

Health and Human Services

Contributions to Other Agencies

Health Agency

- Behavioral Health

- Driving Under the Influence Program

- Emergency Medical Services

- Law Enforcement Medical Care

- Medically Indigent Services Program

- Public Health

Social Services

- Administration

- CalWORKs

- Foster Care

- General Assistance

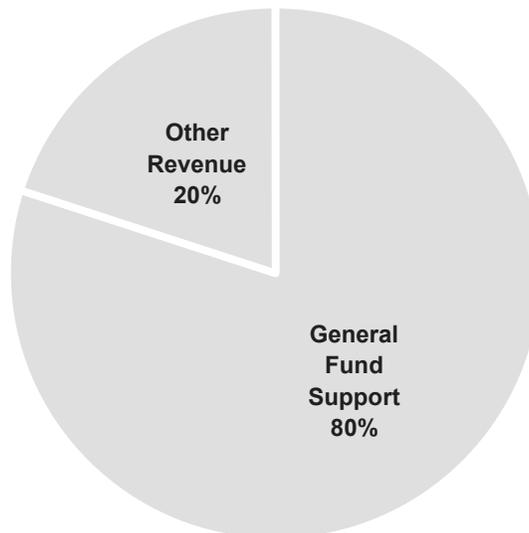
Veterans Services

PURPOSE STATEMENT

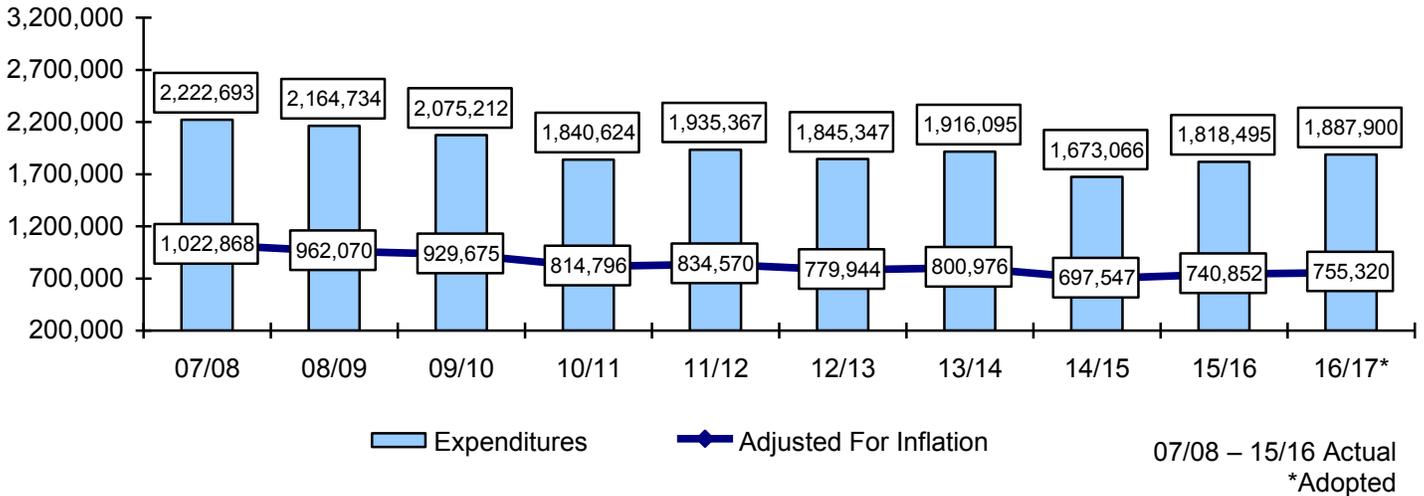
To assist non-profit agencies and organizations by providing financial support for essential services not provided by the County; to support County recognized advisory committees and councils with their on-going operations.

<u>Financial Summary</u>	<u>2014-15 Actual</u>	<u>2015-16 Actual</u>	<u>2016-17 Requested</u>	<u>2016-17 Recommended</u>	<u>2016-17 Adopted</u>
Other Revenues	\$ 393,232	\$ 367,608	\$ 374,000	\$ 379,000	\$ 379,000
Other Financing Sources	0	250,000	0	0	0
**Total Revenue	\$ 393,232	\$ 617,608	\$ 374,000	\$ 379,000	\$ 379,000
Services and Supplies	1,673,066	1,818,495	1,621,405	1,779,405	1,887,900
**Gross Expenditures	\$ 1,673,066	\$ 1,818,495	\$ 1,621,405	\$ 1,779,405	\$ 1,887,900
General Fund Support (G.F.S.)	<u>\$ 1,279,834</u>	<u>\$ 1,200,887</u>	<u>\$ 1,247,405</u>	<u>\$ 1,400,405</u>	<u>\$ 1,508,900</u>

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Contributions to Other Agencies has a total expenditure level of \$1,887,900 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: \$250,000 Total Staffing (FTE): 0.00

Community Based Organizations

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

Total Expenditures: \$993,900 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, enables 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: \$394,000 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. Eligible organizations submit applications in January of each year. Funding requests are considered by the Board of Supervisors during the County's annual budget hearings.

Total Expenditures: \$250,000 Total Staffing (FTE): 0.00

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Financial Summary

The recommended FY 2016-17 level of General Fund support for this fund center, at \$1,400,405, is an increase of \$110,000 or 8% from FY 2015-16 adopted levels. Overall, the recommended budget provides for \$1,779,405 in grant funds, a decrease of \$135,000 or 7% when compared to FY 2015-16. This decrease is primarily due to the \$250,000 allocated in FY 2015-16 for the Cal Poly Performing Arts Center Foundation being a one-time grant. 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 2016-17, it is recommended that funding for District Community grants increase to \$146,505, or \$29,301 per supervisorial district. This represents a 5% increase compared to FY 2015-16 levels. As in prior years, any district funds remaining from FY 2015-16 will be carried forward to FY 2016-17. The exact amount of funds to be carried forward will be determined at the end of FY 2015-16.

District Community Projects	2016-17 Requested	2016-17 Recommended	2016-17 Adopted
District 1 Community Projects	\$ 29,301 + carryover	\$ 29,301 + carryover	\$ 50,000 + carryover
District 2 Community Projects	\$ 29,301 + carryover	\$ 29,301 + carryover	\$ 50,000 + carryover
District 3 Community Projects	\$ 29,301 + carryover	\$ 29,301 + carryover	\$ 50,000 + carryover
District 4 Community Projects	\$ 29,301 + carryover	\$ 29,301 + carryover	\$ 50,000 + carryover
District 5 Community Projects	\$ 29,301 + carryover	\$ 29,301 + carryover	\$ 50,000 + carryover
Total	\$146,505	\$146,505	\$250,000

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 68 project proposals, requesting \$1.8 million in grant funds, from 51 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 66 proposals totaling \$1,337,900 is recommended. This level of funding represents a \$37,000 or 3% overall increase when compared to FY 2015-16. Forty-four (44) proposals will be funded through the CBO grants program. This is an increase of \$65,000 or 8% compared to FY 2015-16 adopted amounts of \$893,900. Twenty-two (22) proposals will be funded through the PHGs program. This represents a decrease of \$28,000 or 7% from

**Contributions to Other Agencies
Fiscal Year 2016-17 Final Budget**

Fund Center 106

FY 2015-16 levels. PHGs 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 2016-17:

Organization	2016-17 Requested	2016-17 PHG Recommended	2016-17 CBO Recommended	2016-17 Adopted
Food Programs				
Atascadero Loaves & Fishes	20,000		20,000	20,000
Five Cities Meals on Wheels	13,712		10,000	10,000
Food Bank	125,000		100,000	100,000
Senior Nutrition Program	75,000		60,000	70,000
Senior Programs				
Community Action Partners - Adult Day Service Centers	31,500		31,500	31,500
Life Steps Foundation Inc.	2,500		2,500	2,500
Long Term Care Ombudsman Services	15,000		15,000	15,000
RISB Foundation/Coast Caregiver Resource Center	10,000		10,000	10,000
SLO Legal Assistance Foundation	20,000		15,000	15,000
Senior Volunteer Services				
<i>RSVP program</i>	12,000		12,000	12,000
<i>Community Volunteer Program</i>	8,000		8,000	8,000
Wilshire Community Services				
<i>Sr Peer Counseling Program</i>	5,000		4,500	4,500
<i>Caring Callers</i>	5,000		4,500	4,500
<i>Good Neighbor Program</i>	5,000		5,000	5,000
Women's Programs				
Community Action Partners – Forty Wonderful Program	9,000	6,000		6,000
RISE				
<i>Sexual Assault Counseling Prog</i>	20,000		20,000	20,000
<i>Domestic Violence Prevention Education Program</i>	30,000		30,000	30,000
Women's Shelter Program (Counseling for Victims of domestic violence)	12,000		12,000	12,000
Alcohol/Drug Programs				
AIDS Support Network for SLO Syringe Exchange Program	10,000	10,000		10,000
Cambria Connection	50,000	35,000		50,000

**Contributions to Other Agencies
Fiscal Year 2016-17 Final Budget**

Fund Center 106

Organization	2016-17 Requested	2016-17 PHG Recommended	2016-17 CBO Recommended	2016-17 Adopted
North County Connection	40,000	30,000		30,000
Children's/Families Programs				
Alpha Pregnancy and Parenting Support	15,000		12,000	12,000
Assistance League	10,000		10,000	10,000
Big Brothers Big Sisters	10,000		9,000	9,000
Boys and Girls Club of South SLO County	16,750		10,000	10,000
Cal Poly Corporation	44,164		25,000	45,000
Central Coast LINK	28,350	17,350		17,350
Center for Family Strengthening				
<i>Kidz Tool Box for Personal Safety</i>	10,000	5,000		5,000
<i>Children's Dental Svcs Project</i>	20,000	13,000		13,000
<i>Promotores Collaborative</i>	34,000		15,400	15,400
Child Development Resource Center of the Central Coast	49,969		37,000	37,000
Children's Resource Network of Central Coast	22,500		15,000	15,000
Coast Unified School District	22,500	22,500		22,500
Community Action Partnership - South County SAFE Program	18,900	17,350		17,350
Court Appointed Special Advocates (CASA)				
<i>Services to children under the jurisdiction of Juvenile Court</i>	25,000		25,000	25,000
<i>Services to infants/toddlers ages 0 to 3 years</i>	5,000		5,000	5,000
Kayla Peach Memorial Foundation, Inc.	38,380	5,000		5,000
Lucia Mar Unified School District	25,000	25,000		25,000
Partnership for Children	30,000		30,000	30,000
Project Surf Camp	10,000		2,500	2,500
SLO County Drug & Alcohol Services, Behavioral Health Department	22,500	22,500		22,500
South County Youth Coalition	22,500	22,500		22,500
Women's Shelter Program (Domestic Violence School Advocate Program)	23,000		23,000	23,000
YMCA	12,000	10,000		10,000
Community Health Centers of the Central Coast	11,000	4,800		4,800

**Contributions to Other Agencies
Fiscal Year 2016-17 Final Budget**

Fund Center 106

Organization	2016-17 Requested	2016-17 PHG Recommended	2016-17 CBO Recommended	2016-17 Adopted
Miscellaneous Programs				
5 Cities Homeless Organization	25,000	15,000		15,000
AIDS Support Network				
<i>Hepatitis C Project</i>	25,000	25,000		25,000
<i>Low Income Residential Housing Assistance</i>	23,000	20,000		20,000
American Red Cross	7,000	2,000		2,000
Central Coast LINK	5,000		4,000	4,000
Community Action Partners				
<i>Adult Wellness and Prevention</i>	15,000		10,000	10,000
<i>Liberty Tattoo Removal Program</i>	8,500		8,500	8,500
Community Counseling Center	24,000	24,000		24,000
County District Attorney's Office/Victim Witness on behalf of the First Responder Committee	12,367		10,000	10,000
El Camino Homeless Organization	85,060		40,000	40,000
Literacy FOR LIFE (formerly known as Literacy Program for San Luis Obispo County)	50,000		15,000	20,000
Partners in Equestrian Therapy	10,000	7,000		7,000
People's Self-Help Housing	50,000		25,000	25,000
SLO Noor Foundation	180,000		175,000	175,000
Transitional Food and Shelter	50,000	40,000		40,000
Transitions-Mental Health Association				
<i>SLO Growing Grounds</i>	18,000		18,000	18,000
<i>North County Wellness Center</i>	10,000		10,000	10,000
<i>HOTLINE</i>	30,000		30,000	30,000
United Way - 211	40,000		25,000	25,000
SLO Bike Coalition	8,989		4,500	4,500
Pacific Wildlife Care	6,000		5,000	5,000
Not Recommended for Funding				
Gatehelp, Inc./Gryphon Society Sober Living Homes	30,000	0	0	0
Paso Robles Unified School District	15,150	0	0	0
Total	\$1,773,291	\$379,000	\$958,900	\$1,387,900

**Contributions to Other Agencies
Fiscal Year 2016-17 Final Budget**

Fund Center 106

Other Agency Requests:

General Fund support for the programs within this category is recommended to increase by \$24,000 or 11% from FY 2015-16 adopted levels.

Funding for the Central Coast Commission for Senior Citizens – Area Agency on Aging (Triple AAA) is a required match of the Older Americans Act. Funding for the Action for Healthy Communities survey will be budgeted over the next two fiscal years at \$10,000 per year. The recommended funding for the Arts Council/ARTS Obispo at \$30,000 is the public match required as part of the State Local Partnership program. The Coastal San Luis and Upper Salinas Resource Conservations Districts are recommended to increase by \$10,000 to \$30,000 each.

Other Agency Requests	2016-17 Requested	2016-17 Recommended	2016-17 Adopted
Action for Healthy Communities	10,000	10,000	10,000
Central Coast Commission for Senior Citizens- Area Agency on Aging	45,000	45,000	45,000
Coastal San Luis Resources Conservation District	30,000	30,000	30,000
San Luis Obispo County Arts Council/Arts Obispo	35,819	30,000	35,000
SCORE	5,000	0	0
Upper Salinas-Las Tablas Resources Conservation District	30,000	30,000	30,000
Tourism Infrastructure Grant program	100,000	100,000	100,000
Total	\$255,819	\$245,000	\$250,000

Service Level Impacts

There are no service level impacts as a result of the recommended level of General Fund support for FY 2016-17. The increased General Fund support enables the County to provide a greater level of financial support to community based organizations.

Position Allocation List (PAL) Changes

There is no staffing associated with this fund center.

BOARD ADOPTED CHANGES

During budget hearings, the Board approved using \$50,000 of unallocated funds budgeted in this fund center for FY 2016-17 along with \$108,495 in General Fund contingencies for a total of \$158,495, to increase funding for the following programs:

- Senior Nutrition Program was increased by one-time funding of \$10,000 to \$70,000
- Cambria Connection was increased by \$15,000 to \$50,000
- Cal Poly Corporation – Bakari Mentoring Program was increased by \$20,000 to \$45,000
- Literacy for LIFE was increased by \$5,000 to \$20,000
- San Luis Obispo County Arts Council was increased by \$5,000 to \$35,000
- District Community Projects program was increased by a total of \$103,495 equating to \$50,000 per supervisorial district.

BUDGET AUGMENTATION REQUESTS ADOPTED

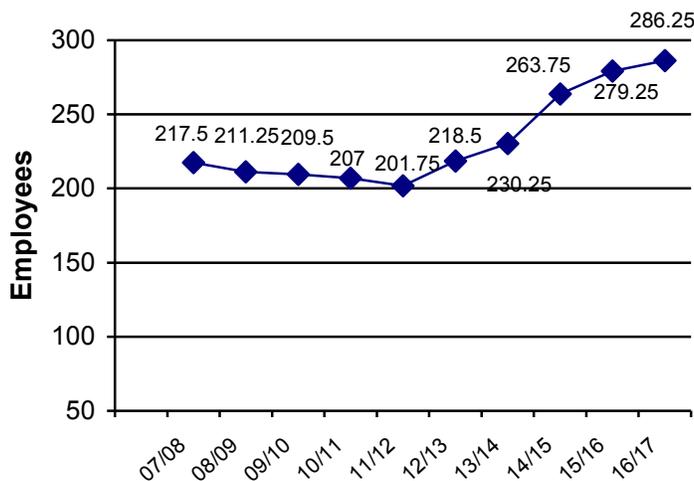
None requested.

MISSION STATEMENT

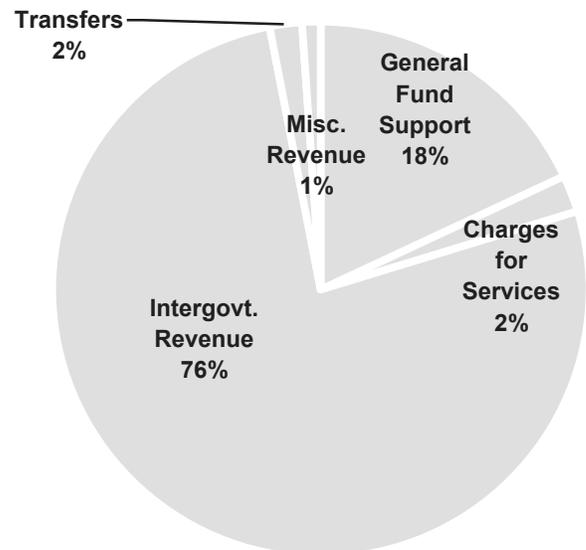
San Luis Obispo County Behavioral Health Department works in collaboration with the community to provide services necessary to improve and maintain the health and safety of individuals and families affected by mental illness and/or substance abuse. Services are designed to assist in the recovery process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

	2014-15	2015-16	2016-17	2016-17	2016-17
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Fines, Forfeitures and Penalties	\$ 91,000	\$ 195,000	\$ 144,000	\$ 144,000	\$ 144,000
Intergovernmental Revenue	42,750,726	44,908,527	48,487,505	49,314,017	49,314,017
Charges for Current Services	1,167,274	1,455,024	1,520,034	1,520,034	1,520,034
Other Revenues	1,342,176	905,041	873,984	873,984	873,984
Interfund	187,439	81,304	74,031	74,031	74,031
**Total Revenue	\$ 45,538,615	\$ 47,544,896	\$ 51,099,554	\$ 51,926,066	\$ 51,926,066
Salary and Benefits	26,924,697	29,370,470	31,456,652	32,130,364	32,130,364
Services and Supplies	24,736,525	28,175,065	31,203,991	31,112,005	31,112,005
Other Charges	2,385,555	1,361,475	1,308,905	1,308,905	1,308,905
**Gross Expenditures	\$ 54,046,777	\$ 58,907,010	\$ 63,969,548	\$ 64,551,274	\$ 64,551,274
Less Intrafund Transfers	1,278,669	1,318,413	1,136,182	1,186,914	1,186,914
**Net Expenditures	\$ 52,768,108	\$ 57,588,597	\$ 62,833,366	\$ 63,364,360	\$ 63,364,360
General Fund Support (G.F.S.)	<u>\$ 7,229,493</u>	<u>\$ 10,043,701</u>	<u>\$ 11,733,812</u>	<u>\$ 11,438,294</u>	<u>\$ 11,438,294</u>

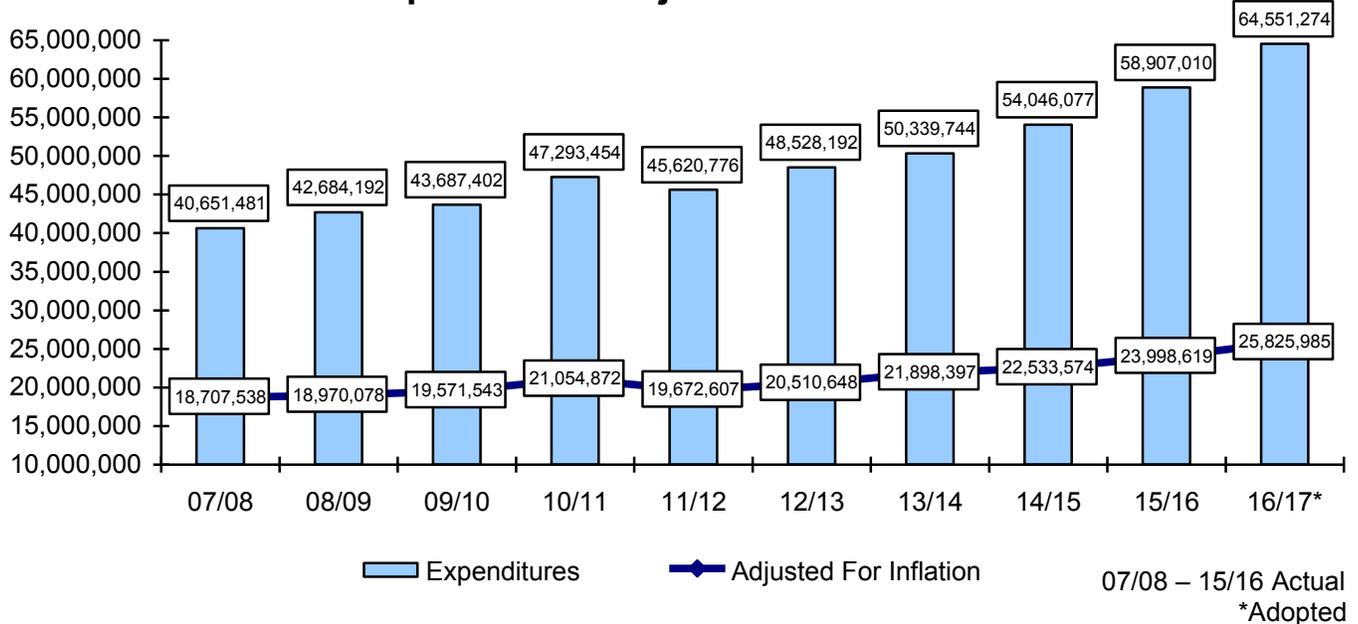
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Behavioral Health has a total expenditure level of \$64,551,274 and a total staffing level of 286.25 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: \$38,363,132 Total Staffing (FTE): 157.50

Drug and Alcohol Services

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

Total Expenditures: \$11,877,272 Total Staffing (FTE): 76.00

Mental Health Services Act

The Mental Health Services Act was designed to expand and transform county mental health systems by increasing the taxes of high income individuals. The Mental Health Services Act initiative provides for developing, through an extensive stakeholder process, a comprehensive approach to providing community based mental health services. The Mental Health Services Act program 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: \$14,310,870 Total Staffing (FTE): 52.75

DEPARTMENT COMMENTS

The Health Agency's Behavioral Health Department is commissioned by the State of California to provide county residents experiencing severe and disabling mental illnesses, 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 or other local funds.

The FY 2016-17 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 for Seniors and Persons with Disabilities with Medi-Cal. The Affordable Care Act (ACA) increased eligibility for Medi-Cal for many previously unsponsored individuals, and eliminated or reduced the local match required for those newly eligible beneficiaries. The first full year of expanded access to Medi-Cal benefits and expanded mental health and substance use disorder services has resulted in an increased number of individuals served and revenue collection, especially for substance use disorder services.

The Centers for Medicare and Medicaid Services (CMS) approved California's 1115 Medi-Cal Bridge to Reform Demonstration Waiver in 2015, and it provides opportunities for counties to further expand drug Medi-Cal services under an "Organized Delivery Services" (ODS) model. If the County chooses to opt-in to this waiver in FY 2016-17, ODS would allow the County to provide a continuum of care for substance use disorder treatment services including medication assisted treatment, licensed residential care, case management, and other newly reimbursable services. It would also require the County to approve and monitor any new contracts for drug Medi-Cal services, shifting the responsibility from the State to local control.

The department received substantial support from the County to expand services in FY 2015-16, adding a total of 22.00 FTE positions through approval of the budget. These positions have allowed the department to expand services for individuals with substance use disorders and has allowed our mental health services to meet requirements for access to care and ongoing treatment. Despite salary increases, recruitment for full time psychiatrists has been minimally successful, and psychiatric coverage continues to be problematic at times due to changing providers through temporary services (Locum Tenens).

The department will continue to increase quality of care, efficiency, and standardized data collection and reporting to manage both clinical and programmatic outcomes, while facing ongoing and new regulatory and payment reform challenges.

Following are some of the department's notable accomplishments for FY 2015-16 and specific objectives for FY 2016-17:

FY 2015-16 Accomplishments

- Participated in design and review of proposals for Public Health Electronic Health Record, in conjunction with Public Health.
- Increased timeliness to access for assessment and treatment. Wait times reduced by approximately 22%, 18.3 to 15 days for first assessment.
- Increased the number of Spanish speaking staff by 13 or 25% to provide services and supports.
- Initiated the Data Dynamos project to collect current data, standardize data definitions and collection methods, and develop a data dashboard.
- Trained staff in the use of the Children and Adolescent Needs and Strengths (CANS) Tool, and Adult Needs and Strengths Assessment (ANSA). Staff are now inputting scores into the Behavioral Health Electronic Health Record (BHEHR) and progress can be reviewed annually.
- Increased Mobile Crisis response services, and selected a new provider. Continued the Crisis Resolution Team project to provide primary response to Emergency Departments. Monthly average of crisis responses increased from 190 contacts in the prior year to 283 in the first half of the fiscal year.
- Continued college based prevention and early intervention services for both mental health and substance abuse disorders, and started a residence based (dorms) mental health early intervention program at Cal Poly.
- Received a \$971,070 grant to build a 4-bed Crisis Stabilization Unit on the Health Campus.
- Increased services within the County Jail for both mental health and substance use disorders, including expanded re-entry services and intensive supports.

FY 2016-17 Objectives

- Implement Electronic Health Record in the jail for continuity of care between physical health care and psychiatric services by the end of the fiscal year.
- Develop a Crisis Stabilization Unit on the Health Campus to serve adults in psychiatric crisis as an alternative to inpatient care by the end of the fiscal year.
- Draft an implementation plan for the Drug Medical Organized Delivery System of Care for substance use disorder services.
- Continue collaboration with the Behavioral Health Integration Project (BHIP) to improve integration of physical and behavioral health care by providing medical services on-site to Behavioral Health clients to reduce chronic disease among severely mentally ill patients.
- Launch new Mental Health Services Act (MHSA) innovation programs, including a Trauma Informed training and support for County employees in departments regularly serving the public.
- Develop a countywide protocol for law enforcement, emergency departments, and the department for managing psychiatric crises. This objective is carried over from past year to allow for new mobile crisis provider to stabilize services in the county.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Financial Summary

The recommended budget reflects an increase in revenue of \$3.3 million or 6%, an increase in expenditures by \$5.3 million or 9%, and an increase in General Fund support by \$2.0 million or 21% compared to the FY 2015-16 adopted budget.

The most significant variance in the revenue accounts compared to the FY 2015-16 adopted budget is a \$1.4 million or 8% increase in Medi-Cal revenue, due in large part to implementation of the Affordable Care Act (ACA). Other significant revenue increases include a \$1 million or 9% increase in Mental Health Services Act (MHSA) funds, and a \$334,322 or 100% increase in State awarded grants for a Mentally Ill Offender Crime Reduction grant.

The \$5.2 million increase in expenditures compared to the FY 2015-16 adopted budget includes an increase of \$1.3 million or 4% in salaries and benefits, which incorporates the positions added and deleted mid-year in FY 2015-16, the elimination of 2.00 FTE in FY 2016-17, and the addition of 10.00 FTE new positions in FY 2016-17. All of these staffing changes are listed below. Other key factors influencing the overall recommended amount in the salaries and benefits include:

- Inclusion of \$1.1 million in salary savings for 3.00 FTE Staff Psychiatrists, to reflect the expectation that these Staff Psychiatrist positions will remain unfilled and Behavioral Health will rely on Locum Tenens for psychiatry services. A commensurate amount of expense is budgeted in professional services for the Locum Tenens services.
- An increase of approximately \$741,000 due to prevailing wage and pension benefit increases approved by the Board for FY 2015-16.
- A decrease of approximately \$322,000 due to the elimination of 3.00 FTE Mental Health Therapists that are now contracted out for the Full Services Partnership program.

Services and supplies are increasing by almost \$3.7 million or 13% primarily driven by:

- An increase of \$372,304 or 38% for an additional Institute for Mental Disease (IMD) bed, which is a bed in a locked facility where persons with mental disorders are diagnosed, treated, and cared for.
- An increase of \$325,967 or 13% for additional Board and Care bed days.
- An increase of \$228,490 or 100% for a Lanterman Petris Short (LPS) conservatee for an individual in a State hospital. This allows an adult (a conservator) to be responsible and make certain decisions for a mentally ill adult (a conservatee) who is unable to care for him/herself.
- An increase of \$100,000 or 100% for State hospital bed stays to provide competency restoration for individuals found mentally incompetent to stand trial.
- An increase of \$625,791 or 26% for the Adult and Older Adult Full Services Partnership program, partially previously implemented by the County through 3.00 FTE Mental Health Therapists.
- An increase of \$373,887 or 100% for staff time transferred across divisions, which were previously budgeted in salaries and benefits.
- An increase of \$267,376 or 19% in Countywide overhead.

Other services and supplies accounts vary by smaller amounts.

Service Level Impacts

The recommended budget for the department includes funds that will result in increased service levels in Behavioral Health. Some of the biggest impacts to service levels include:

- Assisted Outpatient Treatment (Laura's Law) implementation – The implementation of this program will provide court-ordered outpatient treatment for severely mentally ill individuals who have committed, or at risk of committing, acts of violence against themselves or others due to an untreated mental illness.
- Outpatient Competency Restoration – This program will allow eligible misdemeanants found incompetent to stand trial to receive competency restoration services in an outpatient setting, rather than in the Psychiatric Health Facility (PHF). This will allow restoration treatment in the least restrictive setting.
- Expanded Case Management and Intensive Care Coordination Services – This expanded program will provide Intensive Care Coordination (ICC) services to all Early and Periodic Screening, Diagnostic and Treatment (EPSDT) children and youth that meet medical necessity (not just those in the Katie A subclass), which includes an estimated 85-100 additional eligible children or youth.
- South County Adult Clinic Support – With the addition of a new adult outpatient clinic in the south county approved in FY 2015-16, an Administrative Assistant and Health Information Technician will manage the administrative and health record compliance aspects of the clinic. This clinic will allow youth and adults to have separate clinics in the south county region.

Position Allocation List (PAL) Changes

The FY 2016-17 recommended PAL for the department includes a net increase of 7.00 FTE compared to the FY 2015-16 adopted PAL. The net increase includes PAL amendments approved mid-year in FY 2015-16 (-1.00 FTE), positions eliminated as part of Behavioral Health's budget request (-2.00 FTE), and positions added in the recommended budget (+10.00 net FTE).

FY 2015-16 Mid-year PAL Changes

On July 21, 2015, the Board approved the following changes to Behavioral Health's PAL:

- +1.00 FTE Mental Health Therapist II– Limited Term (ending 6/30/2018)
- +0.50 FTE Mental Health Therapist III– Limited Term (ending 6/30/2018)
- +0.50 FTE Mental Health Therapist IV– Limited Term (ending 6/30/2018)

On August 11, 2015, the Board approved the following changes to Behavioral Health's PAL:

- -3.00 FTE Mental Health Therapist I/II/III/IV

On October 20, 2015, the Board approved the following changes to Behavioral Health's PAL:

- +1.00 FTE Drug and Alcohol Specialist I/II/III/IV- Limited Term position (ending 9/30/2020)

On October 31, 2015, the Board approved the following changes to Behavioral Health's PAL:

- -1.00 FTE Administrative Services Manager – Limited Term position (expired 10/31/15)

On November 24, 2015, the Board approved the following changes to Behavioral Health's PAL:

- -1.00 FTE Psychologist
- +1.00 FTE Mental Health Therapist I/II/III/IV half-time

Administrative Changes Made:

- Combined two 0.50 FTE to create a 1.00 FTE Mental Health Nurse Trainee Aide I/II/III

FY 2016-17 Recommended PAL Changes

The following two positions are being eliminated as part of the status quo budget (-2.00 FTE):

- -1.00 FTE Health Information Technician I/II/III due to the termination of an AB 109 grant
- -1.00 FTE Program Manager II due to the transfer of the position from Behavioral Health to Public Health

The following position changes are recommended through approval of Budget Augmentation Requests (+10.00 FTE net addition):

- +0.50 FTE Drug and Alcohol Specialist II
- +1.00 FTE Mental Health Worker I
- +1.00 FTE Administrative Services Officer I– Limited Term (ending June 30, 2020)
- +0.50 FTE Mental Health Therapist IV– Limited Term (ending June 30, 2020)
- +1.00 FTE Administrative Services Officer I
- -0.50 FTE Mental Health Nurse
- +1.00 FTE Mental Health Nurse
- +1.00 FTE Administrative Assistant III
- +3.00 FTE Mental Health Therapist III/IV (2.00 FTE and two 0.50 FTE positions)
- -0.50 FTE Health Information Technician I
- +2.00 FTE Health Information Technician I

BOARD ADOPTED CHANGES

As part of the Supplemental Budget document, the Board approved amendments to the Position Allocation List to delete 32.50 FTE Mental Health Therapist I/II/III positions and add 32.50 FTE Licensed Psychiatric Technician/Licensed Vocational Nurse I/II/III positions. The PAL changes were completed to better align

employees with the jobs that they are performing and the scope of their licensure. There is no change to net annual cost related to the changes.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
<p><u>Gross Annual Cost:</u> \$16,000</p> <p><u>Funding Source:</u> AB 109</p>	Add funding to conduct four Crisis Intervention Training courses.	<ol style="list-style-type: none"> 100 local law enforcement and criminal justice personnel will be trained in the Crisis Intervention Training 94% of training participants will learn new skills to intervene with mentally ill offenders and plan to use them in the near future
<p><u>Gross Annual Cost:</u> \$34,740</p> <p><u>Funding Source:</u> AB 109</p>	Add 0.50 FTE Drug and Alcohol Specialist (bilingual) at the South County regional hub to expand community based treatment services and provide dedicated bilingual capacity.	<ol style="list-style-type: none"> Length of stay in treatment will average 180 days or more Length of stay for Sober Living Environments will average 90 days or more Successful completion rate for Drug and Alcohol Specialist treatment services will be 50%
<p><u>Gross Annual Cost:</u> \$58,322</p> <p><u>Funding Source:</u> AB 109</p>	Add 1.00 FTE Mental Health Worker I to conduct Outpatient Competency Restoration Program services.	<ol style="list-style-type: none"> 25 individuals with misdemeanors will be provided outpatient restoration program services 50% of program participants will be restored and will follow-through with their court hearings Individuals will stay in the outpatient restoration program for a minimum of 90 days
<p><u>Gross Annual Cost:</u> \$116,914</p> <p><u>Funding Source:</u> Mental Health Services Act (MHSA)</p>	Add 1.00 FTE Administrative Services Officer and 0.50 FTE Mental Health Therapist limited term positions to implement the Mental Health Services Act Trauma Informed Care training innovation program.	<ol style="list-style-type: none"> 30% of all County employees who have public contact will have received Trauma Informed Care training Employees participating in Trauma Informed Care training will demonstrate a 30% increase in preparedness for handling traumatic events, as measured by a pre and post assessment at the training
<p><u>Gross Annual Cost:</u> \$443,725</p> <p><u>Funding Source:</u> Medi-Cal - \$141,186</p> <p>Mental Health Services Act (MHSA)- \$302,539</p>	Add 0.50 FTE Mental Health Therapist IV and 1.00 FTE Administrative Services Officer I, and add professional service funds to implement the Assisted Outpatient Treatment (Laura's Law) program.	<ol style="list-style-type: none"> Serve 10 individuals annually 25% reduction in homelessness among program participants 50% reduction in Emergency Room visits and psychiatric hospitalizations among program participants 75% reduction in jail stays among program participants

<p><u>Gross Annual Cost:</u> \$61,054</p> <p><u>Funding Source:</u> Medi-Cal</p>	<p>Increase a 0.50 FTE Mental Health Nurse to a 1.00 FTE for the Behavioral Health Quality Support Team at the Psychiatric Health Facility (PHF).</p>	<p>80% increase in Psychiatric Health Facility days approved for billing compared to FY 2015-16 days disallowed</p>
<p><u>Gross Annual Cost:</u> \$40,593</p> <p><u>Funding Source:</u> Medi-Cal- \$12,800</p> <p>General Fund support- \$27,793</p>	<p>Add a 0.50 FTE Mental Health Therapist IV for weekend coverage at the Psychiatric Health Facility (PHF).</p>	<p>Compliance with the State Department of Health Care Services PHF license requirements for staffing of Licensed Mental Health Practitioners per 24 hour period</p>
<p><u>Gross Annual Cost:</u> \$108,184</p> <p><u>Funding Source:</u> Medi-Cal- \$56,009</p> <p>General Fund support- \$52,175</p>	<p>Add 1.00 FTE Administrative Assistant I/II/III and 1.00 FTE Health Information Technician I/II/III for the new Adult Mental Health South County clinic.</p>	<ol style="list-style-type: none"> 1. Intake forms will be completed with 90% accuracy 2. 10% reduction of disallowed services due to late corrections 3. 90% accuracy of record review/management
<p><u>Gross Annual Cost:</u> \$155,988</p> <p><u>Funding Source:</u> Medi-Cal- \$74,988</p> <p>General Fund support- \$81,114</p>	<p>Add 2.00 FTE Mental Health Therapist III/IV (bilingual preferred) to meet the requirements for expanded services for Intensive Care Coordination (ICC) to eligible Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) beneficiaries.</p>	<ol style="list-style-type: none"> 1. Meet the mandated requirements to provide case management services and Intensive Care Coordination to EPSDT beneficiaries receiving outpatient mental health services 2. 80% of children who receive services will demonstrate improved functioning as measured by the Child and Adolescent Needs Assessment (CANS)
<p><u>Gross Annual Cost:</u> \$20,294</p> <p><u>Funding Source:</u> Medi-Cal- \$6,714</p> <p>General Fund support- \$13,580</p>	<p>Increase a 0.50 FTE Health Information Technician to a 1.00 FTE Health Information Technician (net 0.50 FTE addition) to manage medical records at the Psychiatric Health Facility (PHF).</p>	<p>Reduce disallowance rate by 50% (from 13% to 6.5%), thus increasing Medi-Cal revenue</p>
<p><u>Gross Annual Cost:</u> \$58,600</p> <p><u>Funding Source:</u> General Fund support- \$58,600</p>	<p>Develop a data warehouse and dashboard capabilities to make treatment outcomes data publicly available by 2017, as required by law.</p>	<p>Comply with the Centers for Medicare and Medicaid Services' (CMS) requirement to have a reporting (dashboard) system in place to track and measure timeliness of care by the year 2017</p>

BUDGET AUGMENTATION REQUESTS NOT ADOPTED

Unit Amount	Description	Results
<p><u>Gross Annual Cost:</u> \$483,000</p> <p><u>Funding Source:</u> Medi-Cal- \$178,730</p> <p>State grant- \$44,720</p> <p>Mental Health Services Act (MHSA)- \$259,550</p>	<p>Crisis Stabilization Unit (CSU) operations funds.</p>	<ol style="list-style-type: none"> 1. 25% reduction in PHF admissions by Mobile Crisis staff 2. Decrease CSU patients who re-admit after post-discharge triage by 10% after first year of baseline 3. Decrease CSU clients who return for crisis services from the Psychiatric Hospital Facility or jail within 15 and 30 days by 10% after first year baseline
<p><u>Gross Annual Cost:</u> \$2,047,450</p> <p><u>Funding Source:</u> Medi-Cal- \$1,878,308</p> <p>State General Fund- \$169,142</p>	<p>Organized Delivery System (ODS) Drug Medi-Cal Waiver Implementation.</p>	<ol style="list-style-type: none"> 1. Provide greater administrative oversight and local control of substance abuse disorder treatment programs 2. Enhanced utilization controls to improve care and efficiency 3. Enhanced program oversight and accountability
<p><u>Gross Annual Cost:</u> \$56,130</p> <p><u>Funding Source:</u> Medi-Cal- \$26,942</p> <p>General Fund support- \$29,188</p>	<p>Add 1.00 FTE Health Information Technician to manage medical records for Youth Services.</p>	<p>Youth services in SLO and Martha's Place will both have sufficient Housing Information Technician support to manage and increase service levels</p>
<p><u>Gross Annual Cost:</u> \$88,421</p> <p><u>Funding Source:</u> Medi-Cal- \$43,328</p> <p>General Fund support- \$45,093</p>	<p>Add 1.00 FTE Mental Health Therapist III/IV clinician for the Behavioral Health Treatment Court program.</p>	<ol style="list-style-type: none"> 1. 100% of program participants will show a reduction in symptoms and improved functioning as measured by the GPRA, measured at admission, at discharge and six month follow up 2. Program participants will show positive changes during treatment in the domain of legal programs as measured by the Government Performance and Results Modernization Act of 2010 (GPRA), measured at admission, at discharge and six month follow up 3. Initiation and engagement are predictor measures of successful long-term outcomes regardless of completion. Behavioral Health Treatment Court will initiate 70% of referrals within 7 days and 90% of Behavioral Health Treatment Court admissions will have at least two treatment contacts within 14 days of admission

<p>Gross Annual Cost: \$306,008</p> <p>Funding Source: Medi-Cal- \$166,683</p> <p>General Fund support- \$139,325</p>	<p>Add 4.00 FTE Mental Health Therapist I/II positions to provide field based case management services for adults receiving outpatient mental health services.</p>	<ol style="list-style-type: none"> 1. Clients receiving case management services will demonstrate increased engagement in supportive services. Baseline measure to be set in this fiscal year 2. Reduction in Lanterman Petris Short (LPS) conservatees residing in out-of-county placements. Targeted reduction of 10% in the first year
---	--	---

GOALS AND PERFORMANCE MEASURES

Division Treatment Goal: To help individuals experiencing severe mental illness or serious emotional disturbance to be as functional and productive as possible in the least restrictive and least costly environments.

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

1. Performance Measure: Rate of client satisfaction with County mental health services.

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
*N/A	85%	85%	85%	87%	92%	87%

What: Centers for Medicare and Medicaid Services (CMS) require the State to provide client satisfaction surveys to Medi-Cal beneficiaries. A State provided survey is offered to all clients receiving mental health services during a one-week period each fiscal year. The survey contains 36 statements to determine the quality of services provided. The survey offers the following five choices based upon each statement: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, and N/A. The measure of "satisfaction" is based upon clients who Agreed or Strongly Agreed to the statement "Overall, I am satisfied with the services I received."

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

How are we doing? The Consumer Perception Survey is administered twice annually, during the end of November and May. In FY 2015-16 534 surveys were collected, and the data received back from the State indicates that of the clients who completed the satisfaction question, 92% (493/534) are satisfied with services.

In May of 2015, the California Institute of Behavioral Health Solutions (CiBHS) began coordinating data collection and analysis for the State survey as part of a larger [CiBHS Statewide Evaluation](#) project. CiBHS is developing a framework that supports routine data collection consistency across agencies and providers. A report with comparison satisfaction data was expected to be provided to counties by the end of FY 2015-16; however, CiBHS has not yet released the report.

As the methodology and standards have changed from the prior year, comparing specific data points within the survey would not be appropriate until the State report and technical assistance on the results have been provided, and preliminary local data should be interpreted with caution until the final report is complete. Due to the fact that the State report and upcoming guidelines remain delayed, Behavioral Health is now partnering with the Cal Poly statistics department to discover more meaningful ways to utilize the data within the survey.

*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.

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
1,588	1,885	1,764	1,613	1,920	1,381	1,920

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 RCL-14 group homes receive the most expensive form of treatment that is reserved for youths who are severely emotionally disturbed. The goals of our youth mental health outpatient services are designed to minimize placements in RCL 14 group homes, whenever possible.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Division Prevention Goal: To reduce alcohol and other drug-related problems by providing high quality evidence based prevention strategies in the community.
Communitywide Result Link: Safe Healthy Livable Prosperous Well-Governed Community

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
10%	10%	10%	10%	10%	10%	10%

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

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

How are we doing? During FY 2015-16, approximately 10% of county residents (28,017 of 279,803) were reached through a variety of activities and campaigns including countywide information, education, and interventions provided by Behavioral Health's Prevention and Outreach Division. The goal of a 10% penetration rate was met.

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

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

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

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

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

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

Why: Successful recovery involves positive lifestyle changes.

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

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

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

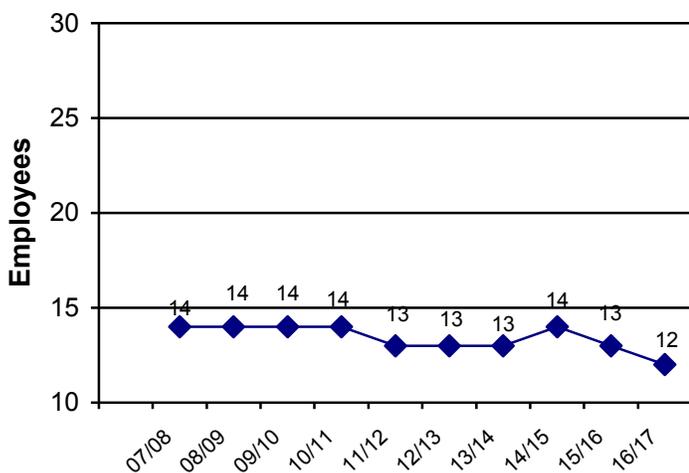
Data Source: California Outcomes Measurement System – Treatment

MISSION STATEMENT

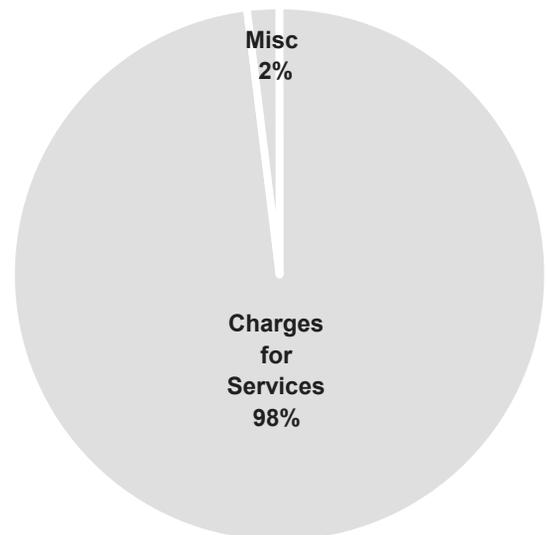
Driving Under the Influence programs promote safe, healthy, responsible, and informed choices concerning alcohol and other drugs through programs responsive to community needs and designed to meet state program guidelines.

	2014-15	2015-16	2016-17	2016-17	2016-17
<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	\$ 1,977	\$ 2,561	\$ 2,000	\$ 2,000	\$ 2,000
Charges for Current Services	1,306,719	1,287,906	1,373,356	1,373,356	1,373,356
Other Revenues	7	29	0	0	0
Interfund	29,665	26,360	0	0	0
Total Revenue	\$ 1,338,368	\$ 1,316,856	\$ 1,375,356	\$ 1,375,356	\$ 1,375,356
Fund Balance Available	\$ 72,534	\$ (17,752)	\$ (38,743)	\$ (38,743)	\$ 25,444
Cancelled Reserves	78,169	98,382	0	0	0
Total Financing Sources	\$ 1,489,071	\$ 1,397,486	\$ 1,336,613	\$ 1,336,613	\$ 1,400,800
Salary and Benefits	\$ 1,059,723	\$ 964,243	\$ 949,582	\$ 949,582	\$ 949,582
Services and Supplies	449,763	357,046	331,837	331,837	331,837
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 1,509,486	\$ 1,321,289	\$ 1,281,419	\$ 1,281,419	\$ 1,281,419
Contingencies	0	0	55,194	55,194	55,194
New Reserves	0	50,786	0	0	64,187
Total Financing Requirements	\$ 1,509,486	\$ 1,372,075	\$ 1,336,613	\$ 1,336,613	\$ 1,400,800

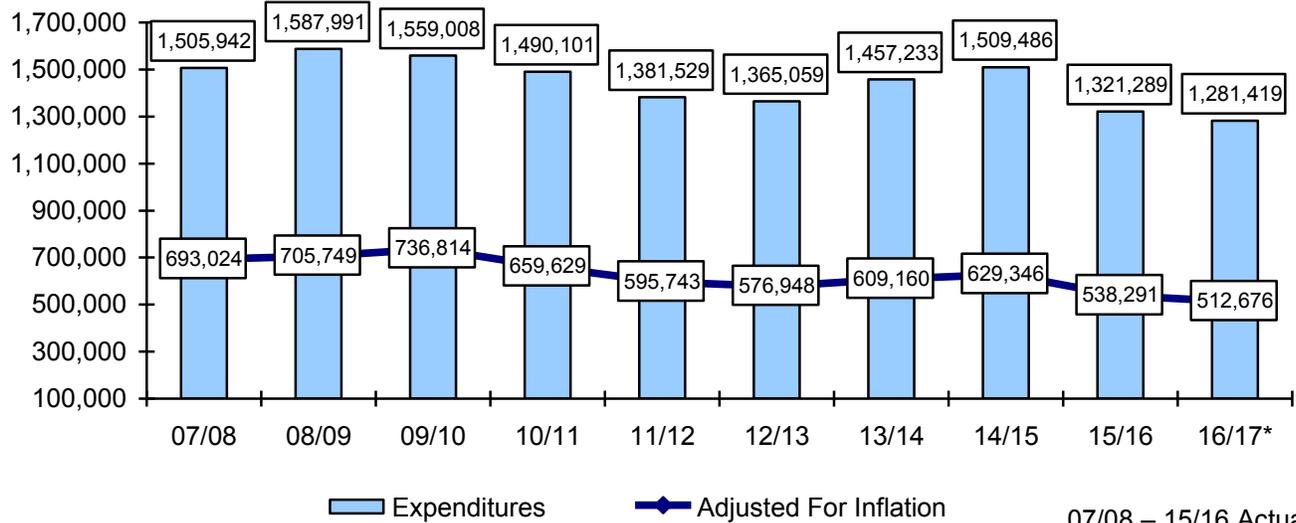
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



07/08 – 15/16 Actual
*Adopted

SERVICE PROGRAMS

The Driving Under the Influence (DUI) fund center has a total expenditure level of \$1,281,419 and a total staffing level of 12.00 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: \$654,435 Total Staffing (FTE): 6.00

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: \$588,863 Total Staffing (FTE): 5.50

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: \$14,977 Total Staffing (FTE): 0.25

Young Adult Programs

Drug and Alcohol Services offers two Young Adult programs for alcohol impaired drivers ages 18 through 20. Young Adults 1 participants are those arrested with a blood alcohol level of .08% or lower, or who refused testing when arrested. Young Adults 1 participants complete a course of six educational sessions and required AA meetings. Young Adults 2 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: \$23,144 Total Staffing (FTE): 0.25

DEPARTMENT COMMENTS

Drug and Alcohol Services of the Health Agency 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 and 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, the County of San Luis Obispo has conducted its court-ordered DUI program. This program is expected to enroll 1,200 participants in FY 2016-17 in First Offender, Second Chance, and other DUI programs. However, due to a continued decline in DUI convictions statewide and locally, the DUI program has responded by reducing expenditures, mainly through salary and benefit costs by eliminating vacant positions.

Following are some of the department's notable accomplishments for FY 2015-16 and specific objectives for FY 2016-17:

FY 2015-16 Accomplishments

- Convened an internal workgroup to increase access and enrollments. Some ideas generated and implemented from the workgroup include: updating court flyer information related to DUI enrollment for attorneys, clients, and citizens; working with the Superior Court to obtain reporting that will improve outreach activities, increasing timely access to programs; and updating our website presence to include the intake paperwork that clients can fill out prior to coming into the clinic.
- Continued to work collaboratively with the Superior Court to allow electronic access to court information on behalf of individuals convicted of a DUI offense.

FY 2016-17 Objectives

- Implement the evidence based program, *Prime for Life*, which provides standardization in the information presented to the clients, incorporates motivational enhancement for the clients to make lifestyle changes, and provides efficiency for staff preparation time.
- Develop a process to file documents electronically with the Superior Court by June 30, 2017.
- Maintain financial viability in light of continued decline in DUI arrests statewide and locally by continuing to manage expenditures and seeking to maximize revenue opportunities.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Financial Summary

Driving Under the Influence (DUI) is a Special Revenue fund, and does not receive any General Fund support. Total financing sources and total expenditures are budgeted to decrease by \$85,175 or 5%. The decrease in revenue overall is due primarily to no cancelled reserves budgeted in FY 2016-17. Program enrollment levels are projected to decrease 1.4% in FY 2016-17 compared to FY 2015-16.

While total financing sources are budgeted to decrease by \$85,175 or 5%, revenue (excluding Fund Balance Available) is increasing by \$34,198 or 3% compared to FY 2015-16 adopted levels due primarily to program rate increases from \$37 to \$39. Fee revenue is the largest source of financing for this budget and is budgeted at approximately \$1.4 million. The increases in fee revenue, compared to the prior year, are from the First Offender and Second Chance programs, expected to increase by \$31,207 or 7% and \$14,252 or 2% respectively. In FY 2015-16, the Health Agency is also projecting that total expenditures will exceed total financing sources at year end, which will have an impact on overall financing sources for this budget. As a result of this projected shortfall, \$38,743 of revenue is budgeted to cover these FY 2015-16 expenses, rather than using reserves. There is currently a balance of \$488,359 in DUI reserves in FY 2015-16.

Total expenditures in FY 2016-17 are decreasing \$85,175 or 5% compared to the prior year. Salaries and benefits are declining by \$17,957 or 1% in total. In FY 2015-16, a Drug and Alcohol Specialist position became vacant. Due to declining enrollments, this position remains vacant and is not budgeted in salaries and benefits in FY 2016-17. As a result, it will be deleted from the Position Allocation List. Additionally, \$49,781 in salary savings is built into the budget for a vacant Administrative Assistant Aide based on declining enrollments. If enrollment levels do not necessitate filling this position in FY 2016-17, this position will be deleted as part of the FY 2017-18 budget. The use of temporary help is budgeted at \$18,155 or 100% increase, to cover staff that go on vacation or sick leave.

Services and supplies are decreasing \$46,626 or 12% compared to FY 2015-16 adopted levels. The most significant variance is a \$55,932 or 100% decrease in Countywide overhead. Additionally, special department expenses are increasing by \$20,620 or 116% due to the need for educational materials (books) not previously budgeted. Other accounts vary by smaller amounts.

A total of \$55,194 is budgeted for contingencies (4% of budgeted expenditures) to cover unanticipated costs.

Service Level Impacts

No changes to service levels are proposed in the DUI budget.

Position Allocation List (PAL) Changes

The FY 2016-17 recommended PAL for the department includes a decrease of 1.00 FTE compared to the FY 2015-16 adopted PAL.

FY 2016-17 Recommended PAL Changes

The following position is recommended to be eliminated as part of the status quo budget:

- -1.00 FTE Drug and Alcohol Specialist

BOARD ADOPTED CHANGES

At year end, the final Fund Balance Available (FBA) was \$64,187 higher than assumed in the adopted budget. As part of the final budget actions, the Board approved an increase in the DUI reserves in the amount of \$64,187.

BUDGET AUGMENTATION REQUESTS ADOPTED

None requested.

GOALS AND PERFORMANCE MEASURES

<p>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.</p> <p>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</p>						
<p>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.</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
1.7%	1%	1.3%	1.01%	1.3%	0.2%	1.3%
<p>What: Measures recidivism and effectiveness of the First Offender program.</p> <p>Why: If our First Offender DUI program is effective, graduates will not be arrested for another alcohol-related driving offense within the first 12 months of graduation from the program. If they do re-offend, they will be remanded to the Multiple Offender program. This measure is calculated and compared to statewide data annually. At the completion of each Fiscal Year, it is compared to the prior Fiscal Year.</p> <p>How are we doing? For FY 2015-16, the calculated recidivism rate for First Offender DUI Program participants was 0.2%. The recidivism rate was calculated by reviewing each client that graduated from the First Offender DUI Program during the time period from July 1, 2014, through June 30, 2015, and determining how many of these clients were remanded to the Multiple Offender DUI program within 12-months of their First Offender completion.</p> <p>Of the 571 First Offender DUI program participants completing their program in FY 2014-15, only one re-offended in FY 2015-16 and was remanded to the Multiple Offender DUI program within twelve months of their completion date, representing the re-offense rate of 0.2%.</p> <p>The California State re-offense rate after one year is 3.75%, according to 2013 Department of Motor Vehicles data published in 2015.</p>						
<p>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".</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
87%	85%	84%	84%	86%	82%	86%
<p>What: Measures client satisfaction with the services provided by Driving Under the Influence staff.</p> <p>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".</p> <p>How are we doing? Of the 977 program participants who completed services during FY 2015-16, 462 clients completed surveys for a survey response rate of 47%. Based on the results, 82% or 377 of the 462 survey respondents rated their experience with the program as "Very Satisfied" or "Extremely Satisfied." Of the remaining respondents, 17.3% (80) indicated that they were "Satisfied" while only five (1%) clients answered "Unsatisfied". While the overall survey includes varying aspects of the client's experience with the DUI program, this particular measure has historically been based on the client's response to the single survey question of "overall satisfaction" with services. During FY 2016-17 the Behavioral Health Department plans to utilize the recently updated electronic collection method, in conjunction with a new Health Agency Planning Evaluation and Performance Manager to conduct a more detailed analysis, and determine a more meaningful and comparable measure.</p> <p>Since satisfaction rates are not part of a statewide database, no comparison data is available.</p>						
<p>3. Performance Measure: Percentage of actual Driving Under the Influence (DUI) fees collected. (This measure is being deleted in FY 2016-17)</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
92%	102%	102%	90%	100%	96%	delete
<p>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.</p>						

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

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

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

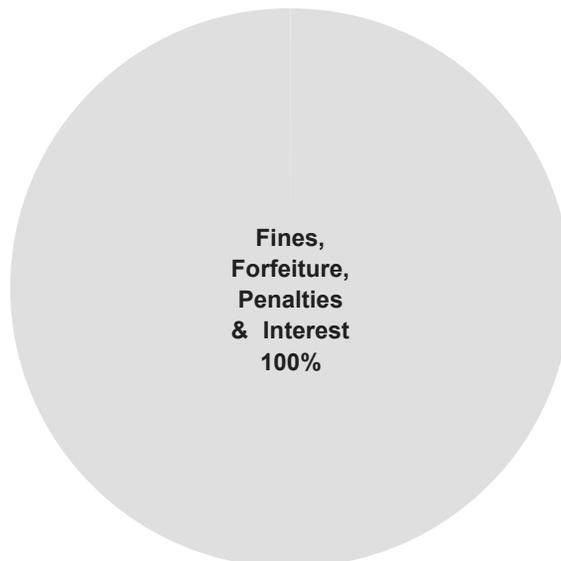
[Data Source: DMV Annual DUI Report](#)

PURPOSE STATEMENT

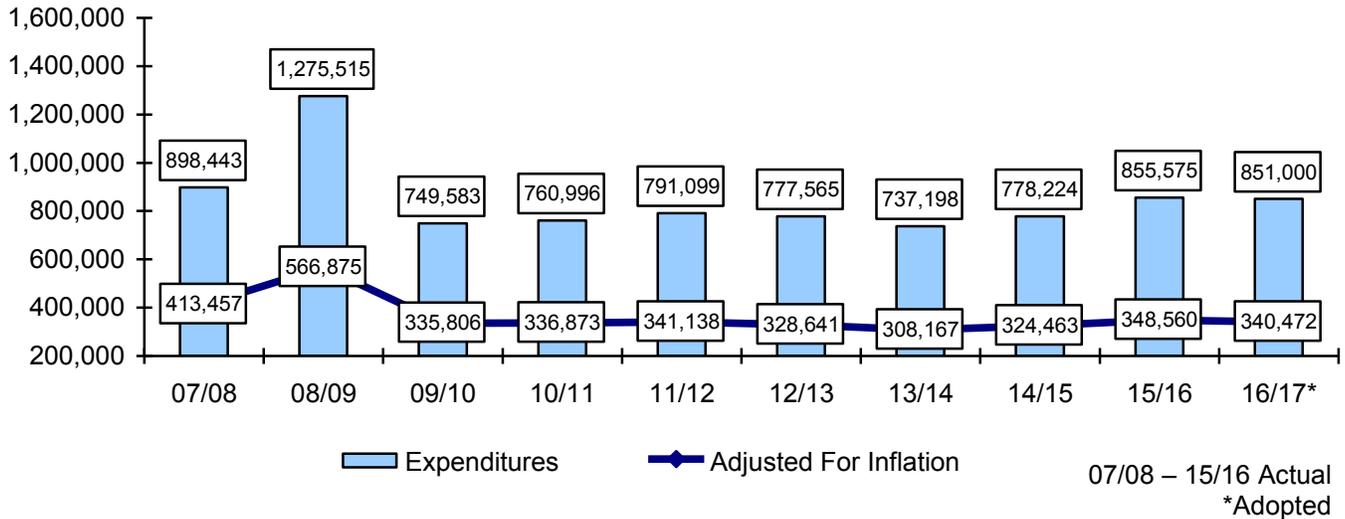
The Emergency Medical Services fund is part of the Health Agency's Health Care Services Division. Assessments on court fines are used to compensate medical providers for uncompensated emergency room care and to offset the cost of the local Emergency Medical Services Agency.

Financial Summary	2014-15 Actual	2015-16 Actual	2016-17 Requested	2016-17 Recommended	2016-17 Adopted
Fines, Forfeitures and Penalties	\$ 880,537	\$ 805,734	\$ 850,000	\$ 850,000	\$ 850,000
Revenue from Use of Money & Property	737	1,089	1,000	1,000	1,000
Total Revenue	\$ 881,274	\$ 806,823	\$ 851,000	\$ 851,000	\$ 851,000
Fund Balance Available	\$ 0	\$ 23,274	\$ 0	\$ 0	\$ 0
Cancelled Reserves	0	0	0	0	0
Total Financing Sources	<u>\$ 881,274</u>	<u>\$ 830,097</u>	<u>\$ 851,000</u>	<u>\$ 851,000</u>	<u>\$ 851,000</u>
Salary and Benefits	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Services and Supplies	778,224	855,575	851,000	851,000	851,000
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 778,224	\$ 855,575	\$ 851,000	\$ 851,000	\$ 851,000
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	\$ 778,224	\$ 855,575	\$ 851,000	\$ 851,000	\$ 851,000

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The County of San Luis Obispo’s Emergency Medical Services fund has a total expenditure level of \$851,000 and no staffing, to provide the following services:

Emergency Medical Services fund

The Emergency Medical Services 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: \$851,000 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. The Fund partially compensates physicians and surgeons for uncompensated emergency medical care. The Fund also provides funding to hospitals and the County’s pre-hospital emergency medical care system.

COUNTY ADMINISTRATOR’S COMMENTS AND RECOMMENDATIONS

Financial Summary

Expenditures in this budget, which are used for the purposes described above, are driven by available funding. In FY 2016-17, available funding is projected to decrease \$18,274 or 2% compared to FY 2015-16 adopted levels

**Health Agency - Emergency Medical Services
Fiscal Year 2016-17 Final Budget**

Fund Center 351

due to a smaller fund balance than in the prior fiscal year. Assuming the budgeted revenue is realized, approximately \$186,000 to hospitals, \$433,000 to physicians, \$56,000 to pediatric trauma services, and \$127,000

will be allocated to the Emergency Medical Services Agency for emergency medical services. An additional \$49,000 or 6% 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.

Service Level Impacts

The recommended budget maintains services at current levels.

Position Allocation List (PAL) Changes

This fund center has no Position Allocation List.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

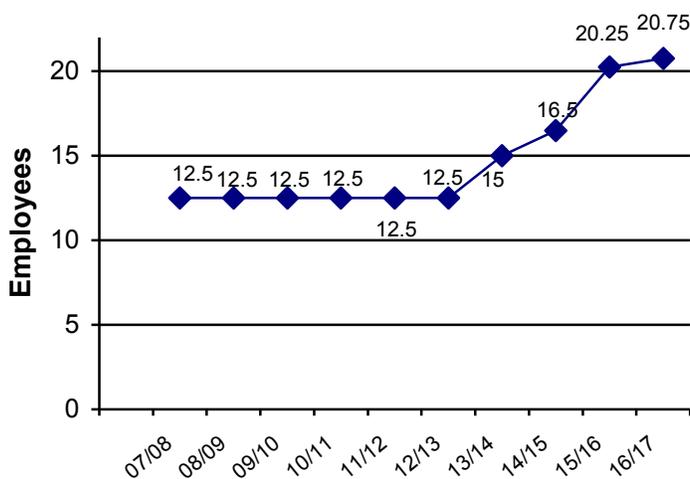
None requested.

MISSION STATEMENT

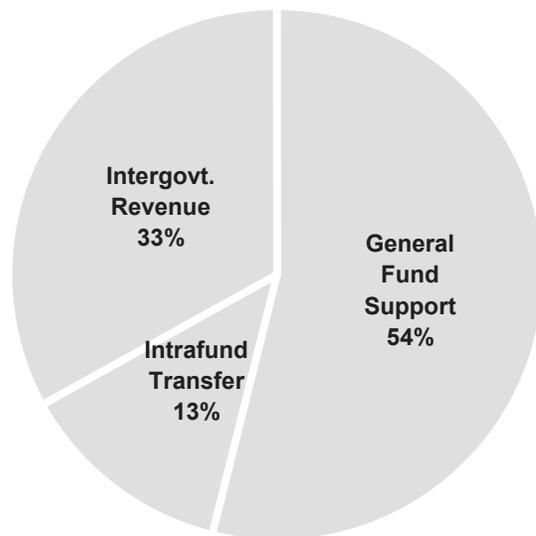
The mission of the Law Enforcement Medical Care Program is to provide cost effective, quality medical care for persons incarcerated at the County Jail and the Juvenile Services Center.

	2014-15	2015-16	2016-17	2016-17	2016-17
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 1,124,469	\$ 1,161,854	\$ 1,552,291	\$ 1,585,480	\$ 1,585,480
Charges for Current Services	580	486	0	0	0
Other Revenues	0	15	0	0	0
**Total Revenue	\$ 1,125,049	\$ 1,162,355	\$ 1,552,291	\$ 1,585,480	\$ 1,585,480
Salary and Benefits	2,169,764	2,504,126	3,040,259	3,150,522	3,150,522
Services and Supplies	1,128,540	1,435,684	1,662,217	1,666,076	1,666,076
**Gross Expenditures	\$ 3,298,304	\$ 3,939,810	\$ 4,702,476	\$ 4,816,598	\$ 4,816,598
Less Intrafund Transfers	548,656	557,662	606,660	606,660	606,660
**Net Expenditures	\$ 2,749,648	\$ 3,382,148	\$ 4,095,816	\$ 4,209,938	\$ 4,209,938
General Fund Support (G.F.S.)	<u>\$ 1,624,599</u>	<u>\$ 2,219,793</u>	<u>\$ 2,543,525</u>	<u>\$ 2,624,458</u>	<u>\$ 2,624,458</u>

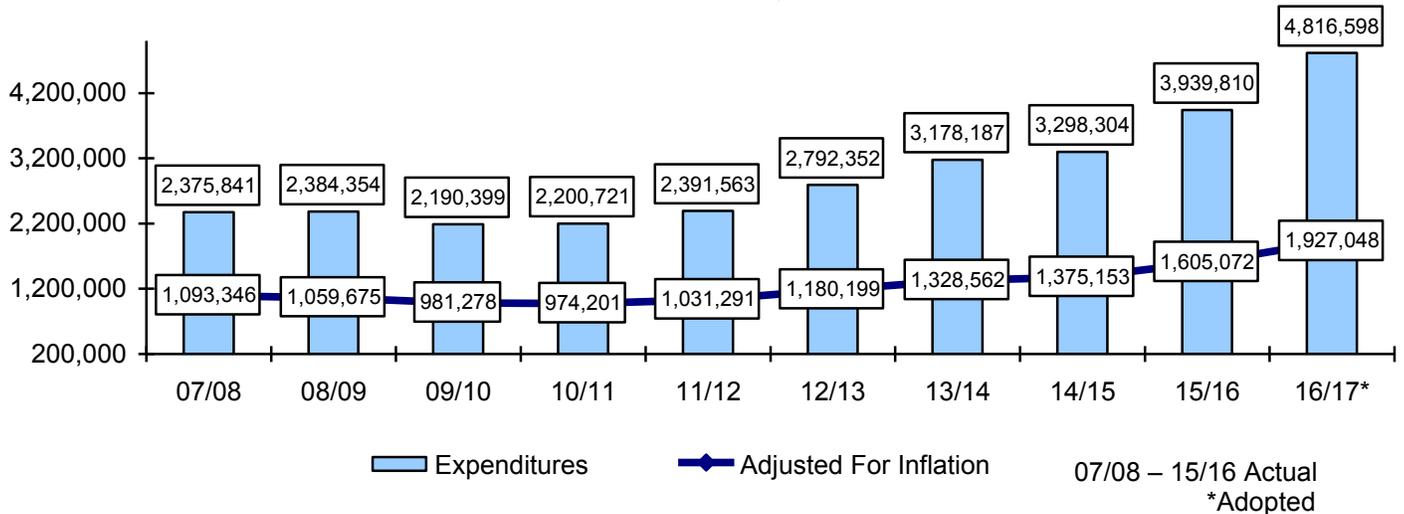
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Law Enforcement Medical Care has a total expenditure level of \$4,816,598 and a total staffing level of 20.75 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: \$4,209,938 Total Staffing (FTE): 17.75

Juvenile Services Center Medical Services

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

Total Expenditures: \$606,660 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 decreased over the past year, however the medical demands of the population have remained high. After hitting a population plateau of 782 in 2013, the ADP remained steady in calendar year 2014 at 775. Then, in 2015, with the passage of Proposition 47 and changes to AB 109 sentencing guidelines, the ADP decreased to 542. Despite this population decrease, the number of inmates requiring medical attention has not decreased at the same rate. In 2015, the average number of visits conducted with sick inmates was 3,270 per month, compared to an average of 4,005 visits per month in 2014. In summary, during a time with the ADP decreased by 31% (from 2014 to 2015), the number of sick inmate medical visits has only decreased by 19%.

Inmates frequently need specialty care that the medical clinic on site 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 an effort to reduce this burden, LEMC received approval to increase registered nursing (RN) staffing in FY 2015-16 so that an RNs can complete all medical pre-screen forms at booking. This was based partially on a successful pilot project in 2014 that helped jail staff decrease the average monthly number of emergency room visits and hospital inpatient days. 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, compared to monthly averages of 11 emergency room visits and 26 inpatient days the previous six-month period (January-June 2014). In the first half of FY 2015-16, monthly ER visits and inpatient days have remained lower than FY 2013-14 averages at eight ER visits and 12 inpatient days.

Using partial funding from AB 109, since FY 2012-13, LEMC has added 7.75 FTE positions to its ranks, as well as additional orientation time and physician hours. However, these incremental changes are proving inadequate to keep up with the continued increase in service demand. Further, increases in staffing require additional supervision and training time.

Following are some of the department's notable accomplishments for FY 2015-16 and some specific objectives for FY 2016-17:

FY 2015-16 Accomplishments

- LEMC Staff participated in a Request for Proposal (RFP) process to select a vendor to provide an Electronic Health Record (EHR) system for use by LEMC staff and physicians.
- Increased RN staffing to allow for scheduling of two RNs, each shift allowing them to complete all medical pre-screen forms for inmates being booked at the County Jail. RNs completed approximately 4,700 pre-screen forms this fiscal year.
- LEMC coordinated approximately 300 inmate visits with a dentist on-site at the jail, and approximately 80 visits with the volunteer podiatrist.
- LEMC supervisors completed a draft preventive care policy that will allow long-term inmates to receive health screenings and preventive care that is recommended for them based on their age, time in custody and other health factors.
- Increased the nursing supervision time from 1.25 FTEs to 1.50 FTE positions to help support the increased demands of growing staff pool and higher inmate acuity rates.
- Educated 213 juvenile wards at JSC about the importance of safe sexual practices to prevent unwanted pregnancies and sexually transmitted diseases.
- Increased sexually transmitted infection testing at JSC by 36% over previous year (26 tests in 2015 vs. 19 tests in 2014).

FY 2016-17 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 preventive 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 and continue to encourage testing for sexually transmitted infections.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Financial Summary

General Fund support for LEMC are in FY 2016-17 is increasing \$543,614 or 26% compared to the FY 2015-16 adopted level. The increase in General Fund support is primarily due to increasing expense for medical services in the County Jail, which is only partially offset by increasing revenue.

Expenditures are recommended to increase \$690,507 or 19% compared to the prior year. The increase is split between personnel and non-personnel expenditures, both of which are driven by the need to ensure adequate medical services in the Jail. Salaries and benefits are recommended to increase \$390,241 or 14%. \$165,948 of the increase is due to a compensation increase for nursing and related medical classifications to aide with recruitment and retention. \$110,263 is due to the addition of 0.50 FTE of Correctional Nurse Supervisor hours as part of the budget augmentation described below. The remainder is due to increases in call back and standby expense to help ensure medical coverage in the Jail, a prevailing wage adjustment approved by the Board of Supervisors and anticipated step increases. Services and supplies expenditures are recommended to increase \$366,329 or 28%. The increase is the result of increasing costs for medical care in the Jail, and an increase in internal support and administrative charges. Expenditures for contract services are recommended to increase \$152,439 or 28% as the result of increasing expenses for Jail clinic physicians, anticipated dialysis services, and hospital inpatient days. The remainder is the result of increases related to internal billings for overhead administrative costs, and insurance.

Revenues are recommended to increase \$146,893 or 10% compared to the FY 2015-16 adopted level due to an increase in 2011 Public Safety Realignment (AB 109) revenue. \$33,189 of this is to offset a portion of the Correctional Nurse Supervisor hours recommended as part of the budget augmentation.

Service Level Impacts

The recommended budget maintains services at current levels, with the exception of the results shown in the recommended budget augmentation below.

Position Allocation List (PAL) Changes

The FY 2016-17 recommended Position Allocation List (PAL) for the department includes a net increase of 0.50 FTE compared to the FY 2015-16 adopted PAL.

FY 2015-16 Mid-Year PAL Changes:

None.

FY 2016-17 PAL Changes:

- -0.75 FTE Correctional Nurse Supervisor position per budget augmentation
- -0.75 FTE Correctional Nurse Supervisor position
- +2.00 FTE Correctional Nurse Supervisor positions

BOARD ADOPTED CHANGES

As a part of the Supplemental Budget document, the Board approved the elimination of 4.75 FTE Licensed Vocational Nurse/Mental Health Therapist II positions and addition of 4.75 FTE Licensed Psychiatric Technician/Licensed Vocational Nurse I/II/III to incorporate into the budget the creation of a new classification approved by the Board April 19, 2016.

As a part of budget adoption on June 21, 2016, the Board approved the following:

- Approved the revised classifications and set the salaries for Community Health Nurse I, Public Health Nurse I, Community Health Nurse II, Public Health Nurse II, Nurse Practitioner, Senior Public Health Nurse.

- Deleted a 1.00 FTE Community Health Nurse/Public Health Nurse/Senior Community Health Nurse/Senior Public Health Nurse/Nurse Practitioner/Physician’s Assistant position.
- Added a 1.00 FTE Community Health Nurse I/Public Health Nurse I/Community Health Nurse II/Public Health Nurse II/Nurse Practitioner/Senior Public Health Nurse/Nurse Practitioner/Physician’s Assistant position to incorporate into the budget the creation of a new classification.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
Gross Annual Cost: \$110,263 Funding Source: \$33,189 2011 Public Safety Realignment (AB 109) revenue \$77,074 General Fund	Delete two 0.75 FTE Correctional Nurse Supervisor positions. Add 2.00 FTE Correctional Nurse Supervisor positions to medical staff in the County Jail to help ensure adequate nurse availability and sufficient oversight in a 24/7, 365 day a year facility.	1. No in-custody deaths in the County Jail. 2. >99% coverage of nursing shifts in the County Jail. 3. Completion of 100% of mandated continuing education trainings for Jail medical personnel.

GOALS AND PERFORMANCE MEASURES

Department Goal: Provide cost effective medical care maintaining the health of County jail inmates.						
Communitywide Result Link: <input type="checkbox"/> Safe <input type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input checked="" type="checkbox"/> Well-Governed Community						
1. Performance Measure: Medical cost per inmate day at the County Jail.						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
\$7.66	\$8.24	\$9.37	\$12.62	\$10.75	\$16.96	\$17.00
<p>What: This shows the average cost per day to provide mandated medical services to adult inmates at the County Jail (on a per inmate basis). The measure is calculated by accumulating all costs of providing medical care to inmates and dividing by the product of the in custody average daily inmate census and the number of days in the year.</p> <p>Why: Medical cost per inmate day is intended to be an efficiency-oriented performance measure reflecting both the cost of providing medical care and the level of demand among jail inmates. This measure has been in place over a period of significant growth and in the inmate census and then a leveling off and as such has been helpful in monitoring ongoing cost-efficiency of the provision of medical services for jail inmates.</p> <p>How are we doing: The FY 2015-16 medical costs per inmate day was \$16.96 (calculated by \$3.382 million ÷ 545 in-custody inmates ÷ 356 days) and reflects the average cost of medical care per inmate (including labor and medical claims) based on the average daily population of inmates in custody. This performance measure exceeded the adopted budget due to unexpected expenditure increases and an overall decline in the average inmate population. The average inmate population decline of 166 was largely due to Proposition 47, wherein many felony offenders had their charges reduced to misdemeanors. Proposition 47 went into effect after the adopted budget was established. As noted, expenditures increased from the adopted budget and in particular salary and benefit costs have increased \$304,000, primarily due to an additional 0.25 FTE Correctional Nurse Supervisor increase in hours, additional Correctional Nurse shifts, increase in prevailing wages, and other smaller incremental increases. In addition to salary costs, services and supplies increased \$306,000 as a result in increased medical expenses from two inmates with severe and extended medical conditions.</p> <p>Beginning in FY 2014-15, this measure was based on the average daily inmate population of in custody inmates only. In custody inmates includes inmates housed in the jail and honor farm only. For FY 2013-14 and prior years, this measure was based on the total average daily inmate population of both in custody and out of custody inmates (including inmates on home detention).</p> <p>Most California counties contract for Jail medical services and in FY 2014-15, six of those counties that contract for services, averaged \$16.26 of medical costs per inmate day (counties providing data include: Butte, Santa Barbara, Santa Cruz, Stanislaus, Tulare, and Yolo).</p>						

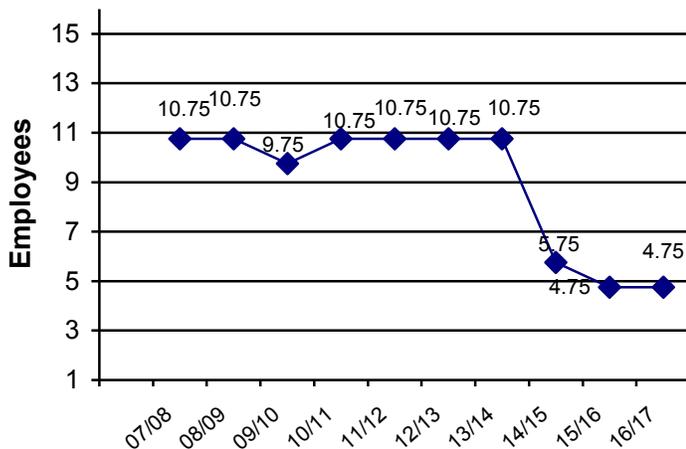
2. Performance Measure: The percent of all specialty care visits (including dental) performed on-site at the jail. (This is a new measure for FY 2015-16)							
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target	
N/A	N/A	N/A	85%	90%	82%	90%	
<p>What: This will demonstrate the proportion of specialty care visits (including dental) inside the jail as compared to total number of specialty care visits both inside and outside the Jail. Existing specialty care provided within the County Jail includes dental screens, dental extractions, OB/GYN, podiatry, x-rays, optometry, fracture casting, suboxone treatment, and speech therapy services.</p> <p>Why: This performance measure is important to both the Health Agency and Sheriff Department since services provided within the Jail, as opposed to outside, requires less facilitation among Departments and results in greater cost efficiency. For instance, an average medical visit inside the Jail costs the Health Agency 70% less (or \$62) for labor and the Sheriff's Department 85% less (or \$205) for labor and transportation costs.</p> <p>How are we doing: In FY 2015-16, a total of 1,341 specialty care visits were required, and of the total, 1,104 visits were performed in-house representing 82%. Dental services account for 73%, or 809 of the in-house visits. Thus 237 medical appointments required transport to outside providers. Outside provider transports were higher than expected in the last two quarters of FY 2015-16 due to two inmates with severe medical conditions. Additionally, LEMC secured sign-language interpretation services in-house for an inmate in FY 2015-16. This service was provided in-house 10 times during the year, but is not counted in the above statistics because it was provided in conjunction with a regular MD visit in the jail.</p> <p>The FY 2016-17 target was based on FY 2014-15 and FY 2015-16 first quarter experience. This was a new measure for FY 2015-16.</p> <p>No comparison data is available at this time.</p>							

MISSION STATEMENT

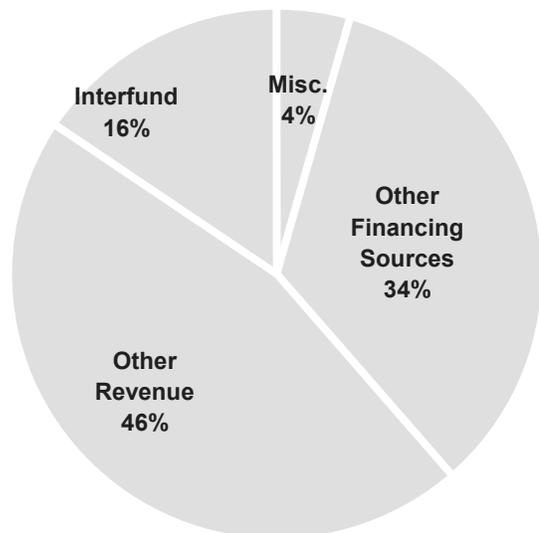
The Medically Indigent Services program is administered in partnership with healthcare providers and other agencies to ensure access to health care for medically indigent adults who lack health insurance.

	2014-15	2015-16	2016-17	2016-17	2016-17
<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	\$ 3,239	\$ 3,335	\$ 2,500	\$ 2,500	\$ 2,500
Intergovernmental Revenue	118,224	99,340	68,648	68,648	68,648
Other Revenues	681,667	673,989	679,479	679,479	679,479
Other Financing Sources	785,281	317,361	531,101	531,101	531,101
Interfund	158,446	181,220	244,721	244,721	244,721
Total Revenue	\$ 1,746,857	\$ 1,275,245	\$ 1,526,449	\$ 1,526,449	\$ 1,526,449
Fund Balance Available	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Cancelled Reserves	0	0	0	0	0
Total Financing Sources	\$ 1,746,857	\$ 1,275,245	\$ 1,526,449	\$ 1,526,449	\$ 1,526,449
Salary and Benefits	\$ 556,712	\$ 437,415	\$ 555,734	\$ 555,734	\$ 555,734
Services and Supplies	1,290,003	993,950	970,715	970,715	970,715
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 1,846,715	\$ 1,431,365	\$ 1,526,449	\$ 1,526,449	\$ 1,526,449
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	\$ 1,846,715	\$ 1,431,365	\$ 1,526,449	\$ 1,526,449	\$ 1,526,449

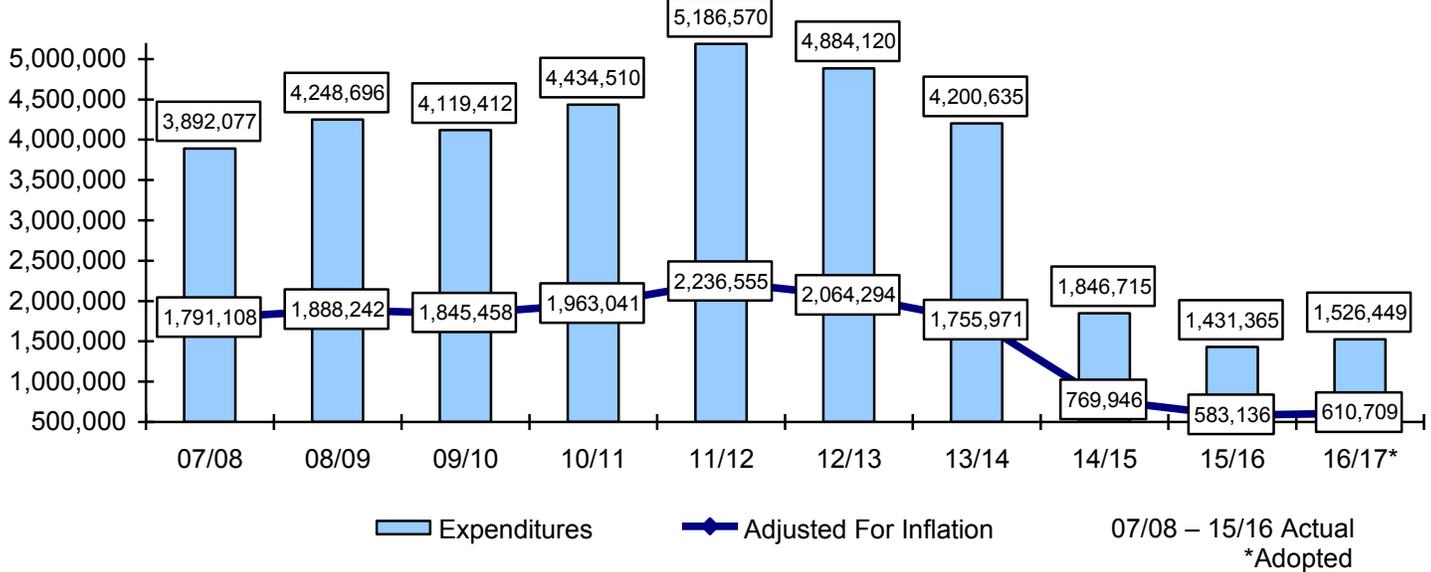
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The County of San Luis Obispo’s Medically-Indigent Services program has a total expenditure level of \$1,526,449 and a total staffing level of 4.75 FTE to provide the following services:

Medically-Indigent Services Program

This program provides health care navigation, assistance with health insurance enrollment in Covered California or Medi-Cal; and oversees Medically-Indigent Services program enrollment, utilization and payment for health care service under the State Welfare and Institutions Code obligation of counties to provide for medical care of eligible medically-indigent adults who lack other coverage.

Total Expenditures: \$808,212 Total Staffing (FTE): 4.50

Emergency Medical Service Program /Tobacco Settlement Funds

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

Total Expenditures: \$718,237 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 State 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, the majority of CMSP clientele became newly eligible for Medi-Cal. The remaining clients, with incomes from 139% to 250% of the Federal poverty level, 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. However, there are exemptions from the ACA’s individual mandate for persons who have verifiable financial or other specified hardships. Under W&I Code 17000, the County is obligated to provide for these individuals. The County’s Medically Indigent Services Program (MISP) provides this gap coverage to people meeting the hardship requirements.

Although MISP is a small program, staff assist people with more than MISP applications. Approximately 424 people sought assistance from County staff in FY 2014-15. If an individual, upon screening, is not appropriate for MISP, staff guided these individuals to more appropriate full-benefit resources including Medi-Cal disability, full-scope Medi-Cal for families with children, or the Veterans Administration.

In FY 2014-15, County staff processed 53 applications for MISP assistance and 26 were enrolled. In the FY 2015-16 budget it was estimated that 50 clients would be enrolled. At the midpoint of FY 2015-16, 20 had been enrolled. The enrollment target in FY 2016-17 is also 50. Through the first half of FY 2015-16, there were 640 encounters with 432 individuals. In addition to enrolling eligible individuals into MISP or helping them navigate the Medi-Cal and Social Security systems, staff also assist with Covered California applications.

Following are some of the department's notable accomplishments for FY 2015-16 and some specific objectives for FY 2016-17:

FY 2015-16 Accomplishments

- Rectified all remaining claims from CMSP/Medi-Cal pending clients from previous fiscal years, totaling over \$125,000 and 345 claims for 50 clients.
- Provided care coordination and assistance with MISP, Medi-Cal or other health insurance options for over 700 individuals.
- Processed over 50 MISP applications, (which had been forecasted at 50-60 for the year), and successfully enrolled approximately 50 people who meet the strict MISP eligibility requirements.
- Renewed and replaced contracts to care for MISP patients with all four San Luis Obispo County hospitals and Community Health Centers (CHC).
- Continued periodic meetings of the Affordable Care Act Planning Group of local health care stakeholders to coordinate planning efforts for ongoing implementation of State and Federal health care reforms.
- Renewed Certified Application Entity status, allowing Health Care Services Division staff to become Certified Application Counselors for Covered California.
- Implemented periodic meetings with Certified Application Entity and other Covered California "assistor" organizations in an effort to share resources, outreach tools and ensure the most efficient reach of counselors and assisters throughout the county.
- Received and implemented a new Medi-Cal Renewal Assistance Grant from the California Department of Health Care Services in cooperation with two local non-profit organizations aimed at assisting people with the renewal of Medi-Cal eligibility.

FY 2016-17 Objectives

- Continue to coordinate with the Department of Social Services to improve processes for bilateral referral of potential MISP clients and Medi-Cal eligible persons.
- Utilize Certified Application Entity status to improve the ability of Health Care Services Certified Application Counselors to assist MISP clients (and other targeted uninsured clients) to enroll in appropriate insurance plans.
- Finalize process for 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

Financial Summary

Total financing sources and expenditures for the Medically Indigent Services Program (MISP) are recommended to increase \$33,227 or 2% compared to FY 2015-16 adopted levels. The increase is due to rising costs resulting from a prevailing wage increase approved by the Board of Supervisors in FY 2015-16 and an increase in FY 2016-17 overhead charges based on actual expenditures in prior years.

MISP is not a General Fund budget, but receives funding from the General Fund as revenue transferred in from Fund Center 102 – Non Departmental Revenue. This General Fund contribution is a primary source of funding for the MISP budget, making up 35% of total revenue. This contribution is recommended to increase \$23,409 or 4% compared to the FY 2015-16 adopted level, for a total of \$531,101. The increase is split between an increase in personnel costs resulting from a prevailing wage adjustment approved by the Board of Supervisors and an increase in overhead charges based on actual expenditures in prior years.

The budgeted level for FY 2016-17 assumes 50 clients will meet eligibility requirements for MISP services during the fiscal year, the same as the prior year. The number of clients served in the first half of FY 2014-15 was 20, with a total of 644 eligibility engagements made during the same period.

Staff in this fund center partially support 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 offsets approximately 38% of personnel costs in this fund center. In addition, a Medi-Cal Outreach and Enrollment grant of \$38,700 funds half the cost of the full-time Patient Services Representative in this budget.

Service Level Impacts

The recommended budget maintains services at current levels.

Position Allocation List (PAL) Changes

The FY 2016-17 recommended Position Allocation List Changes (PAL) for the department includes no changes compared to the FY 2015-16 adopted PAL.

BOARD ADOPTED CHANGES

As a part of formal budget adoption on June 21, 2016, the Board on June 21, 2016, the Board took the following actions:

- Approved the revised classifications and set the salaries for Community Health Nurse I, Public Health Nurse I, Community Health Nurse II, Public Health Nurse II, Nurse Practitioner, Senior Public Health Nurse.
- Deleted a 1.00 FTE Community Health Nurse/Public Health Nurse position and added a 1.00 FTE Community Health Nurse I/Public Health Nurse I/Community Health Nurse II/Public Health Nurse II position.

BUDGET AUGMENTATION REQUESTS ADOPTED

None requested.

GOALS AND PERFORMANCE MEASURES

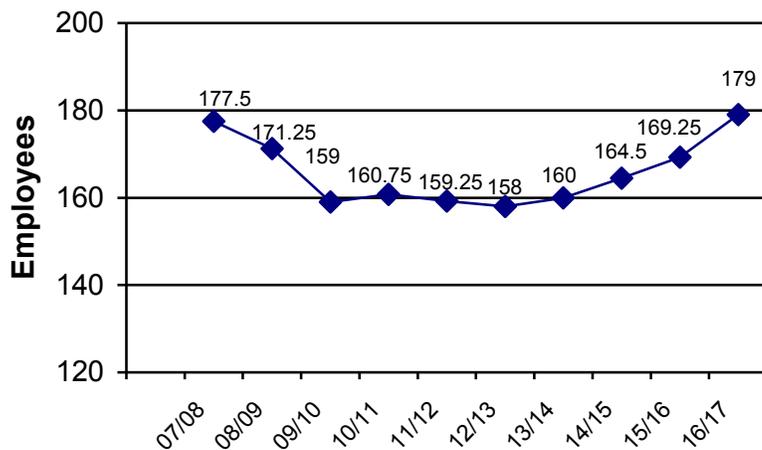
Department Goal: To ensure access to health care for medically indigent adults who lack health insurance.						
Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/>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

MISSION STATEMENT

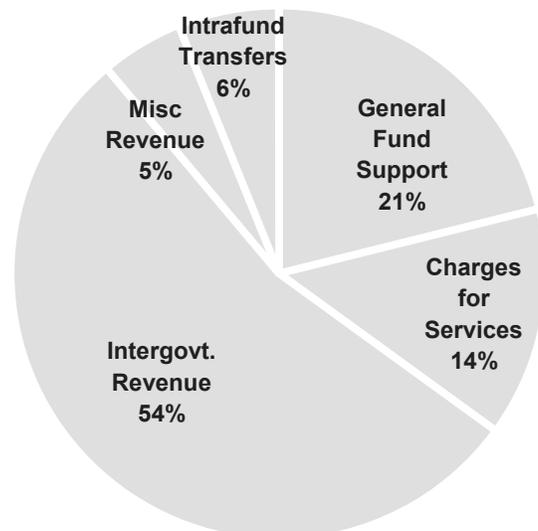
To promote, preserve and protect the health of all San Luis Obispo County residents through disease surveillance, health education, direct services, and health policy development.

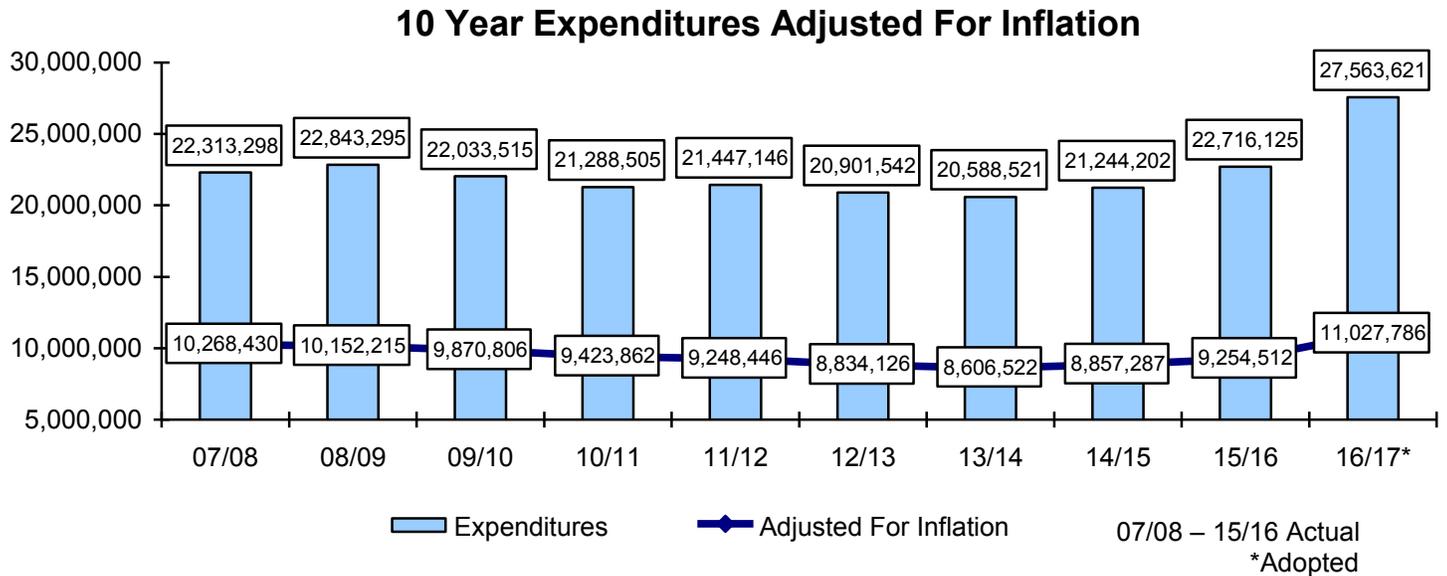
	2014-15	2015-16	2016-17	2016-17	2016-17
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Licenses and Permits	\$ 39,351	\$ 30,283	\$ 34,465	\$ 34,465	\$ 34,465
Fines, Forfeitures and Penalties	8,377	6,743	157,500	157,500	157,500
Intergovernmental Revenue	11,996,294	12,761,256	14,608,431	14,658,158	14,665,540
Charges for Current Services	3,767,360	3,835,743	3,849,574	3,849,574	3,849,574
Other Revenues	855,104	590,000	486,961	486,961	486,961
Interfund	232,180	233,380	223,826	223,826	223,826
**Total Revenue	\$ 16,898,666	\$ 17,457,405	\$ 19,360,757	\$ 19,410,484	\$ 19,417,866
Salary and Benefits	16,207,842	17,278,717	19,522,393	20,216,949	20,234,331
Services and Supplies	4,813,939	4,624,723	5,620,271	5,668,290	5,708,290
Other Charges	173,952	706,794	1,580,000	1,580,000	1,580,000
Fixed Assets	48,469	105,891	41,000	41,000	41,000
**Gross Expenditures	\$ 21,244,202	\$ 22,716,125	\$ 26,763,664	\$ 27,506,239	\$ 27,563,621
Less Intrafund Transfers	1,199,459	1,326,310	1,631,155	1,631,155	1,631,155
**Net Expenditures	\$ 20,044,743	\$ 21,389,815	\$ 25,132,509	\$ 25,875,084	\$ 25,932,466
General Fund Support (G.F.S.)	<u>\$ 3,146,077</u>	<u>\$ 3,932,410</u>	<u>\$ 5,771,752</u>	<u>\$ 6,464,600</u>	<u>\$ 6,514,600</u>

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



Source of Funds





SERVICE PROGRAMS

Public Health has a total expenditure level of \$27,563,621 and a total staffing level of 179.00 FTE to provide the following services:

Environmental Health Services

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

Total Expenditures: \$3,895,192 Total Staffing (FTE): 25.75

Family Health Services

The Family Health Services Division provides an extensive array of preventive and direct health services for all residents, and particularly for at-risk populations. Services include: Communicable Disease Control, Immunizations, Tuberculosis and Sexually-Transmitted Disease diagnosis and treatment, forensic medical services for clients referred to the Suspected Abuse Response Team 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 for medical and dental concerns, California Children’s Services 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: \$10,472,174 Total Staffing (FTE): 74.25

Health Promotion

The Health Promotion Division focuses on promoting a healthy community by empowering individuals, groups and organizations to take responsibility for adopting healthy behaviors and supporting policies that promote health. Program areas include Tobacco Control, Community Wellness (including Nutrition and Physical Activity, Healthy Communities, and Outside In SLO), the Special Supplemental Nutrition Program for Women, Infants and Children Injury Prevention, and Oral Health Promotion.

Total Expenditures: \$3,114,771 Total Staffing (FTE): 25.25

Emergency Medical Services

The Emergency Medical Services Division includes the Emergency Medical Services Agency and Public Health Emergency Preparedness programs. The Emergency Medical Services Agency provides training and regulatory and medical direction for the County's pre-hospital system of care, including Base Station Hospitals and Specialty Care Centers (ST-Evaluation Myocardial Infraction and Trauma). The Public Health Emergency Preparedness program oversees planning, training and response for health and medical aspects of disaster events with healthcare partners and the Public Health Department.

Total Expenditures: \$1,136,841 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: \$2,027,533 Total Staffing (FTE): 10.25

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: \$6,917,110 Total Staffing (FTE): 36.50

DEPARTMENT COMMENTS

The Public Health department has a very broad range of programs which touch county residents in a considerable number of ways; e.g., from assuring clean water systems and food facilities; to tobacco cessation classes and monitoring of sales to minors; 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.

In FY 2015-16, the department continued to address health impacts of climate change, emergent and re-emerging infectious diseases, emergency preparedness and response, access to care and public engagement. The department continues to address the immediate impacts of our region's severe drought emergency and to inform the public and government leaders of the long-term risks to public health from climate change. In FY 2015-16, we responded to issues related to groundwater scarcity and contamination, unhealthy air quality due to wildfires, extreme heat, and flood risks due to the El Niño weather effect.

Planning, resource allocation and coordination are essential to reduce the risks and impacts of emerging and re-emerging infectious disease outbreaks and drug resistant strains. Last year included a nationwide public health emergency response effort to prevent an outbreak of Ebola in the U.S., and California also responded to a multi-state outbreak of measles. The department also worked with local healthcare providers concerning multi-drug resistant tuberculosis, antibiotic resistant shigella and gonorrhea, ocular syphilis, avian influenza, enterovirus D68, coccidioidomycosis (Valley Fever), a cluster of viral meningitis cases at Cal Poly, and vector-borne diseases, including West Nile, Dengue, Chikungunya, and Zika viruses. In FY 2016-17, the department will remain vigilant in monitoring the full range of 81 reportable communicable diseases and work with providers to ensure the department receives timely notifications of suspected cases.

Prescription drug abuse is a growing epidemic in the United States and in our county. The department partnered with the Health Agency's Drug and Alcohol Services Division to address the issue locally by participating in the formation of the countywide Opioid Safety Coalition and by expanding access to the opioid antagonist Narcan through the Syringe Exchange Program.

The department also continues to work with partners, including the Oral Health Coalition, to find solutions to our severe problem of access to pediatric dental care.

The department made progress towards our goal of achieving public health accreditation this year. Accreditation sets standards against which the nation's more than 3,000 governmental public health departments can continuously improve the quality of their services and performance. To receive accreditation, a health department must undergo a peer-reviewed rigorous, meticulous and multi-faceted assessment process to ensure it meets or exceeds a set of quality standards and measures.

Looking towards FY 2016-17, our department will continue to promote evidence-based public health practice to safeguard our community's health, including direct health care services, yet in some areas, we are supporting a paradigm shift to encourage more front-end citizen involvement. Our Emergency Medical Service (EMS) Division, for example, has launched full-throttle community based countywide cardiopulmonary resuscitation (CPR) initiatives with the goal of improving patient outcomes from sudden cardiac arrest. One initiative emphasizes citizen participation through bystander CPR and early 911 activation. The program organizes sidewalk CPR training events and impromptu CPR training flash mobs that engage the public where they are—high traffic areas such as shopping centers, farmer's markets, or to service groups and schools. The events are fun and the training takes only minutes. The program is responsible for training approximately 2,500 citizens in *hands-only* CPR in just the last year.

The second prong in improving outcomes from cardiac arrest was to implement a High Performance CPR (HPCPR) program in partnership with local EMS provider agencies. HPCPR, also sometimes called *pit crew CPR*, is an evidenced-based practice wherein EMS responders perform choreographed, systematic multi-agency response and treatment. The program successfully trained 550 EMS responders in HPCPR last year. In the first three months after the program was implemented, the number of cardiac arrest patients with spontaneous return of circulation increased by 50%. Citizen engagement is one of the essential responsibilities of government and social media has quickly become one of the essential tools in addressing this responsibility. Social media plays a vital role in public health and is a strong tool for communication, advocacy, education and emergency preparedness and response. The quantity and quality of our social media posts have improved this year with a significant growth in the total number of individuals and organizations following us on social media through Facebook, Twitter, YouTube, Instagram and Flickr.

Following are some of the department's notable accomplishments for FY 2015-16 and some specific objectives for FY 2016-17:

FY 2015-16 Accomplishments

FY 2016-17 Objectives

- Public Health Laboratory:
 - Implemented a strategic plan which included new trainings, equipment upgrades, and billing efficiencies.
 - Hosted bioterrorism training for region's Tri-county Laboratory Response Network.
 - Modernized and expanded testing capabilities for HIV, multiple drug resistant Tuberculosis, and respiratory and gastrointestinal illnesses.
- Increased Public Health social media followers by 66% and average Facebook post reach by 124%.
- Prescribed long-acting reversible contraception (LARC) for additional 49 (12%) women in Reproductive Health program (FY 2013-14 baseline = 412).
- Worked with the City of San Luis Obispo and Port San Luis Harbor District to revise no-smoking ordinances to include e-cigarettes.
- Distributed/installed 266 car seats and performed safety fit checks on 392 child car seats.
- Instructed over 3,000 students on bicycle and

- Make food facility inspection results available on a mobile application.
- Complete a second FDA Voluntary National Retail Food Regulatory Standard.
- Participate in FEMA graded exercise for Ingestion Pathway Radiological Emergency Response.
- Increase number of emergency medical dispatchers at public service answering points throughout the county.
- Increase public participation in hands-only CPR and early 911 activation through public training events (e.g., malls, farmer's markets, service groups) (baseline = 2,500).
- Increase service at coastal area reproductive health clinic by 200 visits (baseline = 0).
- Re-test > 95% of clients within six months of initial positive chlamydia test result.
- Increase rate of kindergarteners receiving all required immunizations from 87% to 90%.
- Provide oral health screenings and fluoride

pedestrian safety.

- Drafted an ordinance to regulate land application of biosolids.
- Completed Food & Drug Administration's (FDA's) Regulatory Food Inspection Program Standard #3.
- Implemented CPR programs to improve survival from sudden cardiac arrest.
 - Secured outside funding to purchase equipment and train 550 Emergency Medical Services (EMS) personnel in "High Performance" CPR. In first 3 months, saw 50% increase in spontaneous return of circulation.
- Updated Multiple-Casualty Incident (MCI) Plan, which included new training material, two table top drills and a full-scale drill involving all EMS agencies and hospitals.
- Adopted a countywide Emergency Medical Dispatch (EMD) program, a systematic program of handling medical calls for assistance.

treatment for at least 1,200 children.

- Increase social media followers by 30% and create at least three new video shorts (baseline = 1,780).
- Develop and implement a comprehensive plan to improve usability and effectiveness of Public Health website.
- Initiate implementation phase of electronic health record system project.
- Implement a comprehensive Performance Measurement and Management system for all Public Health programs to include specific goals, indicators and targets for each.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Financial Summary

General Fund support for Public Health in FY 2016-17 is recommended to increase \$1.3 million or 24% compared to the FY 2015-16 adopted budget. The increase is due mainly to the addition of 9.50 FTE positions, combined with an increase in compensation for medical personnel to aide with recruitment and retention issues and increases in charges for internal services and overhead to the FY 2015-16 adopted levels.

Expenditures are recommended to increase \$2.2 million or 9% compared to FY 2015-16. The increase is mainly due to increases in personnel expense and a negative roll-forward of countywide overhead charges. Salary and benefits are recommended to increase \$1.8 million or 9%. \$694,556 of the increase is due to the addition of 8.25 FTE recommended as part of the budget augmentations listed below. Of the remaining \$1.1 million, approximately \$423,000 is the result of prevailing wage adjustments approved by the Board of Supervisors. \$398,039 is due to a compensation increase for nursing and other medical classifications that are difficult to recruit and retain. \$106,650 is due to the transfer of a 1.00 FTE Program Manager position to this fund center from FC 166 – Behavioral Health to oversee implementation of the Public Health Electronic Health Record project.

Services and supplies are recommended to increase \$692,578 or 13%. The increase is mainly due to an increase to countywide overhead charges totaling \$657,219 or 254%. This the result of the gap in prior years between actual expenditures related to countywide overhead and the amount that was actually collected from Public Health. In future years, countywide overhead charges will be averaged over a 10 year period to reduce the sensitivity to any single year fluctuation and avoid large swings of the sort seen in the recommended budget. Fixed assets expense is recommended to decrease \$77,775 of 65% due to the one-time purchases made in the prior fiscal year related to the Public Health Electronic Health Record project.

Transfers in (expense offsets) from other Health Agency fund centers are recommended to increase \$193,422 or 13%. The increase is related to internal settlements for Health Agency administrative costs. (The Public Health fund center houses the administrative functions of the Health Agency. These administrative costs are spread among the other Health Agency fund centers, as appropriate, and are received as expense offsets in this budget.)

Revenues are recommended to increase \$945,362 or 5% compared to the FY 2015-16 adopted budget. The increase is primarily driven by increases in State and Federal funding. The most notable increases are: revenue for claimable costs in the California Children's Services (CCS) program, totaling \$392,590 or 22% compared to the prior year; and Realignment revenue, which is recommended to increase \$267,416 or 8%. Environmental Health fee revenue is recommended to increase \$102,502 or 3% based actuals and the Board adopted fee schedule for FY 2016-17.

Service Level Impacts

The recommended budget generally maintains services at current levels, with the exception of the Program Manager added to this fund center from FC 166 – Behavioral Health to oversee implementation of the Public Health Electronic Health Record project, and the recommended budget augmentations shown below.

Position Allocation List (PAL) Changes

The FY 2016-17 recommended Position Allocation List (PAL) for the department includes a net increase of 9.50 FTE compared to the FY 2015-16 adopted PAL.

FY 2015-16 Mid-Year PAL Changes:

The following changes were made to more effectively provide laboratory and Public Health reception services.

- -1.00 FTE Laboratory Assistant II position
- -0.50 FTE Administrative Assistant III position
- +1.00 FTE Administrative Assistant III position
- +0.75 FTE Administrative Assistant I/II/III position
- -1.00 FTE Patient Services Representative position
- +1.00 FTE Supervising Administrative Clerk I position

FY 2016-17 PAL Changes:

- +1.00 FTE Program Manager II position moved to this fund center from FC 166 – Behavioral Health to oversee implementation of the Public Health Electronic Health Record project.
- +1.00 FTE Accounting Technician position per budget augmentation request below.
- -0.75 FTE Public Health Nurse position per budget augmentation request below.
- +4.00 FTE Public Health Nurse position per budget augmentation requests below.
- +1.00 FTE Administrative Services Officer position per budget augmentation request below.
- +1.00 FTE Program Manager I position per budget augmentation request below.
- +1.00 FTE Department Automation Specialist position per budget augmentation request below.
- +1.00 Health Education Specialist position per budget augmentation request below.

BOARD ADOPTED CHANGES

As a part of the Supplemental Budget document, the Board approved the following changes to the Position Allocation List for Public Health:

- Deleted a 0.75 FTE Licensed Vocational Nurse position and added a 0.75 FTE Licensed Psychiatric Technician/Licensed Vocational Nurse I/II/III position to the Position Allocation List to incorporate into the budget the creation of a new classification approved by the Board on April 19, 2016.
- Deleted a 0.75 FTE Communicable Disease Investigator and added a 1.00 FTE Communicable Disease Investigator, to incorporate changes approved by the Board April 19, 2016.

During budget hearings, the Board approved the allocation of \$50,000 of additional expense from General Fund Contingencies for mosquito surveillance, public outreach and education related to the Zika virus.

As a part of budget adoption on June 21, 2016, the Board took the following actions:

- Approved the revised classifications and set the salaries for Community Health Nurse I, Public Health Nurse I, Community Health Nurse II, Public Health Nurse II, Nurse Practitioner, Senior Public Health Nurse.

- Deleted 29.50 FTE Community Health Nurse/Public Health Nurse position and added a 29.50 FTE Community Health Nurse I/Public Health Nurse I/Community Health Nurse II/Public Health Nurse II position.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Results
<p>Gross Annual Cost: \$63,373</p> <p>Funding Source: \$30,000 State Office of Family Planning revenue \$33,373 General Fund</p>	<p>Add 1.00 FTE Accounting Technician position to assist with billing in Public Health's Family Services Division to free up a 1.00 FTE Administrative Assistant to augment clerical support at the Paso Robles Public Health site.</p>	<ol style="list-style-type: none"> Increase revenue collections by 10%, or approximately \$30,000 in the later half of FY 2016-17 and \$60,000 in FY 2017-18. By June 30, 2017, complete agreements with at least two large private insurers, and by June 30, 2018 with at least four private insurers. Increase by 5% the proportion of patients who opt for long-acting reversible contraception (LARC) among Paso clinic clients (baseline = 27%). Increase Chlamydia testing of women aged <24 from 83% (FY 2014-15) to 88%. Use time-study or qualitative survey results to determine that the frequency of use of nurse front desk coverage has been reduced to zero or near zero.
<p>Gross Annual Cost: \$26,303</p> <p>Funding Source: \$19,727 Maternal Child Health revenue \$6,576 General Fund</p>	<p>Delete 0.75 FTE Public Health Nurse position. Add 1.00 FTE Public Health Nurse position to expand prevention work on perinatal substance use in pregnancy. Efforts will focus on:</p> <ul style="list-style-type: none"> Live-born infants, born to this county's residents, whose mothers received prenatal care in the first trimester of pregnancy, and Women with post-partum depressive symptoms. 	<ol style="list-style-type: none"> By June 30, 2017, identify the barriers for late initiation of prenatal care for Latinas, 15-35 years, and non-Hispanic white women, ages 15-24 years. By December 31, 2017, increase by 10% the number of mothers who receive prenatal care in the first trimester of pregnancy. By June 30, 2017, assess the level of awareness of referral resources for women with perinatal mood and anxiety disorders (PMAD) among medical providers serving women of reproductive age. By June 30, 2017, develop and implement a PMAD community awareness campaign targeting women of reproductive age, 15-49. By December 31, 2017, decrease by 25% the number of women delivering a live birth who experience post-partum depressive symptoms. By December 31, 2017, increase awareness of referral resources for women with PMAD among medical providers serving women of reproductive age, 15-49 years.

<p>Gross Annual Cost: \$77,633</p> <p>Funding Source: General Fund</p>	<p>Add 1.00 FTE Administrative Service Officer (ASO) position to support staff to meet the human resource management needs of the Health Agency and free the Agency's human resources manager to focus on more strategic activities like increasing professional development opportunities for staff and working with the Center for Organizational Effectiveness for specific Health Agency trainings.</p>	<ol style="list-style-type: none"> 1. By the end of FY 2016-17, reduce the current time to hire from the job posting from 4.5 months to 4 months. 2. By the end of FY 2016-17, develop a certification tracking mechanism to ensure that staff meets professional certification. 3. By the end of FY 2016-17, ensure database is accurate in reporting assets like keys, fobs, and mobile devices. Research and correct any missing or inaccurate data. 4. By the end of FY 2016-17, explore cost savings possibilities by eliminating unused cellular data and cellphone accounts.
<p>Gross Annual Cost: \$100,014</p> <p>Funding Source: General Fund</p>	<p>Add 1.00 FTE Program Manager position to both lead and manage a Planning, Evaluation and Policy Unit and to serve as the Agency's lead and primary participant on the various County wide and growing Agency efforts to more effectively communicate with, educate and inform the public, employees, and key stakeholders and policy makers.</p>	<ol style="list-style-type: none"> 1. By the end of FY 2016-17, complete a Community Health Needs Assessment and Community Health Improvement Plan. 2. By the end of FY 2016-17, implement a comprehensive Performance Measurement and Management system for all Public Health programs to include specific goals, including indicators and targets for each. 3. Ensure quarterly meetings of the Quality Improvement (QI) Committee, consistent participation from each Division, selection of and staff training on a specific QI methodology (e.g., "Lean", "Plan Do Check Act", "Six Sigma"), and review of at least three QI projects annually. 4. By the end of FY 2016-17, complete a detailed multi-pronged communications plan, with segments that pertain to Health Promotion and Crisis & Emergency Risk Communications (CERC). 5. Manage and track a minimum of 30 media inquiries per year. 6. Grow social media followers by at least 30% annually (baseline = 1,780) 7. 100% of quarterly Public Health Bulletin editions, monthly Public Health Lab Messenger, quarterly Health Agency Employee Newsletters will be distributed on deadline, in accordance with set schedule included in the Communications Plan. 8. Maintain active participation in County Employee Engagement Committee and other communications efforts as measured by proportion of meetings attended and on-time deliverables.

<p>Gross Annual Cost: \$90,642</p> <p>Funding Source: General Fund</p>	<p>Add 1.00 FTE Department Automation Specialist (DAS) position to add a fourth member to the team that manages the Health Agency's IT environment which includes 45 servers, 600+ computers, and over 500 personnel in multiple locations around the county.</p>	<ol style="list-style-type: none"> 1. Reduce average response times and ability to rapidly resolve daily operational issues to 15 minutes. 2. Provide service desk coverage when staff are on vacation/sick or on breaks with minimal impact to the rest of the Health Agency IT support personnel. 3. Provide asset management on all computer related hardware within the Health Agency – perform regular hardware audits and provide easy reporting to management. 4. Adopt standard procedures for easy duplication of routine tasks – reduce duplication of effort and provide single cross trainable procedure. 5. Establish routine scheduled site visits to maximize resources and provide local support to staff. 6. Develop standard computer image for deployment of new operating systems via System Center Configuration Manager (SCCM) to reduce support differences. 7. Improve desktop security and reduce security related incidents by 15% within 3 years.
<p>Gross Annual Cost: \$315,830</p> <p>Funding Source: General Fund</p>	<p>Add 3.00 FTE Public Health Nursing positions to enhance capacity to avert poor birth outcomes and associated future public safety costs among high-risk families.</p>	<ol style="list-style-type: none"> 1. By June 30, 2017, increase by 50% the number of average daily clients enrolled in the Nurse-Family Partnership (NFP) program per daily average (baseline: 48 2015; target: 72 by FY 2016-17 end). 2. By June 30, 2017, increase by 150 the number of annual clients served (50 clients per additional Public Health Nurse FTE). 3. Support on-site (Denver) NFP training for at least one of the new positions. 4. By December 31, 2016, eliminate the wait list for Field Nursing service (often 20-50 unserved clients per day). 5. Decrease Child Welfare Services referrals by 20% (baseline: FY 2014-15 = 54).
<p>Gross Annual Cost: \$68,770</p> <p>Funding Source: General Fund</p>	<p>Add 1.00 FTE Health Education Specialist position to develop a fall prevention program for seniors due to the high rate of falls by seniors in our community.</p> <p>On average, emergency personnel respond to five calls per day from seniors who have fallen. Studies show that approximately 20% of older adults who fall and break a</p>	<ol style="list-style-type: none"> 1. By June 30, 2017, provide multi-session fall prevention classes to a minimum of 125 seniors residing in SLO County. 2. By June 30, 2017, provide a minimum of 25 in-home assessments for seniors at the highest risk of falling leading to loss of independent living or mortality. 3. By June 30, 2017, reduce by 5% the number of Emergency Medical Services calls for falls involving persons over the age of 60 (baseline = 1,634).

	hip die within one year, and many who survive are never fully functional again.	4. By June 30, 2018, reduce by 10% the number of Emergency Medical Services calls for falls involving persons over the age of 60.
--	---	---

GOALS AND PERFORMANCE MEASURES

Department Goal: Prevent epidemics and the spread of disease or injury.
Communitywide Result Link: Safe Healthy Livable Prosperous Well-Governed Community

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Department Goal: Promote and encourage healthy behaviors.

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

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
11.2	10.4	8.2	8.3	9.0	6.9	8.1

What: Measures the number of live-born infants born to San Luis Obispo County adolescent female residents who are 15 - 17 years old over a three year period. The calculation is derived by the number of live births to adolescent females in this age range over the last three years divided by the population of adolescent female residents in this age range over the last three years per 100,000.

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

How are we doing? During FY 2015-16, 29 females in the age range of 15 to 17 gave birth out of an estimated population of 4,437 females within that age range, compared to 38 out of 4,569 in FY 2014-15. The total population of females in the county is determined by the California Department of Finance population estimates and is updated every several years. Total live births of 15-17 year old County residents for the previous two years and FY 2015-16 is 92.

Per the Centers for Disease Control and Prevention 2013 Youth Risk Behavior Surveillance, nationwide data indicates that birth rates among females in this age range are declining largely because more youth are using contraception, youth appear to be delaying sexual intercourse, and access to no cost, youth-friendly family planning services through Family PACT (Planning, Access, Care and Treatment) Program has increased.

Given current historical data and an estimated number of 38 births in FY 2016-17, the target rate for FY 2016-17 will remain at 8.1, (109 births over the three years based on a total three year population of 13,443).

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

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
5.4%	5.5%	5.8%	6.2%	5.7%	6.1%	6.0%

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

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

How are we doing? The rate for low birth weight (LBW) babies born over the past three fiscal years was 6.1% (484 LBW babies divided by total live births of 7,891). The three-year average rate has remained relatively consistent in recent years and the percentage change is not statistically significant. The LBW average for the nation is 8% according to the Centers for Disease Control and Prevention. The low rate in San Luis Obispo County may be attributed in part to multiple preventative Public Health programs, including First-Time Mothers/Early Support program (nurse home-visiting), Baby's First Breath (tobacco cessation), Women, Infants and Children (WIC) program and the Perinatal Substance Use program (4 P's program – Past Parents Partner and Pregnancy), all of which are aimed at reducing the rate of low birth weight infants and improving birth outcomes. Emphasis is placed on increasing outreach, education and referral to reduce known risk factors such as teen pregnancy, poor nutrition, tobacco, alcohol and/or other drug use and late entrance into prenatal care.

Given the historical data and current results, the FY 2016-17 target rate is expected to remain at 6.0% based on 484 LBW babies divided by total live births of 8,095. This projection is based on a three year average and is heavily weighted by the previous two years, which have been at 5.9% and 6.1% respectively.

Benchmark Data: The latest version of the California Department of Public Health's County Health Status Profiles (2016 Edition) contains a three year average of low birth weight babies for each county. California had a three year average of 6.7% of low birth rate babies for the period of 2012-2014. For the same period, San Luis Obispo County ranked 12th out of 58 counties with a low birth rate percentage of 5.9%. Source: California Department of Public Health County Health Status Profiles 2015. <http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2015.pdf>

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
82%	80%	79%	79%	80%	80%	81%

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

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

How are we doing? During FY 2015-16, 80% of mothers (2,140 mothers out of a total of 2,676) sought prenatal care in their first trimester, compared to 79% (2,052 mothers out of a total of 2,588) during FY 2014-15. In addition to having a relatively educated and engaged population, our county's rate of women receiving early prenatal care can be attributed in part to some of the preventive Public Health programs. In particular, the Family Planning program identifies women early in their pregnancies and provides immediate counseling and referral into prenatal care, as do other Public Health programs such as Women, Infants and Children, Comprehensive Perinatal Services Program, and Field Nurse home-visiting programs. Additionally, many at-risk mothers participating in Public Health programs develop trusting relationships with Public Health staff, such that they continue to seek prenatal care with future pregnancies. The department's near term goal is to incrementally increase our target rate to equal the state average of 83.5%.

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

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

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
99%	99%	95%	91%	96%	86%	83%

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

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

How are we doing? During FY 2015-16, the average number of women, infants and children participating in the WIC program was 4,107 per month, or 86.1%, compared to 4,530 per month, or 91%, during FY 2014-15. The State allocated caseload was recently decreased in FY 2015-16 from 4,975 to 4,700. It is important to note that a reduction of prenatal enrollments has been cumulative over time reflecting an overall decrease in not only women, but also infants and children participating in the program.

The State WIC program mandates that local agencies serve 100% of their allocated caseload. However, due to below normal caseloads being reported statewide, it is unclear at this time how the State WIC program will address statewide caseload deficits. It should be noted that San Luis Obispo County caseload trends are similar to benchmark counties and the State WIC program as a whole in the percentage of caseloads served under the WIC program. For example, San Luis Obispo County caseload has decreased 5.5% as of October 2015 compared to caseload decreases of 5.8% in Monterey County, 12.2% in Marin County, and 4% in Santa Barbara County for the same period. Reasons for decreased caseloads can be attributed to relatively new policies that restrict local agencies from mailing food coupons to families regardless of transportation barriers and non-compliance with appointment attendance which results in food coupons not being

issued to those clients who do not attend. There is a direct correlation between these reasons and the declining rate, as the number of food coupons issued each month determines the caseload rate. In addition, there has been a drop in birth rates in the WIC eligible population. WIC staff are making attempts to increase caseload through marketing efforts and increasing presence at local obstetrician offices, and Dignity Health and CHC clinic sites.

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

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

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
13%	Biennial Survey	10%	Biennial Survey	10%	7%	Delete

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

Why: Among young people, the short-term health consequences of smoking include respiratory illness, addiction to nicotine, and the associated risk of abusing alcohol and/or drugs. Most young people who smoke regularly continue to smoke throughout adulthood. According to the 2013 National Survey on Drug Use and Health, the rate of illicit drug use was almost nine times higher among youths aged 12 - 17 who smoked cigarettes in the past month (53.9%) than it was among youths who did not smoke cigarettes in the past month (6.1%).

How are we doing? The 2015-16 California Healthy Kids Survey reports only 7% of San Luis Obispo County 11th graders smoked a cigarette in the last 30 days. This is below the projected rate of 10%. It should be noted that the reason for the decrease is likely correlated to the increased use in electronic cigarettes. This was the first year that the use of electronic cigarettes was measured in the survey and 14% of 11th graders reported using an electronic cigarette in the last 30 days. This is a significant finding and is being mirrored in counties across the state and nation.

This performance measure will be eliminated in FY 2016-17 due to the lack of available comparison data and limited participation in the survey.

Benchmark Data: None available. Due to continued financial restrictions, many school districts no longer participate in the California Healthy Kids Survey. Effective 2013, WestEd, who administers the California Healthy Kids Survey, no longer publishes county reports making benchmark data no longer available.

Department Goal: Protect against environmental hazards.

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

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
95.4%	94.8%	95%	97%	96%	97%	96%

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

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 2015-16, 97% (1,792 out of 1,855) of the routine water samples were in compliance with the drinking water standards, compared to 97% (1,849 out of 1,908) during FY 2014-15. When a sample fails, the water system operator is notified immediately and instructed on how to resolve the problem. Follow-up samples are taken until the small water system passes. Overall, compliance rates have remained relatively stable.

Given the historical data and current results, the FY 2016-17 target rate will remain at 96% (1,835 in compliance out of a total of 1,912).

Benchmark Data: None available, as the State does not require counties to report this information.

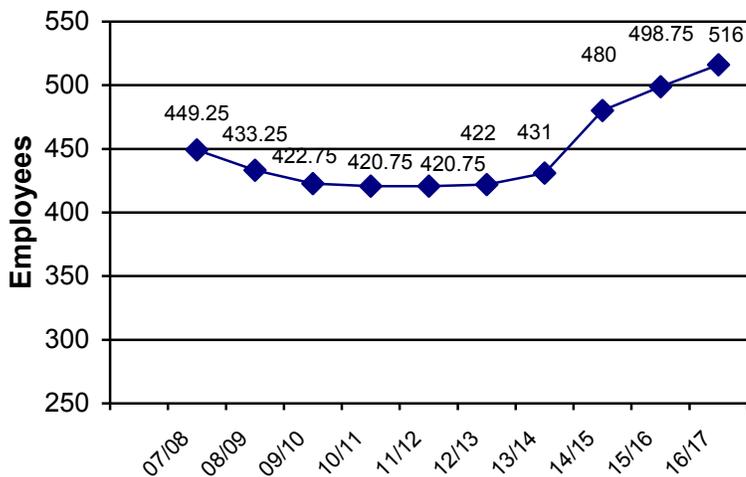
<p>Department Goal: Promote accessible, appropriate and responsive health services to all members of the community.</p> <p>Communitywide Result Link: <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community</p>						
<p>9. Performance Measure: Percentage of pregnant and parenting women with a positive drug and/or alcohol screen or admitted substance abuse who are enrolled in Public Health Nursing Case Management Services and receiving follow-up.</p>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
59%	51%	50%	66%	63%	49%	65%
<p>What: Measures the percentage of pregnant and parenting women who are referred to our County's Public Health Nursing case management services due to a positive drug and/or alcohol screen or who admitted substance abuse and subsequently enroll in Public Health Nursing Case Management programs. The calculation is derived by the number of referrals to the program resulting in enrollment divided by the total number of referrals received.</p> <p>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.</p> <p>How are we doing? During FY 2015-16, Public Health Nursing received 130 referrals for pregnant or parenting women with a positive drug and/or alcohol screen or admitted substance abuse. Of those 130 referrals, 63 clients were enrolled into the program, nine remained on a wait list and 60 did not enroll. Of the 58 clients not enrolled in services, 26 refused or declined services, two clients did not qualify for the program, and 28 could not be located, one moved out of the county, and one pregnancy was terminated. These low-income, high-risk pregnant women and new mothers are frequently homeless, mistrustful of agencies and present a challenge to enroll in and retain in services. Comparatively, during FY 2014-15 Public Health Nursing received 116 referrals for pregnant or parenting women with a positive drug and/or alcohol screen or admitted substance abuse. Of those 116 referrals, 76 clients or 66% were enrolled into the program and two remained on a wait list.</p> <p>Referrals to the program have increased possibly due to increased marketing and community outreach efforts, increased self-reporting of drug use, and partnerships with local referring agencies. In the first half of FY 2015-16 roughly half of the program's nursing positions were vacant, and during the second half of the year the program still had a 25% vacancy rate. The department will make every effort to fill vacancies and increase enrollments in the program.</p> <p>The FY 2016-17 adopted budget includes 3.00 FTE Public Health Nurses to augment the Public Health Nursing Case Management Program (Field Nursing). We expect the addition of these positions to increase the FY 2016-17 target rate, as it will allow for clients to be removed from the wait list. Given the historical data, current results, and the addition of future staff, we propose the FY 2016-17 target rate be adjusted to 65% (119 enrollments out of 184 referrals).</p> <p>Benchmark Data: None available.</p>						

MISSION STATEMENT

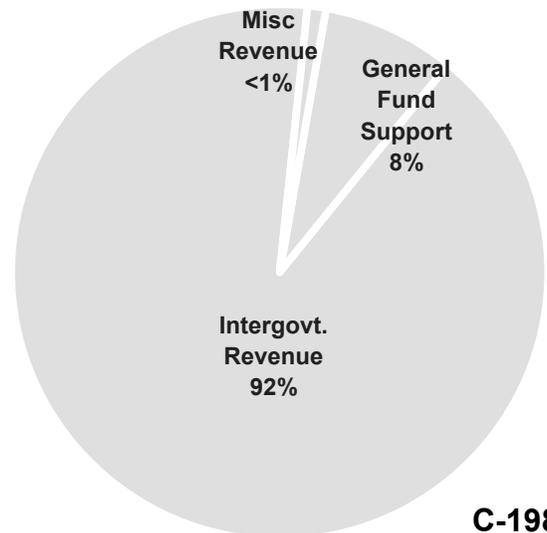
We partner with the community to enhance self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County.

	2014-15	2015-16	2016-17	2016-17	2016-17
Financial Summary	Actual	Actual	Requested	Recommended	Adopted
Intergovernmental Revenue	\$ 62,497,779	\$ 66,927,165	\$ 68,563,904	\$ 70,294,458	\$ 70,294,458
Charges for Current Services	17,755	18,350	23,200	23,200	23,200
Other Revenues	153,806	36,992	6,023	6,023	6,023
Other Financing Sources	231,829	18,256	7,300	7,300	7,300
Interfund	0	89,605	0	0	0
**Total Revenue	\$ 62,901,169	\$ 67,090,368	\$ 68,600,427	\$ 70,330,981	\$ 70,330,981
Salary and Benefits	42,290,176	45,003,696	46,978,114	47,909,274	47,909,274
Services and Supplies	15,237,682	16,293,864	18,668,457	17,601,263	17,601,263
Other Charges	10,362,024	10,143,628	10,553,458	10,553,458	10,553,458
Fixed Assets	54,228	34,525	257,500	257,500	257,500
**Gross Expenditures	\$ 67,944,110	\$ 71,475,713	\$ 76,457,529	\$ 76,321,495	\$ 76,321,495
Less Intrafund Transfers	50,194	51,677	65,309	65,309	65,309
**Net Expenditures	\$ 67,893,916	\$ 71,424,036	\$ 76,392,220	\$ 76,256,186	\$ 76,256,186
General Fund Support (G.F.S.)	<u>\$ 4,992,747</u>	<u>\$ 4,333,668</u>	<u>\$ 7,791,793</u>	<u>\$ 5,925,205</u>	<u>\$ 5,925,205</u>

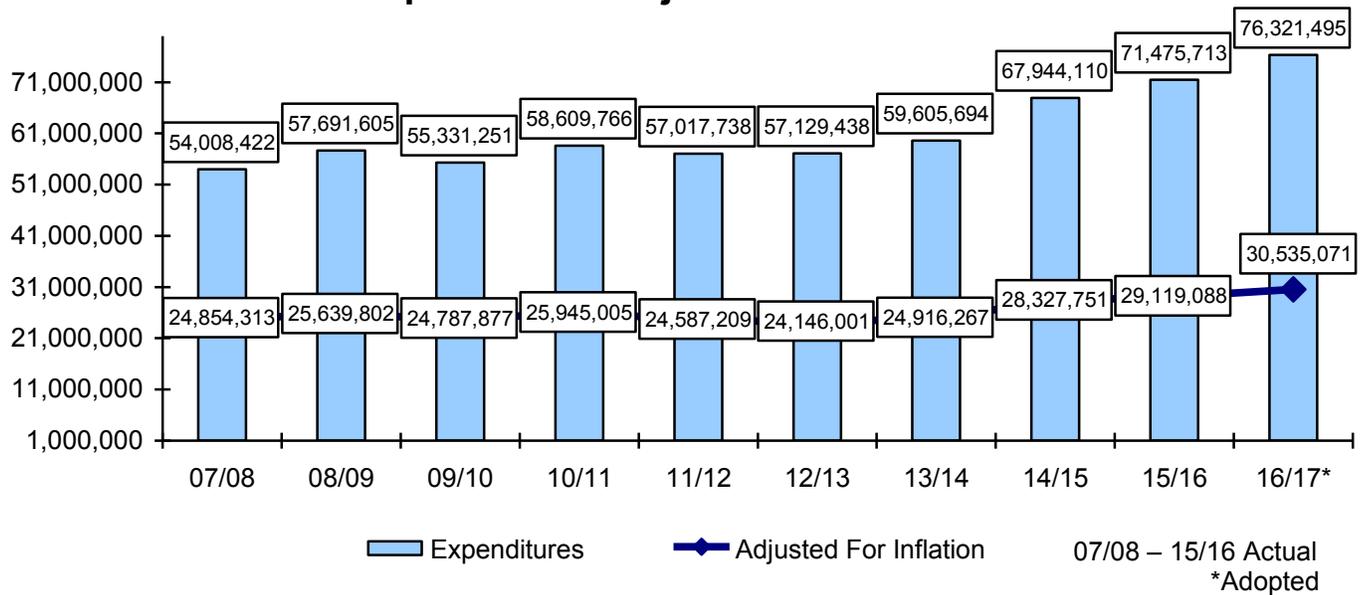
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

The Department of Social Services has a total expenditure level of \$76,321,495 and a total staffing level of 516.00 FTE to provide the following services:

Adult Services

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

Total Expenditures: \$10,378,653 Total Staffing (FTE): 45.00

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 CalFresh assistance helps stretch the household’s budget and combat the increasingly expensive cost of living in our county. CalFresh program eligibility is based upon the application of Federal and State regulations.

Total Expenditures: \$9,065,970 Total Staffing: 66.00

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: \$16,441,578 Total Staffing: 127.00

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: \$14,020,505 Total Staffing: 113.00

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: 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: \$15,569,042 Total Staffing: 120.00

Other Programs

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

Total Expenditures: \$8,047,289 Total Staffing: 38.00

Workforce Investment and Opportunity Act (WIOA)

The Workforce Investment Act (WIOA) 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 WIOA. In this capacity, the department receives the WIOA 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: \$2,447,414 Total Staffing: 4.25

*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 new, mandated programs and a continuing caseload that has risen by 79% (representing an increase of 18,877 cases) in the last five years and continues to increase. One of main drivers for the caseload increase over the last five years is a 153% increase in Medi-Cal caseloads (from 10,962 to 27,765 cases).

Following are some of the department's notable accomplishments for FY 2015-16 and specific objectives for FY 2016-17:

FY 2015-16 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 in 62% of the measures, including these key indicators:
 - Timely Response in Immediate Response situations is 11.3% higher
 - Timely Response in "10-Day" (less immediate) situations is 23.7% higher
 - Placement with relatives upon entry into foster care is 21.2% higher
 - Placement in group homes upon entry is 91.3% lower
 - Rate of monthly visits to children placed outside their home is 3.4% higher
- Working with contractors, placed nearly all 50 of the most vulnerable homeless individuals into permanent housing identified for the 50 Now program, far exceeding the goal established for the program in Year 2.
- Placed over 125 homeless, low-income families into permanent housing through the CalWORKs Housing Support Program (HSP).
- Met all requirements under the Workforce Investment and Opportunity Act (WIOA), and exceeded the requirements in six of nine measures.
- Implemented the Structured Decision Making tool in Adult Protective Services and assumed responsibility for after-hours calls, and service delivery has improved as a result.

FY 2016-17 Objectives

- Coordinate effectively with the County's Health Agency in implementing the Continuum of Care Reform legislation, bringing high-risk foster children back to the County from their current placements in Group Homes, by expanding the scope of intensive therapeutic services at the community level. By December 31, 2016, at least 10 children will be moved from Group Homes to community-based homes. By June 30, 2017, at least 20 children will have been moved.
- Surpass State averages in at least 75% of performance measures related to Child Welfare Services (CWS).
- Achieve and maintain compliance with processing requirements in the Medi-Cal and In-Home Supportive Services (IHSS) programs, in which the County has fallen short in the last two years.
- Meet all goals in the 50Now and Housing Support Programs.
- Advocate for passage of AB 2254 which would make the Atascadero armory available for temporary shelter for homeless persons from October 15 through April 15 every year.
- Meet or exceed all Federal requirements under the Workforce Investment and Opportunity Act (WIOA).

- 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

Financial Summary

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 increase almost \$1.7 million or 26% compared to FY 2015-16 adopted levels. The level of General Fund support for this fund center is recommended to increase \$1.6 million or 37% compared to FY 2015-16 adopted levels. Revenues are recommended to increase \$3.2 million or 4% and total expenses are recommended to increase \$4.8 million or 6% compared to FY 2015-16 adopted levels.

Legislative changes in recent years have significantly impacted the department's budget and operations. The department continued to see changes in FY 2015-16 with the implementation of changes to Child Welfare Services (CWS) due to AB 403, Continuum of Care Reform, and to the In-Home Support Service Program (IHSS). Continuum of Care Reform is focused on moving children placed in group homes into home settings, with implementation beginning in FY 2016-17. Effective February 2, 2016, IHSS caregivers must be compensated overtime and for travel and waiting time for medical appointments. In addition to legislative changes, the department's Participant Services Division, which manages public assistance caseloads in the CalWORKs, CalFresh, and Medi-Cal programs as well as other programs such as the Housing Support Program, saw a 12% growth in caseload in FY 2015-16 compared to FY 2014-15 (from 35,685 to 40,209 cases). The department was also awarded \$187,472 for a new optional Commercially Sexually Exploited Children (CSEC) program and additional funding (\$1.6 million compared to \$1 million in FY 2015-16) to implement the CalWORKs Housing Support Program (HSP), which provides housing to homeless CalWORKs participants.

In recognition of the legislative changes made to social services programs, caseload growth, and new grant funds received, the Board approved the following positions mid-year:

- On December 15, 2015, the Board approved the addition of 6.00 FTE to implement IHSS program changes, 7.00 FTE to manage additional caseload in the Participant Services Division, and replaced a 0.75 FTE Social Worker with a 1.00 FTE Social Worker.
- On February 23, 2016, the Board approved the addition of 2.00 FTE for implementation of Continuum of Care Reform and 2.00 FTE for the new CSEC program.

The significant increase in revenue is due largely to increased State allocations to support the previously mentioned expanded responsibility the department has in the CWS and IHSS programs, as well as an increased caseload in the Medi-Cal program and expanded implementation of the CalWORKs HSP grant program. State Welfare Administration revenue, which includes Medi-Cal for continuing Affordable Care Act administration and other revenue for social services programs, is increasing \$3.4 million or 13% and Workforce Investment and Opportunity Act (WIOA) revenue is increasing \$414,187 or 20%. However, 1991 Realignment revenue from vehicle license fees (VLF) to the department is budgeted to decrease \$1.4 million or 82% under FY 2015-16 adopted levels, and realignment revenue from sales tax is budgeted to increase \$570,243 or 22% (a \$850,565 or 20% difference overall) due in part to the unraveling of AB 85. This unraveling undid the State's swap of VLF revenue for sales tax revenue between the Social Services and Health subaccounts. Per direction from the State, the swap was neutral and there was no net impact to 1991 realignment overall to counties. The department determined that the \$850,565 overall decrease in FY 2016-17 VLF and sales tax revenue from 1991 realignment is a result of FY 2015-16 coming in lower than what was budgeted for the fiscal year. Consistent with prior years, the department will transfer a portion of 1991 Realignment revenue to other departments including Probation and Public Health, to pay for services that those departments provide to Social Service clients. The department also allocates a portion of its 1991 Realignment revenue to FC 181- Foster Care and Adoptions to cover the County share of cost for Foster Care and Adoptions. The amount allocated to FC 181 is increasing by 9% compared to FY 2015-16 adopted levels.

Salaries and benefits are recommended to increase almost \$2.3 million or 5% compared to FY 2015-16 adopted levels and includes funding for 516.00 FTE currently allocated positions with a 1.25% vacancy rate. The increase over FY 2015-16 adopted levels is largely driven by the mid-year additions of 17.25 FTE in support of legislative changes and added responsibilities to the programs that the department administers and additional overtime based on prior actual expenses.

Services and supplies are recommended to increase by \$820,589 or 4% compared to FY 2015-16 adopted levels. Notable increases include: 1) an increase in IHSS costs by \$280,785 or 6% and associated Public Authority costs by \$422,522 or 754% discussed in more detail below, 2) a decrease in equipment by -\$239,450 or 33%, and 3) an increase in countywide overhead costs by \$396,826 or 13%. Other accounts vary by smaller amounts.

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. On October 27, 2015, the Board approved a resolution authorizing a FY 2015-16 and FY 2016-17 Memorandum of Understanding (MOU) between the IHSS Public Authority Governing Board and the United Domestic Services Workers of America. The result was an increase to IHSS caregiver wages in FY 2015-16 by \$0.40 per hour, from \$11.05 to \$11.45 per hour, and another \$0.40 per hour increase in FY 2016-17, to \$11.85 per hour. Additionally, while Health benefits under the Public Authority were discontinued effective January 2014 due to the implementation of the Affordable Care Act (ACA), the MOU authorized a \$0.20 per hour contribution to the Union Health Trust Fund to fund a dental and vision plan for all eligible IHSS providers. In FY 2016-17, the County's share of IHSS costs related to the MOE are increasing by \$280,785, compared to the FY 2015-16 adopted levels.

Other charges, which consist mostly of contracted services for clients, are recommended to increase by \$1.6 million or 17% compared to FY 2015-16 adopted levels driven primarily by: an increase of \$592,000 or 129% for Emergency shelter beds for temporary placement of minors removed from their homes whose needs cannot be met in traditional foster homes, \$522,668 or 60% increase for CalWORKs Housing Support Program services based on additional grant funds received from the State, \$274,202 or 72% increase for expanded subsidized employment for CalWORKs participants due to additional funds received in FY 2015-16, and \$210,000 or 14% increase for CalWORKs funded childcare. Other contracts vary by smaller amounts.

Fixed assets are recommended to increase \$167,800 or 187% compared to FY 2015-16 adopted levels and includes funding for replacement and new copiers, replacement file servers, scanners, and other small purchases.

Service Level Impacts

The department's budget provides funds to continue operating its programs in FY 2016-17, with no new services requested.

Position Allocation List (PAL) Changes

The FY 2016-17 recommended PAL for the department includes a net increase of 17.25 FTE positions compared to the FY 2015-16 adopted PAL, due to positions added mid-year in FY 2015-16. This brought the department's number of authorized positions to 516.00 FTE.

FY 2015-16 Mid-Year PAL Changes

On November 24, 2015, the Board approved the following change to the department's PAL:

- -1.00 FTE Software Engineer I/II/III
- +1.00 FTE Senior Software Engineer

On December 15, 2015, the Board approved the following changes to the department's PAL:

- +2.00 FTE Social Worker I/II/III
- -0.75 FTE Social Worker I/II/III
- +1.00 FTE Administrative Assistant I/II/III
- +3.00 FTE Personal Care Aide
- +1.00 FTE Social Services Program Review Specialist

- +6.00 FTE Employment Resource Specialist I/II/III
- +1.00 FTE Employment Resource Specialist IV

On February 23, 2016, the Board approved the following changes to the department's PAL:

- +3.00 FTE Social Worker I/II/III
- +1.00 FTE Social Services Program Review Specialist

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

None requested.

GOALS AND PERFORMANCE MEASURES

Department Goal: To provide for the safety, permanence and well-being of children.						
Communitywide Result Link: <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Livable <input type="checkbox"/> Prosperous <input type="checkbox"/> Well-Governed Community						
1. Performance Measure: Percentage of children reentering foster care within 12 months of being reunified with their families. <i>(This measure is being deleted in FY 2016-17)</i>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
13.3%	17.3%	18.9%	15.2%	10%	25.8%	deleted
What: This performance measure tracks the percentage of children who must return to foster care after being returned to their families, if the reentry occurs within 12 months of the return.						
Why: Both safety and stability are important to the well-being of children. One of the goals of Child Welfare is to create permanency in the lives of children and the families to which they belong; if children are removed from their parents, later reunified and then removed a subsequent time, they may suffer emotional harm. The goal of Child Welfare is to create stability, and a higher rate suggests instability.						
How are we doing? The County is above the State average of 11.5% by 14.3 percentage points based on data through third quarter of FY 2015-16. Actual FY 2015-16 results of 25.8% reflect the yearly average from July 2015 through March 2016. Our goal in the current year was ambitious, and an increasingly challenging caseload in our Child Welfare Services program put this goal out of our reach.						
We are deleting this measure in FY 2016-17 because it is being replaced with a measure that expresses the information as the percentage of children who do <i>not</i> reenter care, based on a different methodology.						
2. Performance Measure: Percentage of children who do <u>not</u> reenter foster care within 12 months of being reunified with their families. <i>(This measure is being added in FY 2016-17)</i>						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
78%	83%	91%	77%	New Measure	76%	92%
What: This performance measure tracks the percentage of children who do not reenter foster care within 12 months after being returned to their families. Beginning a few years ago, the State adopted a different methodology to calculate this so it does not directly coincide with performance measure #1, which is being deleted. Of about 90 children included in this measure every quarter, approximately 76 remain with their families, rather than reentering foster care due to subsequent abuse or neglect.						
Why: Both safety and stability are important to the well-being of children. One of the goals of Child Welfare is to create permanency in the lives of children and the families to which they belong; if children are removed from their parents, later reunified and then removed a subsequent time, they may suffer emotional harm. According to a study cited in the Journal of Child and Adolescent Psychiatric Nursing, "Most children in foster care, if not all, experience feelings of confusion, fear, apprehension of the unknown, loss, sadness, anxiety, and stress. Such feelings and experiences must be addressed and treated early to prevent or decrease poor developmental and mental health outcomes that ultimately affect a child's educational experience and the quality of adulthood." (Bruskas, D. (2008), Children in Foster Care: A Vulnerable Population at Risk. The goal of Child Welfare is to create stability, and a higher rate of success in keeping children reunified with their families suggests stability.						

How are we doing? The County's FY 2015-16 actual results of 76% did not meet the Federal target of 92%. In FY 2014-15, 77% (61 of 79) did not reenter foster care within 12 months of being reunified with family. Through third quarter of FY 2015-16, 76% (44 of 58) have not reentered foster care within 12 months of reunification. As stated above, an increasingly challenging caseload in our Child Welfare Services program has made it difficult to achieve this goal.

**3. Performance Measure: Percentage of child abuse/neglect referrals where a response is required within 10 days that were responded to timely.
(This measure is being deleted in FY 2016-17)**

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
98%	98%	96%	97%	98%	97%	deleted

What: Child Welfare referrals may warrant either an "Immediate" response or a "10-day" response, depending on the severity of the allegation. The department has performed consistently well on its Immediate Responses, but seeks to improve its responsiveness on 10-day referrals. The County responds to approximately 1,400 "10-day" responses in a year.

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

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

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

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

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

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

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

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

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

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

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

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

How are we doing? The County's FY 2015-16 actual results (52%) are above the State average (50%) by two percentage points. Actual FY 2015-16 results reflect a yearly average based on data through the third quarter of FY 2015-16. Actual results are sixteen percentage points below target, however, results have risen two percentage points from data reported in first quarter of FY 2015-16. Several factors impact this measure, including severity of abuse and the nature of sibling relationships. Our department's practice in "Team Decision Making" and "Family Group Conferencing," as well as our County's higher than average rate of placements into relatives' homes; all support the opportunity for siblings to be placed together.

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

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

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

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
24%	33%	43%	16%	45%	20%	deleted

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? The FY 2015-16 actual results of 20% are below the adopted target of 45% by twenty-five percentage points, however, this reflects an increase of 4% over actuals for FY 2014-15 (16%). Actual FY 2015-16 results reflect a yearly average based on data through May 2016. Although the department advocates on behalf of SSI applicants, not all clients are eligible, resulting in the possible unavailability of recoupment to the County at any given time. A reduction in results may indicate that the Social Security Administration is processing eligibility notifications and awarding SSI payments in a timely manner to the applicants. This would result in less General Assistance being paid out by the County and consequently fewer recoupments. State or comparable county data is not available.

We are deleting this measure in FY 2016-17 because we are replacing it with a measure that better evaluates our performance in securing benefits for disabled individuals under the department's SSI Advocacy program. This current measure is an indicator that the department has little control over.

7. Performance Measure: Percentage of Social Security Income (SSI) approvals that occurred within one year after disabled individuals began receiving assistance in applying for these benefits.

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
New Measure	New Measure	New Measure	59%	New Measure	55%	63%

What: This performance measure tracks the percentage of Supplemental Security Income (SSI) approvals that occurred within one year after disabled individuals have been approved for General Assistance and began receiving assistance from the County's "Benefits ARCH" program. The Benefits ARCH program provides disabled applicants with one-on-one assistance from Employment Resource Specialists in applying for federal SSI benefits, a process that can be particularly difficult to navigate—especially for those with physical or mental disabilities. The Employment Resource Specialists assist in gathering all necessary information and forms, and packages the forms in a manner that facilitates expedited consideration by employees of the Social Security Administration.

Why: One of our department's goals is to help individuals achieve self-sufficiency. Navigating the SSI application process is difficult and especially difficult for those with health issues. The Benefits Arch program is designed so that staff can help disabled General Assistance participants through the SSI application process, with the goal of helping more participants make it through the approval process for SSI and also to minimize the time from application to approval. The end result is a steady monthly income for disabled participants, eliminating their need for General Assistance, thus saving County General Fund support.

How are we doing? The County's FY 2015-16 actual results of 55% (39 of 71) reflect a yearly average based on data through fourth quarter of FY 2015-16. At this time, we have no historical data prior to FY 2014-15 to which we can compare our performance. In FY 2014-15, a total of 59% (31 of 53) of SSI approvals occurred within one year after the individuals assisted began receiving assistance in applying for benefits. Our goal is that each year a greater percent of the SSI approvals will occur within one year of the date the individual began receiving our assistance.

**8. Performance Measure: Average Medi-Cal cases per case manager (reflects average of the intake and continuing caseloads).
(This measure is being deleted in FY 2016-17)**

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
223.25 cases	210 cases	216 cases	328 cases	225 cases	361 cases	deleted

What: Caseload size can be a benchmark of efficiency and effectiveness.

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

How are we doing? We are above the adopted target by 136 cases or 60% through the third quarter of FY 2015-16. Fluctuations in actual results are due to changes in staffing levels during the year, as well as the implementation of the Affordable Care Act. State or comparable county data is not available.

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

**9. Performance Measure: The number of cases per Social Worker in Child Welfare Services (CWS).
(This measure is being deleted in FY 2016-17)**

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

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

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

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

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

**10. Performance Measure: Timely face to face contacts with children in Foster Care.
(This measure is being added in FY 2016-17)**

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

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

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

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

**11. Performance Measure: Timeliness of Medi-Cal approvals.
(This measure is being added in FY 2016-17)**

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

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

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

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

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

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

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

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

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

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

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

How are we doing? This performance measure previously referred to the Temporary Assistance for Needy Families (TANF) Work Participation Rate. The Federal Deficit Reduction Act changed the requirements, the calculations and the targets, and the transition to the new methodology has been a challenge. The State has changed the process of their system and is utilizing the “E2Lite” system for retrieving data. Additional focus on this activity has resulted in early increases in the rate, but the County clearly needs to continue that improvement. Data for this measure, including State and comparable county information, has been unavailable from the State since September 2010. It is uncertain when the State will have updated information available regarding this statistic.

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

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

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

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

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

How are we doing? The County's FY 2015-16 actual results of 36.7% are above target and the State average by approximately four percentage points each. San Luis Obispo County maintains a focus both on employment and on eliminating barriers to employment. Since the implementation of CalWORKs, the County has combined the eligibility and employment services functions into a single classification, contrary to the separation of responsibilities that is practiced in many other counties. This has helped the County's staff remain focused on self-sufficiency. Actual results reflect the yearly average through first quarter of FY 2015-16.

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

**14. Performance Measure: Percentage of CalWORKs participant families who are able to leave the CalWORKs public assistance program due to increased earned income.
(This measure is being added in FY 2016-17)**

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
New Measure	New Measure	10%	13%	New Measure	14%	18%

What: This performance measure tracks the percentage of CalWORKs families who have left the program due to the household having increased earned income.

Why: One of our department's goals is to help individuals achieve self-sufficiency. Through the Welfare-to-Work program, staff provides training and assistance to help families find and keep jobs that allow them to become self-sufficient and therefore no longer in need of cash assistance. While families may leave the program for other reasons, including having their children reach adulthood or moving away from the County, the primary goal for families is to achieve economic stability that enables them to discontinue their reliance on cash assistance.

How are we doing? The County's FY 2015-16 actual results of 14% reflect a yearly average based on data through the end of FY 2015-16. Although actual results for FY 2015-16 are below the FY 2016-17 target of 18% by four percentage points, the data reflects a trend of consistent increase over the last three fiscal years. Actual results from the past three fiscal years indicate that economic self-sufficiency has been the reason for discontinuing cash aid in a relatively small percentage of cases (between 10% (128 of 1,272) in FY 2013-14 to 13% (253 of 1,952) in FY 2014-15 to 14% (279 of 2,016) in FY 2015-16). Our goal is that each year a greater percentage of households will be able to be discontinued from CalWORKs due to increased earned income. There is no comparable county or state data for this measure.

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

**15. Performance Measure: Average IHSS cases per Social Worker.
(This measure is being deleted in FY 2016-17)**

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
134 cases	149 cases	136 cases	140 cases	150 cases	112 cases	deleted

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

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

How are we doing? The County is below the FY 2015-16 adopted target by 38.5 cases or 26% through third quarter of FY 2015-16. Data for State and comparable counties is not available. New assessment and documentation requirements, coupled with increases in the number of severely impaired program participants, can result in additional workload for staff. Rising caseloads per worker can threaten the accuracy and efficiency of program operations, however the actual results did not exceed the adopted target for FY 2015-16, which was 150 cases.

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

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

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
91%	87%	84%	82%	95%	97%	95%

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 County's FY 2015-16 actual results of 97% (where 195 of 202 did not have another substantiated report within a 12-month period) are above target by two percentage points. Actual results reflect a yearly average based on data through the end of FY 2015-16. State or comparable county data is not available.

**17. Performance Measure: Percent of timely Adult Protective Services (APS) face to face responses.
(This measure is being added in FY 2016-17)**

11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
New Measure	New Measure	New Measure	77%	New Measure	81%	85%

What: This performance measure tracks the percentage of APS face to face responses that are completed within the mandated timeframe. Reports may be classified as "immediate," requiring a response within 24 hours, or as not immediate, requiring an in-person response within 10 days.

Why: Responding timely to reports of adult abuse or neglect is necessary to provide for the safety of disabled adults and seniors. In FY 2015-16, the County implemented a Structured Decision Making instrument—similar to one utilized for many years in the Child Welfare Services program—to assess risk and direct response. A delay in response—especially when the threat is severe—could result in permanent injury, loss of finances or even death to the alleged victim.

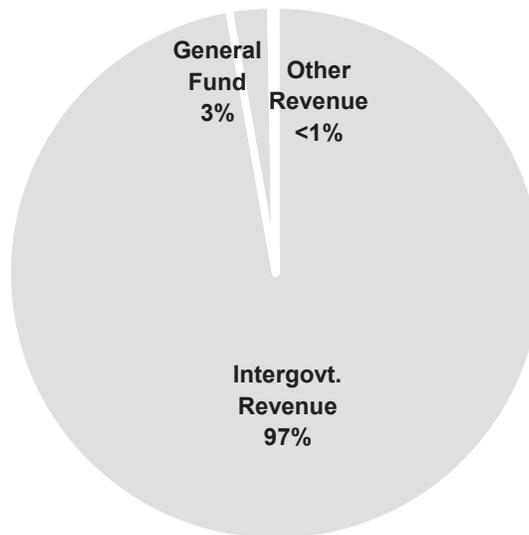
How are we doing? The County's FY 2015-16 actual results of 81% reflect a yearly average based on data through the end of FY 2015-16. The data reflects an increase and improvement from FY 2014-15. In FY 2014-15, 77% (314 of 408) were responded to within the mandated timeframe compared to FY 2015-16, where 81% (474 of 587) were responded to within the mandated time frame. Our goal is that each year a greater percentage of our responses will be done within the mandated time frame. There is no comparable county or state data. The number of reports investigated by the department has been rising: In FY 2012-13, the department investigated 888 reports that alleged abuse, neglect or exploitation of an elderly or dependent adult. That number climbed to 972 reports in FY 2013-14, and 1,380 reports in FY 2014-15.

PURPOSE STATEMENT

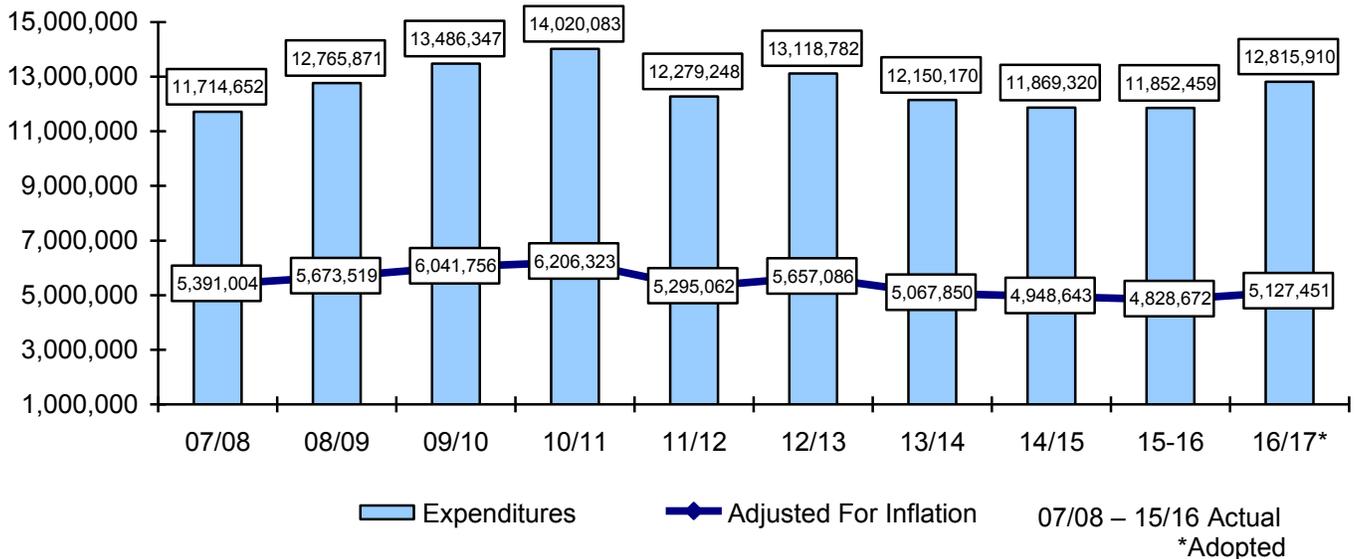
CalWORKs provides temporary cash assistance and welfare-to-work employment training programs. In partnership with the community, CalWORKs enhances self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County. Funding for CalWORKs comes primarily from State and Federal revenue, and staffing for the program is reflected in Fund Center 180 – Social Services.

	2014-15	2015-16	2016-17	2016-17	2016-17
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 11,537,104	\$ 11,495,703	\$ 12,468,141	\$ 12,468,141	\$ 12,468,141
Other Revenues	32,751	33,427	30,000	30,000	30,000
**Total Revenue	\$ 11,569,855	\$ 11,529,130	\$ 12,498,141	\$ 12,498,141	\$ 12,498,141
Other Charges	11,869,320	11,852,459	12,815,910	12,815,910	12,815,910
**Gross Expenditures	\$ 11,869,320	\$ 11,852,459	\$ 12,815,910	\$ 12,815,910	\$ 12,815,910
General Fund Support (G.F.S.)	\$ 299,465	\$ 323,329	\$ 317,769	\$ 317,769	\$ 317,769

Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

CalWORKs functions under the Department of Social Services. CalWORKs has a total expenditure level of \$12,815,910 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: \$12,815,910 Total Staffing (FTE): _

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

DEPARTMENT COMMENTS

The Department of Social Services’ 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 department also utilizes strategies including subsidized employment and the Housing Support Program in its efforts to assist participants in securing financial stability, and monitors the number of participants who leave the program because they have sufficient earnings to render them no longer eligible.

The CalWORKs monthly average continuing caseload peaked in FY 2010-11. The FY 2015-16 caseload has fallen 1% from FY 2014-15 (from 1,828 to 1,807 cases).

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

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Financial Summary

The level of General Fund support for this budget is recommended to decrease by \$7,039 or 2% compared to FY 2015-16 adopted levels. Revenues are recommended to increase by \$7,246 or less than 1%. Expenditures are recommended to be essentially flat with FY 2015-16 adopted levels. 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 State's recent CalWORKs restructuring, which placed greater restrictions on eligibility for low income families. Monthly average caseloads are down 17% in the current year from a high in FY 2010-11 (from 2,183 to 1,807 cases), and are down 1% in the current year compared to FY 2014-15 (from 1,828 to 1,807 cases).

Despite the declining caseload, the CalWORKs program was expanded in recent years to provide additional services and more family engagement for those families who still remain CalWORKs eligible. Additionally, the department is budgeting a 5% increase for CalWORKs participants in FY 2016-17 to cover any potential cost increases or increase in caseload.

Service Level Impacts

This fund center's budget provides funds to continue operating its programs in FY 2016-17, with no changes to services requested.

Position Allocation List (PAL) Changes

This fund center does not have a PAL.

BOARD ADOPTED CHANGES

None.

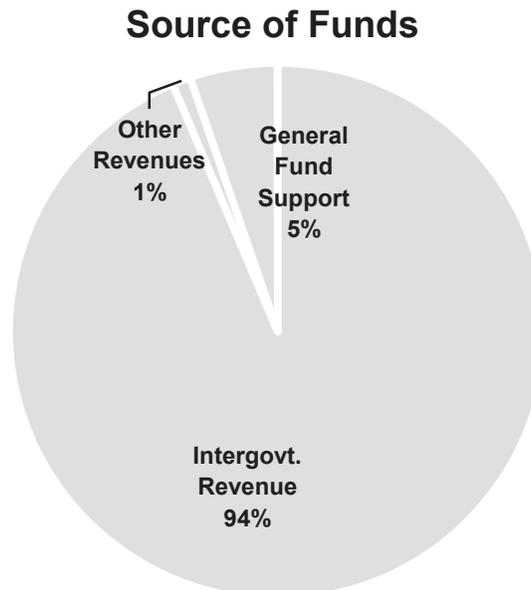
BUDGET AUGMENTATION REQUESTS ADOPTED

None requested.

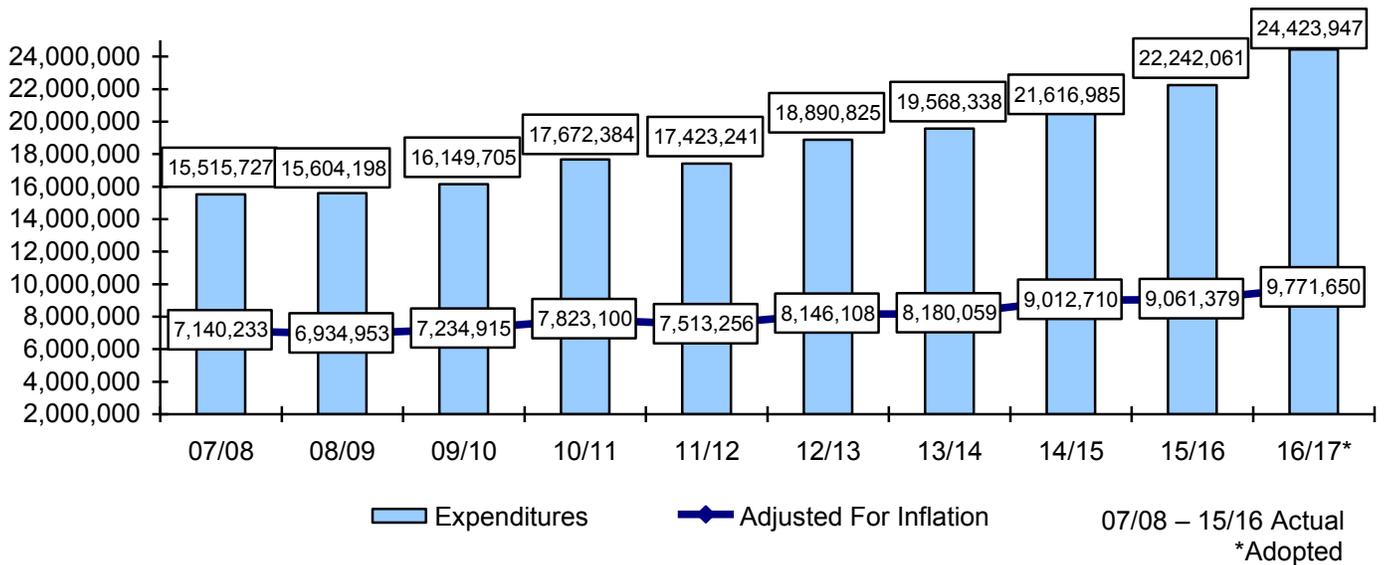
PURPOSE STATEMENT

The Foster Care program provides funding for children who enter foster care, ongoing support to families who have foster or adopted children, and stable housing with supportive services to Emancipated Foster Youth. Funding for these programs comes primarily from State and Federal revenue, and staffing for the Foster Care program is reflected in Fund Center 180 – Social Services.

	2014-15	2015-16	2016-17	2016-17	2016-17
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 20,936,016	\$ 21,281,527	\$ 23,108,170	\$ 22,762,750	\$ 22,762,750
Other Revenues	186,064	191,781	305,356	305,356	305,356
**Total Revenue	\$ 21,122,080	\$ 21,473,308	\$ 23,413,526	\$ 23,068,106	\$ 23,068,106
Services and Supplies	67,873	67,873	67,873	67,873	67,873
Other Charges	21,549,112	22,174,188	25,134,047	24,356,074	24,356,074
**Gross Expenditures	\$ 21,616,985	\$ 22,242,061	\$ 25,201,920	\$ 24,423,947	\$ 24,423,947
Less Intrafund Transfers	0	0	670,689	238,136	238,136
**Net Expenditures	\$ 21,616,985	\$ 22,242,061	\$ 24,531,231	\$ 24,185,811	\$ 24,185,811
General Fund Support (G.F.S.)	<u>\$ 494,905</u>	<u>\$ 768,753</u>	<u>\$ 1,117,705</u>	<u>\$ 1,117,705</u>	<u>\$ 1,117,705</u>



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 \$24,423,947 to provide the following services:

Foster Care

To provide foster care for children who enter the foster care system through the Department of Social Services or the Probation Department. The Department of Social Services 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: \$14,844,307 Total Staffing (FTE): *

Adoptions

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

Total Expenditures: \$9,039,997 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: \$539,643 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, albeit at a slower pace. Average caseload in FY 2015-16 (306 cases) is currently 1.9% below the FY 2014-15 average caseload (312 cases), and 10.3% below FY 2013-14 levels (341 cases). 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.

The Adoptions Assistance Program, however, continues its rapid growth and this entitlement program now represents nearly 37% of the fund center's total expenditures.

This is expected to be a year of flux as the County—along with the rest of California—implements the statutory changes required by Assembly Bill (AB) 403, the “Continuum of Care Reform.” Under the provisions of this statute, both the Department of Social Services and the Probation Department will work with County Behavioral Health to find alternative means of providing mental health treatment to children who previously were provided care in group homes. Beginning no later than January 2017, the children currently placed in group homes are expected to be brought home to San Luis Obispo County and our infrastructure of foster homes and mental health care must be ready to accommodate them.

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

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Financial Summary

The level of General Fund support for this budget is recommended to increase by \$3,553 or less than 1% compared to FY 2015-16 adopted levels. This budget only includes expenses for program participant benefits. Revenues and expenses overall are recommended to increase \$1.7 million or 7%. The costs for administering the Foster Care and Adoptions programs are included in Fund Center 180 - Social Services Administration.

The General Fund support recommended for FY 2016-17 is based on the number and types of cases being administered through this fund center. In FY 2016-17, the recommended level of General Fund support represents 4.6% of total expenditures, compared to 4.9% in FY 2015-16.

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 1.9% in FY 2015-16, compared to FY 2014-15. Despite this, expenses are increasing and several factors contribute to the recommended increase in expenditures for the various aid types, including:

- The implementation of the Resource Family Approval (RFA) program in line with direction from the State, and out-of-state placements for high needs foster children. San Luis Obispo County was the first in the State to implement the new RFA 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. Out-of-state placements for high needs foster children also continue to have a budgetary impact. The costs for foster/adoptive parent certification and out-of-state placements together are increasing by \$192,879 or 25% in FY 2016-17 compared to the FY 2015-16 adopted budget, in line with FY 2015-16 estimates.

- A 3% increase in Adoption assistance caseloads, based on a 3% increase in combined Federal and non-Federal adoption cases in FY 2015-16 compared to FY 2014-15.
- A 3% State granted rate increase for foster care and adoption care providers.
- A \$1.2 million or 30% increase for Family Care Network's contract for wraparound services to account for a 2.5% rate increase determined by the State and for an increase in wraparound slots from 50 to 60. The increase in slots will allow Family Care Network to serve children/youth who are currently placed in out-of-county group homes, to begin implementation of AB 403, Continuum of Care Reform. Wraparound services provide alternatives to out-of-home placement in institutionalized settings by bringing targeted services to children/youth and their families based on an approved service plan.

The department is also budgeting a reduction in expense and revenue for Probation youth group home placements, as Continuum of Care Reform is implemented and Probation youth currently served in group homes move into the expanded Juvenile Hall. As a result, Probation is budgeting an increase in expense and revenue related to implementation of Continuum of Care Reform, in anticipation that many of the Probation youth previously placed in group homes will be placed in the Juvenile Hall instead.

Service Level Impacts

This fund center's budget provides funds to continue operating its programs in FY 2016-17, with no changes to services requested.

Position Allocation List (PAL) Changes

This fund center does not have a PAL.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

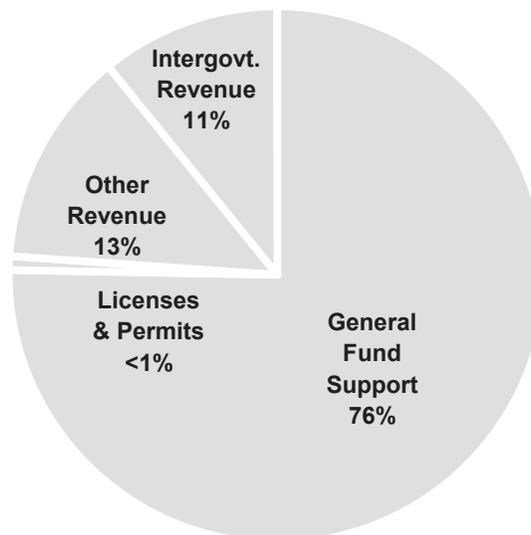
None requested.

PURPOSE STATEMENT

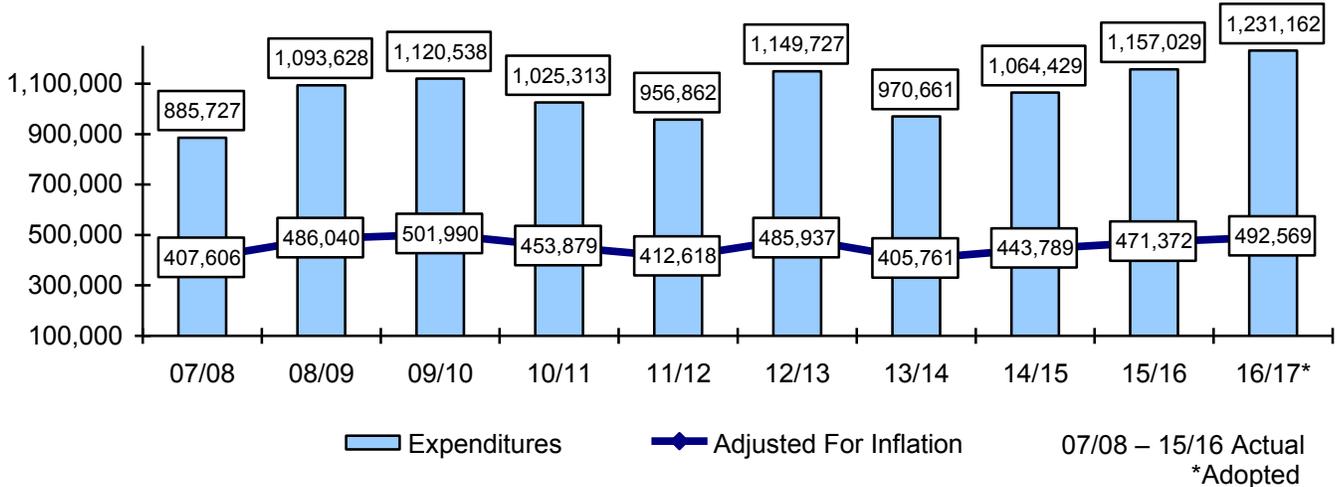
General Assistance provides funding for public assistance of last resort to indigent residents of San Luis Obispo County. In partnership with the community, General Assistance enhances self-sufficiency while ensuring that safety and basic human needs are met for the people of San Luis Obispo County. Funding for General Assistance comes primarily from the County General Fund and State funds, and staffing for the program is reflected in Fund Center 180 – Social Services.

	2014-15	2015-16	2016-17	2016-17	2016-17
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Licenses and Permits	\$ 5,212	\$ 7,124	\$ 5,500	\$ 5,500	\$ 5,500
Intergovernmental Revenue	99,025	90,443	115,928	115,928	115,928
Other Revenues	153,422	199,040	165,000	165,000	165,000
**Total Revenue	\$ 257,659	\$ 296,607	\$ 286,428	\$ 286,428	\$ 286,428
Other Charges	1,064,429	1,157,029	1,231,162	1,231,162	1,231,162
**Gross Expenditures	\$ 1,064,429	\$ 1,157,029	\$ 1,231,162	\$ 1,231,162	\$ 1,231,162
General Fund Support (G.F.S.)	<u>\$ 806,770</u>	<u>\$ 860,422</u>	<u>\$ 944,734</u>	<u>\$ 944,734</u>	<u>\$ 944,734</u>

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 \$1,231,162 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: \$1,231,162 Total Staffing (FTE): _

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

DEPARTMENT COMMENTS

The Department of Social Services administers the General Assistance program, which 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 (CAPI) as well as the expenditures for indigent cremations.

After many years of gradual growth, culminating in a record high average caseload of 291 per month in FY 2012-13, the General Assistance caseload declined in each of the next two years before rebounding significantly in FY 2015-16. The current year's caseload (261) is averaging 20.8% above last year's (216). The average monthly grant is approximately \$300 per case.

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

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Financial Summary

The level of General Fund support for this budget is recommended to increase by \$78,356 or 9% compared to FY 2015-16 adopted levels. Revenues are recommended to increase by \$9,144 or 3% and expenditures are recommended to increase by \$87,500 or 7% compared to FY 2015-16 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 CAPI and 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 increase by \$15,000 or 10% compared to FY 2015-16 adopted levels, in line with the revenue realized from SSI/SSP reimbursements in FY 2015-16.

The recommended increase in expenditures is due largely to the 20.8% increase in General Assistance caseloads and a 5% budgeted increase over current year estimates to account for any potential increases in FY 2016-17.

Service Level Impacts

This fund center's budget provides funds to continue operating its programs in FY 2016-17, with no changes to services requested.

Position Allocation List (PAL) Changes

This fund center does not have a PAL.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

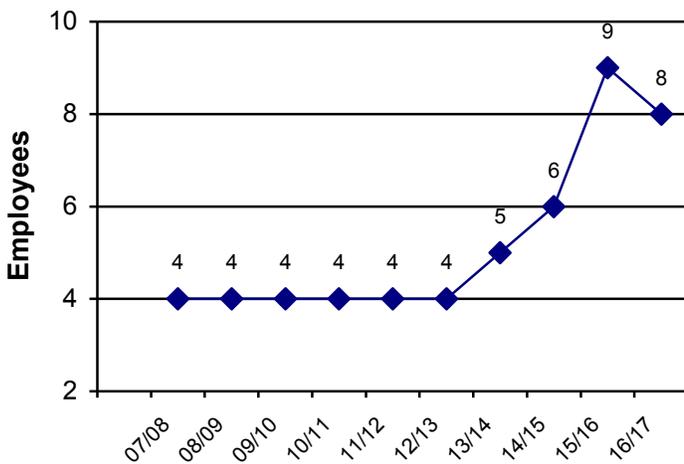
None requested.

MISSION STATEMENT

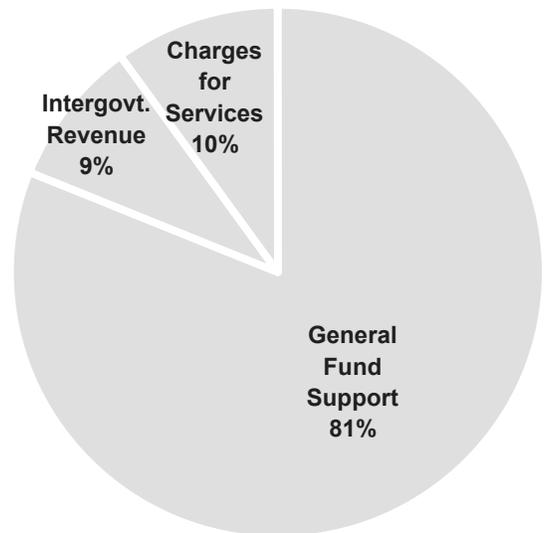
The Veterans Services Department works as an advocate for the men and women who serve or have served in the United States Armed Forces, their dependents, and survivors in obtaining benefits and services from the U. S. Department of Veterans Affairs, California Department of Veterans Affairs, San Luis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

	2014-15	2015-16	2016-17	2016-17	2016-17
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Intergovernmental Revenue	\$ 174,462	\$ 119,211	\$ 65,000	\$ 65,000	\$ 65,000
Charges for Current Services	27,726	138,700	68,343	68,343	68,343
**Total Revenue	\$ 202,188	\$ 257,911	\$ 133,343	\$ 133,343	\$ 133,343
Salary and Benefits	506,846	546,708	649,729	649,729	649,729
Services and Supplies	426,070	113,456	47,911	48,900	48,900
**Gross Expenditures	\$ 932,916	\$ 660,164	\$ 697,640	\$ 698,629	\$ 698,629
General Fund Support (G.F.S.)	\$ 730,728	\$ 402,253	\$ 564,297	\$ 565,286	\$ 565,286

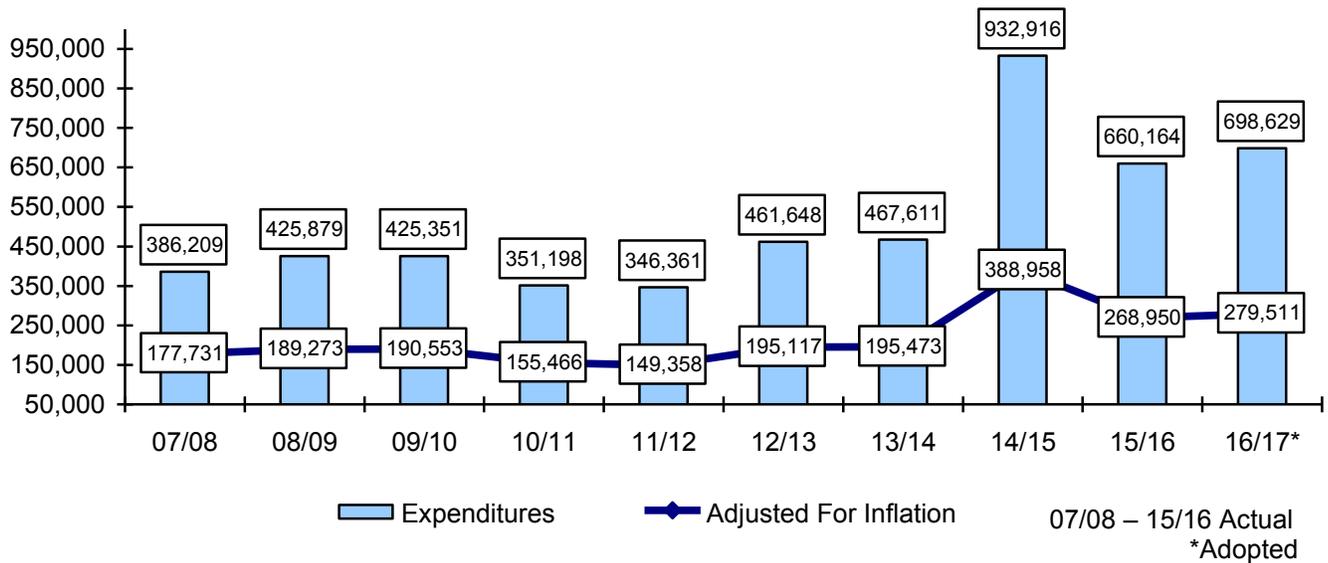
Number of Employees
 (Full Time Equivalent)



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Veterans Services has a total expenditure level of \$698,629 and a total staffing level of 8.00 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: \$402,053 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: \$8,721 Total Staffing (FTE): 0.10

Outreach and Referral

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

Total Expenditures: \$170,049 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: \$30,521 Total Staffing (FTE): 0.35

Veterans Employment

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

Total Expenditures: \$8,721 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: \$69,843 Total Staffing (FTE): 1.00

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: \$8,721 Total Staffing (FTE): 0.10

DEPARTMENT COMMENTS

The Veterans Services Department provides advocacy and assistance to the county's approximately 26,000 men and women who serve and have served in the nation's armed forces, as well as their dependents and survivors. The department's focus is to assist the veteran community in applying for and maintaining available benefits and entitlements for which they may be eligible. Veteran benefits come in many forms and are administered by federal, state, and local governments. The department also partners with both County and non-County organizations such as County Behavioral Health, Department of Veterans Affairs (VA) Health Clinic, and local Vets Center to better serve veterans and their families, and guide them towards obtaining the appropriate care services they require. Additionally, the department continues to work with local nonprofits to perform outreach in new and innovative ways.

The department continues to work with Community Action Partnership of San Luis Obispo (CAPSLO) and the VA to assist San Luis Obispo County veterans with housing through the Supportive Services for Veteran Families (SSVF) and Veterans Affairs Supported Housing (VASH) programs. These programs provide in-need and at-risk veterans with emergency housing and cost-subsidized housing to assist the veterans in becoming self-reliant. In early 2015, CAPSLO decided to expand the SSVF program presence into the coastal region of the county, with a team responsible for the geographic region from Los Osos to Ragged Point. To accomplish this, CAPSLO re-implemented one of the two sub-contracted positions from the County Veterans Services Office, reducing the County's number of positions that were housed within the department.

In addition to the above changes, the department came under the leadership of a new Veterans Service Officer in early 2016. Due to the change in leadership and several staff vacancies, the department is focusing on establishing a strong foundation of core services for FY 2016-17, focusing on those services which most impact the quality of life for the community's veterans.

Following are some of the department's notable accomplishments for FY 2015-16 and some specific objectives for FY 2016-17:

FY 2015-16 Accomplishments

- The department processed over 3,800 claims for veterans resulting in over \$3.8 million in annualized monthly benefits and retroactive payments.
- The department conducted its third annual 48 hour Veterans Stand Down outreach event for at-risk and homeless veterans. The department was able to connect 138 veterans with more than 40 service providers from the Federal, State, and local community in a single location and provided food, clothing, and other essential services to veterans in need.
- The department was the lead agency for the County's Veteran Treatment Court, a collaborative with nine other agencies from the County of San Luis Obispo, Veterans Administration, and local community based organizations providing alternative sentencing programs for approximately 25 veterans involved in the criminal justice system.
- Veterans Services staff attended ongoing, annual training sessions in order to remain current on the ever-changing laws and services affecting veterans and to maintain their State accreditation.

FY 2016-17 Objectives

- The department will continue to provide assistance to the county's 26,000 veterans in obtaining benefits and services earned through their military service. The department will continue to work and partner with Federal, State, and local agencies to ensure the veterans of San Luis Obispo County are adequately represented and cared for, and will continue to improve efficiencies in processing the veteran's claims in order to obtain their benefits as quickly as possible.
- As the focal point for community organizations that assist the veterans and families of San Luis Obispo County, the department will continue to communicate and disseminate relevant information with the veteran community in a timely and expeditious manner.
- Continue to expand the ongoing veterans outreach activities that take place throughout the county and seek ways to better reach the county's veterans and dependents. The goal is to ensure all veterans are aware of the benefits and services they have earned by serving our country.
- Conduct the 4th annual Veterans Stand Down event on July 7th and 8th 2016 for at-risk and homeless veterans in order to connect them with more than 40 service providers from the Federal, State, and local community in a single location.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Financial Summary

General Fund support is recommended to increase \$3,029 or less than 1% compared to FY 2015-16 adopted levels. Revenues are recommended to decrease \$69,027 or 34% and expenditures are recommended to decrease by \$65,998 or 8% compared to FY 2015-16 adopted levels. The significant changes related to both revenues and expenditures are due to eliminating 1.00 FTE Limited Term Assistant Veteran Services Officer mid-year in FY 2015-16. This position was one of two positions that administered the SSVF program discussed above under Department Comments. In early 2016, CAPSLO chose to re-implement its resources to expand into coastal communities. One of the Limited Term positions was vacated and the County and CAPLSO agreed to amend their contract to delete the position so that CAPSLO could use the Federal grant-based funds to establish a similar position within its own organization.

Service Level Impacts

There are no service level impacts as a result of the recommended level of General Fund support for FY 2016-17. The above change to the SSVF program occurred mid-year in FY 2015-16.

Position Allocation List (PAL) Changes

The FY 2016-17 recommended PAL for the department includes a net decrease of 1.00 FTE compared to the FY 2015-16 adopted PAL.

FY 2015-16 Mid-Year PAL Changes

- -1.00 FTE Limited Term Assistant Veterans Services Officer

FY 2016-17 Recommended PAL Changes

None.

BOARD ADOPTED CHANGES

None.

BUDGET AUGMENTATION REQUESTS ADOPTED

None requested.

GOALS AND PERFORMANCE MEASURES

Department Goal: Provide Veterans, their eligible dependents, and survivors with advice and assistance on compensatory, healthcare, insurance, educational and other government benefits available.						
Communitywide Result Link: <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						
1. Performance Measure: Percentage of customer satisfaction surveys which rated the services performed by the Veterans Services Department as “extremely satisfied” or “very satisfied”.						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
99.8%	100%	98.4%	98%	98.5%	100%	98.5%
What: A customer satisfaction survey is available to all clients; these surveys are collected throughout the year to evaluate and track the client satisfaction levels.						
Why: To ensure consistently high quality service, to identify problem areas within the department, and to evaluate department staff performance.						
How are we doing? Of the customer satisfaction surveys provided to clients, approximately 109 survey responses were received. Approximately 95 surveys reflected that clients were ‘extremely satisfied’ and 14 surveys reflected that clients were ‘very satisfied’ with the services they received. If a survey is received showing that a Veteran was dissatisfied with our service it is evaluated and corrective action is taken. Several surveys stated a concern over the dated condition of office equipment and furniture. The office has responded by updating technology to improve efficiency and by providing new furniture to better meet the needs of our clientele.						
Department Goal: To ensure all Veterans, eligible Dependents, and survivors receive the highest possible benefit rating of filed and consequently awarded claims.						
Communitywide Result Link: <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).						
11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Actual Results	15-16 Adopted	15-16 Actual Results	16-17 Target
\$3,708,374	\$5,692,497	\$4,377,240	\$5,200,000	\$2,500,000	\$6,049,671	\$5,000,000
\$8,997,295	\$14,689,792	\$19,067,032	\$24,267,032	\$26,767,032	\$30,316,703	\$35,316,703
What: The annualized and cumulative dollar amount of new services and benefits connected with compensation and pension claims received by clients as a result of the efforts of the department.						

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

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

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

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

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

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

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

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

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