

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.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
**75%	*N/A	85%	85%	86%	85%	87%

What: Centers for Medicare and Medicaid Services (CMS) require the State to provide client satisfaction surveys to Medi-Cal beneficiaries. A State provided survey is offered to all clients receiving mental health services during a one-week period each fiscal year. The survey contains 36 statements to determine the quality of services provided. The survey offers the following five choices based upon each statement: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree. The measure of "satisfaction" is based on an average of the number of responses where the response was "Agree" or "Strongly Agree".

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

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

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

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

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

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

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

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

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

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

FY 2014-15 started off with 6 clients placed in RCL 14 group homes, increasing to a high of 12 and ultimately ending the fiscal year with 9 clients. This net increase in client census was due to admitting eight new clients into out-of-county group homes and "graduating" five clients to lower levels of care within the county. 1,613 total DTI days were provided during FY 2014-15, which is 16% below the FY 2014-15 Adopted target level of 1,920. Some youth receive DTI services, while some youth receive only mental health services and medication support but still reside within the RCL-14 facility.

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

A report by APS Healthcare, California's External Quality Review Organization (EQRO), found that for calendar year 2012, San Luis Obispo County provided DTI services to 0.05% of its Medi-Cal eligible youth population compared to 0.03% for all medium sized counties and 0.06% for all counties statewide. The EQRO report for calendar year 2013 has not yet been published at the time this performance measure was written. The EQRO report for future years will be published by Behavioral Health Concepts, Inc.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
92%	91%	91%	90%	91%	86%	91%

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

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

How are we doing? In FY 2014-15 the Behavioral Health Department began transitioning client surveys into an electronic format. As a result of this transition, only 126 surveys were collected, as compared to 432 surveys collected in FY 2013-14. As the electronic method has now been implemented, a larger sample size is expected in FY 2015-16.

Of those returned surveys, 86% (108/126) indicated overall high satisfaction (Very Satisfied or Extremely Satisfied rating) with the treatment program and their experience at Behavioral Health - Drug & Alcohol Services. While the survey includes varying aspects of the client's experience with Drug & Alcohol treatment, this measure has historically been based on the client's response to the single survey question of "overall satisfaction" with services.

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

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

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

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

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

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

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

How are we doing? During FY 2014-15, approximately 10% of county residents (28,900 out of 279,803) were reached through a variety of activities and campaigns including countywide information, education and interventions provided by the Department's Prevention and Intervention Services. The goal of 10% penetration rate was met.

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

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
88%	89%	94%	97.6%	97%	94.8%	97%

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

Why: Successful recovery involves positive lifestyle changes.

How are we doing? During FY 2014-15, 805 individuals successfully completed their treatment with County Behavioral Health - Drug and Alcohol Services. This number does not include individuals who attended "drop in" assessments but who did not return for on-going treatment, nor does it include those who did not complete their course of treatment or who were discharged or returned to court due to non-compliance. The total percentage of those who reported eliminated or reduced drug use, including those who maintained their sobriety was 94.8%. Of the 805 treatment completions 307 or (38.1%) maintained their sobriety, 440 or (54.7%) achieved abstinence and sobriety, 16 or (2.0%) reduced their alcohol and other drug use, and 42 (5.2%) showed an increase in alcohol or other drug use. This is a new measure for FY 2014-15 and the prior fiscal year's results were recalculated to include those clients who reported maintaining their sobriety from beginning to end.

By comparison, 94.5% of CA statewide participants completing treatment during FY 2014-15 demonstrated eliminated or reduced drug use, including those who maintained their sobriety during treatment according to the California Outcome Measurement System.

Data Source: California Outcomes Measurement System - Treatment

GOALS AND PERFORMANCE MEASURES

Division Goal: To enhance public safety by providing efficient and effective intervention and education to court ordered individuals referred for driving under the influence of alcohol or other drugs.

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

1. Performance Measure: Percentage of First Offender Driving Under the Influence (DUI) program completers who re-offend and are remanded to our Multiple Offender Program within 12 months of First Offender Program completion.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
2.7%	1.7%	1%	1.3%	2%	1.01%	1.3%

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

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

How are we doing? For FY 2014-15, the calculated recidivism rate for First Offender DUI Program participants was 1.01%. The recidivism rate was calculated by reviewing each client that graduated from the First Offender DUI Program during the time period from 7/1/2013 through 6/30/2014 and determining how many of these clients were remanded to the Multiple Offender DUI program within 12-months of their First Offender completion. Specifically, 589 First Offender DUI program participants completed their program between 7/1/2013 through 6/30/2014 and 6 re-offended in FY 2014-15 and were remanded to the Multiple Offender DUI Program within 12-months of their completion date, representing the re-offense rate of 1.01% The California State re-offense rate after one year is 3.75%, according to Department of Motor Vehicles data published in 2013.

(Data Source: Standard Report from DUI Database)

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

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

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

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

How are we doing?

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

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

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

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

(Data Source: Client Satisfaction Survey)

3. Performance Measure: Percentage of actual Driving Under the Influence (DUI) fees collected.						
10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
94%	92%	102%	102%	100%	90%	100%
<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> <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.</p> <p>How are we doing? Budgeted DUI fees for FY 2014-15 were \$1,482,649. The actual fee amount collected for FY 2014-15 was \$1,338,367 which is -10% or \$144,281 less than what was targeted for the year. The revenue reduction is, in part, a result a decline of overall DUI convictions in San Luis Obispo County and the State. There are no statewide data on DUI Program fee collection trends.</p> <p>As the Behavioral Health Department has no control over the number of clients convicted, who also reside in the County and choose to complete their program in the County, this measure is being changed for FY 2015-16 to reflect fees collected based upon services provided.</p> <p>Data Source: DMV Annual DUI Report</p>						

GOALS AND PERFORMANCE MEASURES

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

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

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

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

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

Why: Medical cost per inmate day is intended to be an efficiency-oriented performance measure reflecting both the cost of providing medical care and the level of demand among jail inmates. This measure has been in place over a period of significant growth in the inmate census and as such has been helpful in monitoring ongoing cost-efficiency of the provision of medical services for jail inmates.

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

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

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

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

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

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

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

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

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

No comparison data is available at this time.

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

GOALS AND PERFORMANCE MEASURES

Department Goal: To ensure access to health care for medically indigent adults who lack health insurance.

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

1. Performance Measure: Number of people receiving information to help them obtain coverage for health care costs. (This is a new measure for FY 2015-16)

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
N/A	N/A	N/A	N/A	N/A	473	350

What: This measure shows the number of people receiving information on medical care coverage options provided by the Public Health Department’s Division of Health Care Services. Staff members receive internal and external referrals from providers and advocacy groups, as well as self-referrals, of uninsured individuals and then assess these persons for enrollment in the Medically-Indigent Services Program (MISP). For individuals who do not meet MISP eligibility criteria, staff provides referrals to other medical care insurance options based on information learned through their MISP assessment. As a Certified Enrollment Entity (CEE) for Covered California (California’s Health Insurance Marketplace), Division staff may also assist people in enrolling in Medi-Cal or Covered California plans. This measure includes all encounters with people seeking coverage for medical needs including referrals to other agencies, those enrolled in MISP and those enrolled in other programs and services by Division staff.

Why: The County Medical Services Program (CMSP) closed its doors on December 31, 2013. On January 1, 2014, MISP replaced CMSP. However, MISP eligibility is based on more strict criteria due to the implementation of the Affordable Care Act which allows legally-resident medically-indigent adults to enroll in Medi-Cal, or buy subsidized health insurance on Covered California if their income is greater than 138% of Federal Poverty Level (FPL). The Medically Indigent Services Program (MISP) therefore serves only a small portion of San Luis Obispo County’s uninsured residents.

However in this transition from CMSP to MISP, brought about by the Affordable Care Act, the Division of Health Care Services staff has been able to not only assess people for MISP enrollment, but also increasingly connect people with medical needs to affordable coverage that provides for those needs. To the extent that staff can help navigate uninsured persons to long-term full-benefit insurance, this will help the County limit future health care payments for medically-indigent adults, and will provide the opportunity for preventive and behavioral health care services for some of the highest cost and most medically-fragile users of the larger health care continuum.

How are we doing? In July 2014, Division staff began collecting encounter data used in this measure. We anticipate that encounters will increase during Affordable Care Act (Covered California) Open Enrollment period each year. Encounters are also expected to be higher for the duration of a grant (FY 2014-15 through FY2015-16) from the state Department of Health Care Services which is funding MISP staff to do Medi-Cal outreach and education with vulnerable populations. Target groups include clients with mental health disorders, substance use disorders, post-release probationers, homeless, and persons with limited English proficiency, many of whom are from mixed-immigration families. The Health Agency has successfully become a Certified Enrollment Entity (CEE) for Covered California and has established Certified Enrollment Counselor (CEC) status for three MISP staff.

No comparison data is available at this time.

(Data Source: San Luis Obispo County Medically Indigent Services Program Application and Encounter Log)

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.

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
.37	.37	1.49	.36	.75	.36	.72

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

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

How are we doing? There was 1 reported foodborne outbreak during FY 2014-15 based on a population of 276,443. This is consistent with FY 2013-14 data of 1 reported foodborne outbreak out of a population of 279,000. (Census data from American Survey). Historical data supports that 1 to four 4 foodborne outbreaks are consistently reported annually in this County. National data reflects an estimated 48 million cases of foodborne disease occur each year in the United States. The majority of these cases are mild and cause symptoms for only a day or two and are not reported. The Centers for Disease Control and Prevention (CDC) estimates there are 128,000 hospitalizations and 3,000 deaths related to foodborne diseases each year. Laboratory technologies are constantly improving, which may lead to the detection and identification of an increased number of outbreaks in the future.

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.

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
5.6	5.2	5.6	5.0	5.9	5.8	5.8

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

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

How are we doing? During FY 2014-15, 16 cases of HIV were reported compared to 14 during FY 2013-14, based on a population of 276,443. It should be noted that in low prevalence communities like the County of San Luis Obispo, year-to-year changes may appear to be considerable.

Benchmark Data: The Office of AIDS publishes data by calendar year as opposed to fiscal year; therefore it is difficult to get benchmark data for other counties.

Department Goal: Promote and encourage healthy behaviors.

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
11.6	11.2	10.4	8.2	11.0	8.3	9.0

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

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

How are we doing? In FY 2014-15, 38 out of a population of 4,569 females in the age range of 15-17 years gave birth, compared to 25 out of 4,569 in FY 2013-14, and 46 out of 4,569 in FY 2012-13 per the Automated Vital Statistic System. The 3-year total of live births from FY 2012-13 through 2014-15 is 109. Based on the increase in the number of births in this age category in FY 2014-15, the three year average rate may increase in future years. Per the Centers for Disease Control and Prevention 2013 Youth Risk Behavior Surveillance, nationwide data indicates that birth rates are declining largely because more youth are using contraception, youth appear to be delaying sexual intercourse, and access to no cost youth-friendly family planning services through the Family PACT (Planning, Access, Care and Treatment) Program have increased.

The data for FY 2014-15 only reflects births to County of San Luis Obispo residents who gave birth in the county; any San Luis Obispo County residents who gave birth in other counties will not be reconciled in the Automated Vital Statistic System until the end of the calendar year.

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
5.6%	5.4%	5.5%	5.8%	5.7%	6.2%	5.7%

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

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

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

The three-year average rate has remained relatively consistent, but rising slowly in recent years and the percentage change is not statistically significant. The low rate in San Luis Obispo County may be attributed in part to multiple preventative Public Health programs, including *First-Time Mothers/Early Support Program* (nurse home-visiting), *Baby's First Breath* (tobacco cessation), *Women, Infants and Children (WIC) Program* and the *Perinatal Substance Use Program (4 P's program – Past Parents Partner and Pregnancy)*, all of which are aimed at reducing the rate of low birth weight infants and improving birth outcomes. Emphasis is placed on increasing outreach, education and referral to reduce known risk factors such as teen pregnancy, poor nutrition, tobacco, alcohol and/or other drug use and late entrance into prenatal care.

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

Benchmark Data: In the latest version of the County Health Status Profiles (2014 edition), contained in each county profile is a three year average of low birth weight babies. California had a three year average of 6.8. For the period between 2010-12, San Luis Obispo ranked 7th out of 58 counties with the lowest percentage. Source California Department of Public Health County Health Status Profiles 2014.

<http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2014.pdf>

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

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

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

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

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

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

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

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

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

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

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

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

The following restrictions have had a direct impact on the caseload rate, as this rate is determined by the number of food coupons distributed each month. In February 2014, the State WIC program implemented a new policy restricting local agencies from mailing food coupons to families, regardless of transportation barriers. This impacts a rural county such as San Luis Obispo in which reliable transportation is a barrier for many of the WIC clients. Historically the WIC population has been noncompliant with appointment attendance, which impacts the caseload rate as coupons cannot be issued if a client does not show up for their appointment. Additionally statewide birth rates are declining and counties are reporting a decrease in the number of prenatal enrollments in the WIC program. The number of births in San Luis Obispo County in FY 2014-15 was 2,587 compared to 2,628 in FY 2013-14. There is a direct correlation between the number of county births and prenatal WIC enrollments. A reduction in client enrollment directly correlates to a reduction of the caseload rate, as fewer food coupons are being issued to prenatal clients.

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

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

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

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

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

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

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

How are we doing? The California Healthy Kids Survey (CHKS) conducted during the 2013-14 school year found that 10% (169 of 1690); of 11th grade students indicated they had smoked cigarettes within the past 30 days. The survey results reflected a 3% decrease from the 2011-12 school year. Teen smoking rates have been in decline since 1996 and can be attributed to the overall perception that smoking is harmful to one's health, increased laws which ban smoking in indoor and outdoor areas, the increased cost due to higher taxes, and the change in social norms attributable to work in the tobacco control field for the past 20 years.

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

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

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

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

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

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

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

Benchmark Data: None Available.

Department Goal: Protect against environmental hazards.

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
95.7%	95.4%	94.8%	95%	96%	97%	96%

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

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

How are we doing? During FY 2014-15, 97% (1,849 out of 1,908) of the routine water samples were in compliance with the drinking water standards, compared to 95% (1,923 out of 2,018) during FY 2013-14. When a sample fails, the water system operator is notified immediately and instructed on how to resolve the problem. Follow-up samples are taken until the small water system passes. Overall, compliance rates have remained relatively stable. We continue to monitor this indicator to ensure that there is no dramatic decrement in our drinking water systems and to continue to strive for improvement.

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

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

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

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

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

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

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

How are we doing? During FY 2014-15, Public Health Nursing received 116 referrals for pregnant or parenting women with a positive drug and/or alcohol screen or admitted substance abuse. Of those 116 referrals, 76 clients or 66% were enrolled into the program and 2 remain on a wait list. Of the 38 clients not enrolled in services, 17 refused or declined services, 2 children were no longer in the family custody, 1 client has sufficient resources and would not benefit from the services and 16 could not be located. These low-income, high-risk pregnant women and new mothers are frequently homeless, mistrustful of agencies and present a challenge to enroll in and retain in services.

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

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

Benchmark Data: None available.

GOALS AND PERFORMANCE MEASURES

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
14%	13.33%	17.3%	18.9%	10%	13.47%	10%

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

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

How are we doing? The County is above the State average (12.13%) by 1.34% and below the comparable county average (14.4%) by .93%. Due to reporting delays with the State, the available data is through the quarter ending March 31, 2015. Actual results reflect the yearly average. Our goal in the current year is ambitious, and an increasingly challenging caseload in our Child Welfare Services program has put this goal out of our reach. However, the Department has shown marked downward improvement in current year, after a steadily increasing trend in the previous three years.

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
96.7%	97.6%	98%	96.1%	98%	97.93%	98%

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

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

How are we doing? The County is above the State average (91.2%) by 6.73% and above the comparable counties (93.3%) by 4.63%. Due to reporting delays from the State, the available data is through the quarter ending March 31, 2015. Actual results reflect the yearly average. The results in this measure are on target (within 0.07%), and the Department's results have improved over FY 2013-14 due to additional training as well as monitoring the response rates of each social worker on a monthly basis.

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
67.8%	68.25%	60.6%	56.85%	68.25%	51.3%	68.25%

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

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

How are we doing? The County is above the State average (50.6%) by 0.7% and above the comparable county average (48.67%) by 2.63%. Due to reporting delays from the State, the figures are from the quarter ending March 31, 2015. The County's results in this measure are below target by 16.95%. Several factors impact this measure, including severity of abuse and the nature of sibling relationships. Our Department's practice in "Team Decision Making" and "Family Group Conferencing," as well as our County's higher than average rate of placements into relatives' homes, all support the opportunity for siblings to be placed together. Actual results reflect the yearly average.

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

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

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

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

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

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

How are we doing? We are below the adopted target (50%) by 34.47%. The figures are through the month of June 2015. Although the Department advocates on behalf of SSI applicants, not all clients are eligible, resulting in the possible unavailability of recoupment to the County at any given time. A reduction in results may indicate that the Social Security Administration is processing eligibility notifications and awarding SSI payments in a timely manner to the applicants. This would result in less General Assistance being paid out by the County and consequently fewer recoupments. State or comparable county data is not available.

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
229.25 cases	223.25 cases	210 cases	216 cases	225 cases	328 cases	225 cases

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

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

How are we doing? We are above the adopted target by 103 cases. Available data is through the quarter ending June 30, 2015. Fluctuations in actual results are due to changes in staffing levels during the year, as well as the implementation of the Affordable Care Act. State or comparable county data is not available. DSS is evaluating the possibility of augmenting staff, as the Medi-Cal allocation has increased for FY 2015-16.

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

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

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

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

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

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
29.1%	29.1%	29.1%	29.1%	35%	data not available	35%

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

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

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

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

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

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

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

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

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
163 cases	134.03 cases	149 cases	136.33 cases	150 cases	140.13 cases	150 cases

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

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

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

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

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

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

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

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

GOALS AND PERFORMANCE MEASURES

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
97%	99.8%	100%	98.4%	98%	98%	98.5%

What: A customer satisfaction survey is available to all clients, these are collected throughout the year to evaluate client satisfaction level.

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

How are we doing? The surveys that the department receives back have consistently maintained a rating from clients of "satisfied" or "very satisfied". When a survey is received showing that a veteran was dissatisfied with our service it is evaluated and corrective action is taken. The department connected with more than 13,000 veterans through office interviews, phones calls and outreach efforts to assist veterans and their families in FY 2014-15. As the County continues to draw down from conflicts around the world and the Department of Veterans Affairs does a better job marketing benefits and services it is expected that the number of veterans seeking benefits will grow. This trend continues from FY 2012-13. Also, as the department and the U.S. Department of Veterans Affairs continue to streamline and improve the time it takes to process claims, it is expected that client satisfaction will remain high.

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

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

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

10-11 Actual Results	11-12 Actual Results	12-13 Actual Results	13-14 Actual Results	14-15 Adopted	14-15 Actual Results	15-16 Target
\$1,500,000	\$3,708,374	\$5,692,497	\$4,377,240	\$2,500,000	\$4,258,770	\$2,500,000
\$5,288,921	\$8,997,295	\$18,189,792	\$22,567,032	\$23,189,792	\$27,448,562	\$28,489,792

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

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

How are we doing? The total number of claims to date in FY 2014-15 has risen from FY 2013-14. As we work with the Department of Veterans Affairs to streamline our processes we expect the number of claims to continue to rise though award amounts will decrease and work load units will decrease. This will be a result of completing claims under the 'Fully developed Claim' process which involves more time upfront to complete the claims package, and more claims that previously would have been done separately are now being consolidated. This is a benefit to the veteran in that it actually lessens the time that the veteran is waiting to receive his/her benefit. In previous years, veterans received large retroactive payments because claims averaged 18-24 months to complete the claims rating process. Using new streamlined programs and submitting complete claims packets results in claims being processed in as little as 90-125 days. Comparable county data is not available.

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

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

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

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

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

Why: County Veterans Services strives to keep costs as low as possible, while providing effective assistance to the County's more than 20,000 veterans and their families (including active duty, reserve and national guard military).

How are we doing? County Veterans Services operating budget has risen from previous years with the addition of a new Veterans Services Representative and administrative staff. Veterans are provided services by the Veterans Services Office's 8 Full Time Employee (FTE's) and 2 temporary staff. This includes the department head, 6 Veterans Service Representatives (1 temp), two Administrative Assistants, one Administrative Aide (temp) and 8 U.S. Department of Veterans Affairs paid work studies. Work studies are recently discharged veterans who are going to school at least ¾ time, can work up to 25 hours a week, must do some form of outreach to veterans and are at no cost to the County. Though the target for this goal was not reached the services provided by the department have been improved, with the result of all other Performance measures being met or exceeded.

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

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

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

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

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

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

How are we doing? The department was able to outreach to more veterans than expected in FY 2014-15. We have expected a drop in this measure due to the draw down in Afghanistan and the reduction of Soldier Readiness Processing (SRP)'s at Camp Roberts, but we still expect to reach at least 1500 veterans in the community through our outreach efforts. This outreach is done by participating in local farmers markets, the newly established Veterans Treatment Court and innovative programs such as the VetSurf program, the County Veterans ID card program and the Veterans Stand Down program for at risk and homeless veterans.