

*County of San Diego*

**Health and Human Services Agency**

Health and Human Services Agency at a Glance 217  
.....  
Health and Human Services Agency Summary 219  
.....  
Self-Sufficiency Services 227  
.....  
Aging & Independence Services 233  
.....  
Behavioral Health Services 243  
.....  
Child Welfare Services 253  
.....  
Public Health Services 261  
.....  
Administrative Support 271  
.....  
Housing & Community Development Services 281  
.....  
County Successor Agency 287  
.....

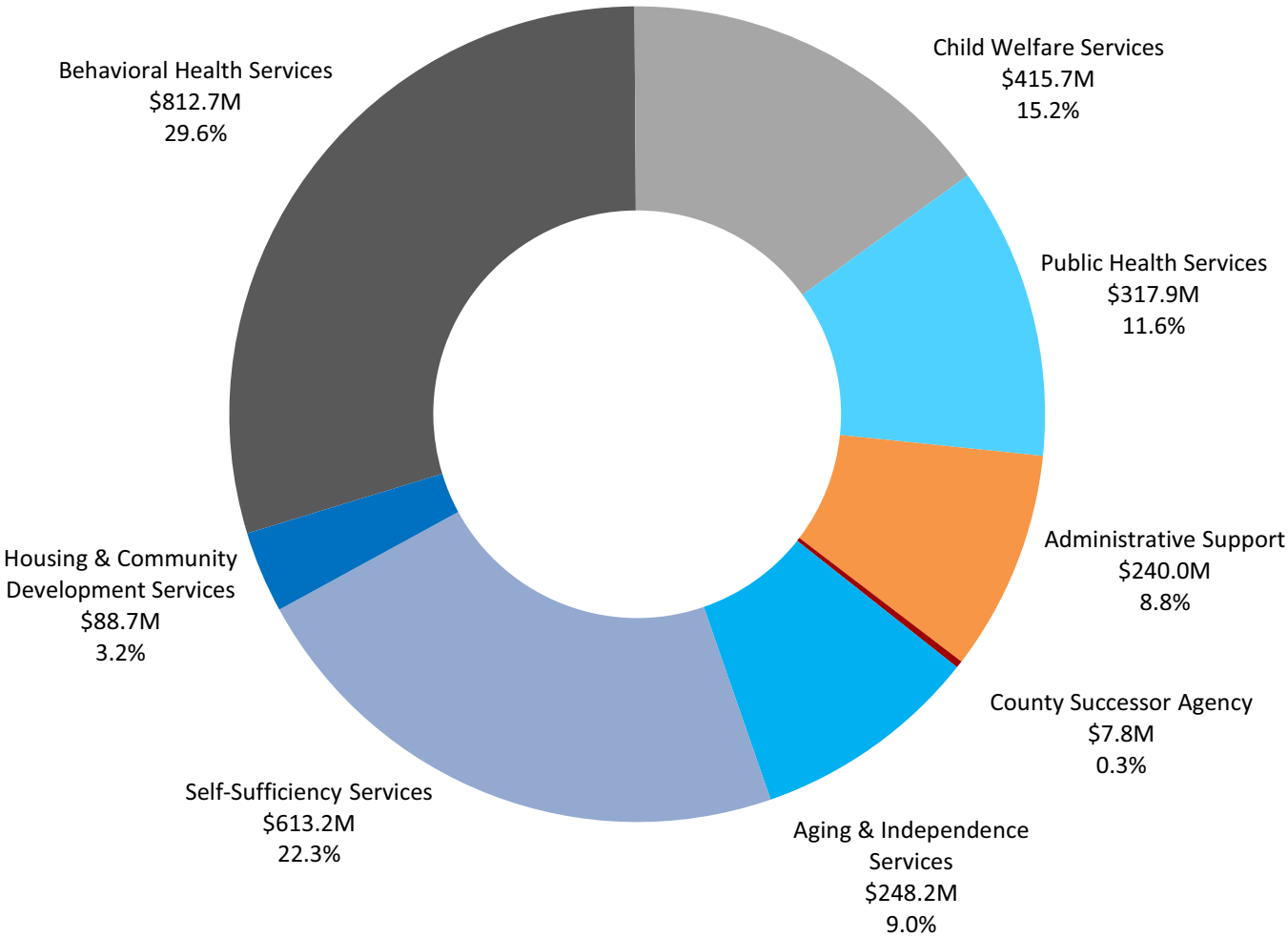




# Health and Human Services Agency at a Glance

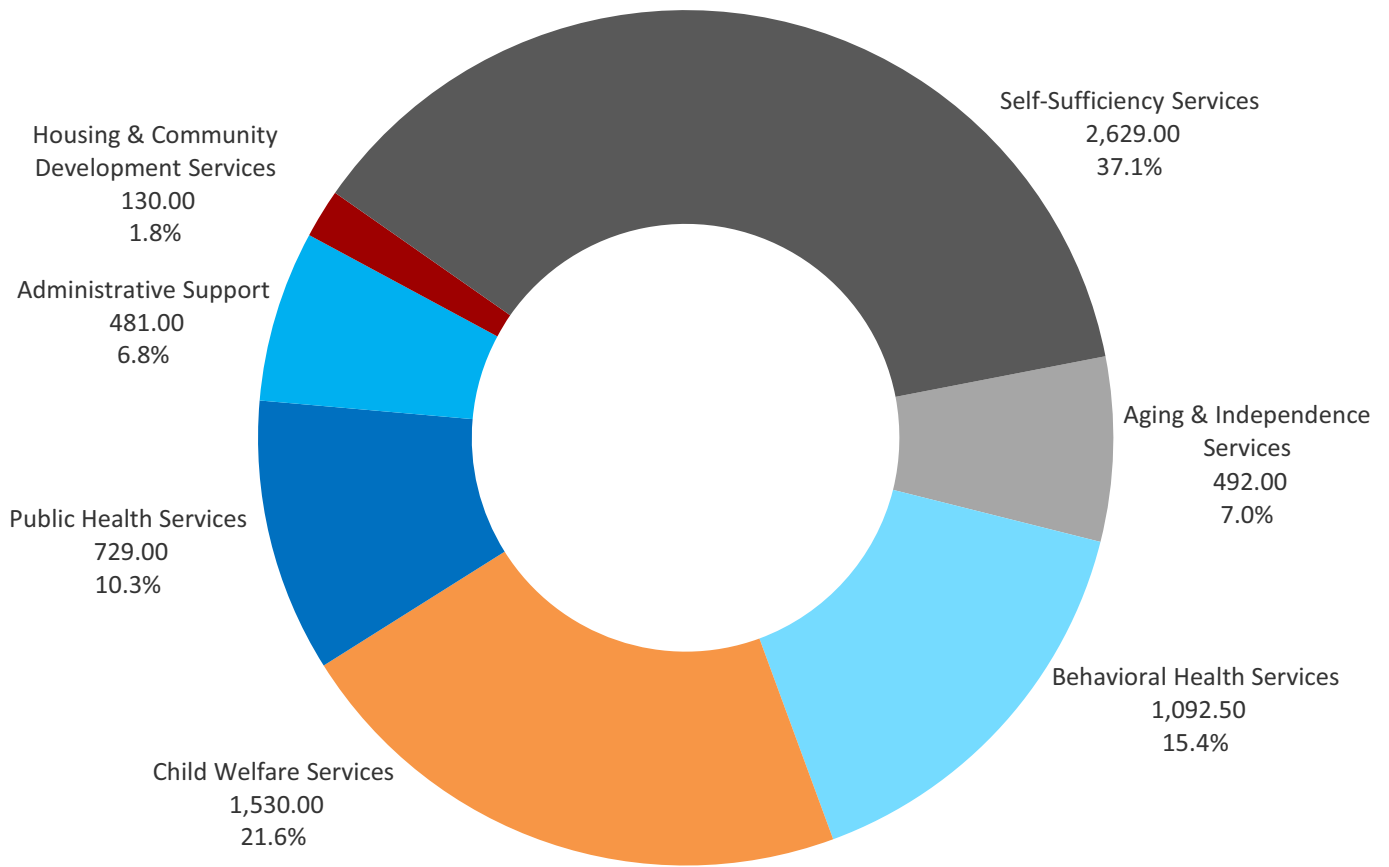
## Recommended Budget by Department

**Budget by Department**  
Fiscal Year 2021-22: \$2.7 billion



Recommended Staffing by Department

**Staffing by Department**  
Fiscal Year 2021-22: 7,083.50 staff years



# Health and Human Services Agency Summary

## Mission Statement

To make people’s lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

## Agency Description

The Health and Human Services Agency (HHSA) is an integrated agency with a robust service network that contributes to a region that is Building Better Health, Living Safely and Thriving. Its many programs are designed to help all 3.3 million San Diego County residents live well. Health, housing and social services are developed by six service departments to provide vital resources and care and are generally deployed through six regions, these services include:

- ◆ **Self-Sufficiency Services (SSS)**—assist in providing individuals and families access to services that assist them in achieving self-sufficiency such as medical health insurance, supplementary food assistance and cash aid;
- ◆ **Aging & Independence Services (AIS)**—protect older adults and people with disabilities from abuse and neglect and provide access to services that assist them to remain safely in their home;
- ◆ **Behavioral Health Services (BHS)**—assist individuals and families, including those who are homeless, to achieve mental and emotional well-being that supports stability by providing access to mental health services, drug and alcohol prevention and treatment;
- ◆ **Child Welfare Services (CWS)**—protect at-risk children from dangerous conditions and provide permanency and stability in living situations for children in order to enhance their overall well-being and strengthen families;
- ◆ **Public Health Services (PHS)**—promote health and wellness, healthy behaviors, and access to quality care; prevent injuries, disease, and disabilities; and protect against public health threats, such as foodborne outbreaks, environmental hazards and disasters; and
- ◆ **Housing & Community Development Services (HCDS)**—provide housing assistance and community improvements that benefit low- and moderate-income persons.

For Fiscal Year 2021-22, a new Department of Homeless Solutions and Equitable Communities will be added to the Health and Human Services Agency to improve coordination of existing and future County homeless activities and programs to end homelessness and devote efforts to upstream prevention with a particular focus on economic inclusion and poverty reduction, as well as ensuring the region is welcoming to all



residents. This new department and the associated budget will be reflected in subsequent updates to the Operational Plan.

HHSA safeguards the public interest by providing Treatment, Assistance, Protection, and Prevention (TAPP). Together these essential services:

- ◆ Treat nearly 120,000 residents through mental health and alcohol and other drug services;
- ◆ Assist more than 65,000 older adults and people with disabilities through a variety of programs to help keep them safe in their own homes;
- ◆ Protect nearly 4,800 vulnerable children;
- ◆ Prevent the spread of infectious diseases through investigation of over 300,000 cases and contact tracing of approximately 130,000 close contacts as part of the response to COVID-19, hepatitis A and C, measles, HIV, gastro-intestinal and other diseases. Nearly 98% of investigations were of COVID-19; and
- ◆ Ensure over 888,000 children, adults, and seniors are connected to federal and State benefits to help meet basic needs.

These services are just a few examples of how HHSA contributes to the health, safety and quality of residents’ lives.

HHSA has one administrative support department to facilitate the optimal use of resources and ensure compliance with federal, State, local and County requirements. HHSA also actively works with its 18 citizen advisory boards and commissions, and participates in over 160 community advisory groups, to provide the right services to the right people, at the right time, for the best possible outcome.

Effective July 1, 2021, Emergency Medical Services (EMS) will transfer to the Public Safety Group/San Diego County Fire to enhance the alignment of the integrated functions of Fire and EMS. This transition will facilitate coordination with Fire, EMS, law enforcement, ambulance companies, and health systems to

address and prepare for emergencies, disasters and other community priorities. This transfer will be reflected in subsequent updates to the Operational Plan.

HHSA provides these services directly and indirectly with 7,083.50 HHSA employees (staff years) located across 54 facilities, over 350 contracted providers, and hundreds of volunteers who are committed to providing excellent customer service and a budget of \$2.7 billion derived from federal, State, and local funding.

### Strategic Framework and Alignment

In the County’s Strategic Framework, Groups and Departments support four Strategic Initiatives: Building Better Health, Living Safely, Sustainable Environments/Thriving, and Operational Excellence. Audacious Visions and Enterprise-Wide Goals (EWG) assist departments in aligning with and supporting the County’s Vision and Strategic Initiatives.

### HHSA Departments

- ◆ Self-Sufficiency Services
- ◆ Aging & Independence Services
- ◆ Behavioral Health Services
- ◆ Child Welfare Services
- ◆ Public Health Services
- ◆ Administrative Support
- ◆ Housing & Community Development Services
- ◆ County Successor Agency

### Health and Human Services Agency Priorities

HHSA provides vital health, housing and social services to approximately one in every three county residents, emphasizing HHSA’s critical role in ensuring the health and well-being of the region. HHSA’s success in providing high value services and community engagement is built on the *Live Well San Diego* vision of supporting a region that is Building Better Health, Living Safely, and Thriving.

As a fully integrated agency and recognized leader both locally and nationally, HHSA focuses on improving the lives of residents who are experiencing some of the greatest difficulties, including serious mental illnesses and/or substance use disorders (SUD), homelessness, and those in struggling families.

The Global COVID-19 Pandemic, for which HHSA has played a key role in leading the regional response, has demonstrated the importance of shared vision and focus like no other event in recent history. During the lead-up and since the declaration of both a Local and Public Health Emergency in February 2020,

HHSA staff have continued to provide critical services and essential functions in response to the pandemic. In April 2020, a robust Test, Trace, Treat Strategy (T3) was implemented, a large-scale population health-based strategy using its massive collaborative effort to achieve collective impact in protecting the public’s health and ensuring the continuity of such protection throughout all stages of the region’s reopening. The T3 Strategy includes accessible COVID-19 testing, culturally competent disease investigation, and assistance with safe isolation and individualized services. Vaccination planning began in Fall 2020 with the first vaccinations starting in December 2020 through a mix of County-hosted vaccination sites, super stations, and sites in which the County has partnered with hospitals, clinics, and city fire agencies. Mobile vaccination teams were launched to reach special populations in outlying areas. An ambitious goal was established—to vaccinate 75% (2.0 million) of the San Diego County population age 16 and older by July 1, 2021. Active engagement of community sectors, region-wide vaccine messaging and focused community outreach have been key to the success of the T3 strategy. While the pandemic has caused great uncertainty and challenges in planning, HHSA remains committed to providing essential services and regional leadership. Below are examples of how HHSA carries out these services.



#### Building Better Health

HHSA is committed to building better health by improving access to quality care, increasing physical activity, supporting healthy eating and stopping tobacco and other drug abuse. Critical to this effort is working to create synergistic, actionable items for every department as a strategy for addressing the complex factors that influence health and equity, examples of which include educational attainment, housing transportation options, and neighborhood safety.

Through innovative approaches, HHSA addresses new challenges head on, like creating a fully integrated and coordinated response to the COVID-19 pandemic. This unique approach to an unprecedented emergency built off the principles of Live Well San Diego and included a robust Education and Outreach sector which was mobilized within two weeks and comprised of nine sectors, twelve sub-sectors that successfully engage diverse stakeholders weekly through live telebriefings, eblasts, and presentations. The total reach of these efforts resulted in over 63,500 telebriefing views, nearly 8,000 presentation attendees, and more than 13,500 unique eblast recipients. A whole person approach was used to develop the multi-disciplinary Test, Trace, Treat (T3) Strategy which leveraged resources from the public health lab, epidemiology, Housing and Community Development Services, Integrative Services, ConnectWellSD, Eligibility Operations and support from many community partners. These same approaches were applied to the Vaccination efforts which has



propelled San Diego County to one of the top counties in vaccination rates and the State, including success in communities where residents are more vulnerable to poor health outcomes.



### Living Safely

HHSA will continue to work with the hardest to reach and the most vulnerable populations to ensure all children and families have access to services and information so they can better manage challenging situations they are facing. To strengthen families and communities, HHSA is enhancing the role of advisory bodies to include a deeper community perspective and glean best practices from topic experts. By strengthening communities, HHSA improves its capacity to integrate and align actions and measure how effective we are at achieving outcomes such as limiting the spread of disease outbreak through vaccination and launching campaigns to combat infectious diseases such as COVID-19, HIV, hepatitis C virus and tuberculosis.



### Sustainable Environments/Thriving

HHSA is focused on creating opportunities for all people and communities to grow, connect, and enjoy the highest quality of life. This can only be achieved by promoting stronger collaboration and coordination throughout the region, encouraging individuals to get involved in improving their communities and ensuring equal access to basic needs. This includes ensuring individuals and families receive access to needed health care and coverage and supporting older adults by partnering with area restaurants to deliver food to eligible seniors and thousands of check-in calls ensured our most vulnerable older adults could live well. It also means increasing safe and affordable housing opportunities for those experiencing homelessness, veterans, persons with disabilities, those experiencing serious mental illnesses, seniors, transition age youth, and families so they can improve their quality of life.



### Operational Excellence

As part of the pursuit to performance excellence, HHSA continues to be recognized statewide for its commitment to the health and well-being of its residents through its continuous self-evaluation, improvements, and the cultivation of leadership and an engaged workforce. HHSA quickly evolves in response to changing circumstances to break down barriers in the workplace and meet customer needs. By implementing a virtual service delivery system, including telephonic, telemedicine and video conferencing, HHSA continues to protect the health of our clients and staff, while still providing high quality care.

## Related Links

For additional information on the programs offered by the Health and Human Services Agency, refer to the website:

◆ [www.SanDiegoCounty.gov/HHSA](http://www.SanDiegoCounty.gov/HHSA)

For additional information about *Live Well San Diego*, go to:

◆ [www.LiveWellSD.org](http://www.LiveWellSD.org)

For additional information about COVID-19, go to:

◆ <https://www.coronavirus-sd.com/>

## Recommended Budget Changes and Operational Impact: 2020–21 to 2021–22

### Overview

The Health and Human Services Agency's Fiscal Year 2021-22 budget includes appropriations of \$2.7 billion, a net increase of \$211.4 million or 8.3% from the Fiscal Year 2020–21 Adopted Budget. Salaries & Benefits are up \$69.0 million due to required retirement contributions, negotiated labor increases, and the addition of 311.00 staff years to address increasing caseloads for safety net programs in Self Sufficiency Services and Aging & Independence Services, and to bolster several County priority areas impacting Behavioral Health Services (BHS), Public Health Services (PHS), and Child Welfare Services (CWS) as well as continued efforts to address homelessness. Services & Supplies are up by \$170.6 million, over half of the increase driven by costs for COVID-19 response efforts assumed to continue into the budget year covering items such as testing, culturally competent disease investigation, and assistance with safe isolation and individualized services under the Test, Trace, Treat strategy (T3), vaccination efforts, and meals to at-risk seniors under the Great Plates Delivered program. In total, there is \$226.9 million for COVID-19 response efforts included in the recommended budget. Additionally, there are new investments to build upon priority areas and meet increased need for essential services. These include investments to the Behavioral Health Continuum of Care to expand access and redesign services to improve outcomes, investments in additional employment supports for CalWORKs recipients to align with additional federal and State funding, and funding for new pilots such as doula services to supplement and enhance existing programs. Remaining major object budgetary accounts are down by a net of \$28.2 million and primarily reflect adjustments for costs funded outside of the HHSA General Fund, prior year one-time projects and costs, and adjustments to align direct benefit payments to anticipated caseload levels, with no impact to available services.

### Staffing

Increase of 311.00 staff years

◆ Increase of 100.00 staff years to continue to deliver essential safety net services to residents timely, effectively, and efficiently in Self-Sufficiency Services (SSS). Over the last 12



months, SSS has enrolled over 200,000 new participants in CalFresh and Medi-Cal. Both of these programs combine to act as the main social safety net for low-income San Diegans – combating food insecurity and allowing our most vulnerable to meet their health care needs.

- ◆ Increase of 56.00 staff years to address increased administrative support requirements in BHS associated with continued service increases and to further expand the department’s data science footprint to help guide clinical efforts and improve system integration.
- ◆ Increase of 23.00 staff years to inpatient health services to address increased census and services levels at the San Diego County Psychiatric Hospital (SDCPH).
- ◆ Increase of 21.00 staff years in the Adult Protective Services (APS) program to meet continued growth in referrals and ensure timely delivery of services supporting increased overall safety for vulnerable elders and dependent adults.
- ◆ Increase of 21.00 staff years in the In-Home Support Services (IHSS) program to address continued growth in caseloads and ensure timely and thorough assessments in order to increase safety and decrease the risk of hospitalization and out of home placements.
- ◆ Increase of 20.00 staff years in Child Welfare Services (CWS) to support youth in educational settings by partnering with the San Diego County Office of Education and expanding the Fostering Academic Success in Education effort to serve more youth.
- ◆ Increase of 15.00 staff years to create a Placement Integration Unit in CWS to support quality placement efforts to locate relatives and support the child’s sense of safety, permanency, and well-being.
- ◆ Increase of 10.00 staff years to support wrap around homelessness team efforts.
- ◆ Increase of 10.00 staff years to augment staffing capacity in areas such as the Public Health Laboratory, Public Health clinics, the Office of Vital Records and Statistics, and the CalFresh Healthy Living program.
- ◆ Increase of 9.00 staff years to provide support, case management and outreach for the Housing and Disability Advocacy Program (HDAP) and to support efforts to expand services to serve youth and high need individuals under the Homeless Housing, Assistance and Prevention (HHAP) program.
- ◆ Increase of 7.00 staff years to support the End the HIV Epidemic Initiative as approved by the Board of Supervisors on October 27, 2020 (08).
- ◆ Increase of 6.00 staff years to create a combination Emergency After Hours Response/ Hotline Screener Unit in CWS to respond to after hour emergency referrals and take calls as hotline screeners, eliminating the need for the traditional standby unit currently operating on an overtime basis when responding to after hour investigations.

- ◆ Increase of 5.00 staff years in the juvenile forensics unit of BHS to enhance clinical services for youth involved in the juvenile justice system.
- ◆ Increase of 3.00 staff years to support implementation of the Tobacco Retail License Initiative.
- ◆ Increase of 2.00 staff years to support an Office of Immigrant and Refugee Affairs.
- ◆ Increase of 2.00 staff years to focus on streamlining and leveraging existing County services, programs and benefits for working families.
- ◆ Increase of 1.00 staff year to support the Long-Term Care Ombudsman Program by assisting with in-person facility visits for the elderly.
- ◆ Additionally, there were transfers within the Agency that occurred mid-year among divisions to meet operational needs.

### Expenditures

Net increase of \$211.4 million

- ◆ Salaries & Benefits—increase of \$69.0 million due to the addition of 311.00 staff years noted above, required retirement contributions, and negotiated labor agreements.
- ◆ Services & Supplies—net increase of \$170.6 million.
  - ◆ Net increase of \$51.4 million due to COVID-19 emergency response efforts primarily for Testing, Tracing, and Treatment Strategy (T3) activities and vaccination efforts necessary to safeguard public health in the COVID-19 environment.
  - ◆ Increase of \$45.0 million to support the Great Plates Delivered program tied to COVID-19 response efforts to deliver meals to older at-risk adults.
  - ◆ Increase of \$18.0 million in employment services and ancillary support for CalWORKs recipients to align with federal and State funding allocations.
  - ◆ Net increase of \$11.7 million to align with the additional CARES Act funding issued by HUD under the Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) to fund projects and activities that benefit the community specifically those households affected by COVID-19.
  - ◆ Increase of \$10.0 million to redesign the service delivery of biopsychosocial recuperation programs in BHS consistent with evidence-based best practices in the field including lowering staff to client ratios to improve outcomes and enhancing mobile outreach services to increase services to clients reluctant to engage in traditional settings.
  - ◆ Increase of \$8.8 million primarily for implementation of new call center software technology in AIS, CWS and SSS to support teleworking and off- site operations and to allow for increased efficiency, productivity, and improved customer response times.







- ❖ Increase of \$7.4 million to support increased crisis stabilization services that will provide the full array of crisis stabilization services and will result in enhanced access and improved quality of behavioral health care.
- ❖ Increase of \$6.0 million to increase capacity for lower levels of mental health services, including Assertive Community Treatment (ACT) and Strength Based Case Management treatment slots and increased Augmented Services Program beds, to ensure clients are placed at the correct level of care and to reduce usage of emergency rooms.
- ❖ Increase of \$5.0 million for the continued rollout of the Countywide Mobile Crisis Response Teams (MCRT). A total of \$10.0 million is budgeted for MCRT to provide an alternative to dispatching law enforcement when an individual is having a behavioral health or substance use crisis.
- ❖ Increase of \$2.9 million for the County's IHSS Maintenance of Effort (MOE) which covers the annual statutory 4% increase in the County's share of program costs.
- ❖ Increase of \$1.8 million in support of testing, case investigation and contact tracing, surveillance, containment, and mitigation through the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) grant funded program.
- ❖ Increase of \$1.8 million in CalWORKs Home Visiting Initiative (HVI) program services to align with increased funding received in the current year and expected to continue in the budget year.
- ❖ Increase of \$1.6 million for implementation of the Family Urgent Response System (FURS) which is a coordinated system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability to provide immediate family stabilization services.
- ❖ Increase of \$1.5 million for the HHAP program to expand the current Community Care Coordination program to serve youth and high need individuals.
- ❖ Increase of \$1.1 million in Whole Person Care (WPC) housing costs funded through a one-time State allocation, that will primarily be used for rental assistance to private landlords which will allow at risk participants that would qualify under the State's Whole Person Care criteria to stay in their community of choice.
- ❖ Increase of \$1.0 million for the Community Care Coordination (C3) for Veterans program to provide housing assistance and peer support to strengthen the community support system provided to veterans as they reintegrate into the community, ultimately reducing recidivism. A total of \$2.2 million is budgeted.
- ❖ Increase of \$0.7 million for educational support and services to youth in CWS.
- ❖ Increase of \$0.7 million to align with an increased need to provide emergency shelter for homeless persons during times of inclement weather.
- ❖ Increase of \$0.5 million to fund feasibility studies for various County funded affordable housing initiatives.
- ❖ Increase of \$0.5 million to implement a Drowning Prevention Program, including an outreach campaign.
- ❖ Increase of \$0.5 million to support activities under a new Office of Immigrant and Refugee Affairs, including access to legal counsel.
- ❖ Increase of \$0.4 million to support IHSS outreach efforts to both educate the community about the availability of services and to recruit IHSS caregivers in the areas of the County where they are most needed.
- ❖ Increase of \$0.4 million for a pilot to increase access to doula services for at risk families to help address maternal health disparities.
- ❖ Increase of \$0.4 million in the CalWORKs Housing Support program to align with increased funding allocation.
- ❖ Decrease of \$5.4 million tied to prior year one-time investments associated On-site Care Coordination.
- ❖ Decrease of \$3.1 million for statewide contracted projects associated with the new Joint Exercise Powers Agreement (JPA) that will manage the California Work Opportunity and Responsibility to Kids Information Network (CalWIN) consortium contracts, in preparation to implement the California Statewide-Automated Welfare System (CalSAWS), with no impact to services.
- ❖ Other Charges—net decrease of \$4.0 million.
  - ❖ Decrease of \$24.0 million associated with the completion of the County's initial COVID-19 Emergency Rental Assistance Program (ERAP) to cover rent payments for individuals and families whose household was economically impacted by COVID-19. Further rental assistance efforts will continue with federal funds allocated from the U.S Department of Treasury that will carry forward from the Fiscal Year 2020-21 Adjusted Budget.
  - ❖ Increase of \$8.5 million for anticipated costs to continue the COVID-19 Positive Recovery Stipend Program through the first half of the fiscal year.
  - ❖ Increase of \$8.0 million primarily tied to Foster Care assistance programs to align with increased caseloads and grant costs which increase annually tied to the California Necessities Index. Increased caseloads are being partially driven by additional State provided support during the COVID-19 pandemic that allows continued assistance payments and case management for former non-minor dependents who turned 21 years of age while in Extended Foster Care.
  - ❖ Increase of \$3.3 million in General Relief assistance payments in anticipation of increased caseloads.



- ◆ Increase of \$0.2 million in HUD entitlement programs to align with the Fiscal Year 2020-21 Annual Funding Plan.
- ◆ Expenditure Transfer & Reimbursement—net increase of \$11.3 million. Since this is a reimbursement, it has a net effect of a \$11.3 million decrease in appropriations.
  - ◆ Increase of \$16.9 million associated with centralized General Fund support for the following:
    - ◆ \$10.5 million for one-time negotiated labor agreements.
    - ◆ \$4.2 million primarily associated with centralized General Fund support of the County’s Hotel/Motel Voucher Program, Fair Housing Program and emergency shelter during inclement weather and feasibility studies for affordable housing programs.
    - ◆ \$2.2 million for C3 for Veterans program.
  - ◆ Increase of \$0.9 million associated with increased staffing costs in the juvenile forensics unit funded through a Memorandum of Understanding (MOU) with the Probation Department.
  - ◆ Decrease of \$6.5 million for major maintenance projects that will be funded with General Fund balance in the revenue section below.
- ◆ Operating Transfer Out—net increase of \$1.5 million.
  - ◆ Increase of \$2.8 million in health benefit contributions for eligible IHSS home care workers, which are tied to an increase in paid IHSS service hours.
  - ◆ Net decrease of \$1.3 million to Major Maintenance Capital Outlay Fund (MMCOF) for various facility projects.
- ◆ Management Reserves—decrease of \$14.4 million. There is no amount budgeted.

## Revenues

Net increase of \$211.4 million

- ◆ Taxes Current Property—net increase of \$0.1 million to support services in County Service Area (CSA) 17 and 69.
- ◆ Intergovernmental Revenue—net increase of \$194.3 million.
  - ◆ Increase of \$69.7 million primarily in social services State and federal administrative revenue associated with anticipated growth in administrative allocations supporting increased staffing, increased operating costs, and the expansion of CalWORKs employment services. These funds also include one-time anticipated payment for the State’s closeout process and redistribution of Medi-Cal eligibility and CalFresh funding from Fiscal Year 2019-20.
  - ◆ Net increase of \$61.8 million in federal stimulus funding to support COVID-19 emergency response for T3, vaccination and the COVID-19 Positive Recovery Stipend Program noted above.
  - ◆ Increase of \$50.2 million in Realignment revenue, including available one-time funding based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs in health and human service programs. These funds will help offset loss of prior one-time

transition funds and State General Fund. In addition, these funds will support increases in IHSS MOE, Salaries & Benefits, Services & Supplies, and Other Charges.

- ◆ Increase of \$45.0 million in Federal Emergency Management Agency (FEMA) homeland security funding to support the Great Plates Delivered Program.
- ◆ Net Increase of \$25.1 million in federal and State mental health services funding driven by increased rates, expanded units of service, and a temporary increase in the Federal Medical Assistance Percentage (FMAP) provided under the Families First Coronavirus Response Act in the Short-Doyle Medi-Cal (SDMC) program.
- ◆ Net increase of \$11.7 million in CDBG and ESG for COVID-19 related revenue augmentations.
- ◆ Increase of \$5.4 million in federal and State assistance payment revenues primarily due to revised estimates of caseload levels.
- ◆ Increase of \$2.8 million in IHSS federal and State revenue tied to the increase in health benefit contributions for IHSS home care workers.
- ◆ Increase of \$2.4 million in grant funding to support increases in HHAP and HDAP programs.
- ◆ Decrease of \$39.4 million in one-time State General Fund (SGF) allocated in Fiscal Year 2020-21 to partially offset the loss of realignment revenue.
- ◆ Decrease of \$20.6 million in one-time federal and State child welfare revenue to help transition from the Title IV-E California Well-Being Project to the Family First Prevention Services Act (FFPSA).
- ◆ Decrease of \$7.4 million tied to the elimination of one-time funding of CARES Act revenue to fund the COVID-19 Emergency Rental Assistance Program.
- ◆ Decrease of \$4.8 million in Homeless Housing, Assistance and Prevention (HHAP), HOME Investment Partnerships Program, and CARES Act revenue to align with the expenditure estimate in addressing homelessness in the unincorporated area.
- ◆ Net decrease of \$4.5 million in various revenue sources for substance use disorder services primarily to reflect the end dating of certain funding source contributions from the Public Safety Group.
- ◆ Decrease of \$3.1 million in CalWIN revenue tied to the decrease in CalWIN contracts noted above.
- ◆ Charges for Current Services—net increase of \$1.4 million.
  - ◆ Increase of \$6.6 million primarily in Intergovernmental Transfer (IGT) revenue to cover PHS Salaries & Benefits and costs tied to one-time projects.
  - ◆ Increase of \$1.1 million for the Whole Person Care (WPC) one time housing funds to align with estimated expenditures noted above.
  - ◆ Decrease of \$5.2 million due to completion of one-time projects and program ending.





- ◆ Decrease of \$1.1 million primarily due to lower projected utilization of forensic evaluation services provided to the Superior Court and lower estimated collection of DUI fees due to the pandemic.
- ◆ Miscellaneous Revenues—net decrease of \$2.2 million.
  - ◆ Decrease of \$2.1 million in revenue transferred from the Innovative Housing Trust Fund to align with anticipated loan disbursements for awarded projects.
  - ◆ Decrease of \$0.4 million in recoupment of payments for the General Relief program based on current trends.
  - ◆ Increase of \$0.2 million in the SD-VISA program providing home and community-based services to veterans.
  - ◆ Increase of \$0.1 million in sponsorship revenue primarily tied to the Live Well Advance program.
- ◆ Fund Balance Component Decreases—decrease of \$11.8 million. The \$2.4 million budgeted amount is to support a portion of departmental costs of the County's existing Pension Obligation Bond (POB) debt. Appropriations in this category are based on the use of Restricted General Fund fund balance for POB costs through Fiscal Year 2026–27.
- ◆ Use of Fund Balance—increase of \$8.3 million in Use of Fund Balance. A total of \$57.3 million is budgeted.
  - ◆ \$43.7 million of unassigned General Fund fund balance is budgeted for the following:
    - ◆ \$29.5 million to stabilize mental health and alcohol & drug program services to Fiscal Year 2022-23 when Realignment revenue growth is projected to be received.
    - ◆ \$6.5 million to fund major maintenance projects.
    - ◆ \$3.3 million for increased General Relief assistance payments.
    - ◆ \$2.9 million for one-time work associated with the Public Housing Physical Needs Assessment.
    - ◆ \$0.5 million for the Drowning Prevention Program.
    - ◆ \$0.5 million for one-time negotiated labor agreements.
    - ◆ \$0.5 million for one-time funding tied to feasibility studies for affordable housing programs.
  - ◆ \$13.4 million to reflect the Securitized Tobacco Settlement Special Revenue Fund under Administrative Support for health-related services.
  - ◆ \$0.2 million of available prior year County Service Area (CSA) Fund fund balance to support services in CSA 17 and 69.
- ◆ General Purpose Revenue Allocation— increase of \$21.3 million.
  - ◆ \$10.6 million to fund additional staff years to support BHS operations, SDCPH, CWS, and PHS.
  - ◆ \$10.0 million to support continued rollout of the Countywide MCRT.
  - ◆ \$0.7 million to support increases in Salaries & Benefits and Services & Supplies associated with implementation of immigrant support services.

### Recommended Budget Changes and Operational Impact: 2021–22 to 2022–23

Net decrease of \$277.9 million is the result of a decrease of \$301.6 million in Services & Supplies primarily associated with anticipated completion of COVID-19 response efforts and one-time projects, \$8.5 million in Other Charges associated with COVID-19 Positive Recovery Stipend Program, and \$0.8 million in Operating Transfers Out offset by an increase of \$31.2 million in Expenditure Transfer & Reimbursement associated with one-time funds tied to the centralized General Fund and \$1.8 million in Salaries & Benefits due to negotiated labor agreements. The decrease of \$0.8 million in Operating Transfers Out consists of a decrease of \$3.9 million related to prior year one-time facility projects offset by an increase of \$3.1 million in Operating Transfers Out to reflect an increase in health benefit contributions for eligible IHSS home care workers tied to growth in IHSS paid service hours.



Group Staffing by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Self-Sufficiency Services	2,532.00	2,529.00	2,629.00	4.0	2,629.00
Aging & Independence Services	449.00	449.00	492.00	9.6	492.00
Behavioral Health Services	1,007.50	1,006.50	1,092.50	8.5	1,092.50
Child Welfare Services	1,493.00	1,492.00	1,530.00	2.5	1,530.00
Public Health Services	694.00	709.00	729.00	2.8	729.00
Administrative Support	468.00	457.00	481.00	5.3	481.00
Housing & Community Development Services	128.00	130.00	130.00	0.0	130.00
<b>Total</b>	<b>6,771.50</b>	<b>6,772.50</b>	<b>7,083.50</b>	<b>4.6</b>	<b>7,083.50</b>

Group Budget by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Self-Sufficiency Services	\$ 527,258,244	\$ 550,805,344	\$ 613,161,886	11.3	\$ 609,938,830
Aging & Independence Services	183,094,858	192,318,978	248,178,272	29.0	209,723,472
Behavioral Health Services	712,886,993	778,464,308	812,712,863	4.4	778,395,136
Child Welfare Services	387,095,386	400,362,189	415,755,520	3.8	420,381,968
Public Health Services	161,968,043	182,066,470	317,935,840	74.6	178,904,677
Administrative Support	215,830,339	312,319,127	239,975,838	(23.2)	198,451,885
Housing & Community Development Services	66,991,500	108,740,529	88,762,906	(18.4)	62,834,818
County Successor Agency	7,460,304	7,778,656	7,752,948	(0.3)	7,752,948
<b>Total</b>	<b>\$ 2,262,585,667</b>	<b>\$ 2,532,855,601</b>	<b>\$ 2,744,236,073</b>	<b>8.3</b>	<b>\$ 2,466,383,734</b>



# Self-Sufficiency Services

## Mission Statement

To make people’s lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

## Department Description

Self-Sufficiency Services (SSS) provides eligibility determination and case management services for State, federal and local public assistance to over 888,000 residents to help low-income families and their children meet basic needs. Staff provide services throughout the county at eleven Family Resource Centers (FRC), two Community Resource Centers (CRC) and via phone/fax/internet at the Access Customer Service Call Center.

Self-Sufficiency Services ensures compliance with State and federal requirements by providing accurate and accessible data, program guidance and enrollment information for frontline staff.

SSS public assistance includes, but is not limited to:

- ◆ **Medi-Cal**—assist families in meeting their health care needs.
- ◆ **CalFresh**—help eligible families buy food and improve their nutrition.
- ◆ **CalWORKs**—provide low-income families cash assistance to begin the path towards self-sufficiency.
- ◆ **Welfare to Work**—provide subsidized employment, financial support and housing support to eligible families and pregnant or parenting teens.
- ◆ **County Medical Services**—provide medical care to uninsured indigent adult residents; and
- ◆ **General Assistance or General Relief**—provide relief and support to indigent adults who are not supported by their own means, other public funds or assistance programs.

In order to deliver these essential services, SSS has 2,629.00 staff years and a budget of \$613.2 million, which includes assistance aid payments for residents. For more information about assistance aid payments, please see Appendix D.



### Strategic Initiative Legend

BBH	LS	SE/T	OE
○	- Audacious Vision		
●	- Enterprise Wide Goal		
■	- Department Objective		

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human and Services Agency Summary. Text that is followed by EWG nomenclature indicates coordination with at least one other department.

## 2020–21 Anticipated Accomplishments

### Building Better Health

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
  - Processed 96% (27,000 of 28,000) of CalWORKs applications timely, within 45 days, and helped eligible families become more self-sufficient. This is a key metric required by the State and is a first step in assisting families towards self-sufficiency. Target exceeds the State requirement of 90%.
  - Processed 95% (161,000 of 169,000) of Medi-Cal applications timely, within 45 days. This is a key metric required by the State and assisted families in meeting their health insurance needs. Target exceeds the State requirement of 90%.
- Strengthen the local food system and support the availability of healthy foods, nutrition education and nutrition assistance for those who need it
  - Processed 96% (184,000 of 191,000) of CalFresh applications timely, within 30 days, and helped eligible families and individuals buy food and improve their nutrition. Target exceeds the State requirement of 90%.

- Increased to 60,000 the number of seniors that received CalFresh benefits through strategic partnerships with community-based organizations to reduce the number of seniors who are food insecure.



**Operational Excellence**

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
  - Increased to 35,000 the number of status reports and renewals that were submitted electronically through Benefits CalWIN, by enhancing customer service and promoting alternative pathways for individuals and families to access information about self-sufficiency programs and their ability to provide information electronically.
  - Provided exceptional customer service to SSS customers as demonstrated through an average satisfaction rating of four (one to five scale) on the Customer Experience Survey. This was achieved through a commitment to using a positive service-delivery approach to provide all customers with a positive experience.

**2021–23 Objectives**



**Building Better Health**

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
  - Process 96% (26,880 of 28,000) of CalWORKs applications timely, within 45 days, to help eligible families become more self-sufficient. This is a key metric required by the State and is a first step in assisting families towards self-sufficiency. Target exceeds the State requirement of 90%.

- Process 91% (153,790 of 169,000) of Medi-Cal applications timely, within 45 days. This is a key metric required by the State and assists families in meeting their health insurance needs. Target exceeds the State requirement of 90%.
- Strengthen the local food system and support the availability of healthy foods, nutrition education and nutrition assistance for those who need it
  - Process 92% (174,800 of 190,000) of CalFresh applications timely, within 30 days, to help eligible families and individuals buy food and improve their nutrition. Target exceeds the State requirement of 90%.
  - Provide 47,000 seniors CalFresh benefits through strategic partnerships with community-based organizations in order to reduce the number of seniors who are food insecure.



**Operational Excellence**

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
  - Ensure 25,000 status reports and renewals are submitted electronically through Benefits CalWIN, by enhancing customer service and promoting alternative pathways for individuals and families to access information about self-sufficiency programs and their ability to provide information electronically.



**Related Links**

For detailed information about the programs offered by the Health and Human Services Agency, go to:

◆ [www.SanDiegoCounty.gov/HHSA](http://www.SanDiegoCounty.gov/HHSA)

For information about *Live Well San Diego*, go to:

◆ [www.LiveWellSD.org](http://www.LiveWellSD.org)

Performance Measures		2019–20 Actuals	2020–21 Adopted	2020–21 Estimated Actuals	2021–22 Recommended	2022–23 Recommended
	Timely processing of CalWORKs applications	97% of 25,987	96% of 28,000	96% of 28,000	96% of 28,000	96% of 28,000
	Timely processing of Medi-Cal applications	93% of 181,992	91% of 169,000	95% of 169,000	91% of 169,000	91% of 169,000
	Timely processing of CalFresh applications <sup>1</sup>	96% of 217,774	92% of 190,000	96% of 191,000	92% of 190,000	92% of 190,000
	Seniors on CalFresh <sup>1, 2</sup>	57,738	47,000	60,000	47,000	50,000
	Status reports submitted through Benefits CalWIN <sup>1, 3</sup>	44,939	25,000	35,000	25,000	28,000





### Table Notes

<sup>1</sup> In Fiscal Year 2019–20, the data projected was exceeded due to increased unemployment/caseloads from the COVID-19 public health crisis.

<sup>2</sup> In Fiscal Year 2020–21, the projected number of seniors receiving CalFresh was exceeded due to increased unemployment from the COVID-19 public health crisis.

<sup>3</sup> In Fiscal Year 2020–21, the projected number of Status reports submitted through Benefits CalWIN was exceeded due to the promotion and increased use of technology due to the COVID-19 public health crisis.

## Recommended Budget Changes and Operational Impact: 2020–21 to 2021–22

### Staffing

Net increase of 100.00 staff years

- ◆ Increase of 100.00 staff years to continue to deliver essential safety net services to residents timely, effectively, and efficiently. Over the last 12 months, Self-Sufficiency Services has added over 200,000 new participants to its programs. This includes a 24% participation increase to CalFresh, and an 18% increase to Medi-Cal. Both of these programs combine to act as the main social safety net for low-income San Diegans combating food insecurity and allowing our most vulnerable to meet their health care needs.
- ◆ Additionally, staff were transferred among related programs within SSS to manage operational needs.

### Expenditures

Net increase of \$62.4 million

- ◆ Salaries & Benefits—increase of \$23.8 million primarily due an additional 100.00 staff years as described above, anticipated increased costs tied to an overall lower vacancy rate to help meet increased demand in services, and required retirement contributions and negotiated labor agreements. The additional staff years will ensure timely access and support to residents accessing safety net services. Over the last 12 months, Self-Sufficiency Services has added over 200,000 new participants to its programs. This includes a 24% participation increase to CalFresh, and an 18% increase to Medi-Cal.
- ◆ Services & Supplies—net increase of \$31.5 million.
  - ◆ Increase of \$18.0 million in employment services and ancillary support for CalWORKs recipients to align with federal and State funding allocations.
  - ◆ Increase of \$8.4 million for implementation of new call center software technology to support teleworking and offsite operations and to allow for increased efficiency, productivity, and improved customer response times.
  - ◆ Increase of \$2.5 million in the CalFresh Employment and Training (CFET) program to align with increased participation from third party service providers who are able to contribute matching funds to draw down federal dollars and expand the number of CFET participants served.
- ◆ Increase of \$2.5 million to align with anticipated spending on the Info Line 211 Information and Referral Services contract supporting increased call volume.
- ◆ Increase of \$1.8 million in CalWORKs Home Visiting Initiative (HVI) program services to align with increased funding received in the current year and expected to continue in the budget year.
- ◆ Increase of \$1.0 million for Fraud Investigation Services provided by the Department of Child Support Services (DCSS) to align with spending trends and cost of doing business increases.
- ◆ Increase of \$0.4 million in the CalWORKs Housing Support program to align with increased funding allocation.
- ◆ Decrease of \$3.1 million for statewide contracted projects associated with the new Joint Exercise Powers Agreement (JPA) that will manage the California Work Opportunity and Responsibility to Kids Information Network (CalWIN) consortium contracts, in preparation to implement the California Statewide-Automated Welfare System (CalSAWS), with no impact to services.
- ◆ Other Charges—net increase of \$11.7 million.
  - ◆ Increase of \$8.5 million for anticipated costs to continue the COVID-19 Positive Recovery Stipend Program through the first half of the fiscal year.
  - ◆ Increase of \$3.3 million in General Relief assistance payments in anticipation of increased caseloads.
  - ◆ Increase of \$0.5 million in Work Incentive Nutritional Supplement (WINS) and State Utility Assistance Subsidy (SUAS) assistance payments to align with current trends.
  - ◆ Increase of \$0.2 million in Cash Assistance Program for Immigrants (CAPI) to align with current caseload trends.
  - ◆ Decrease of \$0.8 million in CalWORKs Welfare to Work benefit payments to align with caseload trends, with no impact to services.
- ◆ Expenditure Transfer & Reimbursement—increase of \$4.6 million for one-time negotiated labor agreements. Since this is a reimbursement, it has a net effect of a \$4.6 million decrease in appropriations. The central funding is supported by resources in Countywide Finance Other.



## Revenues

Net increase of \$62.4 million

- ◆ Intergovernmental Revenues—net increase of \$63.1 million.
  - ◆ Increase of \$48.1 million primarily in social services State and federal administrative revenue associated with anticipated growth in CalWORKs, CalFresh, and Medi-Cal administrative allocations supporting increased staffing, increased operating costs, and the expansion of CalWORKs employment services.
  - ◆ Increase of \$8.5 million in federal stimulus funding to support the COVID-19 Positive Recovery Stipend Program.
  - ◆ Increase of \$7.8 million for one-time anticipated payment for the State’s closeout process and redistribution of Medi-Cal eligibility and CalFresh funding from Fiscal Year 2019–20.
  - ◆ Increase of \$2.5 million in CalFresh Employment and Training revenue tied to increased participation from third party employment and training service providers.
  - ◆ Increase of \$1.8 million associated with increased CalWORKs HVI program funding.
  - ◆ Increase of \$1.2 million in assistance payment revenue to support increased expenditures in WINS & SUAS and CAPI, and revised CalWORKs revenue estimates.
  - ◆ Increase of \$0.4 million in state funding for the CalWORKs Housing Support program based on revised funding allocation.
  - ◆ Decrease of \$4.1 million in Realignment revenue due to increases in federal and State funding allocations for realigned self-sufficiency programs allowing for

redistribution of Realignment funding to Child Welfare Services to support increases in Salaries & Benefits and Services & Supplies.

- ◆ Decrease of \$3.1 million in CalWIN revenue tied to the decrease in CalWIN contracts noted above.
- ◆ Miscellaneous Revenues—decrease of \$0.4 million in recoupment of payments for the General Relief program based on current trends.
- ◆ Use of Fund Balance—decrease of \$2.5 million. A total of \$3.3 million of unassigned General Fund fund balance is budgeted to support increased General Relief assistance payments.
- ◆ General Purpose Revenue Allocation—increase of \$2.2 million to partially offset Salaries & Benefits costs associated with staffing increases.

## Recommended Budget Changes and Operational Impact: 2021–22 to 2022–23

Net decrease of \$3.2 million includes a decrease of \$8.5 million in Other Charges associated with projected ending of COVID-19 Positive Recovery Stipend Program offset by an increase of \$0.7 million in Salaries & Benefits primarily due to required retirement contributions and \$4.6 million in Expenditure Transfer & Reimbursement associated with centralized General Fund support of one-time negotiated labor agreements.







Staffing by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Health Care Policy Administration	2.00	2.00	—	(100.0)	—
Eligibility Operations Administration	262.00	268.00	276.00	3.0	276.00
Regional Self-Sufficiency	2,268.00	2,259.00	2,353.00	4.2	2,353.00
<b>Total</b>	<b>2,532.00</b>	<b>2,529.00</b>	<b>2,629.00</b>	<b>4.0</b>	<b>2,629.00</b>

Budget by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Health Care Policy Administration	\$ 7,504,756	\$ 7,534,019	\$ 6,723,323	(10.8)	\$ 6,731,372
Eligibility Operations Administration	61,190,739	55,812,739	56,000,859	0.3	56,574,168
Assistance Payments	243,185,179	259,974,420	295,309,170	13.6	286,809,170
Regional Self-Sufficiency	215,377,570	227,484,166	255,128,534	12.2	259,824,120
<b>Total</b>	<b>\$ 527,258,244</b>	<b>\$ 550,805,344</b>	<b>\$ 613,161,886</b>	<b>11.3</b>	<b>\$ 609,938,830</b>

Budget by Categories of Expenditures					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Salaries & Benefits	\$ 218,697,176	\$ 235,779,481	\$ 259,544,477	10.1	\$ 260,189,684
Services & Supplies	111,117,510	106,120,715	137,582,560	29.6	137,590,609
Other Charges	197,443,558	208,905,148	220,658,537	5.6	212,158,537
Expenditure Transfer & Reimbursements	—	—	(4,623,688)	—	—
<b>Total</b>	<b>\$ 527,258,244</b>	<b>\$ 550,805,344</b>	<b>\$ 613,161,886</b>	<b>11.3</b>	<b>\$ 609,938,830</b>



Budget by Categories of Revenues					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Fines, Forfeitures & Penalties	\$ 3,800,000	\$ 3,800,000	\$ 3,800,000	0.0	\$ 3,800,000
Revenue From Use of Money & Property	248,605	248,605	248,605	0.0	248,605
Intergovernmental Revenues	481,114,850	504,916,270	568,009,625	12.5	568,086,569
Charges For Current Services	270,000	270,000	270,000	0.0	270,000
Miscellaneous Revenues	1,722,999	2,204,385	1,792,677	(18.7)	1,792,677
Other Financing Sources	1,000,000	1,000,000	1,000,000	0.0	1,000,000
Fund Balance Component Decreases	3,829,117	—	—	0.0	—
Use of Fund Balance	—	5,831,386	3,300,000	(43.4)	—
General Purpose Revenue Allocation	35,272,673	32,534,698	34,740,979	6.8	34,740,979
<b>Total</b>	<b>\$ 527,258,244</b>	<b>\$ 550,805,344</b>	<b>\$ 613,161,886</b>	<b>11.3</b>	<b>\$ 609,938,830</b>



# Aging & Independence Services

## Mission Statement

*To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.*

## Department Description

*Ageing & Independence Services (AIS) provides assistance, information, referral, and support to over 65,000 older adults, persons with disabilities and their family members through a variety of services that help keep them safe in their own homes at low or no cost. In addition, AIS serves as the federally designated Area Agency on Aging (AAA), the County of San Diego's (County) focal point on matters concerning older persons and persons with disabilities. As the AAA, AIS provides a wide array of service programs that promote the well-being of older individuals through the Older Americans Act (OAA).*

*The services AIS provides include, but are not limited to:*

- ◆ **In-Home Supportive Services (IHSS)**—provide access to home-based and caregiver services.
- ◆ **Adult Protective Services (APS)**—investigate allegations of abuse and neglect of older and dependent adults and provide connections to resources that may be of assistance to them.
- ◆ **Senior Health and Social Services**—improve nutritional health of older adults in need by providing approximately 1.1 million meals at various senior dining centers and by delivering to homes; connect over 65,000 residents with services and referrals related to assisted transportation, multi-purpose senior centers, caregiver supports, and health promotion and prevention programs.
- ◆ **Public Administrator (PA), Public Guardian (PG), and Public Conservator (PC)**—acts as the legal guardian or conservator of older and dependent adults who are no longer able to act in their own best interest, resist undue influence, or are gravely disabled because of a psychiatric or cognitive disorder. The Office of the PA/PG/PC also acts as the personal representative for decedent estates for whom there is no other person willing or able to act. In Fiscal Year 2020-21 the PA/PG/PC received 1,880 referrals:
  - ◆ PA—to protect the estates of individuals who die without a will or without an appropriate person to function as an administrator.
  - ◆ PG—to ensure individuals who lack the capacity to make decisions for themselves or handle their assets receive appropriate care and supervision; and



- ◆ PC—to ensure individuals who are gravely disabled receive appropriate food, clothing, shelter, and mental health treatment.

*By 2030, the number of seniors aged 65 years and older in San Diego County is expected to increase to over 665,000. The fastest growing age group, those aged 85 years and older, is projected to increase from an estimated 69,200 in 2020 to more than 100,000 in 2030.*

*The Aging Roadmap is the County's Regional Plan to ensure that our region has programs and communities that support the needs and celebrate the wisdom and experience of the growing population of older adults in our community. The Aging Roadmap was developed through input and information gathered from hundreds of older adults during community assessments and stakeholder interviews. It was launched on September 24, 2019 when the San Diego County Board of Supervisors (Board) directed County staff to implement the Aging Roadmap in partnership with community-based organizations, hospital partners, and County departments. The Aging Roadmap identifies specific goals and action steps in ten priority areas and builds upon Age Well San Diego, the County's initiative to make San Diego communities better places for people of all ages to live healthy, safe and thriving lives. The Roadmap includes the five Age Well Action Plan priorities: health and community support, housing, social participation, transportation, and dementia-friendly; along with five additional priorities: caregiver support, safety, preparedness and response, the silver economy, and the medical and social services system.*

*In order to deliver these critical and essential services, AIS has 492.00 staff years, numerous volunteers, and a budget of \$248.2 million.*

**Strategic Initiative Legend**



For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human and Services Agency Summary. Text that is followed by EWG nomenclature indicates coordination with at least one other department.

**2021–22 Anticipated Accomplishments**

**Building Better Health**

- Promote the implementation of a service delivery system that is sensitive to individuals needs
  - Completed 96% (15,360 of 16,000) of initial eligibility determinations for IHSS within 45 days so individuals can remain safely in their own home, exceeding the State performance expectation of 80% completion in 90 days.
  - Ensured 98% (29,400 of 30,000) of annual reassessments for IHSS were completed timely so older adults and persons with disabilities received the appropriate level of care to remain safely in their own home, exceeding the State performance expectation of 80%.
- Strengthen the local food system and support the availability of healthy foods, nutrition education, and nutrition assistance for those who need it
  - Provided over 4,000,000 meals (an increase from 1,200,000) to older adults who are homebound or in congregate care to help address food insecurity and social isolation. Projected baseline data was exceeded because of increased need during the COVID-19 pandemic.
  - Ensured 75% (75 of 100) of Feeling Fit Club participants surveyed report that they have increased energy, feel better overall, or are more able to conduct activities of daily living.

**Living Safely**

- Plan, build and maintain safe communities to improve the quality of life for all residents
  - Developed an Emergency Preparedness Plan in collaboration with the Office of Emergency Services to assist older adults, people with disabilities, and people with other access and functional needs who are disproportionately affected during times of disaster.

- Conducted 97% (3,880 of 4,000) of face-to-face contacts within 10 days of receiving an APS referral and provided timely assistance and resources that helped adults meet their own needs. The projected baseline was lowered due to the ongoing COVID-19 pandemic and State order for less face-to-face contacts by APS; investigations are being done by phone and video conferencing in many situations. The State direction, per ACL 20-131, issued November 20, 2020 states: Counties must continue to provide an in-person response if an individual faces an immediate life threat, such as physical or sexual abuse.
- Provided 64% (3,200 of 5,000) of victims of older adult abuse and dependent adult abuse who are in need of assistance with supportive services such as housing and relocation services, referrals to in-home assistance, legal services or on-going case management. Although many APS clients refuse services or may engage in services on their own, the participation rate of County APS clients is significantly higher than the State average of 48%.
- Conducted 98% (421 of 430) of investigations for temporary conservatorship within ten business days of referral assignment to protect basic freedom and rights of customers. The number of investigations decreased due to COVID-19 related mental health court closure.
- Filed 93% (42 of 45) of PA/PG accountings concerning all estate assets and liabilities with the Probate Court within 60 days of established guidelines and provided information necessary for proper oversight of conservatorship and decedent affairs. The number of accountings filed decreased due to COVID-19 related Probate court closure.
- Provide and promote services that increase consumer and business confidence
  - Visited 76% (65 of 86) of skilled nursing facilities (SNFs), which provide medical care, quarterly by the Long-Term Care Ombudsman program per federal guidance to strengthen protections for vulnerable older adults and persons with disabilities. This measure was not met due to State limitations on operational capability due to the COVID-19 pandemic.
  - Visited 70% (413 of 591) of Residential Care Facilities for the Elderly (RCFE), which do not provide medical care, quarterly by the Long-Term Care Ombudsman program per federal guidance to strengthen protections for vulnerable older adults and persons with disabilities. This measure was not met due to State limitations on operational capability due to the COVID-19 pandemic.

**Operational Excellence**

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers



- Answered 80% (52,000 of 65,000) of calls to the AIS Call Center, which performs centralized intake for various programs, in under five minutes. Projected baseline data was exceeded as a result of increased need during the COVID-19 pandemic.
- Pursue policy change for healthy, safe and thriving environments with a special focus on residents who are in our care or rely on us for support
  - Continued efforts on the Alzheimer's Project Implementation Plan and regional strategy to improve services for those with Alzheimer's disease and their caregivers by enhancing coordination of community responses to incidents of wandering, convening partners to increase accessible and affordable housing, finalizing and training physicians on assessment and diagnostic tools, and promoting Collaboration for Cure (C4C) funding to support new drug development to identify a cure for Alzheimer's disease. Additional accomplishments include:
    - ◆ Educated and increased awareness of ADRD among caregivers, older adults, and other residents through 13 Dementia Friends Sessions resulting in nearly 30 trained Dementia Friends Champions and over 200 Dementia Friends. During COVID-19, the Dementia Friends Session curriculum transitioned from an in-person curriculum to one that could be conducted virtually.
    - ◆ Continued the implementation of the Age Well San Diego Action Plan with community partners to provide a focus on dementia awareness, increasing accessible/affordable transportation, housing, health/community supports, and opportunities for social participation. Most recently implemented a Dementia Friendly Activities Toolkit for caregivers to provide ideas for simple activities they can do with their care partners.
    - ◆ Since the inception of C4C, awarded \$8.73 million in Federal Research Grants from the National Institute of Aging division of the National Institutes of Health.
    - ◆ Trained over 440 first responders to recognize dementia and refer to APS when encountering families experiencing an Alzheimer's disease related crisis through the Alzheimer's Response Team (ART) Program, resulting in over 220 individuals screened for ART and nearly seventy cases closed since its inception in 2018.
  - Ensured continued action on the Aging Roadmap by providing support to certify all hospitals in the region through the Geriatric Emergency Department Accreditation (GEDA) program, in partnership with the West Health Institute, and ensured older patients receive well-coordinated, quality care at the appropriate level. Ensuring all hospitals are GEDA certified improves the care provided to older adults in emergency departments and ensures the resources to provide that care are available. It also demonstrates a focus on the highest standards of care for our region's older residents.
- Achieved goals across all Aging Roadmap focus areas. The following efforts help to ensure that our region has programs and communities that support the needs and celebrate the contributions of the growing population of older adults in the region.
  - ◆ Held an Accessory Dwelling Unit (ADU) Symposium in collaboration with five County departments, including AIS, Planning and Development Services, Parks and Recreation, the Assessor/Recorder/County Clerk's Office, and the Department of Environmental Health. The event drew over 175 attendees and featured eight speakers with presentations on ADU basics, construction, design, permitting, financing, and new 2020 State laws.
  - ◆ Drafted policy language, in collaboration with partners at Housing and Community Development Services, for the County's Consolidated Plan, which governs affordable housing decisions and funding. The Housing Team provided language describing the specific and unique needs of older adults who are homeless or at risk of homelessness. The proposed language was included in the newly adopted Consolidated Plan (2020-2024).
  - ◆ Collaborated with community partners to get funding to provide technology (iPads) and training to twenty older adults in Chula Vista. The pilot project engages students to assist with the technology training.
  - ◆ Created and disseminated a "Get Connected Guide" with best practices to help older adults and their caregivers avoid social isolation.
  - ◆ Piloted three intergenerational programs to reduce social isolation, including a letter writing program to connect students with residents of a memory care unit, a virtual chat program, and a book discussion group facilitated by the Poway Library.
  - ◆ Developed and disseminated the "Ride Well to Age Well, COVID-19 Edition," in partnership with Facilitated Access to Coordinated Transportation (FACT), Metropolitan Transit Services (MTS), North County Transit District (NCTD), and the Council on Access and Mobility to create a COVID-19 transportation guide for older adults. The guide includes transportation options by region with information on costs, area of service, contact information, and changes in service due to COVID-19.
  - ◆ Collaborated with Circulate San Diego, Program of All-inclusive Care for the Elderly (SDPACE) El Cajon, Elder Multicultural Access, and Support Services (EMASS), MTS, City of El Cajon, and Valhalla High School to develop a grant proposal for the AARP Community



Challenge Grant to familiarize Iraqi older adults with the local public transit system and increase confidence to use the system independently.

- The annual Customer Experience Survey, distributed within AIS each March, was not conducted due to COVID-19. However, the commitment to using a positive service-delivery approach to provide all customers with a positive experience continued throughout the year.

## 2021–23 Objectives



### Building Better Health

- Promote the implementation of a service delivery system that is sensitive to individuals needs
  - Complete 90% (13,950 of 15,500) of initial eligibility determinations for home-based caregiver services through IHSS within 45 days so individuals can remain safely in their own homes.
  - Ensure 97% (30,070 of 31,000) of annual reassessments for home-based caregiver services through IHSS are completed timely so older adults and persons with disabilities receive the appropriate level of care to remain safely in their own home, exceeding the State performance expectation of 80%.
- Strengthen the local food system and support the availability of healthy foods, nutrition education, and nutrition assistance for those who need it
  - Provide 1,000,000 meals to older adults who are homebound or in congregate care to help address food insecurity and social isolation.
  - Ensure 75% (75 of 100) of Feeling Fit Club participants surveyed report that they have increased energy, feel better overall, or are more able to conduct activities of daily living. A survey of at least 100 older adults will be given to Feeling Fit Club participants.



### Living Safely

- Plan, build and maintain safe communities to improve the quality of life for all residents
  - Conduct 97% (6,305 of 6,500) of face-to-face contacts within 10 days of receiving an APS referral to provide timely assistance and resources that help adults meet their own needs.
  - Provide 64% (3,073 of 4,800) of victims of older adult abuse and dependent adult abuse who are in need of assistance and are provided with supportive services such as housing and relocation services, referrals to In-home assistance, legal services, or on-going case management.
  - Complete 98% (441 of 450) of initial assessments for grave disability within ten business days by the Public Conservators Office.

- File 100% (50 of 50) of PA/PD accountings concerning all estate assets and liabilities with the Probate Court within 90 days of established guidelines and provided information necessary for proper oversight of conservatorship and decedent affairs.



### Sustainable Environments/Thriving

- Provide and promote services that increase consumer and business confidence
  - Visit 100% (86) of skilled nursing facilities (SNFs), which provide medical care, quarterly by the Long-Term Care Ombudsman program per federal guidance to strengthen protections for vulnerable older adults and persons with disabilities.
  - Visit 90% (532 of 591) of Residential Care Facilities for the Elderly (RCFE), which do not provide medical care, quarterly by the Long-Term Care Ombudsman program per federal guidance to strengthen protections for vulnerable older adults and persons with disabilities.



### Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
  - Answer 80% (44,000 of 55,000) of calls to the AIS Call Center, which performs centralized intake for various programs, in under five minutes.
- Pursue policy change for healthy, safe and thriving environments with a special focus on residents who are in our care or rely on us for support
  - Ensure continued action on The Alzheimer's Project's Regional Implementation Plan by:
    - ◆ Accelerating identification of a cure for Alzheimer's Disease and Related Dementia (ADRD) by supporting the Collaboration4Cure (C4C) committee, which funds new drug discovery projects.
    - ◆ Training primary care physicians to screen, diagnose and manage ADRD.
    - ◆ Strengthening the local network of services available (such as respite care and community programs) for those with ADRD, their families and caregivers; and
    - ◆ Expanding public awareness of signs and symptoms of ADRD as well as resources available.
  - Ensure continued action on the Aging Roadmap by providing funding and support to certify all hospitals in the region through the Geriatric Emergency Department Accreditation (GEDA) program, in partnership with the West Health Institute, and ensure older patients receive well-coordinated, quality care at the appropriate level. Ensuring all hospitals are GEDA certified improves the care provided to older adults in emergency departments and ensures the





resources to provide that care are available. It also demonstrates a focus on the highest standards of care for our region's older residents.

- Continue achieving goals across all 10 Aging Roadmap focus areas. The Age Well Initiative will reach the end of its five-year term, and new goals and priorities will be developed through strategic planning.

## Related Links

For additional information on the programs offered by the Health and Human Services Agency:

- ◆ <https://www.sandiegocounty.gov/hhsa/>

For additional information on the programs offered by Aging & Independence Services:





- ◆ <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais.html>

For additional information on Residential Care Facilities for the Elderly (RCFEs) and facility scores:

- ◆ <https://choosewellsandiego.org/>

For additional information on the Alzheimer's Project:

- ◆ <http://www.sdalzheimersproject.org>

Performance Measures	2019–20 Actuals	2020–21 Adopted	2020–21 Estimated Actuals	2021–22 Recommended	2022–23 Recommended
 Initial IHSS assessments certified timely (Within 45 Days)	92% of 16,188	90% of 14,800	96% of 16,000	90% of 15,500	90% of 15,500
Annual IHSS assessments recertified timely	87% of 28,396	97% of 28,900	97% of 30,000	97% of 31,000	97% of 31,000
Older adults self-reporting food insecurity <sup>1</sup>	45% of 9,966	N/A	N/A	N/A	N/A
Meals to older adults who are home-bound or in congregate care <sup>1</sup>	N/A	1,000,000	4,000,000	1,000,000	1,000,000
Feeling Fit participants scoring higher than national norms <sup>2</sup>	85% of 158	N/A	N/A	N/A	N/A
Feeling Fit participants reporting better overall health <sup>2</sup>	N/A	75% of 100	75% of 100	75% of 100	75% of 100
 Face-to-face APS investigations conducted within 10 days of referral <sup>6, 10</sup>	97% of 5,417	97% of 6,500	97% of 4,000	97% of 6,500	97% of 6,500
Vulnerable Adults with Supportive Services <sup>3</sup>	N/A	64% of 4,800	64% of 5,000	64% of 4,800	64% of 4,800
PC assessment notes completed within 10 days <sup>4, 6</sup>	98% of 368	98% of 500	98% of 430	N/A	N/A
PC initial assessments completed within 10 days. <sup>4</sup>	N/A	N/A	N/A	98% of 450	98% of 450
AVA cases closed at stable or higher rating <sup>3</sup>	100% of 19	N/A	N/A	N/A	N/A
Timely PA/PG Accountings Filed with Probate Court <sup>6, 11</sup>	100% of 42	94% of 50	93% of 45	N/A	N/A
Timely PA/PG Accountings Filed with Probate Court within 90 days <sup>11</sup>	N/A	N/A	N/A	100% of 50	100% of 50
 Skilled Nursing Facilities visited quarterly <sup>6, 8</sup>	75% of 89	100% of 89	76% of 86	100% of 86	100% of 86
Residential Care Facilities visited quarterly <sup>6, 9</sup>	69% of 591	90% of 629	70% of 591	90% of 591	90% of 591
Older adults linked with RSVP and Intergenerational volunteer opportunities <sup>7</sup>	1,657	N/A	N/A	N/A	N/A
 AIS Call Center calls answered under 5 minutes <sup>5</sup>	N/A	80% of 55,000	80% of 65,000	80% of 55,000	80% of 55,000







### Table Notes

- <sup>1</sup> In Fiscal Year 2020–21, the performance measure on “older adults self-reporting food insecurity” was replaced with “meals delivered to older adults who are home-bound or in congregate care” to demonstrate a focus on addressing social isolation and supporting vulnerable older adult populations with increased nutrition assistance. As a result of COVID-19, the demand for meals significantly increased. Contracted providers began delivering 2-3 meals per day instead of 1 meal per day to ensure adequate food security and nutrition for older adults impacted by the stay at home order.
- <sup>2</sup> In Fiscal Year 2020–21, the performance measure “Feeling Fit participants scoring higher than national norms” was replaced with “Feeling Fit participants reporting better overall health” to better demonstrate improved outcomes of AIS health promotion and prevention programs.
- <sup>3</sup> In Fiscal Year 2020–21, the performance measure on “AVA cases closed at a higher or stable rating” was replaced with “Vulnerable adults with supportive services” to demonstrate supportive services efforts in connecting older adults to resources.
- <sup>4</sup> In Fiscal Year 2021–22, the performance measure on PC assessment notes completed within 10 days was replaced with ‘PC initial assessments completed within 10 days’ to illustrate a more accurate tracking timeline. In Fiscal Year 2020–21, the number of investigations decreased due to COVID-19 related mental health court closure.
- <sup>5</sup> This is a new performance measure in Fiscal Year 2020–21 to demonstrate AIS efficiency of providing services and referrals to assisted transportation, multi-purpose senior centers, caregiver supports, and health promotion and prevention programs. In Fiscal Year 2020–21, the estimated actuals baseline increase is due to APS and IHSS calls continuing to increase every year.
- <sup>6</sup> This measure and/or projected baseline was not met due to operational impacts caused by the COVID-19 pandemic.
- <sup>7</sup> In Fiscal Year 2020–21 this performance measure is being retired due to the impact of the COVID-19 Public Health Order for vulnerable populations to stay at home.
- <sup>8</sup> In Fiscal Year 2020–21, 75% (65 of 86) of Skilled Nursing Facilities will be visited once a quarter due to COVID-19 restrictions. In Fiscal Year 2019-20, 100% (87 of 87) of facilities were visited the first 3 quarters of the year. In the 4th quarter 0% (0 of 87) of facilities were visited as required by State COVID-19 restrictions.
- <sup>9</sup> In Fiscal Year 2020–21, 70% (413 of 591) of Residential Care Facilities will be visited once a quarter due to COVID-19 restrictions. Data is averaged over four quarters. In Fiscal Year 2019-20, 100% (592 of 592) of facilities were visited in quarter one; 99% (585 of 593) of facilities were visited in quarter two; as required by State COVID-19 restrictions, 77% (451 of 587) in quarter three, and 0% (0 of 587) in quarter four.
- <sup>10</sup> In Fiscal Year 2020–21, face-to-face contacts were limited due to the COVID-19 pandemic and resulting State guidance. baseline data decreased due to again, at state direction, doing limited face-to-face contacts due to the COVID-19 pandemic.
- <sup>11</sup> In Fiscal Year 2021–22, the performance measure on ‘Timely PA/PG Accountings Filed with Probate Court’ was replaced with ‘Timely PA/PG Accountings Filed with Probate Court within 90 days’ to align with local court filing guidelines. In Fiscal Year 2020–21, the number of accountings filed decreased due to COVID-19 related Probate court closure.

## Recommended Budget Changes and Operational Impact: 2020–21 to 2021–22

### Staffing

Net increase of 43.00 staff years

- ◆ Increase of 21.00 staff years in the Adult Protective Services (APS) to meet continued growth in referrals and ensure timely delivery of services supporting increased overall safety for vulnerable elders and dependent adults.
- ◆ Increase of 21.00 staff years in the In-Home Support Services (IHSS) program to address continued growth in caseloads and ensure timely and thorough assessments in order to increase safety and decrease the risk of hospitalization and out of home placements.
- ◆ Increase of 1.00 staff year to support the Long-Term Care Ombudsman Program by assisting with in-person facility visits for the elderly.
- ◆ Additionally, staff were transferred among related programs within AIS to manage operational needs.



## Expenditures

Net increase of \$55.9 million

- ◆ Salaries & Benefits—increase of \$5.9 million due to the addition of 43.00 staff years noted above, required retirement contributions, and negotiated labor agreements.
- ◆ Services & Supplies—increase of \$48.1 million
  - ◆ Increase of \$45.0 million to support the Great Plates Delivered program tied to COVID-19 response efforts to deliver meals to older at-risk adults.
  - ◆ Increase of \$2.9 million for the County’s IHSS Maintenance of Effort (MOE) which covers the annual statutory 4% increase in the County’s share of program costs.
  - ◆ Increase of \$0.4 million to support IHSS outreach efforts to both educate the community about the availability of services and to recruit IHSS caregivers in the areas of the County where they are most needed.
  - ◆ Increase of \$0.3 million to align IHSS program integrity costs with current spending levels.
  - ◆ Increase of \$0.2 million for new call center software technology to support increased efficiency, productivity, and improved customer response times in the AIS Call Center.
  - ◆ Increase of \$0.2 million in the San Diego Veterans Independence Service at Any Age (SD-VISA) program providing home and community-based services to veterans.
  - ◆ Decrease of \$0.7 million for completion of the federally and State required Electronic Visit Verification (EVV) system in the In-Home Supportive Services (IHSS) program.
  - ◆ Decrease of \$0.2 million for the completion of one-time costs for the Geriatric Emergency Department Accreditation (GEDA) contract.
- ◆ Expenditure Transfer & Reimbursements—increase of \$0.9 million associated with centralized General Fund support of one-time negotiated labor agreements and IHSS outreach efforts. Since this is a reimbursement, it has a net effect of a \$0.9 million decrease in appropriations. The central funding is supported by resources in Countywide Finance Other.
- ◆ Operating Transfer Out—increase of \$2.8 million in health benefit contributions for eligible IHSS home care workers, which are tied to an increase in paid IHSS service hours.
- ◆ Increase of \$5.4 million in Realignment revenue to fund the increase in the IHSS MOE and to support Salaries & Benefits and Services & Supplies, based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs in health and human service programs.
- ◆ Increase of \$3.5 million in federal and State revenue dedicated for the APS and IHSS program supporting increases in Salaries & Benefits.
- ◆ Increase of \$2.8 million in IHSS federal and State revenue tied to the increase in health benefit contributions for IHSS home care workers.
- ◆ Decrease of \$5.2 million in one-time State General Fund (SGF) allocated in Fiscal Year 2020-21 to partially offset the loss of realignment revenue.
- ◆ Decrease of \$0.4 million primarily in Older Americans Act revenue to fund Administrative costs and Salaries & Benefits for staff providing direct services to align with current allocation.
- ◆ Charges for Current Services—Increase of \$0.1 million in health care information system costs to automate and streamline reporting and centralize delivery of services.
- ◆ Miscellaneous Revenues—increase of \$0.2 million in the SD-VISA program providing home and community-based services to veterans.
- ◆ Fund Balance Component Decreases—decrease of \$0.4 million in Committed Realignment. There is no amount budgeted.
- ◆ Use of Fund Balance—decrease of \$0.6 million in Use of Fund Balance. There is no amount budgeted.
- ◆ General Purpose Revenue Allocation—increase of \$5.5 million tied to reallocation within the programs funded with one-time SGF in Fiscal Year 2020-21.

## Revenues

Net increase of \$55.9 million

- ◆ Intergovernmental Revenues—increase of \$51.1 million.
  - ◆ Increase of \$45.0 million in Federal Emergency Management Agency (FEMA) homeland security funding to support the Great Plates Delivered Program.

## Recommended Budget Changes and Operational Impact: 2021–22 to 2022–23

Net decrease of \$38.5 million is the result of a \$42.5 million decrease in Services & Supplies offset by an increase of \$0.9 million Expenditure Transfer & Reimbursements associated with centralized General Fund support of one-time negotiated labor agreements and an increase of \$3.1 million in Operating Transfers Out to reflect an increase in health benefit contributions for eligible IHSS home care workers tied to growth in IHSS paid service hours. The net decrease of \$42.5 million in Services & Supplies includes a \$45.0 million decrease tied to the anticipated completion of the Great Plates Delivered Program offset by \$2.5 million primarily tied to the 4% annual increase in the IHSS MOE.





Staffing by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
In-Home Supportive Services	213.00	210.00	229.00	9.0	229.00
Senior Health and Social Services	40.00	41.00	41.00	0.0	41.00
Protective Services	110.00	112.00	136.00	21.4	136.00
Administrative and Other Services	29.00	29.00	29.00	0.0	29.00
Public Administrator/Guardian/Conservator	57.00	57.00	57.00	0.0	57.00
<b>Total</b>	<b>449.00</b>	<b>449.00</b>	<b>492.00</b>	<b>9.6</b>	<b>492.00</b>

Budget by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
In-Home Supportive Services	\$ 131,607,069	\$ 136,592,930	\$ 144,600,074	5.9	\$ 150,903,752
Senior Health and Social Services	17,938,999	19,768,895	64,853,405	228.1	19,887,171
Protective Services	18,194,646	19,488,186	22,169,256	13.8	22,371,129
Administrative and Other Services	6,617,159	7,224,371	7,296,037	1.0	7,281,292
Public Administrator/Guardian/Conservator	8,736,985	9,244,596	9,259,500	0.2	9,280,128
<b>Total</b>	<b>\$ 183,094,858</b>	<b>\$ 192,318,978</b>	<b>\$ 248,178,272</b>	<b>29.0</b>	<b>\$ 209,723,472</b>

Budget by Categories of Expenditures					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Salaries & Benefits	\$ 52,269,937	\$ 55,591,021	\$ 61,475,010	10.6	\$ 61,445,722
Services & Supplies	100,533,109	103,423,592	151,568,520	46.6	109,096,354
Other Charges	250,000	250,000	253,236	1.3	250,000
Expenditure Transfer & Reimbursements	(127,869)	—	(955,412)	—	—
Operating Transfers Out	30,169,681	33,054,365	35,836,918	8.4	38,931,396
<b>Total</b>	<b>\$ 183,094,858</b>	<b>\$ 192,318,978</b>	<b>\$ 248,178,272</b>	<b>29.0</b>	<b>\$ 209,723,472</b>



Budget by Categories of Revenues					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Licenses Permits & Franchises	\$ 57,772	\$ 57,772	\$ 57,772	0.0	\$ 57,772
Fines, Forfeitures & Penalties	172,489	172,489	172,489	0.0	172,489
Revenue From Use of Money & Property	65,000	85,000	85,000	0.0	85,000
Intergovernmental Revenues	163,959,896	177,544,400	228,610,857	28.8	189,396,188
Charges For Current Services	750,000	730,000	830,000	13.7	1,589,869
Miscellaneous Revenues	1,846,529	1,783,939	2,023,150	13.4	2,023,150
Other Financing Sources	100,000	100,000	100,000	0.0	100,000
Fund Balance Component Decreases	1,453,673	387,985	—	(100.0)	—
Use of Fund Balance	—	638,121	—	(100.0)	—
General Purpose Revenue Allocation	14,689,499	10,819,272	16,299,004	50.6	16,299,004
<b>Total</b>	<b>\$ 183,094,858</b>	<b>\$ 192,318,978</b>	<b>\$ 248,178,272</b>	<b>29.0</b>	<b>\$ 209,723,472</b>



# Behavioral Health Services

## Mission Statement

*To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.*

## Department Description

*Behavioral Health Services (BHS) provides mental health and substance use disorder services to nearly 120,000 (Fiscal Year 2019-20) San Diego County residents of all ages through coordinated systems of care. Services are provided through 9 county-operated programs, more than 300 contracts, and 800 individual fee-for-service providers.*

*Inpatient health services are provided through the San Diego County Psychiatric Hospital (SDCPH) and Edgemoor, a Distinct Part Skilled Nursing Facility (DP-SNF).*

*Due to the impact of COVID-19, many service providers have transitioned to telehealth and telephonic services. While the services provided by BHS have remained operational, public health orders mandating physical distancing guidelines have influenced how services are rendered.*

*Services include but are not limited to, the list below with numbers reflecting the end of Fiscal Year 2019-20:*

- ◆ **Access and Crisis Line**—answer more than 74,000 calls annually by licensed clinical staff to provide crisis intervention and referrals.
- ◆ **Acute Inpatient Hospitalization Services**—provide 24/7 care and help patients of all ages address a mental health crisis, become stabilized, and move to a less restrictive level of care. In Fiscal Year 2019-20, services in this category include 60 inpatient beds and 18 crisis stabilization unit (CSU) beds at the San Diego County Psychiatric Hospital, with access to an additional 591 licensed inpatient beds.
- ◆ **Adult Recovery Centers (RCs)**—offer outpatient SUD treatment and recovery services to more than 5,000 individuals, which includes service connections to support the individual's recovery.
- ◆ **Services in Adult Residential Facilities**—provide support to 167 individuals who require psychiatric treatment and psycho/social rehabilitative services in a home-like residential facility, with the goal of maintaining or improving client functioning in the community to prevent or minimize institutionalization.
- ◆ **Collaborative Courts**—provide more than 450 individuals court directed substance use disorder and mental health treatment services in lieu of prison time.



- ◆ **Crisis Residential Services**—provide mental health services to more than 2,700 adults who are experiencing a crisis and require treatment.
- ◆ **Crisis Stabilization Units (CSUs)**—provide, short-term (less than 24 hours) psychiatric emergency services for more than 8,300 youth and adults through three 24/7 facilities.
- ◆ **Edgemoor Distinct Part Skilled Nursing Facility**—has a maximum bed capacity of 192 and provides 24-hour, long-term skilled nursing care for individuals having complex medical needs who require specialized interventions from highly trained staff.
- ◆ **Friday Night Live Partnership**—engage youth in alcohol and drug prevention activities on 18 middle school campuses and 30 high school campuses located throughout the county.
- ◆ **Full-Service Partnership (FSP) Programs**—embrace a “whatever it takes” approach to treatment serving approximately 16,000 residents with a serious mental illness including those who were homeless (or at-risk of homelessness) with linkages to housing and employment services.
- ◆ **In-Home Outreach Team (IHOT) and Assisted Outpatient Treatment (AOT)**—offer services for people with a mental illness who are resistant to treatment in accordance with Laura’s Law; IHOT/AOT receives more than 950 referrals with more than 600 individuals accepted into the programs.
- ◆ **Long-Term Residential Care**—includes an estimated 400 beds in the following settings: Institutions for Mental Disease (Mental Health Rehabilitations Center, Skilled Nursing Facilities (SNFs)/Special Treatment Programs), and Board and Care Facilities.
- ◆ **Mobile Crisis Response Teams (MCRTs)**—provide a non-law enforcement, community-based crisis response designed to engage individuals in behavioral health services and reduce law enforcement interventions when clinically appropriate. MCRTs are comprised of clinicians, case managers, and peer support specialists to provide a clinician-only crisis intervention, triage for level of care need, link to appropriate behav-

ioral health services, and if clinically indicated, transport to a crisis stabilization unit or walk-in assessment center as appropriate. A pilot program launched in North County in early 2021, with plans to expand countywide.

- ◆ **Pathways to Well Being**—supports the provision of Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and the Child and Family Team (CFT) for over 2,000 youth involved in Child Welfare Services, as well as for non-CWS involved youth receiving services in mental health treatment programs who have multi-system involvement (Probation, Education, Regional Centers, etc.).
- ◆ **Perinatal Recovery Centers**—offer outpatient SUD treatment and recovery services to more than 946 individuals, which includes specialized programming for pregnant and parenting mothers as well as services for their young children.
- ◆ **Prevention and Early Intervention (PEI) Programs**—support mental health awareness, and encourage access, reduce stigma and discrimination towards individuals with mental illness and increase awareness of suicide prevention.
- ◆ **Psychiatric Emergency Response Teams (PERT)**—pairs a clinician with a law enforcement officer to respond to 911 calls for individuals who are experiencing a mental health crisis, with the goal of providing more compassionate and effective handling of over 12,000 crisis intervention incidents through 70 teams. The PERT Emergency Medical Services (EMS), which pairs a clinician with EMS personnel (two teams) was piloted in Fiscal Year 2018-19 to proactively outreach and engage with individuals with mental illness who frequently call 911 for medical services, with the goal of linking these individuals to ongoing services and decreasing the frequency of 911 calls and emergency department transports; in Fiscal Year 2019-20, PERT EMS provided 77 crisis intervention contacts and 651 community and engagement contacts.
- ◆ **Regional Substance Use Disorder (SUD) Prevention Programs**—leverage environmental prevention strategies and media advocacy to collaborate with community groups (including youth) to change community conditions that contribute to SUD-related problems.
- ◆ **School-Based Mental Health Services**—offer outpatient mental health treatment in more than 400 designated schools throughout the County; services are known as SchoolLink.

- ◆ **Teen Recovery Centers (TRCs)**—offer outpatient substance use disorder treatment services to over 924 youth ages 12-17 through regionally-based clinic locations and more than 16 school-based facilities; During the pandemic, the school-based facilities shifted to telephone and telehealth services, with limited face-to-face services occurring through the clinics and in the community; and
- ◆ **Wraparound Programs**—provide individualized and intensive case management services to more than 560 children and youth with complex behavioral health service needs.

*In addition to the services above, BHS is leading a systemwide transformation of mental health and substance use disorder services through:*

- ◆ **Behavioral Health Continuum of Care (COC) efforts**—enhance, expand, and innovate the array of behavioral health programs throughout the region and in collaboration with justice partners, hospitals, community health centers, and other community-based providers. COC efforts include the establishment of behavioral health hubs, networks, and new care coordination services to ensure people have access to the appropriate level of psychiatric services to meet their immediate needs and support their long-term recovery.
- ◆ **The Drug Medi-Cal Organized Delivery System (DMC-ODS)**—provides an array of enhanced services for clients experiencing substance use disorders including withdrawal management, expanded case management, post-treatment recovery services, residential treatment, physician consultation, and medication-assisted treatment services.
- ◆ **It's Up to Us**—informs the public through a media campaign designed to engage unserved and underserved populations, address mental health stigma, and prevent suicide. Future plans for this campaign will highlight culture- and community-specific experiences of behavioral health and will include targeted messaging to populations who are disproportionately impacted due to health inequities or because they do not seek services to treat behavioral health conditions.

*In order to deliver these critical services, BHS has 1,092.50 staff years, including medical professionals, and a budget of \$812.7 million that includes payments made to care providers.*





Strategic Initiative Legend

BBH	LS	SE/T	OE
	- Audacious Vision		
	- Enterprise Wide Goal		
	- Department Objective		

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human and Services Agency Summary. Text that is followed by EWG nomenclature indicates coordination with at least one other department.

2020–21 Anticipated Accomplishments



Building Better Health

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
  - Ensured 90% (1,350 of 1,500) of individuals who were admitted to the San Diego Psychiatric Hospital (SDCPH), were not readmitted within 30 days of discharge, demonstrating accountability and commitment to outstanding patient care.
  - Diverted 70% (4,690 of 6,700) of residents (of all ages) who received crisis stabilization services from inpatient hospitalization. Crisis stabilization units provide 24/7, short-term services (less than 24 hours) to individuals who are experiencing a psychiatric emergency.
  - Ensured 75% (1,950 of 2,600) of Full-Service Partnership/Assertive Community Treatment (FSP/ACT) participants did not utilize emergency services while enrolled in the program. FSP/ACT services are the highest level of outpatient care serving homeless individuals (or at risk of homelessness) with a “whatever it takes, 24/7” approach to treatment, which includes housing and employment services.
  - Diverted 80% (2,160 of 2,700) of individuals who completed mental health treatment while residing in crisis residential beds from being readmitted to a crisis residential program or hospital within 30 days of discharge, which supports an individual’s successful integration into the community.
  - Ensured 100% (900) of adolescents had an appointment at a Substance Use Disorder (SUD) outpatient program within ten business days of requesting services.
  - Continued efforts to enhance the array of behavioral health programs throughout the region and in collaboration with justice partners, hospitals, community health centers, and other community-based providers to ensure people have access to the appropriate level of psychiatric services to meet their immediate needs and support their long-term recovery.



Living Safely

- Plan, build and maintain safe communities to improve the quality of life for all residents
  - Diverted 50% (5,500 of 11,000) of adults from psychiatric hospitalization or incarceration through crisis intervention services provided by the Psychiatric Emergency Response Team (PERT). The PERT model pairs a clinician with law enforcement to ensure an appropriate response, which includes linkages to needed services for individuals who may be experiencing a mental health crisis.
- Fully implement a balanced-approach model that reduces crime by holding offenders accountable while providing them access to rehabilitation
  - Ensured 50% (1,100 of 2,200) of justice-referred clients who are discharged from a substance use treatment program with a referral are connected to another level of care within 30 days to ensure ongoing support and treatment.



Sustainable Environments/Thriving

- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and finding solutions to current and future challenges
  - Provided training to 35,000 community members county-wide and enhanced community recognition of suicide warning signs and mental health crises so they can refer those at risk to available resources. These trainings empowered community members to help connect others to needed services and lessen the likelihood of negative outcomes.



Operational Excellence

- Strengthen our customer service culture to ensure a positive customer experience
  - Answered 95% (59,850 of 63,000) of calls to the Access and Crisis Line (ACL) within an average of 60 seconds and provided timely access for individuals seeking behavioral health services.
- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
  - Edgemoor Distinct Part Skilled Nursing Facility (Edgemoor) maintained five of five stars on the Centers for Medicare and Medicaid Services (CMS) Rating System. The CMS Five-Star Quality Rating System is a tool to help consumers select and compare skilled nursing care centers using standards that push the difficulty of achieving top tier performance. Maintaining five stars ensured Edgemoor will remain in the top ten percent of skilled nursing facilities in California.



- Edgemoor was once again named #1 nursing home in Newsweek’s ranking of America’s Best Nursing Homes 2021. This list highlights top nursing homes, compared to others in the state, based on performance data, peer recommendations, and the facility’s handling of the COVID-19 threat.
- Ensured 85% (7,055 of 8,300) of individuals seeking outpatient substance use disorder treatment were offered an appointment within the ten-day timeliness standard as measured by the Third Next Available Appointment (TNAA). TNAA is a nationally recognized industry standard that most closely reflects a program’s true access time as the first and second next available appointments might be due to client cancellation or another event that is not predictable or reliable.
- Provided exceptional customer service to BHS customers as demonstrated through an average satisfaction rating of 4.8 (one to five scale) on the Customer Experience Survey. This was achieved through a commitment to using a positive service-delivery approach to provide all customers with a positive experience.

**2021–23 Objectives**

**Building Better Health**

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
  - Ensure 90% (1,620 of 1,800) of individuals who are admitted to the San Diego Psychiatric Hospital (SDCPH), are not readmitted within 30 days of discharge, demonstrating accountability and commitment to outstanding patient care.
  - Divert 70% (4,690 of 6,700) of residents (of all ages) who receive crisis stabilization services from inpatient hospitalization. Crisis stabilization units provide 24/7, short-term services (less than 24 hours) to individuals experiencing a psychiatric emergency.
  - Ensure 75% (1,950 of 2,600) of FSP/ACT program participants do not utilize emergency services while enrolled in the program. FSP/ACT services are the highest level of outpatient care serving homeless individuals (or at risk of homelessness) with a “whatever it takes, 24/7” approach to treatment, which includes housing and employment services.
  - Ensure 80% (2,160 of 2,700) of individuals who complete crisis residential treatment will not be readmitted to a crisis residential program or hospital within 30 days of discharge, which supports an individual’s successful integration into the community.

**Living Safely**

- Plan, build and maintain safe communities to improve the quality of life for all residents
  - Divert 50% (6,000 of 12,000) of individuals of all ages from psychiatric hospitalization or incarceration through crisis intervention services provided by the Psychiatric Emergency Response Team (PERT), which include linkages to appropriate services. The PERT model pairs a clinician with law enforcement to ensure appropriate response to an individual who may be experiencing a mental health crisis.
  - Divert 80% (3,200 of 4,000) of individuals who are engaged by a Mobile Crisis Response Team (MCRT) from a higher level of care. MCRTs provide a non-law enforcement, community-based crisis response designed to engage individuals in behavioral health services and reduce law enforcement interventions when clinically appropriate. The MCRT program began in North County with plans to expand countywide throughout Fiscal Year 2021-22.
- Fully implement a balanced-approach model that reduces crime by holding offenders accountable while providing them access to rehabilitation
  - Ensure 50% (1,100 of 2,200) of justice referred clients who are discharged from a substance use treatment program with a referral are connected to another level of care within 30 days to ensure ongoing support and treatment.

**Sustainable Environments/Thriving**

- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and finding solutions to current and future challenges
  - Provide training to 35,000 community members county-wide to enhance community recognition of suicide warning signs and mental health crises so they can refer those at risk to available resources. These trainings empower community members to be able to help connect others to needed services and lessen the likelihood of negative outcomes.

**Operational Excellence**

- Strengthen our customer service culture to ensure a positive customer experience
  - Answer 95% (59,850 of 63,000) of calls to the Access and Crisis Line (ACL) within 60 seconds to provide timely access for individuals seeking behavioral health services.
- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
  - Edgemoor Distinct Part Skilled Nursing Facility will maintain five of five stars on the Centers for Medicare and Medicaid Services (CMS) Rating System. The CMS Five-Star Quality Rating System is a tool to help consumers select





and compare skilled nursing care centers using standards that push the difficulty of achieving top tier performance. Maintaining five stars ensures Edgemoor will remain in the top ten percent of skilled nursing facilities in California.

- Ensure 85% (7,055 of 8,300) of individuals seeking outpatient substance use disorder treatment are offered an appointment within the ten-day timeliness standard as measured by the Third Next Available Appointment (TNAA). TNAA is a nationally recognized industry standard that most closely reflects a program's true access time as the first and second next available appointments might be due to client cancellation or another event that is not predictable or reliable.

## Related Links





For information about mental illness, how to recognize symptoms, use local resources and access assistance, go to:

- ◆ [www.Up2SD.org](http://www.Up2SD.org)

For additional information on the programs offered by the Health and Human Services Agency, refer to the website:

- ◆ [www.sandiegocounty.gov/hhsa](http://www.sandiegocounty.gov/hhsa)



Performance Measures	2019–20 Actuals	2020–21 Adopted	2020–21 Estimated Actuals	2021–22 Recommended	2022–23 Recommended
 PLL Candidates Successfully Linked to Services <sup>3</sup>	49% of 147	N/A	N/A	N/A	N/A
SDCPH patients not readmitted within 30 days <sup>1</sup>	94% of 1,820	90% of 1,500	90% of 1,500	90% of 1,800	90% of 1,800
CSU Patients Diverted From Psychiatric Hospitalization	67% of 8,311	70% of 6,700	70% of 6,700	70% of 6,700	70% of 6,700
FSP/ACT participants who decreased use of inpatient and emergency services <sup>2</sup>	57% of 1,628	N/A	N/A	N/A	N/A
FSP/ACT participants who decreased use of emergency services <sup>2</sup>	N/A	75% of 2,600	75% of 2,600	75% of 2,600	75% of 2,600
Individuals not readmitted to a crisis residential program and/or hospital within 30 days <sup>1</sup>	77% of 2,876	80% of 2,700	80% of 2,700	80% of 2,700	80% of 2,700
Adolescents receiving timely access to SUD treatment <sup>4</sup>	94% of 829	100% of 900	100% of 900	N/A	N/A
 PERT Interventions not resulting in hospitalization or incarceration	47% of 12,306	50% of 11,000	50% of 11,000	50% of 12,000	50% of 12,000
Drug and Re-entry court participants who did not have criminal activity resulting in a conviction while enrolled in the program <sup>2</sup>	100% of 157	N/A	N/A	N/A	N/A
Justice referred clients transferred to another level of care within 30 days of SUD discharge <sup>2</sup>	N/A	50% of 2,200	50% of 2,200	50% of 2,200	50% of 2,200
 Community members receiving suicide prevention training <sup>1</sup>	40,466	35,000	35,000	35,000	35,000
 Edgemoor CMS Rating System	5	5	5	5	5
Access and Crisis Line answered within an average of 60 seconds	99% of 70,466	95% of 63,000	95% of 63,000	95% of 63,000	95% of 63,000

*Table Notes*

- <sup>1</sup> BHS provides mental health and substance use disorder services to San Diego County residents based on need and can only estimate the number expected to be served due to the inability to project the exact demand for behavioral health services each year.
- <sup>2</sup> Performance measure revised to demonstrate improved outcomes with a broader population.
- <sup>3</sup> The performance measure related to Potential Laura’s Law candidates will be retired in Fiscal Year 2020–21 due to a desire to highlight BHS services with expanded populations.
- <sup>4</sup> In Fiscal Year 2020–21, adolescents receiving timely access to SUD treatment is being retired in order to broaden the focus on measuring timely access for all clients receiving SUD treatment services as reflected by the Third Next Available (TNA) metric.





## Recommended Budget Changes and Operational Impact: 2020–21 to 2021–22

### Staffing

Net increase of 86.00 staff years

- ◆ Increase of 56.00 staff years to address increased administrative support requirements associated with continued service increases and to further expand the department’s data science footprint to help guide clinical efforts and improve system integration.
- ◆ Increase of 23.00 staff years to inpatient health services to address increased census and services levels at the San Diego County Psychiatric Hospital (SDCPH).
- ◆ Increase of 5.00 staff years in the juvenile forensics unit to enhance clinical services for youth involved in the juvenile justice system.
- ◆ Increase of 2.00 staff years due to a transfer from Public Health Services (PHS) to support pharmaceutical services to County programs.
- ◆ Additionally, staff were transferred among related programs within BHS to manage operational needs.

### Expenditures

Net increase of \$34.2 million

- ◆ Salaries & Benefits—increase of \$20.7 million due to the addition of 86.00 staff years noted above, required retirement contributions, and negotiated labor agreements.
- ◆ Services & Supplies—net increase of \$14.4 million.
  - ◆ Increase of \$10.0 million to redesign the service delivery of biopsychosocial recuperation programs consistent with evidence-based best practices in the field including lowering staff to client ratios to improve outcomes and enhancing mobile outreach services to increase services to clients reluctant to engage in traditional settings.
  - ◆ Increase of \$7.4 million to support increased crisis stabilization services that will provide the full array of crisis stabilization services and will result in enhanced access and improved quality of behavioral health care.
  - ◆ Increase of \$6.0 million to increase capacity for lower levels of mental health services, including Assertive Community Treatment (ACT) and Strength Based Case Management treatment slots and increased Augmented Services Program beds, to ensure clients are placed at the correct level of care and to reduce usage of emergency rooms.
  - ◆ Increase of \$5.0 million for the continued rollout of the Countywide Mobile Crisis Response Teams (MCRT). A total of \$10.0 million is budgeted for MCRT to provide an alternative to dispatching law enforcement when an individual is having a behavioral health or substance use crisis.

- ◆ Increase of \$4.2 million for one-time IT projects to modernize electronic health records and data sharing.
- ◆ Increase of \$2.5 million for inpatient hospital services rate increases to align with hospital provider operational costs.
- ◆ Increase of \$1.6 million primarily due to increased Long-Term Care Facility rates for Institutes for Mental Disease (IMD) to meet State mandated increases.
- ◆ Increase of \$1.4 million for cost-of-living adjustments to various contracts and increased operating costs to align with additional staff.
- ◆ Decrease of \$20.4 million tied to prior year one-time investments associated with telehealth and On-site Care Coordination.
- ◆ Decrease of \$3.3 million in contracted services primarily tied to the ending of Proposition 47 grant funding.
- ◆ Expenditure Transfer & Reimbursements—increase of \$0.9 million associated with increased staffing costs in the juvenile forensics unit funded through a Memorandum of Understanding (MOU) with the Probation Department. Since this is a reimbursement, it has the effect of \$0.9 million decrease in appropriations.

### Revenues

Net increase of \$34.2 million

- ◆ Intergovernmental Revenue—increase of \$4.5 million.
  - ◆ Net Increase of \$25.1 million in federal and State mental health services funding driven by increased rates, expanded units of service, and a temporary increase in the Federal Medical Assistance Percentage (FMAP) provided under the Families First Coronavirus Response Act in the Short-Doyle Medi-Cal (SDMC) program.
  - ◆ Increase of \$12.8 million in Realignment revenue to support Salaries & Benefits and enhanced contracted services based on projected Statewide sales tax receipts and vehicle license fees dedicated to Health and Human Services.
  - ◆ Decrease of \$15.0 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act revenue supporting one-time telehealth investments made as part of the COVID-19 response efforts.
  - ◆ Decrease of \$13.9 million in one-time State General Fund (SGF) allocated in Fiscal Year 2020-21 to partially offset the loss of realignment revenue tied to the economic downturn.
  - ◆ Net Decrease of \$4.5 million in various revenue sources for substance use disorder services primarily to reflect the end dating of various funding sources.
- ◆ Charges for Current Services—decrease of \$1.1 million primarily due to lower projected utilization of forensic evaluation services provided to the Superior Court and lower estimated collection of DUI fees due to the pandemic.



## BEHAVIORAL HEALTH SERVICES

- ◆ Fund Balance Component Decrease—decrease of \$6.4 million in Committed Realignment. There is no amount budgeted.
- ◆ Use of Fund Balance—increase of \$29.5 million. A total of \$29.5 million of unassigned General Fund fund balance is budgeted to stabilize mental health and alcohol & drug program services to Fiscal Year 2022-23 when Realignment revenue growth is projected to be received.
- ◆ General Purpose Revenue Allocation—net increase of \$7.7 million. This includes an increase of \$10.0 million for MCRT offset by a temporary increase in the FMAP provided under the Families First Coronavirus Response Act.

### Recommended Budget Changes and Operational Impact: 2021–22 to 2022–23

Decrease of \$34.3 million includes \$0.3 million in Salaries & Benefits and \$34.0 million in Services & Supplies tied to ending of one-time projects.





Staffing by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Alcohol and Other Drug Services	55.00	32.00	31.00	(3.1)	31.00
Mental Health Services	206.50	209.50	214.50	2.4	214.50
Inpatient Health Services	583.00	580.00	603.00	4.0	603.00
Behavioral Health Svcs Administration	163.00	185.00	244.00	31.9	244.00
<b>Total</b>	<b>1,007.50</b>	<b>1,006.50</b>	<b>1,092.50</b>	<b>8.5</b>	<b>1,092.50</b>

Budget by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Alcohol and Other Drug Services	\$ 186,138,067	\$ 173,205,615	\$ 170,806,879	(1.4)	\$ 170,839,140
Mental Health Services	411,591,965	480,051,767	492,876,266	2.7	458,126,386
Inpatient Health Services	89,362,095	93,867,957	108,477,445	15.6	108,829,241
Behavioral Health Svcs Administration	25,794,866	31,338,969	40,552,273	29.4	40,600,369
<b>Total</b>	<b>\$ 712,886,993</b>	<b>\$ 778,464,308</b>	<b>\$ 812,712,863</b>	<b>4.4</b>	<b>\$ 778,395,136</b>

Budget by Categories of Expenditures					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Salaries & Benefits	\$ 114,338,599	\$ 125,621,157	\$ 146,298,402	16.5	\$ 145,970,533
Services & Supplies	607,820,893	662,249,570	676,726,767	2.2	642,771,137
Other Charges	20,000	20,000	20,000	0.0	20,000
Capital Assets Equipment	186,500	186,500	186,500	0.0	186,500
Expenditure Transfer & Reimbursements	(9,478,999)	(9,612,919)	(10,518,806)	9.4	(10,553,034)
<b>Total</b>	<b>\$ 712,886,993</b>	<b>\$ 778,464,308</b>	<b>\$ 812,712,863</b>	<b>4.4</b>	<b>\$ 778,395,136</b>

Budget by Categories of Revenues					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Intergovernmental Revenues	\$ 620,575,856	\$ 638,159,826	\$ 642,622,334	0.7	\$ 670,690,493
Charges For Current Services	45,040,047	67,262,556	66,202,425	(1.6)	58,316,539
Miscellaneous Revenues	1,239,578	27,559,578	27,520,872	(0.1)	2,520,872
Other Financing Sources	4,400,000	8,400,000	8,400,000	0.0	8,400,000
Fund Balance Component Decreases	—	6,340,116	—	(100.0)	—
Use of Fund Balance	—	—	29,500,000	—	—
General Purpose Revenue Allocation	41,631,512	30,742,232	38,467,232	25.1	38,467,232
<b>Total</b>	<b>\$ 712,886,993</b>	<b>\$ 778,464,308</b>	<b>\$ 812,712,863</b>	<b>4.4</b>	<b>\$ 778,395,136</b>



# Child Welfare Services

## Mission Statement

*To make people’s lives healthier, safer and self-sufficient by delivering essential services in San Diego County.*

## Department Description

*Child Welfare Services (CWS) is committed to strengthening families by providing trauma informed prevention and protection services to nearly 4,800 vulnerable children, their families and communities across the county, to reduce child abuse and neglect.*

*The vision of CWS is that every child grows up safe and nurtured. CWS staff are trained to help families and communities develop plans and make decisions to keep children safe. Three priorities guide these decisions:*

- 1. Safely stabilizing and preserving families; and if that is not possible,*
- 2. Safely caring for children and reunifying children to their families of origin; and if reunification is not possible,*
- 3. Safely supporting the development of permanency and lifelong relationships for children and youth.*

*CWS meet the needs of children, their families and the community, through the following programs:*

- ◆ **Child Abuse and Neglect Hotline**—receive and respond to nearly 43,000 calls from the community about the safety and wellbeing of children, 24 hours a day, 7 days a week, representing nearly 44,000 children.
- ◆ **Regional Operations**—assess and investigate allegations of abuse or neglect, as well as place children in protective custody when they are unable to safely remain in their home. Social workers work closely with the courts and legal partners to provide services to reunify families, ensuring that the safety of the child is at the forefront.
- ◆ **Foster and Adoptive Resource Family Services (FARFS)**—provide placement stability and permanency for over 1,700 children in out-of-home care with a relative, a close family friend, foster home or group home. Services are provided through Adoptions, Foster Parent Recruitment and Retention, and Foster Care Placement and Support services.
- ◆ **Extended Foster Care (EFC)**—provide continued foster care benefits and services to over 340 youth annually who are 18 to 21 years of age to help support the youth’s transition toward adult independence.



- ◆ **Resource Family Approval (RFA)**—replaces multiple caregiver approval processes with a single unified, family friendly and child-centered process to foster or adopt a child/youth involved with CWS and/or probation; and
- ◆ **Residential Care:**
  - ◆ **A.B. and Jessie Polinsky Children’s Center**—provide 24-hour temporary emergency shelter for children who are separated from their families for their own safety or when parents cannot provide care. Each month, an average of 114 children from birth to 17 years of age are admitted to the Polinsky Children’s Center.
  - ◆ **San Pasqual Academy**—provide approximately 70 foster youth with a stable and caring home, quality individualized education and the skills needed for independent living. As a first-in-the-nation residential education campus, San Pasqual Academy provides strong linkages to permanent connections, transitional housing and post-emancipation services. San Pasqual Academy is a unique placement option for County of San Diego dependents, 12 to 18 years old, and Non-Minor Dependents (NMDs) up to age 19 years old.

*CWS is committed to improving service delivery by identifying and implementing best practices that are culturally competent, family-centered, child-focused and trauma-informed such as addressing the challenges of disproportionality through support of the Child and Family Strengthening Advisory Board, through increased utilization of the Family Support Liaisons program and the development of a framework for child abuse prevention.*

*To ensure these critical services are provided, CWS has 1,530.00 staff years and a budget of \$415.8 million, which includes assistance payments. For more information about assistance payments, see Appendix D.*

**Strategic Initiative Legend**

BBH	LS	SE/T	OE
	- Audacious Vision		
	- Enterprise Wide Goal		
	- Department Objective		

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human and Services Agency Summary. Text that is followed by EWG nomenclature indicates coordination with at least one other department.

**2020–21 Anticipated Accomplishments**

**Building Better Health**

- Promote the implementation of a service delivery system that is sensitive to individuals needs
  - Screened 100% (1,500) of children ages 0-17, who have a new case under the supervision of the Juvenile Court for mental health needs in accordance with the California State standards. These efforts ensured that all children had access to trauma-informed mental health services. The baseline projection was exceeded due to expanding assessments for children of all ages.
  - Placed 40% (680 of 1,700) of foster care children with a relative or close non-family member to minimize trauma to children and maintained their connections to familiar environments, exceeding statewide average of 36%.
  - Maintained 4.12 moves per 1,000 days for all foster children in care meeting the federal standard for the rate of placement moves of 4.12. Fewer placements minimize the trauma that children experience and may help lessen negative impacts to their school performance.
  - Finalized over 265 adoptions to support the development of permanency and lifelong relationships for children and youth.

**Living Safely**

- Strengthen our prevention and enforcement strategies to protect our youth from crime, neglect and abuse
  - Ensured 40.5% (405 of 1,000) of children removed from the home due to safety concerns achieved permanency within 12 months to support family strengthening. Federal standard is 40.5%.
  - Ensured 92% (322 of 350) of children who return home or enter legal guardianship do not reenter foster care within 12 months of going home, through family strengthening

and child abuse prevention efforts. The baseline projection was lowered due to operational impacts caused by the COVID-19 pandemic.

- Increased by 10% (1,330 to 1,460) the number of resource families ready and available to receive placement of foster children to minimize trauma and support child safety, permanency and well-being.

**Operational Excellence**

- Completed 82% (44,280 of 54,000) of calls to the Child Abuse Hotline to ensure timely assessments and response determination, resulting in an increase in protection of children.
- Provided exceptional customer service to Child Welfare Service customers as demonstrated through an average satisfaction rating of four (one to five scale) on the Customer Experience Survey. This was achieved through a commitment to using a positive service-delivery approach to provide all customers with a positive experience.

**2021–23 Objectives**

**Building Better Health**

- Promote the implementation of a service delivery system that is sensitive to individuals needs
  - Screen 100% (1,500) of children ages 0–17, who have a new case under the supervision of the Juvenile Court for mental health needs in accordance with the California State standards to support enhanced mental health services delivery for children and youth in out of home care. These efforts will ensure that children have access to trauma-informed mental health services.
  - Place 40% (680 of 1,700) of foster care children with a relative or close non-family member, to support stability and minimize trauma to children by maintaining their connections to familiar environments and strengthening families, exceeding statewide performance of 36%.
  - Maintain 4.12 moves (or less) per 1,000 days for all foster children in care, meeting the federal standard for the rate of placement moves. Fewer placements minimize the trauma that children experience and may help lessen negative impact to their school performance.

**Living Safely**

- Strengthen our prevention and enforcement strategies to protect our youth from crime, neglect and abuse
  - Ensure 40.5% (437 of 1,080) of children removed from the home due to safety concerns with parent(s), achieve permanency within 12 months to support family strengthening, maintaining the federal standard of 40.5%.





- Ensure 92% (345 of 375) of children who return home or enter into legal guardianship do not reenter foster care within 12 months of going home, through family strengthening and child abuse prevention efforts.
- Increase by 10% (1,460 to 1,600) the number of resource families ready and available to receive placement of foster children to minimize trauma and support child safety, permanency, and well-being.

Related Links

For additional information on the programs offered by the Health and Human Services Agency (HHSA), go to:

◆ [www.SdCounty.ca.gov/HHSA](http://www.SdCounty.ca.gov/HHSA)

For information about San Diego County Adoptions, go to:

◆ [www.IAdoptU.org](http://www.IAdoptU.org)

For information about San Pasqual Academy, go to:

◆ [www.SanPasqualAcademy.org](http://www.SanPasqualAcademy.org)



Operational Excellence

- Complete 82% (53,300 of 65,000) of calls to the Child Abuse Hotline to ensure timely assessments and response determination, resulting in an increase in protection of children.

Performance Measures		2019–20 Actuals	2020–21 Adopted	2020–21 Estimated Actuals	2021–22 Recommended	2022–23 Recommended
	Children removed from home with mental health assessment <sup>1</sup>	99.8% of 1,146	100% of 1,500	100% of 1,500	100% of 1,500	100% of 1,500
	Youth in intensive, wraparound program in a family-like setting <sup>2</sup>	93% of 101	N/A	N/A	N/A	N/A
	Foster care child placed with relative or close family member <sup>5</sup>	38% of 1,704	60% of 1,700	40% of 1,700	40% of 1,700	40% of 2,000
	Child abuse referrals with documented Safety Organized Practice (SOP) <sup>6</sup>	71% of 494	N/A	N/A	N/A	N/A
	Placement moves per 1,000 days for all children in Foster Care	4.4	4.12	4.12	4.12	4.12
	Children achieving permanency within 12 months	32% of 953	40.5% of 1,010	40.5% of 1,000	40.5% of 1,080	40.5% of 1,080
	Children who do not reenter foster care within 12 months of going home <sup>7</sup>	90% of 339	92% of 260	92% of 350	92% of 375	92% of 375
	Resource Families ready and available to receive placement of foster children <sup>3</sup>	N/A	1,460	1,460	1,600	1,760
	Completed calls to the Child Abuse Hotline <sup>4, 7</sup>	N/A	82% of 65,000	82% of 54,000	82% of 65,000	82% of 65,000

Table Notes

<sup>1</sup> In Fiscal Year 2020–21, baseline projection was adjusted to accommodate the increase needs of families that require additional support.

<sup>2</sup> In Fiscal Year 2020–21, the performance measure related to wraparound services for youth in intensive home-based services is being retired due to the transition of Title IVE waiver to Family First Act.

<sup>3</sup> This is a new performance measure in Fiscal Year 2020–21 to demonstrate a focused effort to meet the specialized needs of children in care and reduce the number of placement moves children/youth experience.

<sup>4</sup> This is a new performance measure in Fiscal Year 2020–21 to demonstrate CWS efficiency in providing services and referrals.



<sup>5</sup> Goal of 60% not met due to the implementation of Resource Family Approval requiring additional state guidance and training. Future targets are lowered due to operational impacts caused by the COVID-19 pandemic.

<sup>6</sup> In Fiscal Year 2019–20, this performance measure is retired as it is no longer a requirement due to the transition of the Title IV-E Waiver to Family First Act.

<sup>7</sup> The target and/or baseline projection was not met due to operational impacts caused by the COVID-19 pandemic.

## Recommended Budget Changes and Operational Impact: 2020–21 to 2021–22

### Staffing

Net increase of 38.00 staff years

- ◆ Increase of 20.00 staff years to support youth in educational settings by partnering with the San Diego County Office of Education and expanding the Fostering Academic Success in Education effort to serve more youth.
- ◆ Increase of 15.00 staff years to create a Placement Integration Unit to support quality placement efforts to locate relatives and support the child’s sense of safety, permanency, and well-being.
- ◆ Increase of 6.00 staff years to create a combination Emergency After Hours Response/ Hotline Screener Unit to respond to after hour emergency referrals and take calls as hotline screeners, eliminating the need for the traditional standby unit currently operating on an overtime basis when responding to after hour investigations.
- ◆ Decrease of 3.00 staff years due to a transfer to Public Health Services to support operational needs.
- ◆ Additionally, staff were transferred among related programs within CWS to manage operational needs.

### Expenditures

Net increase of \$15.4 million

- ◆ Salaries & Benefits—net increase of \$7.5 million primarily due to the addition of 38.00 staff years noted above, negotiated labor agreements and required retirement contributions.
- ◆ Services & Supplies—increase of \$2.6 million.
  - ◆ Increase of \$1.6 million for implementation of the Family Urgent Response System (FURS) which is a coordinated system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability to provide immediate family stabilization services.
  - ◆ Increase of \$0.7 million for educational support and services to youth in CWS.

- ◆ Increase of \$0.5 million for a technical assistance contract to ensure CWS is in alignment with the new Family First Prevention Services Act (FFPSA) federal child welfare requirements that must be met prior to receiving federal prevention funding.
- ◆ Increase of \$0.3 million to establish an online system with an internet-based option for mandated reporters to make child abuse and neglect reports.
- ◆ Decrease of \$0.5 million primarily tied to completion of prior year one-time projects.
- ◆ Other Charges—increase of \$8.0 million primarily tied to Foster Care assistance programs to align with increased caseloads and grant costs which increase annually tied to the California Necessities Index. Increased caseloads are being partially driven by additional State provided support during the COVID-19 pandemic that allows continued assistance payments and case management for former non-minor dependents who turned 21 years of age while in Extended Foster Care.
- ◆ Expenditure Transfer & Reimbursements—increase of \$2.7 million associated with centralized General Fund support of one-time negotiated labor agreements. Since this is a reimbursement, it has a net effect of a \$2.7 million decrease in appropriations. The central funding is supported by resources in Countywide Finance Other.

### Revenues

Net increase of \$15.4 million

- ◆ Intergovernmental Revenues—increase of \$16.8 million.
  - ◆ Increase of \$27.5 million in Realignment revenue, including available one-time funding and funding redistributed from Self-Sufficiency Services based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs in health and human service programs. These funds will help offset the loss of prior year one-time transition funds noted below and support increases in Salaries & Benefits, Services & Supplies, and Other Charges.
  - ◆ Increase of \$5.5 million in Social Services federal and State administrative revenues to align with current reimbursement trends and to reflect increases in Salaries & Benefits noted above.





- ❖ Increase of \$4.2 million in federal and State assistance payment revenues primarily due to revised estimates of caseload levels.
- ❖ Increase of \$1.5 million in State revenue for implementation of the Family Urgent Response System (FURS).
- ❖ Decrease of \$20.6 million in one-time federal and State child welfare revenue to help transition from the Title IV-E California Well-Being Project to the Family First Prevention Services Act (FFPSA).
- ❖ Decrease of \$1.3 million in one-time State General Fund (SGF) allocated in Fiscal Year 2020-21 to partially offset the loss of realignment revenue.
- ❖ Fund Balance Component Decrease—Decrease of \$2.3 million. There is no amount budgeted.
- ❖ Use of Fund Balance—Decrease of \$2.9 million. There is no amount budgeted.
- ❖ General Purpose Revenue Allocation—Increase of \$3.8 million to help offset the cost the 38.00 additional staff years noted above.

### Recommended Budget Changes and Operational Impact: 2021–22 to 2022–23

Net increase of \$4.6 million is primarily the result of an increase of \$1.6 million in Salaries & Benefits due to required retirement contributions, \$0.3 million in Services & Supplies mainly associated with one-time projects and \$2.7 million Expenditure Transfer & Reimbursements associated with centralized General Fund support of one-time negotiated labor agreements.

Staffing by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Child Welfare Services	1,312.00	1,316.00	1,344.00	2.1	1,344.00
CWS Eligibility	64.00	63.00	63.00	0.0	63.00
Adoptions	117.00	113.00	123.00	8.8	123.00
<b>Total</b>	<b>1,493.00</b>	<b>1,492.00</b>	<b>1,530.00</b>	<b>2.5</b>	<b>1,530.00</b>

Budget by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Child Welfare Services	\$ 218,407,498	\$ 227,980,285	\$ 234,060,578	2.7	\$ 238,373,009
CWS Eligibility	5,588,546	5,663,796	5,628,764	(0.6)	5,747,230
CWS Assistance Payments	149,453,653	153,031,161	161,008,150	5.2	161,008,150
Adoptions	13,645,689	13,686,947	15,058,028	10.0	15,253,579
<b>Total</b>	<b>\$ 387,095,386</b>	<b>\$ 400,362,189</b>	<b>\$ 415,755,520</b>	<b>3.8</b>	<b>\$ 420,381,968</b>

Budget by Categories of Expenditures					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Salaries & Benefits	\$ 162,071,280	\$ 172,047,884	\$ 179,597,080	4.4	\$ 181,255,440
Services & Supplies	73,367,722	73,315,413	75,874,595	3.5	76,150,647
Other Charges	151,682,947	155,025,455	163,002,444	5.1	163,002,444
Expenditure Transfer & Reimbursements	(26,563)	(26,563)	(2,718,599)	10,134.5	(26,563)
<b>Total</b>	<b>\$ 387,095,386</b>	<b>\$ 400,362,189</b>	<b>\$ 415,755,520</b>	<b>3.8</b>	<b>\$ 420,381,968</b>





## Budget by Categories of Revenues

	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Licenses Permits & Franchises	\$ 654,000	\$ —	\$ —	0.0	\$ —
Revenue From Use of Money & Property	681,211	681,211	681,211	0.0	681,211
Intergovernmental Revenues	369,520,362	367,089,091	383,836,450	4.6	388,462,898
Charges For Current Services	1,464,490	1,464,490	1,464,490	0.0	1,464,490
Miscellaneous Revenues	1,996,500	187,510	187,510	0.0	187,510
Fund Balance Component Decreases	2,400,194	2,250,000	—	(100.0)	—
Use of Fund Balance	—	2,886,550	—	(100.0)	—
General Purpose Revenue Allocation	10,378,629	25,803,337	29,585,859	14.7	29,585,859
<b>Total</b>	<b>\$ 387,095,386</b>	<b>\$ 400,362,189</b>	<b>\$ 415,755,520</b>	<b>3.8</b>	<b>\$ 420,381,968</b>



## Public Health Services

### Mission Statement

*To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County.*

### Department Description

*Public Health Services (PHS), a nationally accredited public health department since May 2016, provides services that identify and address the root causes of priority health issues to advance health, equity, and well-being among all San Diego County residents. These services include preventing injuries, disease, and disabilities; promoting wellness, healthy behaviors, and access to quality care; and protecting against public health threats, such as foodborne outbreaks, infectious disease epidemics, and environmental hazards and disasters.*

*Fulfilling the wide range of public health services responsibilities for local governments (California Code of Regulations, Title 17 Section 1276) is achieved through a multi-disciplinary and collaborative approach involving other County of San Diego business groups, health care provider networks, schools, businesses, community and faith-based partners, and residents. For example, PHS works with:*

- ◆ The Department of Environmental Health and Quality (DEHQ) to protect the public from foodborne illnesses, environmental hazards, and vector-borne diseases, such as the West Nile and Zika viruses.
- ◆ The DEHQ and the Department of Animal Services to monitor and investigate rabies.
- ◆ The Office of Emergency Services and the San Diego County Fire to prepare and respond to emergencies and natural disasters; and
- ◆ Healthcare and community partners to address elimination of HIV, hepatitis C, and Tuberculosis.

*Since early in 2020, PHS has focused on the response to the COVID-19 pandemic, in coordinating with the entire County enterprise, hospitals and health care providers, the city municipalities and representatives across every sector. PHS works to integrate medical resources and capacity; coordinate testing throughout the region, including at the public health laboratory; provide for culturally competent case investigations and contact tracing; and direct the reporting of disease and critical data. In all of its efforts, PHS is focused on health inequities in order to protect those residents who are most vulnerable to poor health outcomes. A culturally competent disease investigation model (referred to as a community health worker or "promotora" model) was adopted because of significant inequities in terms of the impact of COVID-19 on*



*communities. Through a partnership with four organizations, students and community members of cultural backgrounds similar to these communities were trained to follow up with residents to help prevent the spread of disease. The analysis and sharing of data are also integral to a health equity strategic approach in the response to COVID-19. Data are presented at ongoing telebriefings for the press and with community sectors, and frequent updates are made to data dashboards on the Coronavirus Disease 2019 ([sandiegocounty.gov](https://www.sandiegocounty.gov)) website. In this way, PHS helps to keep the public informed and ensures that actions taken during the response are evidence-based and effective data guides decisions for an effective response to the pandemic and is aligned with the Agency's ambitious goal-to vaccinate 75% (approximately 2.0 million) of residents in San Diego County, age 16 and older by July 1, 2021. In addition, PHS will continue to:*

- ◆ **Strengthen its public health infrastructure**, maintain accreditation status, and demonstrate excellence in the delivery of the ten Essential Public Health Services. This work is critical to sustaining an effective response to COVID-19 and other emergencies. This work includes promoting health equity and increasing awareness and action to address health disparities. Success also depends on continuing to build on the strong collaborative spirit between the County and other local city governments and unincorporated areas that is being harnessed to address the COVID-19 pandemic and is important in an effective response to all public health matters—emergency and routine.
- ◆ **Embark on new initiatives to combat infectious diseases**, these include the hepatitis C virus (HCV) and tuberculosis (TB) elimination initiatives, launched in Fiscal Year 2018-19 and modeled after the Getting to Zero initiative – now in its sixth year of implementation – to end the HIV epidemic over the next decade. All three initiatives reflect comprehensive strategies, engage community partners, and align with national targets to eliminate these infectious diseases. Strategies are

being adopted that are mutually reinforcing, such as HIV testing among those with active TB and combining the Medical Advisory Committees of all three initiatives, in the future.

- ◆ **Build a strong foundation for measurement and analysis**, to improve operational efficiencies, program effectiveness and demonstrate community impact. This includes developing a Live Well Health and Well Being Data System, readily accessible to the public, and the continuous monitoring of data through dashboards and scorecards. This also includes maintaining a Quality Improvement (QI) Program to engage staff in identifying performance problems and designing solutions.

PHS is committed to excellence across all services, as described here:

- ◆ **Prevention Services**—facilitate over 24,000 child health screenings and provide care coordination and follow-up for 10,000 children who are identified with health problems; assist linking 250 pregnant women without prenatal care to providers; and provide more than 500 refugees with basic health assessments, screenings and referrals. Implement chronic disease prevention by advancing innovative approaches to healthy communities through policy, systems, and environmental change.
- ◆ **Surveillance**—receive and register 300,000 new disease incidents, with nearly all of these cases requiring investigation as part of the response to COVID-19, hepatitis A and C, measles, HIV, gastro-intestinal and other diseases. Test 56,000 specimens for diseases through the Public Health Laboratory. Beginning May 2020, testing by the Laboratory has increased to between 20,000 and 40,000 a month, primarily for COVID-19. Maintain the Vital Records of all county residents, surpassing statewide timeliness goals in processing more than 40,000 birth and 23,000 death certificates.
- ◆ **Infectious Disease Control**—investigate, provide case management, and conduct contact investigations for about 250 active tuberculosis cases to interrupt the spread of disease in over 3,500 contacts to infectious TB cases. Provide over 10,000 residents with sexually transmitted disease prevention and clinical services.
- ◆ **California Children Services**—provide case management services to almost 14,000 children with chronic illness and/or disabilities and their families and deliver over 25,000 hours of physical and occupational therapeutic services.
- ◆ **Public Health Preparedness and Response**—support emergency preparedness for all types of disasters—natural and man-made; manage the Medical Operations Center of the County’s Incident Command System in response to COVID-19.
- ◆ **Medical Care Services Division**—coordinate and integrate activities of public and private agencies, hospitals, and other stakeholders to deliver timely, high quality emergency medical services.

- ◆ **Regional Public Health Services**—coordinate the activities of 100 public health nurses in regional public health centers to advance the health of residents in the communities. This includes distributing nearly 55,000 vaccine doses for influenza and assisting with outreach and response to promote health or prevent disease. Support several different home visitation programs to help pregnant women and families with young children realize the best outcomes.

*Effective July 1, 2021, Emergency Medical Services (EMS) will transfer to the Public Safety Group/San Diego County Fire to enhance the alignment of the integrated functions of Fire and EMS. This transition will facilitate coordination with Fire, EMS, law enforcement, ambulance companies, and health systems to address and prepare for emergencies, disasters and other community priorities. This transfer will be reflected in subsequent updates to the Operational Plan. To ensure these critical services are provided, the PHS department, the Medical Care Services Division, and the regions have 729.00 staff years and a budget of \$317.9 million.*

**Strategic Initiative Legend**

BBH	LS	SE/T	OE
	- Audacious Vision		
	- Enterprise Wide Goal		
	- Department Objective		

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human and Services Agency Summary. Text that is followed by EWG nomenclature indicates coordination with at least one other department.

**2020–21 Anticipated Accomplishments**



**Building Better Health**

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
  - Ensured that 90% (1,710 of 1,900) of children in out-of-home placement received preventive health examinations to identify and treat medical issues per timeframe and target established by the State.
  - Ensured that 70% (1,120 of 1,600) of children in out-of-home placement received dental examinations to identify and treat dental issues per timeframes established by the State. This is below the 90% target because the COVID-19 pandemic presented challenges in obtaining dental appointments and getting foster children to these appointments.







- Ensured 50% (250 of 500) of refugees completed their health assessments within 90 days to identify health needs and facilitate access to the health care system. This is below the 90% assessed within the 90-day target; however, the State received a federal waiver on the timeliness target due to the COVID-19 pandemic. While the clinic was closed, initial health assessment was limited to telephone outreach to identify those refugees with critical medical needs.
- Vaccinated 1.32 million San Diego residents with at least one dose of the COVID-19 vaccine (as of April 22, 2021). This represents 65% of the goal population (2,017,011) receiving at least one dose of vaccine and 42% of the goal population being fully vaccinated. San Diego County has the highest vaccination rate of doses administered among southern California counties and one of the highest rates in the State.
- Strengthen the local food system and support the availability of healthy foods, nutrition education and nutrition assistance for those who need it
  - Ensured 61% (122 of 200) of infants continued to breast-feed up to six months of age when their mothers received home visitation from public health nurses. Breastfeeding promotes healthier outcomes.
  - Assisted five new (from 28 to 33) small to medium-sized food retailers to increase the availability of healthy foods in underserved communities through the Live Well Community Market Program.



### Living Safely

- Encourage and promote residents to take important and meaningful steps to protect themselves and their families for the first 72 hours during a disaster
  - Activated the public health emergency preparedness and response system for drills, exercises, and actual responses at least seven times during the fiscal year to ensure preparedness for disaster and/or public health threats, including the long-term activation for the response to the COVID-19 pandemic.
- Plan, build and maintain safe communities to improve the quality of life for all residents
  - Ensured 95% (2,090 of 2,200) of TB samples, received by the Public Health Laboratory during operating hours, were evaluated and reported within one business day, surpassing the 90% goal. Timely testing and reporting are important to ensure rapid diagnosis and treatment.
  - Ensured 90% (211,000 of 235,000) of emergency ambulance responses occurred within time standards established by the County, consistent with State guidelines.
  - Immunized 99% (15,840 of 16,000) of children under eighteen who were served at Public Health Centers and Clinics (PHCs) to protect them from diseases, such as measles and

whooping cough. PHCs serve children who were unable to get an appointment with their medical provider in time to get school-required vaccines and/or children who may lack a medical home.

- Connected 86% (60 of 70) of clients with newly confirmed HIV diagnosis to primary care within 30 days to improve health outcomes and reduce transmission of HIV. This is a key goal of the Getting to Zero initiative, a ten-year County initiative to end the HIV epidemic.
- Investigated 100% (of an estimated 270) reported cases of select communicable diseases within 24 hours of receipt of report so steps can be taken to prevent the spread of disease. These are high-risk diseases but did not include COVID-19 investigations.
- Ensured 98% (245 of 250) of active TB cases were reported by the community to Public Health Services within one business day from start of treatment to prevent further transmission, exceeding the State standard of 93%.
- Ensured 90% (225 of 250) of active tuberculosis cases were tested for HIV, in accordance with CDC guidelines, working towards meeting the national TB program rate of 98%.
- Conducted nearly 300,000 COVID-19 case investigations over the past fiscal year. Of the more than 260,000 confirmed cases, 64% were put under investigation within 24 hours because a quick response is critical to preventing the spread of the virus.
- Tested over 4,200,000 specimens for COVID-19 at the Public Health Laboratory and all other laboratories throughout the region. To help manage this high volume of specimens, PHS convened a County Laboratory Testing Task Force that has promoted mutual problem solving and helped to extend lab capacity throughout the region.



### Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
  - Maintained 100% compliance (nine different lab licenses and permits) with federal and State accrediting requirements at the Public Health Services laboratory to ensure protection of community health and prevention of the spread of disease.
  - Ensured 97% (3,880 of 4,000) of children referred to California Children Services had their medical eligibility determined within the State required time frame of five business days to ensure that these children receive timely coverage and family-centered care coordination for serious physical limitations, chronic health conditions and diseases. Performance meets the State goal of 95% and is based on an audit of a sample of cases.
- Strengthen our customer service culture to ensure a positive customer experience



- Registered 95% (41,800 of 44,000) of birth certificates within 10 days of birth to maintain accurate census data, exceeding the State goal of 80%.
- Conducted three quality improvement projects to advance operational excellence through continuous improvement and engage staff in identifying and resolving barriers to success, fewer than the target of eight as a result of competing staff priorities due to the COVID-19 pandemic.
- Provided exceptional customer service to PHS customers as demonstrated through an average satisfaction rating of four (one to five scale) on the Customer Experience Survey. This was achieved through a commitment to using a positive service-delivery approach to provide all customers with a positive experience.

## 2021–23 Objectives



### Building Better Health

- Promote the implementation of a service delivery system that is sensitive to individuals needs
  - Ensure that 90% (1,710 of 1,900) of children in out-of-home placement receive preventive health examinations to identify and treat medical issues per timeframe and target established by the State.
  - Ensure that 90% (1,440 of 1,600) of children in out-of-home placement receive dental examinations to identify and treat dental issues per timeframes established by the State.
  - Ensure 90% (360 of 400) of refugees complete their health assessment within 90 days to identify health needs and facilitate access to the local health care system, as is the standard set by the California Refugee Program.
  - Ensure 85% (280 of 330) retailers are in compliance with youth access laws and local tobacco laws, prohibiting sales to any person under the age of 21, among licensed tobacco retailers in the unincorporated area of San Diego County.
- Strengthen the local food system and support the availability of healthy foods, nutrition education and nutrition assistance for those who need it
  - Ensure 61% (122 of 200) of infants continue to breastfeed up to 6 months of age when their mothers receive home visitation from public health nurses. Breastfeeding promotes healthier outcomes. Target is above the national average of 55.3% and the federal Healthy People 2020 goal of 60.6%.
  - Assist five new (from 33 to 38) small to medium-sized food retailers to be assessed and recognized by the Live Well Community Market Program to increase the availability of healthy foods in underserved communities.



### Living Safely

- Encourage and promote residents to take important and meaningful steps to protect themselves and their families for the first 72 hours during a disaster
  - Activate the public health emergency preparedness and response system for drills, exercises, and actual responses at least seven times during the fiscal year to ensure preparedness for disaster and/or public health threats.
- Plan, build and maintain safe communities to improve the quality of life for all residents
  - Ensure 95% (2,090 of 2,200) of TB samples, received by the Public Health Laboratory during operating hours, are tested and reported within one business day to ensure rapid diagnosis and treatment, consistent with federal standards.
  - Ensure 90% (211,000 of 235,000) of emergency ambulance responses occur within time standards established by the County, consistent with State guidelines.
  - Immunize 99% (15,840 of 16,000) of children under 18 who are served at Public Health Centers and Clinics (PHCs) to protect them from diseases, such as measles and whooping cough. PHCs serve children who were unable to get an appointment with their own medical provider in time to get school-required vaccines; some of these children may lack a medical home.
  - Connect 85% (60 of 70) of clients with newly confirmed HIV diagnosis to primary care within 30 days to improve health outcomes and reduce transmission of HIV. This is a key goal of the Getting to Zero initiative, a ten-year County initiative to end the HIV epidemic.
  - Investigate 100% (of an estimated 270) of reported cases of select communicable diseases (hepatitis A and meningococcal) within the 24 hours of receipt of report so steps can be taken to prevent the spread of disease.
  - Ensure 98% (245 of 250) of active TB cases are reported by the community to Public Health Services within one business day from start of treatment to prevent further transmission, representing sustained performance above a statewide performance benchmark of 93%.
  - Ensure 90% (225 of 250) of active tuberculosis cases are tested for HIV, in accordance with CDC guidelines, working towards meeting the national TB program rate of 98%.



### Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
  - Maintain 100% compliance (nine different lab licenses and permits) with federal and State accrediting requirements at the Public Health Services laboratory to ensure protection of community health and prevention of the spread of disease.





- Ensure 97% (3,880 of 4,000) of children referred to California Children Services have their medical eligibility determined within the State required time frame of five business days to ensure that these children receive timely coverage and family-centered care coordination for serious physical limitations, chronic health conditions and diseases.
- Strengthen our customer service culture to ensure a positive customer experience
  - Register 95% (41,800 of 44,000) of birth certificates within ten days of birth to support accurate census data, exceeding the State goal of 80%.
  - Conduct eight quality improvement projects to advance operational excellence through continuous improvement and engage staff in identifying and resolving barriers to success.

## Related Links

For additional information about the programs offered by the Health and Human Services Agency, refer to the website:

- ◆ [www.sandiegocounty.gov/hhsa](http://www.sandiegocounty.gov/hhsa)

For additional information about Public Health Services, the PHS strategic plans, and information about each of its branches, go to:

- ◆ <https://www.sandiegocounty.gov/hhsa/programs/phs/>

For more information about the *Live Well San Diego* Community Health Improvement Assessment (CHA), Community Health Improvement Plans (CHIP) and Regional Results Summaries, go to:

- ◆ <http://www.livewellsd.org/content/livewell/home/community.html>

For more information about Healthy Works, a component of *Live Well San Diego*, go to:

- ◆ <http://www.livewellsd.org/content/livewell/home/Topics/health-equity/healthy-works.html>

For more information about public health accreditation, go to:

- ◆ <https://phaboard.org/>

For more information about Kresge Emerging Leaders in Public Health, go to:

- ◆ <https://kresge.org/elph>



For health statistics that describe health behaviors, diseases and injuries for specific populations, health trends and comparison to national targets, go to the website:

- ◆ [https://www.sandiegocounty.gov/hhsa/programs/phs/community\\_health\\_statistics/](https://www.sandiegocounty.gov/hhsa/programs/phs/community_health_statistics/)


For additional information about the Top 10 *Live Well San Diego* Indicators and Data Portal, go to:

- ◆ <http://www.livewellsd.org/content/livewell/home/data-results/indicators-dashboard-and-data-portal.html>



Performance Measures	2019–20 Actuals	2020–21 Adopted	2020–21 Estimated Actuals	2021–22 Recommended	2022–23 Recommended
 Timely preventive health examinations for children in out-of-home placements	95% of 1,766	95% of 1,900	90% of 1,900	90% of 1,900	90% of 1,900
Timely dental examinations for children in out-of-home placements <sup>1</sup>	85% of 1,508	95% of 1,600	70% of 1,600	90% of 1,600	90% of 1,600
Refugees completed the Health Assessment process within 90 days <sup>1,7</sup>	84% of 787	90% of 400	50% of 500	90% of 400	90% of 400
Smoke-free behavioral health treatment programs <sup>3</sup>	70% of 216	N/A	N/A	N/A	N/A
Tobacco retailers in compliance with youth access laws <sup>2</sup>	N/A	N/A	N/A	85% of 330	85% of 330
Infants who are breastfed until six months of age	59.4% of 170	61% of 200	61% of 200	61% of 200	61% of 200
Live Well Market Retailer participants <sup>6</sup>	28	33	33	38	43
 Activation of Public Health Emergency Response System for drills, exercises and actual responses	7	7	7	7	7
Tuberculosis (TB) samples tested and reported by lab within one business day <sup>4</sup>	98% of 1,308	95% of 2,200	95% of 2,200	95% of 2,200	95% of 2,200
Emergency ambulance response times within established standards	93.7% of 178,511	90% of 235,000	90% of 235,000	90% of 235,000	90% of 235,000
Children with age-appropriate vaccines	100% of 15,148	99% of 16,000	99% of 16,000	99% of 16,000	99% of 16,000
Clients with newly confirmed HIV diagnosis with a medical visit within 30 Days	94% of 50	85% of 70	86% of 70	85% of 70	85% of 70
Selected communicable diseases cases contacted/investigations initiated within 24 hours <sup>5</sup>	100% of 394	100% of 270	100% of 270	100% of 270	100% of 270
TB cases reported to PHS within one working day from start of treatment	95% of 255	98% of 250	98% of 250	98% of 250	98% of 250
Active TB cases tested for HIV <sup>6</sup>	N/A	90% of 250	90% of 250	90% of 250	90% of 250



Performance Measures		2019–20 Actuals	2020–21 Adopted	2020–21 Estimated Actuals	2021–22 Recommended	2022–23 Recommended
	PHS laboratory compliance	100%	100%	100%	100%	100%
	CCS medical eligibility determined within five days	95% of 4,000	97% of 4,000	97% of 4,000	97% of 4,000	97% of 4,000
	Birth Certificates registered within 10 days of event	98% of 40,747	95% of 44,000	95% of 44,000	95% of 44,000	95% of 44,000
	Quality improvement projects <sup>1</sup>	5	8	3	8	8

*Table Notes*

- <sup>1</sup> This measure was not met due to operational impacts caused by the COVID-19 pandemic.
- <sup>2</sup> This is a new measure in Fiscal Year 2021–22 that captures progress towards implementing strategies to reduce tobacco use among youth.
- <sup>3</sup> This measure was retired in Fiscal Year 2020–21. Due to increased support of smoking cessation programs, performance exceeded the original target of 19 additional programs each year. By the end of Fiscal Year 2019–20, a total of 151 of 216 programs adopted smoke free policies. The total of 216 programs is an upward adjustment from the earlier estimate of 190.
- <sup>4</sup> The number of samples that come into the Public Health Laboratory for testing fluctuates from year to year.
- <sup>5</sup> The number of diseases requiring investigations fluctuates from year to year. Hepatitis A and meningococcal disease were selected because they pose a high enough risk to require an immediate response. Shiga toxin-producing E. coli was included in the Fiscal Year 2019–20 numbers but will be removed from immediate response investigations going forward. COVID-19 investigations are not included here.
- <sup>6</sup> Effective Fiscal Year 2019–20, this performance measure was revised to demonstrate cumulative Live Well Market Retailers.
- <sup>7</sup> The Refugee Health Assessment Program conducts health assessments for eligible refugees and those granted asylum, Cuban, and Haitian entrants (parolees), those with Special Immigrant Visas, and victims of trafficking. These data are for the Federal Fiscal Year; current only up to September 2019 before impacts from the COVID-19 pandemic are reflected in the numbers. As a result of the pandemic and other factors, estimates for the next two years are that fewer (400) refugees, asylees, and parolees will enter San Diego and receive health assessments.

## Recommended Budget Changes and Operational Impact: 2020–21 to 2021–22

### Staffing

Net increase of 20.00 staff years

- ◆ Increase of 10.00 staff years to augment staffing capacity in areas such as the Public Health Laboratory, Public Health clinics, the Office of Vital Records and Statistics, and the CalFresh Healthy Living program.
- ◆ Increase of 7.00 staff years to support the End the HIV Epidemic Initiative as approved by the Board of Supervisors on October 27, 2020 (08).
- ◆ Increase of 3.00 staff years to support implementation of the Tobacco Retail License Initiative.

- ◆ Increase of 3.00 staff years due to a transfer from Child Welfare Services (CWS) to support operational needs.
- ◆ Decrease of 2.00 staff years due to a transfer to Behavioral Health Services (BHS) to support operational needs.
- ◆ Decrease of 1.00 staff year due to a transfer to Administrative Support to support operational needs.
- ◆ Additionally, staff were transferred among related programs within PHS to manage operational needs.

### Expenditures

Net increase of \$135.9 million

- ◆ Salaries & Benefits—net increase of \$5.8 million due to the addition of 20.00 staff years referenced above, negotiated labor agreements and required retirement contributions.
- ◆ Services & Supplies—net increase of \$131.2 million.

- ◆ Net increase of \$129.1 million due to emergency response efforts primarily for Testing, Tracing, and Treatment Strategy (T3) activities and vaccination efforts necessary to safeguard public health in the COVID-19 environment.
- ◆ Increase of \$1.8 million in support of testing, case investigation and contact tracing, surveillance, containment, and mitigation through the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) grant funded program.
- ◆ Increase of \$1.3 million to support efforts tied to the End the HIV Epidemic Initiative as approved by the Board of Supervisors on October 27, 2020 (08).
- ◆ Increase of \$0.4 million for a pilot project to increase access to doula services for at-risk families to help address maternal health disparities.
- ◆ Increase of \$0.3 million for ambulance services in the Unified Service Area (USA) to ensure availability of resources for patients accessing the 911 system for emergency medical services.
- ◆ Increase of \$0.3 million in one-time costs associated with the Comprehensive Evaluation of the Base Hospital System and Trauma Catchment Areas to ensure critical components of the EMS system are efficient, equitable, and follow evidence-based practices.
- ◆ Increase of \$0.2 million in one-time costs associated with Emergency Medical Services (EMS) data warehouse to meet reporting requirements and improve data collection countywide.
- ◆ Decrease of \$1.3 million to align with completion of contracted tobacco education and cessation activities funded under a time-limited State grant.
- ◆ Decrease of \$0.9 million primarily tied to the transfer of the Victim Services Program to the Public Safety Group (PSG).
- ◆ Other Charges—increase of \$0.1 million in Support & Care of Persons to cover costs of hotel stays for non-infectious homeless for the length of TB treatment.
- ◆ Expenditure Transfer & Reimbursements—increase of \$1.2 million for one-time negotiated labor agreements. Since this is a reimbursement, it has a net effect of a \$1.2 million decrease in appropriations. The central funding is supported by resources in Countywide Finance Other.

## Revenues

Net increase of \$135.9 million

- ◆ Taxes Current Property—net increase of \$0.1 million to support services in County Service Area (CSA) 17 and 69.
- ◆ Intergovernmental Revenues—net increase of \$132.7 million.
  - ◆ Net increase of \$129.1 million in federal emergency response funding for T3 and vaccination efforts.

- ◆ Increase of \$3.8 million in Realignment revenue based on projected Statewide sales tax receipts and vehicle license fees dedicated to Health and Human Services, that will support increased Salaries & Benefits and replace funding for existing costs covered with one-time State General Fund (SGF) in Fiscal Year 2020-21 allocated to partially offset the economic impacts of the pandemic.
- ◆ Increase of \$2.0 million in ELC grant funding for support of testing, case investigation and contact tracing, surveillance, containment, and mitigation efforts noted above.
- ◆ Increase of \$2.0 million in federal funds tied to services for the End the HIV Epidemic initiative as approved by the Board of Supervisors on October 27, 2020 (08) and increases in Salaries and Benefits referenced above.
- ◆ Increase of \$0.9 million in federal Health Care Program for Children in Foster Care (HCPFC) revenue to align with anticipated allocation.
- ◆ Decrease of \$2.5 million in one-time State General Fund (SGF) allocated in Fiscal Year 2020-21 to partially offset the loss of realignment revenue.
- ◆ Decrease of \$1.6 million in State and federal public health program revenues to align with grant allocation.
- ◆ Decrease of \$1.0 million associated with the transfer of Victim Services to PSG.
- ◆ Charges for Current Services—increase of \$6.6 million primarily in Intergovernmental Transfer (IGT) revenue to help offset increased Salaries & Benefits, one-time projects referenced in Services & Supplies above, and the continuation of project based IT enhancements previously funded with Committed Realignment funds.
- ◆ Fund Balance Component Decreases- decrease of \$2.8 million in Committed Realignment. There is no amount budgeted.
- ◆ Use of Fund Balance—decrease of \$2.1 million. A total of \$0.2 million is budgeted tied to available prior year CSA Fund fund balance to support services in CSA 17 and 69.
- ◆ General Purpose Revenue Allocation—increase of \$1.4 million to partially offset increases in Salaries & Benefits tied to the addition of new staff years.

## Recommended Budget Changes and Operational Impact: 2021–22 to 2022–23

Net decrease of \$139.0 million is the result of a decrease of \$139.8 million in Services & Supplies primarily associated with anticipated completion of COVID-19 response efforts, \$0.5 million in Salaries & Benefits partially offset by an increase of \$1.3 million in Expenditure Transfer and Reimbursement associated with centralized General Fund support of one-time negotiated labor agreements.





## Staffing by Program

	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Administration and Other Services	29.00	30.00	33.00	10.0	33.00
Bioterrorism	20.00	18.00	18.00	0.0	18.00
Infectious Disease Control	122.25	123.25	134.25	8.9	134.25
Surveillance	92.00	104.00	107.00	2.9	107.00
Prevention Services	85.00	83.00	89.00	7.2	89.00
California Childrens Services	141.75	142.75	141.75	(0.7)	141.75
Regional Public Health Services	152.00	152.00	152.00	0.0	152.00
Medical Care Services Division	52.00	56.00	54.00	(3.6)	54.00
<b>Total</b>	<b>694.00</b>	<b>709.00</b>	<b>729.00</b>	<b>2.8</b>	<b>729.00</b>

## Budget by Program

	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Administration and Other Services	\$ 9,876,332	\$ 12,327,817	\$ 14,361,812	16.5	\$ 12,907,441
Bioterrorism	4,521,954	4,471,918	4,664,092	4.3	4,693,918
Infectious Disease Control	32,959,689	35,812,980	39,113,829	9.2	39,038,159
Surveillance	16,917,919	24,338,130	155,791,413	540.1	19,462,251
Prevention Services	23,394,472	25,669,414	24,480,113	(4.6)	23,504,965
California Childrens Services	21,922,883	23,117,012	23,115,933	(0.0)	23,296,465
Regional Public Health Services	22,513,868	23,617,624	24,351,840	3.1	24,442,879
Medical Care Services Division	16,174,976	18,515,306	17,582,961	(5.0)	16,639,330
Ambulance CSA's - Health & Human Services	13,685,950	14,196,269	14,473,847	2.0	14,919,269
<b>Total</b>	<b>\$ 161,968,043</b>	<b>\$ 182,066,470</b>	<b>\$ 317,935,840</b>	<b>74.6</b>	<b>\$ 178,904,677</b>



**Budget by Categories of Expenditures**

	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Salaries & Benefits	\$ 89,241,605	\$ 98,201,995	\$ 103,961,716	5.9	\$ 103,483,923
Services & Supplies	70,669,183	81,511,727	212,719,028	161.0	72,922,006
Other Charges	2,448,228	2,623,228	2,748,228	4.8	2,748,228
Capital Assets Equipment	88,000	88,000	109,000	23.9	109,000
Expenditure Transfer & Reimbursements	(478,973)	(358,480)	(1,602,132)	346.9	(358,480)
<b>Total</b>	<b>\$ 161,968,043</b>	<b>\$ 182,066,470</b>	<b>\$ 317,935,840</b>	<b>74.6</b>	<b>\$ 178,904,677</b>

**Budget by Categories of Revenues**

	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Taxes Current Property	\$ 1,891,472	\$ 2,348,672	\$ 2,491,386	6.1	\$ 2,643,043
Taxes Other Than Current Secured	33,303	32,533	34,530	6.1	36,652
Licenses Permits & Franchises	290,399	290,399	303,115	4.4	291,784
Fines, Forfeitures & Penalties	3,433,231	3,433,231	3,433,231	0.0	3,433,231
Revenue From Use of Money & Property	329,198	351,118	355,218	1.2	368,883
Intergovernmental Revenues	127,699,515	128,609,345	261,273,712	103.2	128,064,221
Charges For Current Services	10,691,844	17,698,164	24,293,874	37.3	18,360,538
Miscellaneous Revenues	793,779	865,406	863,406	(0.2)	863,406
Other Financing Sources	500,000	5,612,638	5,612,638	0.0	5,612,638
Fund Balance Component Decreases	—	2,850,000	—	(100.0)	—
Use of Fund Balance	—	2,310,356	210,122	(90.9)	165,673
General Purpose Revenue Allocation	16,305,302	17,664,608	19,064,608	7.9	19,064,608
<b>Total</b>	<b>\$ 161,968,043</b>	<b>\$ 182,066,470</b>	<b>\$ 317,935,840</b>	<b>74.6</b>	<b>\$ 178,904,677</b>





# Administrative Support

## Mission Statement

To make people’s lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

## Department Description

Administrative Support contains multiple divisions that work together to ensure departments within HHSA—Aging & Independence Services, Behavioral Health Services, Child Welfare Services, Public Health Services, Self-Sufficiency Services and Housing & Community Development Services—deliver services in a professional, cost effective, efficient, and cohesive manner, while focusing on exceptional customer service. These divisions also serve as a liaison with their respective County departments to ensure compliance and ethical standards are met. The primary services provided by each division include:

- ◆ **Agency Executive Office**—provide oversight and direction for HHSA.
- ◆ **Agency Contract Support**—facilitate early identification and resolution of contract and/or procurement related issues and ensure internal quality by performing financial and contract administration reviews for compliance with federal, State and local funding requirements.
- ◆ **Office of Immigrant and Refugee Affairs**—strengthen communities through enhanced support for immigrants and refugees, and through Community Action Partnership programs designed to address the needs of economically disadvantaged communities and the residents that live there.
- ◆ **Financial & Support Services Division**—provide efficient use of resources, financial planning, forecasting, and claiming for fiscal stability and facility management.
- ◆ **First 5 San Diego**—promote the health and well-being of young children and pregnant women during the most critical years of development, from the prenatal stage through five years of age.
- ◆ **Human Resources**—develop and maintain a knowledge-based workforce.
- ◆ **Office of Integrative Services**—integrate enterprise-wide health, housing, homelessness, economic and social services to optimize outcomes in all communities.
- ◆ **Management Information Support**—support programs with information management and technology.
- ◆ **Office of Military & Veterans Affairs**—support the third largest veteran population in the nation by connecting veterans and their families to benefits, counseling and referral services.



- ◆ **Office of Strategy and Innovation**—advance the *Live Well San Diego* vision and Agency operations through strategic planning, communication support, legislative and policy analysis, process evaluation and innovation management.
- ◆ **Regional Administration**—ensure services are tailored to local communities, deliver those services, and encourage healthy behaviors and disease prevention through health promotion; and
- ◆ **Tobacco Settlement Funds**—support Board Policy E-14, Expenditure of Tobacco Settlement Revenue in San Diego County which describes a comprehensive tobacco control strategy to build better health through prevention and health promotion activities that encourage a tobacco-free lifestyle.

To ensure HHSA service regions and departments can provide critical, and essential services, Administrative Support has 481.00 staff years and a budget of \$240.0 million.

### Strategic Initiative Legend

BBH	LS	SE/T	OE
○	- Audacious Vision		
●	- Enterprise Wide Goal		
■	- Department Objective		

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human and Services Agency Summary. Text that is followed by EWG nomenclature indicates coordination with at least one other department.

## 2020–21 Anticipated Accomplishments

- Building Better Health**
  - Promote the implementation of a service delivery system that is sensitive to individuals’ needs

## ADMINISTRATIVE SUPPORT

- Provided 92% (9,200 of 10,000) of parents/caregivers' educational services to increase the knowledge and capacity to help their children enter school as active learners through Healthy Development Services (HDS) Parent Education Support and Empowerment Workshops, and the Quality Preschool Initiative (QPI) Learn Well Initiative.
- Provided 92% (16,560 of 18,000) of children in Home Visiting and Quality Early Learning Education programs, comprehensive developmental screenings before they entered school to help detect concerns at an early age, when interventions are most effective and less expensive.
- Provided over 16,000 individuals mobile COVID-19 testing through the launch of Live Well on Wheels, a mobile office that allows health and community services to be delivered directly to residents in their neighborhoods. The vehicle is equipped with the latest technology and tools required to provide a variety of services in the field, such as: disaster response and relief (COVID-19 efforts), public immunizations, public assistance benefits, immunizations, veterans' services, public health services, behavioral health services, homeless services, and much more. Live Well on Wheels makes it possible for the County and community partners to deliver indispensable services in a coordinated and integrated manner, in full alignment with the *Live Well San Diego* vision for healthy, safe, and thriving communities. Since its inception, Live Well on Wheels has met the needs of residents by providing support to nurses providing mobile COVID-19 testing for more than 3,500 individuals.
- Distributed timely and accurate COVID-19 related information to the diverse population of 3.3 million San Diego County residents during the pandemic using the collective impact framework and existing *Live Well San Diego* partnerships. Provided information to thousands of stakeholders across the region using a sector model that included nine sectors, twelve sub-sectors to successfully engage and mobilize residents weekly through live telebriefings, eblasts, and presentations during critical times of the pandemic. Sectors conducted an average of fifteen telebriefings, twelve community presentations, and eighteen email blasts per week.
- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and find solutions to current and future challenges
  - Provided services to support community leaders identifying and implementing community improvement projects that increased the health, safety, and well-being of their neighborhoods through Resident Leadership Academy (RLA) trainings and technical assistance programs.
- Ensured 50% (25 of 50) of clients enrolled in Community Care Coordination (C3) were permanently housed within 12 months of enrolling in the program. C3 provides comprehensive care coordination, service navigation and housing assistance to individuals with a serious mental illness, are homeless or at-risk of homelessness, and have been recently released from a local County jail.

### Sustainable Environments/Thriving

- Provide and promote services that increase consumer and business confidence
  - Ensured 66% (660 of 1,000) of Refugee Employment Services (RES) participants were engaged in unsubsidized employment to support achieving self-sufficiency and integration in their new home, which is consistent with federal reporting requirements.
  - Conducted 23,000 interviews with veterans and their dependents with benefits counseling, information, and referral services.
  - Processed 5,000 compensation and pension claims, which allowed veterans and their dependents to thrive by promptly facilitating their access to needed benefits.
- Foster an environment where residents engage in recreational interests by enjoying parks, open spaces and outdoor experience
  - Promoted events that encouraged residents to exercise, enjoy the environment and learn more about improving their health and wellness. Events throughout the year included:
    - ◆ Love Your Heart blood pressure screenings, with over 56,000 blood pressure screenings at 524 sites across the United States and Mexico. In 2021, due to the COVID-19 pandemic, the Love Your Heart campaign developed Love Your Heart @Home to provide blood pressure educational materials, seminars, events and resources to people via social media and other online platforms, additionally providing 6,000 blood pressure monitors to families in fourth quartile communities;
    - ◆ *Live Well San Diego* 5k, with nearly 1,800 registered participants and over 160 participants for the Daily Endorphin Challenge; and
    - ◆ Check Your Mood depression screenings with over 500 individuals completing a depression screening in 2020.

### Operational Excellence

- Align services to available resources to maintain fiscal stability
  - Conducted 40 comprehensive financial reviews of contractors and ensured they complied with standards and had financial controls in place. Each review consisted of testing of financial material, and a review of contractor financial

### Living Safely

- Plan, build and maintain safe communities to improve the quality of life for all residents





systems, activities, and processes. These activities helped ensure contractors remain in compliance with contractual obligations and that the County supports fiscal stability.

- Coordinated and attended eight (8) financial trainings comprised of budgetary topics affecting program operations such as funding streams and fiscal impacts to service delivery. Improved financial competency of staff and management through these presentations on funding and financial issues to affect operations and service delivery. These trainings provided staff with the knowledge to make better-informed decisions.
- Conducted 15 Quality Assurance (QA) reviews and trained 175 HHSA contract administration staff to ensure adherence to contracting policies and procedures in accordance with funding source requirements. This ensured 100% of programs were reviewed to identify best practices and areas of improvement to design effective contracting training content for HHSA staff.
- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
  - Increased the number of unique visitors to the *Live Well San Diego* website (LiveWellSD.org) (160,000) by providing access to timely, relevant news and materials that engaged partners and other stakeholders; expanded the reach of *Live Well San Diego* education messages; and provided public access to the *Live Well San Diego* Open Performance Data and other community level data. This data provided demographic, economic, and behavioral and health information used to proactively identify and address community needs. In 2020, developed Live Well @Home website, a free resource to help community residents find tips and strategies for a healthy mind, body and spirit while staying at home. In order to reach the community in a reader-friendly way, topics are organized by age group and topic to help users find appropriate resources, which reached nearly 65,000 unique visitors.
- Strengthen our customer service culture to ensure a positive customer experience
  - Issued the Customer Experience survey to all Agency customers (AIS, BHS, CWS, PHS, SSS, Admin Support, and HCDS) and achieved a minimum average satisfaction rating of four (one to five scale). In areas where the rating is lower than four, developed and implemented an improvement plan.
  - Achieved an average rating of three (3) or higher (scale is one to four 1 to 4), as part of the annual Contractor Satisfaction Survey, for overall Contractor satisfaction with the HHSA contracting experience.
- Develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted

- Further engaged new employees into the shared vision of *Live Well San Diego* through the HOP2IT program with the goal of increasing the Agency’s retention rate and producing a workforce with an increased appreciation of their contributions in the lives of our customers. This was carried out by deepening the new employee’s connection to their colleagues and HHSA’s strategic initiatives while enhancing their knowledge of job expectations, policies and procedures.
- Leverage internal communication resources, resource groups and social media to enhance employee understanding of *Live Well San Diego*
  - Ensured 70% of County employees surveyed understand how their work contributes to the *Live Well San Diego* vision through the Live Well San Diego Employee Engagement Survey. By increasing awareness of their contributions to *Live Well San Diego*, employees cultivate stakeholder relationships and gain public trust as they work together towards one vision.

## 2021–23 Objectives



### Building Better Health

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
  - Provide 92% (9,200 of 10,000) of parents/caregivers’ educational services to increase the knowledge and capacity to help their children enter school as active learners through Healthy Development Services (HDS) Parent Education Support and Empowerment Workshops, and the Learn Well Initiative).
  - Provide 92% (16,560 of 18,000) of children in Home Visiting and Quality Early Learning Education programs, comprehensive developmental screenings before they enter school to help detect concerns at an early age, when interventions are most effective and less expensive.
- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and find solutions to current and future challenges
  - Provide services to support community leaders identifying and implementing community improvement projects that increase the health, safety, and well-being of their neighborhoods through Resident Leadership Academy (RLA) trainings and technical assistance programs.



### Living Safely

- Plan, build and maintain safe communities to improve the quality of life for all residents
  - Ensure 50% (25 of 50) of clients enrolled in Community Care Coordination (C3) are permanently housed within 12 months of enrolling in the program. C3 provides comprehensive care coordination, service navigation and housing



assistance to individuals with a serious mental illness, are homeless or at-risk of homelessness, and have been recently released from a local County jail.



### Sustainable Environments/Thriving

- Provide and promote services that increase consumer and business confidence
  - Ensure 66% (396 of 600) of Refugee Employment Services (RES) participants will be engaged in unsubsidized employment to support achieving self-sufficiency and integration in their new home, which is consistent with federal reporting requirements.
  - Conduct 24,000 office, online or phone interviews to veterans and their dependents with benefits counseling, information, and referral services.
  - Process 6,000 compensation, pension claims and college fee waivers to allow veterans and their dependents to thrive by promptly facilitating their access to needed benefits.
  - Support immigrant integration through the coordination of services, outreach, and advocacy to meet the need of people seeking asylum.



### Operational Excellence

- Align services to available resources to maintain fiscal stability
  - Conduct a minimum of 40 comprehensive financial reviews of contractors to ensure they complied with standards and had financial controls in place. Each review consists of testing of financial material, review of contractor financial systems, activities, and processes. These activities help ensure contractors remain in compliance with contractual obligations and that the County is maintaining fiscal stability.
  - Coordinate and attend eight financial trainings comprised of budgetary topics affecting program operations such as funding streams and fiscal impacts to service delivery. Improve financial competency of staff and management by conducting these presentations on funding and financial issues that affect operations and service delivery. These trainings provide staff with the knowledge to make better-informed decisions.
  - Conduct 15 Quality Assurance (QA) reviews and train 175 HHS contract administration staff to ensure adherence to contracting policies and procedures in accordance with funding source requirements. These reviews ensure 100% of programs are reviewed to identify best practices and areas of improvement to design effective contracting training content for HHS staff.
- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers

- Maintain the number of unique visitors to the *Live Well San Diego* website (LiveWellSD.org) above 140,000 by providing access to timely, relevant news and materials that engage partners and other stakeholders; expand the reach of *Live Well San Diego* education messages; and provide public access to the *Live Well San Diego* Open Performance Data and other community level data. This data provides demographic, economic, and behavioral and health information used to proactively identify and address community needs.
- Strengthen our customer service culture to ensure a positive customer experience
  - Issue the Customer Experience survey to all Agency customers (AIS, BHS, CWS, PHS, SSS, Admin Support, and HCDS) and achieve a minimum average satisfaction rating of four (one to five scale). In areas where the rating is lower than four, develop and implement an improvement plan.
  - Achieve an average rating of three or higher (one to four scale) as part of the annual Contractor Satisfaction Survey, for overall Contractor satisfaction with the HHS contract-ing experience.
- Develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted
  - Further engage and integrate new employees into the shared vision of *Live Well San Diego* with the implementation of the HOP2IT program with the goal of increasing the Agency’s retention rate and producing a workforce with an increased appreciation of their contributions in the lives of our customers. This will be carried out by deepening the new employee’s connection to their colleagues and HHS’s strategic initiatives while enhancing their knowledge of job expectations, policies, and procedures.
- Leverage internal communication resources, resource groups and social media to enhance employee understanding of *Live Well San Diego*
  - Ensure 70% of County employees understand how their work contributes to the *Live Well San Diego* vision. By increasing awareness of their contributions to *Live Well San Diego*, employees cultivate stakeholder relationships and gain public trust as they work together towards one vision.

### Related Links

For additional information about the programs offered by HHS, go to:

◆ [www.sandiegocounty.gov/hhsa](http://www.sandiegocounty.gov/hhsa)

For information about *Live Well San Diego*, go to:

◆ [www.LiveWellSD.org](http://www.LiveWellSD.org)







Performance Measures	2019–20 Actuals	2020–21 Adopted	2020–21 Estimated Actuals	2021–22 Recommended	2022–23 Recommended
 First 5 parents with the knowledge and capacity to help their children enter school as active learners	91% of 10,000	92% of 10,000	92% of 10,000	92% of 10,000	92% of 10,000
First 5 children receiving a comprehensive developmental screening	92% of 18,000	92% of 18,000	92% of 18,000	92% of 18,000	92% of 18,000
<i>Live Well San Diego</i> Resident Leadership Academy Council meetings <sup>1,8</sup>	4	N/A	N/A	N/A	N/A
 Alternative Dispute Resolution services to community members <sup>2</sup>	1,113	N/A	N/A	N/A	N/A
Community Care Coordination participants permanently housed <sup>3</sup>	N/A	50% of 50	50% of 50	50% of 50	50% of 50
 Work ready refugees engaged in ESL activities <sup>4</sup>	241	N/A	N/A	N/A	N/A
Refugee Employment Services participants in unsubsidized employment <sup>4</sup>	N/A	66% of 1,000	66% of 1,000	66% of 600	66% of 600
Veterans and dependents interviews for benefits counseling and referral services	24,258	24,000	23,000	24,000	24,000
Veterans compensation and benefits claims processed	4,586	6,000	5,000	6,000	6,000
 Comprehensive financially focused review for HHSA contractors <sup>6</sup>	32	40	40	40	48
HHSA financial literacy events	8	8	8	8	8
Quality Assurance reviews of contracting policies and procedures completed for HHSA departments	14	15	15	15	15
Staff Trained on Contract Administration	175	175	175	175	175
Unique visitors to the <i>Live Well San Diego</i> website <sup>9</sup>	163,000	90,000	160,000	140,000	140,000
Average rating for contractors satisfaction with contracting experience	3	3	3	3	3
<i>Live Well San Diego</i> partners <sup>5</sup>	492	N/A	N/A	N/A	N/A
County staff understanding of how their work contributes to <i>Live Well San Diego</i> <sup>7</sup>	66%	70%	70%	70%	70%



Table Notes

- <sup>1</sup> In Fiscal Year 2020–21, this performance measure was revised to better reflect enhanced support to RLA network and will include actual RLA trainings, RLA facilitator trainings and technical assistance.
- <sup>2</sup> In Fiscal Year 2019–20, the performance measure related to alternative dispute resolution is being discontinued due to continued fluctuations in revenue and opportunity to reflect better measure related to safety. Projection was exceeded due to an increase in funding.
- <sup>3</sup> This is a new performance measure in Fiscal Year 2020-21 to reflect housing efforts for justice-involved population.
- <sup>4</sup> This performance measure revised in Fiscal Year 2020–21 to better reflect employment outcomes related to revenue and to align with federal Refugee Employment Services measure. Although refugee arrivals decreased, funding remained steady allowing service providers to increase outreach efforts and exceed initial projections.
- <sup>5</sup> In FY 2020–21, the performance measure related to *Live Well San Diego* partners is being discontinued as the focus shifts from increasing the number of partners to quality engagement in furthering the *Live Well San Diego* vision.
- <sup>6</sup> This performance measure was not met due to operational impacts caused by the COVID-19 pandemic.
- <sup>7</sup> In Fiscal Year 2018–19, the *Live Well San Diego* employee survey was conducted in Fall 2019.
- <sup>8</sup> In Fiscal Year 2019–20, four of six Resident Leadership Academy Council meetings were held, the remaining two RLA Council meetings were replaced with enhanced services such as nine RLA Supplemental Trainings.
- <sup>9</sup> In Fiscal Year 2019–20, projected number for unique visitors to *Live Well San Diego* website was exceeded due to LiveWell@Home program, which resulted from the COVID-19 pandemic.

Recommended Budget Changes and Operational Impact: 2020–21 to 2021–22

Staffing

Net increase of 24.00 staff years

- ◆ Increase of 10.00 staff years to support wrap around homelessness team efforts.
- ◆ Increase of 9.00 staff years to provide support, case management and outreach for the Housing and Disability Advocacy Program (HDAP) and to support efforts to expand services to serve youth and high need individuals under the Homeless Housing, Assistance and Prevention (HHAP) program.
- ◆ Increase of 2.00 staff years to support an Office of Immigrant and Refugee Affairs.
- ◆ Increase of 2.00 staff years to focus on streamlining and leveraging existing County services, programs and benefits for working families.
- ◆ Increase of 1.00 staff year transferred from Public Health Services (PHS) to provide operational support.
- ◆ Additionally, staff were transferred among related programs within Administrative Support to manage operational needs.

Expenditures

Net decrease of \$72.3 million

- ◆ Salaries & Benefits—net increase of \$4.5 million due to the addition of 24.00 staff years noted above, required retirement contributions, and negotiated labor agreements.

- ◆ Services & Supplies—net decrease of \$64.4 million.
  - ◆ Net decrease of \$62.8 million tied to COVID-19 response efforts. This is a decrease of \$102.0 million in prior year one-time costs offset by \$39.2 million for response efforts that will continue into Fiscal Year 2021-22. In Fiscal Year 2020-21, the majority of response costs were budgeted in Administrative Support, resulting in the net decrease. In Fiscal Year 2021-22, Testing, Tracing, Treatment (T3) efforts and vaccination efforts are budgeted in Public Health Services, the Great Plates Delivered program is in Aging & Independence Services, and the COVID-19 Positive Recovery Stipend program is in Self Sufficiency Services. Overall, a total of \$226.9 million is budgeted for COVID-19 response efforts continuing into Fiscal Year 2021-22.
  - ◆ Decrease \$6.2 million primarily for the Whole Person Wellness (WPW) pilot to align with the projected end of the grant in December 2021 as the State transitions to providing similar services as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative.
  - ◆ Increase of \$1.5 million for the HHAP program to expand the current Community Care Coordination (C3) program to serve youth and high need individuals.
  - ◆ Increase of \$1.1 million in Whole Person Care (WPC) housing costs funded through a one-time State allocation, that will primarily be used for rental assistance to private landlords which will allow at risk participants that would qualify under the State’s Whole Person Care criteria to stay in their community of choice.





- ❖ Increase of \$1.0 million for the C3 for Veterans program to provide housing assistance and peer support to strengthen the community support system provided to veterans as they reintegrate into the community, ultimately reducing recidivism. A total of \$2.2 million is budgeted.
- ❖ Increase of \$0.5 million to implement a Drowning Prevention Program, including an outreach campaign.
- ❖ Increase of \$0.5 million to support activities under a new Office of Immigrant and Refugee Affairs, including access to legal counsel.
- ◆ Expenditure Transfer & Reimbursements—net decrease of \$3.3 million in centralized General Fund support driven by moving funding for major maintenance projects to one-time use of fund balance. Since this is a transfer of expenditures, it has a net effect of a \$3.3 million increase in expenditures. The central funding is supported by resources in Countywide Finance Other.
  - ❖ Decrease of \$6.5 million for major maintenance projects that will be funded with General Fund balance in the revenue section below.
  - ❖ Increase of \$2.2 million for the C3 for Veterans program.
  - ❖ Increase of \$1.0 million for one-time negotiated labor agreements.
- ◆ Operating Transfers Out—net decrease of \$1.2 million to Major Maintenance Capital Outlay Fund (MMCOF) for various facility projects.
- ◆ Management Reserves—decrease of \$14.5 million. There is no amount budgeted.
- ◆ Increase of \$4.9 million in Realignment revenue to support Salaries & Benefits and Services & Supplies, based on projected statewide sales tax receipts and vehicle license fees that are dedicated for costs in health and human service programs.
- ◆ Increase of \$2.4 million in HHAP and HDAP revenue to fund increases in Salaries & Benefits and Services & Supplies.
- ◆ Charges for Current Services—net decrease of \$4.2 million in Intergovernmental Transfer (IGT) revenue.
  - ❖ Decrease of \$3.3 million in WPW funding due to program ending noted above.
  - ❖ Decrease of \$2.0 million tied to completion of one-time projects.
  - ❖ Increase of \$1.1 million for the Whole Person Care (WPC) one time housing funds to align with estimated expenditures noted above.
- ◆ Miscellaneous Revenue Other—increase of \$0.1 million in sponsorship revenue primarily tied to Live Well Advance program.
- ◆ Use of Fund Balance—increase of \$3.9 million. A total of \$20.4 million is budgeted.
  - ❖ \$13.4 million to reflect the Securitized Tobacco Settlement Special Revenue Fund under Administrative Support for health-related services.
  - ❖ \$6.5 million to fund major maintenance projects.
  - ❖ \$0.5 million for the Drowning Prevention Program.
- ◆ General Purpose Revenue Allocation—increase of \$0.7 million to support increases in Salaries & Benefits and Services & Supplies associated with implementation of immigrant support services.

## Revenues

Net decrease of \$72.3 million

- ◆ Intergovernmental Revenues—decrease of \$72.8 million.
  - ❖ Net decrease of \$60.8 million in federal COVID-19 response and stimulus funds associated with prior year one-time costs for COVID-19 as noted above.
  - ❖ Decrease of \$15.7 million in one-time State General Fund (SGF) allocated in Fiscal Year 2020-21 to partially offset the loss of realignment revenue, primarily used to fund Management Reserves in Fiscal Year 2020-21.
  - ❖ Decrease of \$2.1 million primarily in one-time Community Services Block Grant (CSBG) augmentation and to align to anticipated allocation.
  - ❖ Decrease of \$1.5 million in unsecuritized Tobacco Settlement Funds tied to the completion of the WPW pilot program as noted above.

## Recommended Budget Changes and Operational Impact: 2021–22 to 2022–23

Net decrease of \$41.5 million is the result of a decrease of \$41.1 million in Services & Supplies primarily associated with anticipated completion of COVID-19 response efforts and \$3.8 million in Operating Transfers Out related to prior year one-time facility projects offset by \$3.2 million in Expenditure Transfer & Reimbursement associated with one-time funds tied to C3 for Veterans program and \$0.2 million in Salaries & Benefits due to negotiated labor agreements.



Staffing by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Agency Executive Office	28.00	26.00	17.00	(34.6)	17.00
Agency Contract Support	25.00	25.00	25.00	0.0	25.00
Financial Services Division	176.00	176.00	176.00	0.0	176.00
Human Resources	84.00	84.00	84.00	0.0	84.00
Management Support	26.00	26.00	26.00	0.0	26.00
Proposition 10	14.00	13.00	14.00	7.7	14.00
Regional Administration	43.00	39.00	52.00	33.3	52.00
Office of Military & Veterans Affairs	21.00	20.00	20.00	0.0	20.00
Office of Strategy and Innovation	30.00	27.00	36.00	33.3	36.00
Integrative Services	21.00	21.00	31.00	47.6	31.00
<b>Total</b>	<b>468.00</b>	<b>457.00</b>	<b>481.00</b>	<b>5.3</b>	<b>481.00</b>

Budget by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Agency Executive Office	\$ 49,255,163	\$ 148,155,039	\$ 65,887,730	(55.5)	\$ 26,763,863
Agency Contract Support	4,119,007	4,235,468	4,417,238	4.3	4,468,798
Financial Services Division	52,739,504	38,020,739	44,804,852	17.8	43,605,626
Human Resources	13,387,537	13,591,870	14,071,933	3.5	14,303,989
Management Support	46,263,807	43,501,360	46,842,040	7.7	46,920,968
Proposition 10	1,647,061	1,632,436	2,211,308	35.5	2,235,126
Regional Administration	12,813,672	9,582,996	10,981,680	14.6	11,116,004
Office of Military & Veterans Affairs	3,774,862	4,013,283	4,214,382	5.0	4,256,073
Office of Strategy and Innovation	6,815,297	6,417,756	9,011,813	40.4	8,577,214
Integrative Services	18,814,429	27,855,542	22,220,224	(20.2)	20,891,586
Tobacco Settlement Fund	6,200,000	15,312,638	15,312,638	0.0	15,312,638
<b>Total</b>	<b>\$ 215,830,339</b>	<b>\$ 312,319,127</b>	<b>\$ 239,975,838</b>	<b>(23.2)</b>	<b>\$ 198,451,885</b>







Budget by Categories of Expenditures

	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Salaries & Benefits	\$ 58,311,143	\$ 60,534,345	\$ 65,059,524	7.5	\$ 65,296,114
Services & Supplies	134,812,469	223,562,046	159,178,171	(28.8)	118,043,133
Expenditure Transfer & Reimbursements	—	(6,500,000)	(3,243,495)	(50.1)	—
Operating Transfers Out	6,706,727	20,262,638	18,981,638	(6.3)	15,112,638
Management Reserves	16,000,000	14,460,098	—	(100.0)	—
<b>Total</b>	<b>\$ 215,830,339</b>	<b>\$ 312,319,127</b>	<b>\$ 239,975,838</b>	<b>(23.2)</b>	<b>\$ 198,451,885</b>

Budget by Categories of Revenues

	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Licenses Permits & Franchises	\$ —	\$ 654,000	\$ 654,000	0.0	\$ 654,000
Fines, Forfeitures & Penalties	38,000	38,338	38,232	(0.3)	38,338
Revenue From Use of Money & Property	1,900,000	1,900,000	1,900,000	0.0	1,900,000
Intergovernmental Revenues	131,285,806	249,141,441	176,351,636	(29.2)	112,893,295
Charges For Current Services	27,229,871	29,777,065	25,576,382	(14.1)	53,343,054
Miscellaneous Revenues	100,000	100,000	192,180	92.2	100,000
Fund Balance Component Decreases	7,753,171	2,370,714	2,370,714	0.0	2,370,714
Use of Fund Balance	35,864,033	16,538,978	20,412,638	23.4	13,412,638
General Purpose Revenue Allocation	11,659,458	11,798,591	12,480,056	5.8	13,739,846
<b>Total</b>	<b>\$ 215,830,339</b>	<b>\$ 312,319,127</b>	<b>\$ 239,975,838</b>	<b>(23.2)</b>	<b>\$ 198,451,885</b>





# Housing & Community Development Services

## Mission Statement

*To make people’s lives healthier, safer and self-sufficient by delivering essential services in San Diego County*

## Department Description

*Housing & Community Development Services (HCDS) helps extremely low, low and moderate-income households through public services that provide safe and affordable housing opportunities. HCDS also helps improve neighborhoods through community development opportunities and management of innovative housing initiatives. These services are carried out through the following programs:*

**Community Development:** *Enhance community infrastructure and facilities to provide a suitable and sustainable living environment.*

- ◆ **Community Development Block Grant (CDBG)**— provides funding for affordable housing, community improvement, and public service projects such as improvements to community centers, development of parks and sidewalks, and food distribution programs;
- ◆ **Home Repair Program**—provide low-income homeowners grants and/or low-interest loans to allow them to make needed improvements that allow them to remain in their homes; and
- ◆ **HOME Investment Partnership (HOME)**— Funding for the development of affordable housing opportunities including: The creation and preservation of multi-family housing, low-interest loans to first-time homebuyers, short term rental assistance for special needs populations.

**Affordable Housing:** *Increase affordable housing opportunities (from 2,854 to 4,928 units by 2023) across the region for low-to moderate income and special needs residents to reduce homelessness and those at-risk of homelessness.*

- ◆ **No Place Like Home (NPLH)**—provide funding from the State for the creation of Permanent Supportive housing for persons experiencing homelessness that have serious mental illness;
- ◆ **County Innovative Housing Trust Fund (IHTF)**—provide local trust fund to increase affordable housing opportunities throughout San Diego County through the construction, acquisition, rehabilitation and loan repayment of affordable multi-family rental housing; and
- ◆ **County Owned Excess Properties**— Utilize existing County owned excess property to develop affordable housing for low-income and special needs populations.



**Homeless Services:** *Prevent and end homelessness through accessible housing and supportive services.*

- ◆ **Emergency Solutions Grant (ESG)**—provide rapid rehousing, emergency housing, street outreach, and homeless prevention to individuals and families experiencing or at-risk of experiencing homelessness.

*HCDS also serves as the Housing Authority of the County of San Diego (HACSD) and provides the following rental assistance related services. For more information, please see the Housing Authority budget.*

**Rental Assistance:** *Provide monthly rental assistance for low-income families, emancipated youth, families participating in substance abuse treatment and chronically homeless veterans.*

- ◆ **Section 8 Housing Choice Voucher Program**—provide long-term rental assistance for over 10,000 households each month, allowing very low-income families, veterans, the elderly and the disabled to obtain decent, safe and affordable housing;
- ◆ **Tenant Based Rental Assistance**—provide short-term rental assistance for vulnerable populations that include persons experiencing homelessness in the unincorporated areas of the county, families participating in the Child Welfare Services reunification program, youth transitioning out of the foster care system, and persons with HIV/AIDS; and
- ◆ **Public Housing**—provide 159 decent and safe rental housing units for eligible low-income families, the elderly, persons with disabilities, and agricultural workers.

*To ensure these critical services are provided, Housing & Community Development Services has 130.00 staff years and a budget of \$88.8 million.*

**Strategic Initiative Legend**

			
BBH	LS	SE/T	OE
	- Audacious Vision		
	- Enterprise Wide Goal		
	- Department Objective		

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human and Services Agency Summary. Text that is followed by EWG nomenclature indicates coordination with at least one other department.

**2020–21 Anticipated Accomplishments**

 **Building Better Health**

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
  - Provided rental assistance to 650 veteran households with active Veterans Affairs Supportive Housing (VASH) throughout the year. VASH program provides eligible homeless veterans, who are referred by the U.S. Department of Veterans Affairs, access to safe, decent and affordable housing through rental assistance.
  - Recruited 150 new landlords interested in renting to individuals experiencing homelessness, which include Project One For All (POFA) participants, to increase housing opportunities for individuals who have a serious mental illness and are experiencing homelessness. This goal is part of a multiyear effort to increase the number of landlords on the interest list in the County’s Housing Authority jurisdiction.

 **Living Safely**

- Plan, build and maintain safe communities to improve the quality of life for all residents
  - Conducted 40 fair housing tests by secret shoppers in rental units throughout the county to proactively educate and engage landlords in fair housing practices, laws and regulations, which prohibit housing discrimination on the basis of race or color, national origin, religion, sex, familial status, disability and other protected classes.
  - Awarded \$9 million in IHTF funds, bringing the total IHTF amount awarded to over \$50 million supporting the creation and/or preservation of 20 developments to increase the region’s inventory of affordable housing by 1,398 affordable housing units in 16 communities. These efforts enhance safe and affordable housing opportunities for low-income families, homeless veterans, persons with physical and/or developmental disabilities, and seniors, thereby improving their quality of life.

- Continued No Place Like Home efforts to build capacity of supportive housing for persons experiencing or at risk of homelessness and who need mental health services. County expects to have five of six developments secured in Fiscal Year 2020-21 and anticipates expending funds and completing construction for these developments within the next several years totaling over 170 units.
- Provided rental assistance for over 10,000 households at risk of housing displacement during the COVID-19 pandemic through the County’s initial Emergency Rental Assistance Program.

 **Operational Excellence**

- Strengthen our customer service culture to ensure a positive customer experience
  - Provided exceptional customer service to HCDS customers as demonstrated through an average satisfaction rating of four (one to five scale) on the Customer Experience Survey. This was achieved through a commitment to using a positive service-delivery approach to provide all customers with a positive experience.

**2021–23 Objectives**

 **Building Better Health**

- Promote the implementation of a service delivery system that is sensitive to individuals’ needs
  - Provide rental assistance to 665 veteran households with active Veterans Affairs Supportive Housing (VASH) throughout the year. VASH program provides eligible homeless veterans, who are referred by the U.S. Department of Veterans Affairs, access to safe, decent and affordable housing through rental assistance.
  - Recruit 150 new landlords interested in renting to individuals experiencing homelessness, to increase housing opportunities for individuals who have a serious mental illness and are experiencing homelessness. This goal is part of a multi-year effort to increase the number of landlords on the interest list in the County’s Housing Authority jurisdiction.

 **Living Safely**

- Plan, build and maintain safe communities to improve the quality of life for all residents
  - Conduct 40 fair housing tests by secret shoppers in rental units throughout the county to proactively educate and engage landlords in fair housing practices, laws and regulations, which prohibit housing discrimination on the basis of race or color, national origin, religion, sex, familial status, disability and other protected classes.





- Ensure No Place Like Home (NPLH) funds are awarded to successful applicants. This funding will provide financing for the construction, acquisition, and/or rehabilitation of permanent supportive housing for persons experiencing homelessness who have serious mental illnesses.

Related Links

For additional information about Housing and Community Development Services, refer to the website at:

◆ [www.SanDiegoCounty.gov/sdhcd](http://www.SanDiegoCounty.gov/sdhcd)

Follow HCD on Facebook at:

◆ [www.facebook.com/sdhcd](http://www.facebook.com/sdhcd)

Performance Measures		2019–20 Actuals	2020–21 Adopted	2020–21 Estimated Actuals	2021–22 Recommended	2022–23 Recommended
	Average lease rate for the Veterans Affairs Supportive Housing (VASH) program <sup>1</sup>	80% of 724	N/A	N/A	N/A	N/A
	Rental Assistance provided to Veterans through Veterans Affairs Supportive Housing (VASH) program <sup>1</sup>	N/A	665	665	665	665
	Individuals living in County Housing Authority areas who are receiving rental assistance and treatment for SMI <sup>2</sup>	183	N/A	N/A	N/A	N/A
	New landlords secured to rent to previously homeless individuals experiencing SMI	182	150	150	150	150
	Random fair housing compliance site tests	40	40	40	40	40
	Families receiving rental assistance through TBRA <sup>3</sup>	13% of 326	N/A	N/A	N/A	N/A
	TBRA families transitioned into permanent housing <sup>3</sup>	66% of 44	N/A	N/A	N/A	N/A

Table Notes

<sup>1</sup> In Fiscal Year 2019–20, this performance measure was revised from average lease rate to households served through the program to better demonstrate outcomes for veterans experiencing homelessness. In Fiscal Year 2019–20, the increase of the average lease rate was due to an increase of vouchers received.

<sup>2</sup> In Fiscal Year 2020–21, this performance measure is being retired as the County has issued its stated number of vouchers allocated to POFA. Additionally, Housing Choice Voucher federal funding levels will not allow for further issuance of vouchers. In Fiscal Year 2019–20, the target for providing rental assistance to homeless individuals with serious mental illness (SMI) was exceeded due to an unexpected increase in referrals to provide housing for the region’s most vulnerable homeless population.

<sup>3</sup> In Fiscal Year 2020–21, Tenant Based Rental Assistance (TBRA) measures are being retired due to the program being a temporary form of housing for homeless households as a result of a local public health emergency efforts from the previous year. Participants have since been transitioned to permanent housing such as HCV (Section 8).



## Recommended Budget Changes and Operational Impact: 2020–21 to 2021–22

### Staffing

No overall change in staff years.

### Expenditures

Net decrease of \$20.0 million

- ◆ Salaries & Benefits—increase of \$0.8 million due to required retirement contributions and negotiated labor agreements.
- ◆ Services & Supplies—net increase of \$7.2 million.
  - ◆ Net increase of \$11.7 million to align with the additional CARES Act funding issued by HUD under the Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) to fund projects and activities that benefit the community, specifically those households affected by COVID-19.
  - ◆ Increase of \$0.7 million to align with an increased need to provide emergency shelter for homeless persons during times of inclement weather.
  - ◆ Increase of \$0.5 million to fund feasibility studies for various County funded affordable housing initiatives.
  - ◆ Decrease of \$2.5 million tied to the homelessness programs in the unincorporated area to align with the estimated expenditures in the local rental subsidy program with no impact to services.
  - ◆ Decrease of \$2.0 million to align with anticipated loan disbursements for projects awarded with funding from the Innovative Housing Trust Fund (IHTF).
  - ◆ Decrease of \$0.8 million in the California Emergency Solutions and Housing (CESH) program to align with estimated expenditures for rapid rehousing and elimination of a prior year one-time cost for the Flexible Housing Subsidy Pool (FHSP).
  - ◆ Decrease of \$0.4 million to align with completion of the Homeless Emergency Aid Program (HEAP) State grant.
- ◆ Other Charges—net decrease of \$23.8 million.
  - ◆ Decrease of \$24.0 million associated with the completion of the County’s initial COVID-19 Emergency Rental Assistance Program (ERAP) to cover rent payments for individuals and families whose household was economically impacted by COVID-19.
  - ◆ Increase of \$0.2 million in HUD entitlement programs to align with the Fiscal Year 2020-21 Annual Funding Plan.
- ◆ Expenditure Transfer & Reimbursements—increase of \$4.2 million primarily associated with centralized General Fund support of the County’s Hotel/Motel Voucher Program, Fair Housing Program and emergency shelter during inclement weather. Since this is a transfer of expenditures, it has a net effect of a \$4.2 million decrease in expenditures. The central

funding is supported by resources in Countywide Finance Other.

### Revenues

Net decrease of \$20.0 million

- ◆ Intergovernmental Revenues—net decrease of \$1.0 million.
  - ◆ Decrease of \$7.4 million tied to the elimination of one-time funding of CARES Act revenue to fund the COVID-19 ERAP program.
  - ◆ Decrease of \$4.8 million in Homeless Housing, Assistance and Prevention (HHAP), HOME Investment Partnerships Program, and CARES Act revenue to align with the expenditure estimate in addressing homelessness in the unincorporated area referenced above.
  - ◆ Decrease of \$0.8 million tied to the elimination of one-time additional State General Fund (SGF) allocated to partially offset the loss of realignment revenue tied to economic conditions.
  - ◆ Decrease of \$0.8 million in CESH revenue to align with estimated expenditures referenced above.
  - ◆ Decrease of \$0.4 million in HEAP revenue to align with completion of the State grant.
  - ◆ Net increase of \$11.7 million in CDBG and ESG for COVID-19 related revenue augmentations.
  - ◆ Net increase of \$1.3 million in administrative revenue to align with anticipated allocation.
  - ◆ Increase of \$0.2 million tied to HUD entitlement programs to align with the Fiscal Year 2021-22 Annual Funding Plan.
- ◆ Miscellaneous Revenue—decrease of \$2.1 million in IHTF funds to align with anticipated loan disbursements for awarded projects.
- ◆ Use of Fund Balance—decrease of \$16.9 million. A total of \$3.9 million of unassigned General Fund fund balance is budgeted.
  - ◆ \$2.9 million for one-time work associated with the Public Housing Physical Needs Assessment.
  - ◆ \$0.5 million for one-time negotiated labor agreements.
  - ◆ \$0.5 million for one-time funding tied to feasibility studies for affordable housing programs.

## Recommended Budget Changes and Operational Impact: 2021–22 to 2022–23

Net decrease of \$25.9 million as a result of a decrease of \$44.5 million in Services & Supplies primarily tied to the ending of one-time projects, offset by an increase of \$18.5 million in Expenditure Transfer & Reimbursement associated with one-time funds for the County’s Hotel/Motel Voucher Program, Fair Housing Program and emergency shelters during inclement weather, and \$0.1 million in Salaries & Benefits due to required retirement contributions.





Staffing by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Housing & Community Development	128.00	130.00	130.00	0.0	130.00
<b>Total</b>	<b>128.00</b>	<b>130.00</b>	<b>130.00</b>	<b>0.0</b>	<b>130.00</b>

Budget by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Housing & Community Development	\$ 19,161,278	\$ 57,860,125	\$ 28,882,173	(50.1)	\$ 25,806,285
County Successor Agency - Housing	13,500	28,500	28,500	0.0	28,500
HCD - Multi-Year Projects	47,816,722	50,851,904	59,852,233	17.7	37,000,033
<b>Total</b>	<b>\$ 66,991,500</b>	<b>\$ 108,740,529</b>	<b>\$ 88,762,906</b>	<b>(18.4)</b>	<b>\$ 62,834,818</b>

Budget by Categories of Expenditures					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Salaries & Benefits	\$ 14,110,101	\$ 15,621,449	\$ 16,478,815	5.5	\$ 16,549,740
Services & Supplies	48,687,754	79,355,504	86,539,377	9.1	42,037,177
Other Charges	4,373,170	28,168,101	4,352,426	(84.5)	4,352,426
Expenditure Transfer & Reimbursements	(179,525)	(14,404,525)	(18,607,712)	29.2	(104,525)
<b>Total</b>	<b>\$ 66,991,500</b>	<b>\$ 108,740,529</b>	<b>\$ 88,762,906</b>	<b>(18.4)</b>	<b>\$ 62,834,818</b>

Budget by Categories of Revenues					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Revenue From Use of Money & Property	\$ 4,591	\$ 4,591	\$ 4,591	0.0	\$ 4,591
Intergovernmental Revenues	51,287,568	71,723,801	70,718,159	(1.4)	55,308,637
Charges For Current Services	3,000	3,000	3,000	0.0	3,000
Miscellaneous Revenues	10,287,945	10,876,945	8,788,511	(19.2)	2,169,945
Fund Balance Component Decreases	500,000	—	—	0.0	—
Use of Fund Balance	136,150	20,785,611	3,902,064	(81.2)	2,064
General Purpose Revenue Allocation	4,772,246	5,346,581	5,346,581	0.0	5,346,581
<b>Total</b>	<b>\$ 66,991,500</b>	<b>\$ 108,740,529</b>	<b>\$ 88,762,906</b>	<b>(18.4)</b>	<b>\$ 62,834,818</b>





# County Successor Agency

## Mission Statement

*Expediently wind down the affairs of the former County Redevelopment Agency, maintaining compliance with all laws.*

## Department Description

*The County of San Diego Redevelopment Agency included two project areas, the Upper San Diego River Improvement Project (USD RIP) Area and the Gillespie Field Project Area, which promoted private sector investment and development. The USD RIP Area is a redevelopment project covering approximately 532 acres located along both sides of the San Diego River and along Highway 67 in the unincorporated community of Lakeside. USD RIP goals included recreational and environmental protection and improvements. The Gillespie Field Redevelopment Project Area is approximately 746 acres located at Gillespie Field Airport in the City of El Cajon, adjacent to the unincorporated area.*

*Effective February 1, 2012, all redevelopment agencies in the State of California were dissolved by Assembly Bill (AB) X1 26, Community Redevelopment Dissolution and subsequent court decision. AB 1484 was passed in June 2012 and made substantial changes to the dissolution process. Successor agencies and oversight boards were authorized to manage assets, repay debts and fulfill other redevelopment agency obligations in order to expediently wind down former redevelopment agencies and return funding to affected taxing entities. Successor housing agencies were created and authorized to assume the transfer of housing assets and programs.*

*The County of San Diego was designated as Successor Agency and Housing Successor. All assets, liabilities and obligations of the former Redevelopment Agency were transferred to the County of San Diego as Successor Agency on February 1, 2012. Appropriations for the Housing Successor are included in Housing & Community Development Services. All activities of the Successor Agency, including budgetary authority, are subject to approval by an Oversight Board.*

*Under Health & Safety Code (HSC) Section 34179, one consolidated seven-member successor agency oversight board became effective on July 1, 2018 to perform the functions of all other existing San Diego County area oversight boards. The County of San Diego acts as the administrator of the*



*consolidated oversight board. HSC Section 34179 permits the County to recover startup and administrative costs from the Redevelopment Property Tax Trust Fund.*

*To ensure these required services are provided, the County Successor Agency has a budget of \$7.8 million.*

### Strategic Initiative Legend

			
BBH	LS	SE/T	OE
	- Audacious Vision		
	- Enterprise Wide Goal		
	- Department Objective		

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human and Services Agency Summary. Text that is followed by EWG nomenclature indicates coordination with at least one other department.

## 2020–21 Anticipated Accomplishments

### Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
- Continued to expediently wind down the affairs of the former County Redevelopment Agency, maintaining compliance with all laws and with the approval of the County-wide Redevelopment Successor Agency Oversight Board.
- Conducted six Countywide Redevelopment Successor Agency Oversight Board meetings for approval of agenda items requested by 17 San Diego County-area successor agencies, then submit required materials to California State Department of Finance in a timely fashion.

## 2021–23 Objectives



### Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
  - Continue to expeditiously wind down the affairs of the former County Redevelopment Agency, maintaining compliance with all laws and with the approval of the Countywide Redevelopment Successor Agency Oversight Board.
  - Conduct Countywide Redevelopment Successor Agency Oversight Board meetings for approval of agenda items requested by 17 San Diego County-area successor agencies, then submit required materials to California State Department of Finance in a timely fashion.

## Related Links

For additional information about the County Successor Agency, refer to the website at:

- ◆ [www.sandiegocounty.gov/community/san-diego-county-oversight-board.html](http://www.sandiegocounty.gov/community/san-diego-county-oversight-board.html)

For additional information about Gillespie Field, refer to:

- ◆ [www.sandiegocounty.gov/dpw/airports/gillespie.html](http://www.sandiegocounty.gov/dpw/airports/gillespie.html)

## Recommended Budget Changes and Operational Impact: 2020–21 to 2021–22

### Staffing

No staffing is included in the recommended budget.

### Expenditures

No significant changes.

### Revenues

No significant changes.

## Recommended Budget Changes and Operational Impact: 2021–22 to 2022–23

No significant changes.





Staffing by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
County Successor Agency	—	—	—	0.0	—
<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.0</b>	<b>0.00</b>

Budget by Program					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
County Successor Agency	\$ 7,460,304	\$ 7,778,656	\$ 7,752,948	(0.3)	\$ 7,752,948
<b>Total</b>	<b>\$ 7,460,304</b>	<b>\$ 7,778,656</b>	<b>\$ 7,752,948</b>	<b>(0.3)</b>	<b>\$ 7,752,948</b>

Budget by Categories of Expenditures					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Services & Supplies	\$ 30,000	\$ 30,000	\$ 20,000	(33.3)	\$ 20,000
Other Charges	2,241,012	2,320,600	2,316,673	(0.2)	2,316,673
Operating Transfers Out	5,189,292	5,428,056	5,416,275	(0.2)	5,416,275
<b>Total</b>	<b>\$ 7,460,304</b>	<b>\$ 7,778,656</b>	<b>\$ 7,752,948</b>	<b>(0.3)</b>	<b>\$ 7,752,948</b>

Budget by Categories of Revenues					
	Fiscal Year 2019–20 Adopted Budget	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Recommended Budget	% Change	Fiscal Year 2022–23 Recommended Budget
Taxes Other Than Current Secured	\$ 2,227,242	\$ 2,350,600	\$ 2,336,673	(0.6)	\$ 2,336,673
Other Financing Sources	5,189,292	5,428,056	5,416,275	(0.2)	5,416,275
Use of Fund Balance	43,770	—	—	0.0	—
<b>Total</b>	<b>\$ 7,460,304</b>	<b>\$ 7,778,656</b>	<b>\$ 7,752,948</b>	<b>(0.3)</b>	<b>\$ 7,752,948</b>

