19,500,465	21,549,112	22,430,143	22,430,143	22,430,143
**Gross Expenditures	\$ 19,568,338	\$ 21,616,985	\$ 22,498,016	\$ 22,498,016	\$ 22,498,016
General Fund Support (G.F.S.)	\$ 381,567	\$ 494,905	\$ 1,114,152	\$ 1,114,152	\$ 1,114,152



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Foster Care functions under the Department of Social Services. Foster Care has a total expenditure level of \$22,498,016 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: \$14,528,015 Total Staffing (FTE): *

Adoptions

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

Total Expenditures: \$7,522,115 Total 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: \$447,886 Total 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 transitional 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, a decline that has continued into the current year. The department is currently running about 12% below the FY 2013-14 average caseload, and 24.4% below FY 2012-13 levels. 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 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 \$1.1 million in the requested budget.

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 increase by \$555,394 or 99% compared to FY 2014-15 adopted levels. Revenue is expected to increase by \$296,412 or 1% and expenses are increasing by \$851,806 or 3% compared to FY 2014-15 adopted levels. However, in total, General Fund support for the Department of Social Services (including its Administrative, Foster Care/Adoptions, CalWORKs and General Assistance budgets) is recommended to decrease \$5,428 or less than 1% compared to FY 2014-15 adopted levels. This budget only includes expenses for program participant benefits. The costs for administering the Foster Care and Adoptions programs are included in Fund Center 180-Social Services Administration.

The \$1,114,152 in General Fund support recommended for FY 2015-16 is based on the number and types of cases being administered through this fund center. In FY 2015-16, the recommended level of General Fund support represents 4.9% of total expenditures, compared to 2.6% in FY 2014-15.

Increased expenditures are due to an overall increase within aid types, which are based upon caseload growth in some programs and cost per case. Overall, foster care caseloads are down 12% in the current year, compared to FY 2013-14. Despite this, expenses are increasing and several factors contribute to the recommended increase in expenditures for the 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. In the current year, total EFC caseloads are up 24% compared to FY 2013-14. In anticipation that caseload will continue to grow as people become more aware of this new program, the department is budgeting for a 9.8% 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 \$781,095 (a 122% increase) for this program in FY 2015-16, which is in line with current year expenses for the RFA program.
- State-set rate increases for Foster Care, due to recent lawsuits which guarantee rate increases every year.

The department is expecting to increase its contract with Family Care Network for wraparound services by \$181,412 to account for a 5% rate increase determined by the State and for an increase in wraparound slots from 47 to 55. The increase in slots will allow Family Care Network to serve more children/youth and their families in FY 2015-16 than in FY 2014-15. Wraparound services provide alternatives to out-of-home placement in institutionalized settings by bringing targeted services to families based on an approved service plan.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

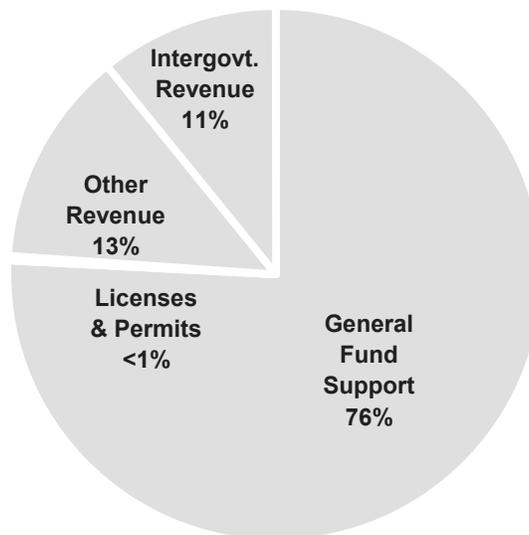
None requested.

MISSION STATEMENT

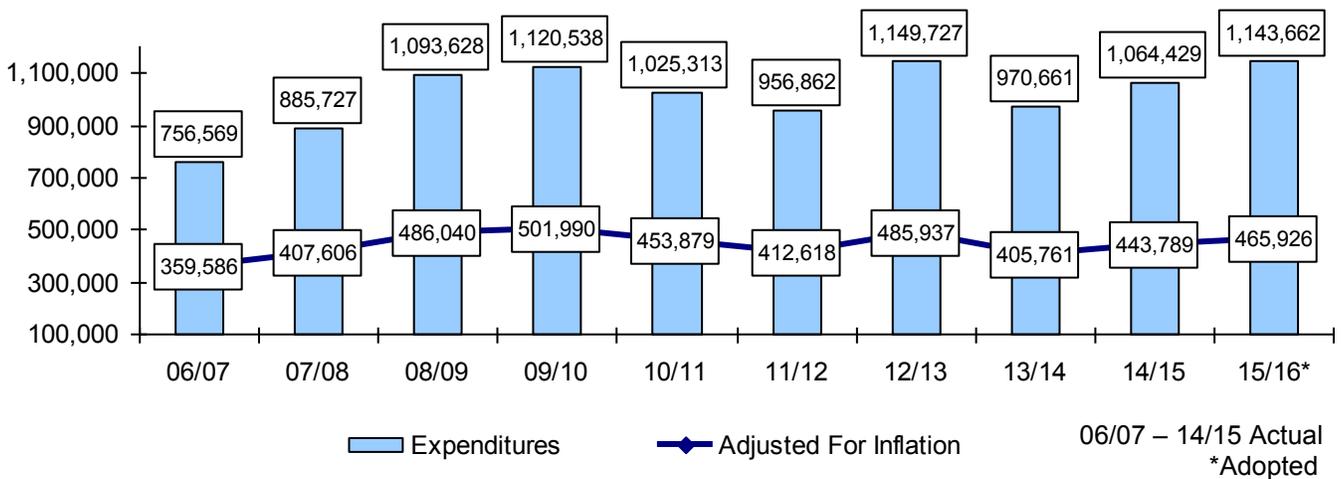
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

	2013-14	2014-15	2015-16	2015-16	2015-16
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Licenses and Permits	\$ 5,353	\$ 5,212	\$ 3,998	\$ 3,998	\$ 3,998
Intergovernmental Revenue	120,340	99,025	123,286	123,286	123,286
Other Revenues	366,214	153,422	150,000	150,000	150,000
**Total Revenue	\$ 491,907	\$ 257,659	\$ 277,284	\$ 277,284	\$ 277,284
Other Charges	970,661	1,064,429	1,143,662	1,143,662	1,143,662
**Gross Expenditures	\$ 970,661	\$ 1,064,429	\$ 1,143,662	\$ 1,143,662	\$ 1,143,662
General Fund Support (G.F.S.)	\$ 478,754	\$ 806,770	\$ 866,378	\$ 866,378	\$ 866,378

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

General Assistance functions under the Department of Social Services. General Assistance has a total expenditure level of \$1,143,662 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: \$1,143,662 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 (FY 2011-12) average. The department has seen this abate in the current year, with caseload numbers declining by 13.3% from FY 2013-14. The average monthly grant to these individuals remains at \$280.

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 increase by \$178,232 or 26% compared to FY 2014-15 adopted levels. However, 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 \$5,428 or less than 1% compared to FY 2014-15 adopted levels. Revenues are recommended to decrease by \$200,163 or 42% and expenditures are recommended to decrease by \$21,931 or less than 1% compared to FY 2014-15 adopted levels. This budget only includes expenses for benefits paid to program participants. The costs for administering the General Assistance program are included in Fund Center 180-Social Services Administration.

Revenue in this fund center consists largely of reimbursements for Cash Assistance Program for Immigrants (CAPI) and Supplemental Security Income/State Supplementary Payment (SSI/SSP) expenditures. SSI/SSP 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/SSP reimbursements are recommended to decrease by \$165,330 compared to FY 2014-15 adopted levels, in line with the revenue realized from SSI/SSP reimbursements in FY 2014-15. The department believes that the decrease may be due to a variety of factors. For example, more expeditious processing of applications could reduce the dollar value of the reimbursement since fewer benefits are accrued during the interim and/or the SSI/SSP benefits specialists may have caught up with a backlog of cases and the lower amounts may constitute a new normal.

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. Even though General Assistance caseloads are down in FY 2014-15 compared to FY 2013-14, they fluctuate from year to year. The department is budgeting a 5% increase over current year estimates to account for any potential increases in FY 2015-16.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

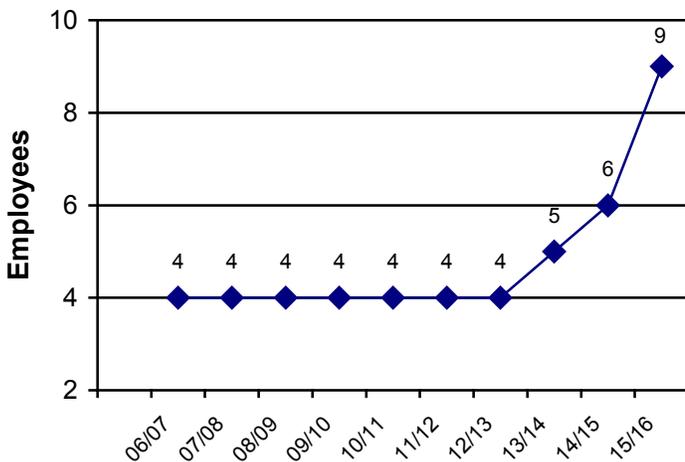
None requested.

MISSION STATEMENT

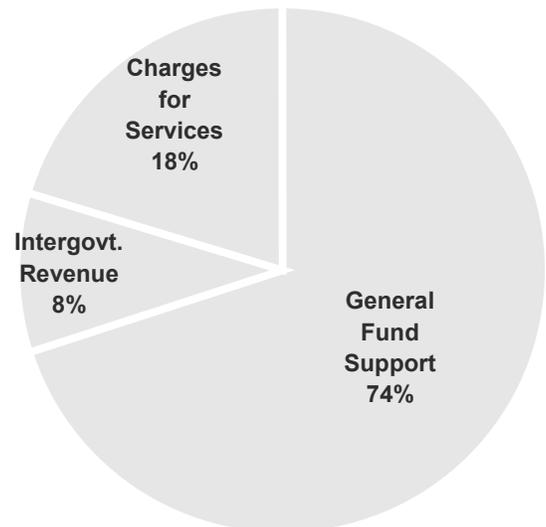
The Veterans Services Department works as an advocate for the men and women who serve or served in the Armed Forces of America, their dependents, and survivors in obtaining benefits and services from the U. S. Department of Veterans Affairs, California Department of Veterans Affairs, San Luis Obispo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

	2013-14	2014-15	2015-16	2015-16	2015-16
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 583,332	\$ 174,462	\$ 65,000	\$ 65,000	\$ 65,000
Charges for Current Services	0	27,726	136,685	137,370	137,370
**Total Revenue	\$ 583,332	\$ 202,188	\$ 201,685	\$ 202,370	\$ 202,370
Salary and Benefits	431,678	506,846	620,144	628,043	716,716
Services and Supplies	113,104	426,070	40,622	47,911	47,911
**Gross Expenditures	\$ 544,782	\$ 932,916	\$ 660,766	\$ 675,954	\$ 764,627
General Fund Support (G.F.S.)	\$ (38,550)	\$ 730,728	\$ 459,081	\$ 473,584	\$ 562,257

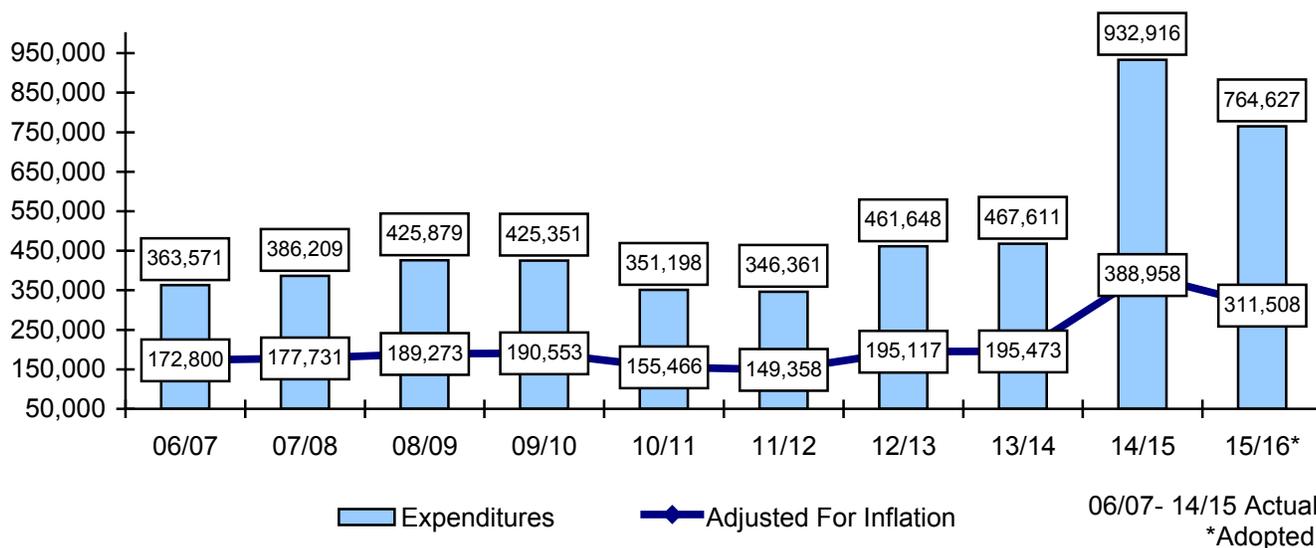
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Veterans Services has a total expenditure level of \$764,627 and a total staffing level of 9.00 FTE 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: \$383,167 Total Staffing (FTE): 4.40

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: \$8,260 Total Staffing (FTE): 0.10

Outreach and Referral

Outreach efforts include presentations to: deploying troops during the Soldier Readiness Process (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: \$162,580 Total Staffing (FTE): 1.95

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: \$28,908 Total Staffing (FTE): 0.35

Veterans Employment

In partnership with Veterans Services Organizations helping veterans improve resumes, interview skills and secure employment.

Total Expenditures: \$8,260 Total Staffing (FTE): 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 such as the Supportive Services for Veterans Families (SSVF) program to help these veterans get into affordable housing.

Total Expenditures: \$ 165,192 Total Staffing (FTE): 2.00

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: \$8,260 Total Staffing (FTE): 0.10

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.

Partnering with the County Behavioral Health, the Veterans Clinic and the Vets Center, we are able to greatly enhance the services for veterans and their dependents. Cooperating with other County, State and Federal agencies allows us to better serve veterans and their families and guide them towards the appropriate care provider. Additionally, we continue to work with local nonprofits to reach veterans in new and innovative ways.

We are continuing to work closely the Community Action Partnership of San Luis Obispo (CAPSLO) and the Department of Veterans Affairs (VA) to assist county veterans and families with housing, through the Supportive Services for Veteran Families (SSVF) and Veterans Affairs Supporting Housing (VASH) programs. The SSVF program, launched in FY 2014-15, allows veterans in need access emergency housing and provides for wrap around services to assist the veterans in becoming self-reliant. The VASH program is a low income program that assists homeless veterans find housing with the VA subsidizing a portion of the costs. Through these programs we also interface with local property owners and landlords, and work with agencies such as San Luis Obispo's Housing Authority (HASLO), Peoples Self Help Housing, Five Cities Homeless Coalition and the Good Samaritan. We will continue these efforts as long as State and Federal grant funding continues to be made available.

Following are some of the department's notable accomplishments for FY 2014-15 and some specific objectives for FY 2015-16:

FY 2014-15 Accomplishments

- The office processed claims for veterans resulting in over 5,000,000 in annualized monthly benefits and the U.S. department of Veterans Affairs spent an accumulative total of over \$88,000,000 in the county during the same period.
- The office helped get the State Legislature to provide an additional \$2.6 million to County Veterans Service Offices (CVSOs) around the state to better reach veterans in the community. This was the second year that the State added this increased funding. Also the department completed a statewide communications program called "You Served, You Earned" to better inform veterans about the benefits and services available to them.
- The office is the lead agency for the County's Veterans Treatment Court; 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 is a collaborative with 9 other agencies from the federal to the local level and celebrated its second graduation this year.
- The office conducted their second 48 hour Stand Down for at risk and homeless veterans this year. We were able to connect 118 veterans to 35+ 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 is obtained its 6th 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 office partnered with the Community Action Partnership of San Luis Obispo (CAPSLO) on a grant from the Department of Veterans Affairs for \$4.8 million over 3 years to provide Supportive Services for Veterans with Families (SSVF).

FY 2015-16 Objectives

- The office will continue advocating and assisting the County's approximately 26,000 veterans in obtaining their benefits and services earned through military service. We will continue to work with agencies at the Federal, State, and local level to make sure our county's veterans are taken care of. We will be continuing to explore new and more efficient ways of processing the veterans' claims to get them their benefits and services as quickly as possible.
- The office 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 County's veterans where they live, work, and play, and to make sure all County veterans are aware of all the benefits and services they have earned by serving our country. We will be looking to expand current outreach programs like the VetSurf program, the SSVF program, participation in local farmers markets and other new innovative ways we can reach our local veterans.
- The office will conduct its third annual 48 hour Stand Down for at risk and homeless veterans living in our community. 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 state 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 2015-16 includes General Fund support in the amount of \$473,584 which is a \$13,771 or 2% increase over FY 2014-15 adopted levels. This increase is the result of a \$143,862 or 29% increase in salaries and benefits, and a \$7,279 or 17% increase in services and supplies driven mainly by an increase of countywide overhead expense.

The majority of the increase in salaries and benefits is due to the addition of 2.0 FTE Limited Term Assistant Veterans Service Officers (AVSO) that were added mid-year FY 2014-15 as part of the Support Services for Veterans Families (SSVF) program and are fully revenue offset. The SSVF contributes \$137,370 to a total revenue of \$202,370 which is an increase of 211% in total revenue from FY 2014-15 adopted levels. The remaining \$65,000 in subvention revenue remains unchanged from prior year.

A 1.00 FTE AVSO was included in a budget augmentation request and is not being recommended at this time. A 1.00 FTE AVSO was added in FY 2013-14, a 1.00 FTE Administrative Assistant Aide was added in FY 2014-15, and as mentioned above, 2.00 FTE Limited Term AVSOs were added to support the SVFF program mid-year FY 2014-15.

BOARD ADOPTED CHANGES

During budget hearings, the Board of Supervisors adopted the budget augmentation request below, adding 1.00 FTE Assistant Veteran Services Officer with a corresponding increase to General Fund support in the amount of \$88,673.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross: \$88,673	Add 1.00 FTE Permanent Assistant Veteran Services Officer (AVSO)	Provide better service to veterans applying for benefits by decreasing the time between initial processing of claims and receipt of benefits.
General Fund support: \$88,673		

GOALS AND PERFORMANCE MEASURES

Department Goal: Provide veterans, their dependents, and survivors with advice on monetary, healthcare, insurance, and other government benefits.						
Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input checked="" type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input checked="" type="checkbox"/> Well-Governed Community						
1. Performance Measure: Percentage of customer satisfaction surveys which rated the services performed by the Veterans Services Department as "satisfied" or "very satisfied".						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
97%	99.8%	100%	98.4%	98%	98%	98.5%
What: A customer satisfaction survey is available to all clients, these are collected throughout the year to evaluate client satisfaction level.						
Why: Ensure high quality service and continually assess client needs.						
How are we doing? The surveys that the department receives back have consistently maintained a rating from clients of "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 2014-15. 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. 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: <input 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						
2. Performance Measure: Dollar amount of Compensation and Pension benefits secured for new monetary claims (annualized and cumulative).						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
\$1,500,000	\$3,708,374	\$5,692,497	\$4,377,240	\$2,500,000	\$4,258,770	\$2,500,000
\$5,288,921	\$8,997,295	\$18,189,792	\$22,567,032	\$23,189,792	\$27,448,562	\$28,489,792

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 total number of claims to date in FY 2014-15 has risen from FY 2013-14. 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 and work load units 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, and more claims that previously would have been done separately are now being consolidated. This is a benefit to the veteran in that it actually 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 90-125 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.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
.065%	.070%	.049%	.065%	.097%	.17%	.12%

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 20,000 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 and administrative staff. Veterans are provided services by the Veterans Services Office's 8 Full Time Employee (FTE's) and 2 temporary staff. This includes the department head, 6 Veterans Service Representatives (1 temp), two Administrative Assistants, one Administrative Aide (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 ¾ time, can work up to 25 hours a week, must do some form of outreach to veterans and are at no cost to the County. Though the target for this goal was not reached the services provided by the department have been improved, with the result of all other Performance measures being met or exceeded.

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
N/A	N/A	2274	2075	1500	1864	1500

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

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

How are we doing? The department was able to outreach to more veterans than expected in FY 2014-15. We have expected 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 and the Veterans Stand Down program for at risk and homeless veterans.