

County of San Diego

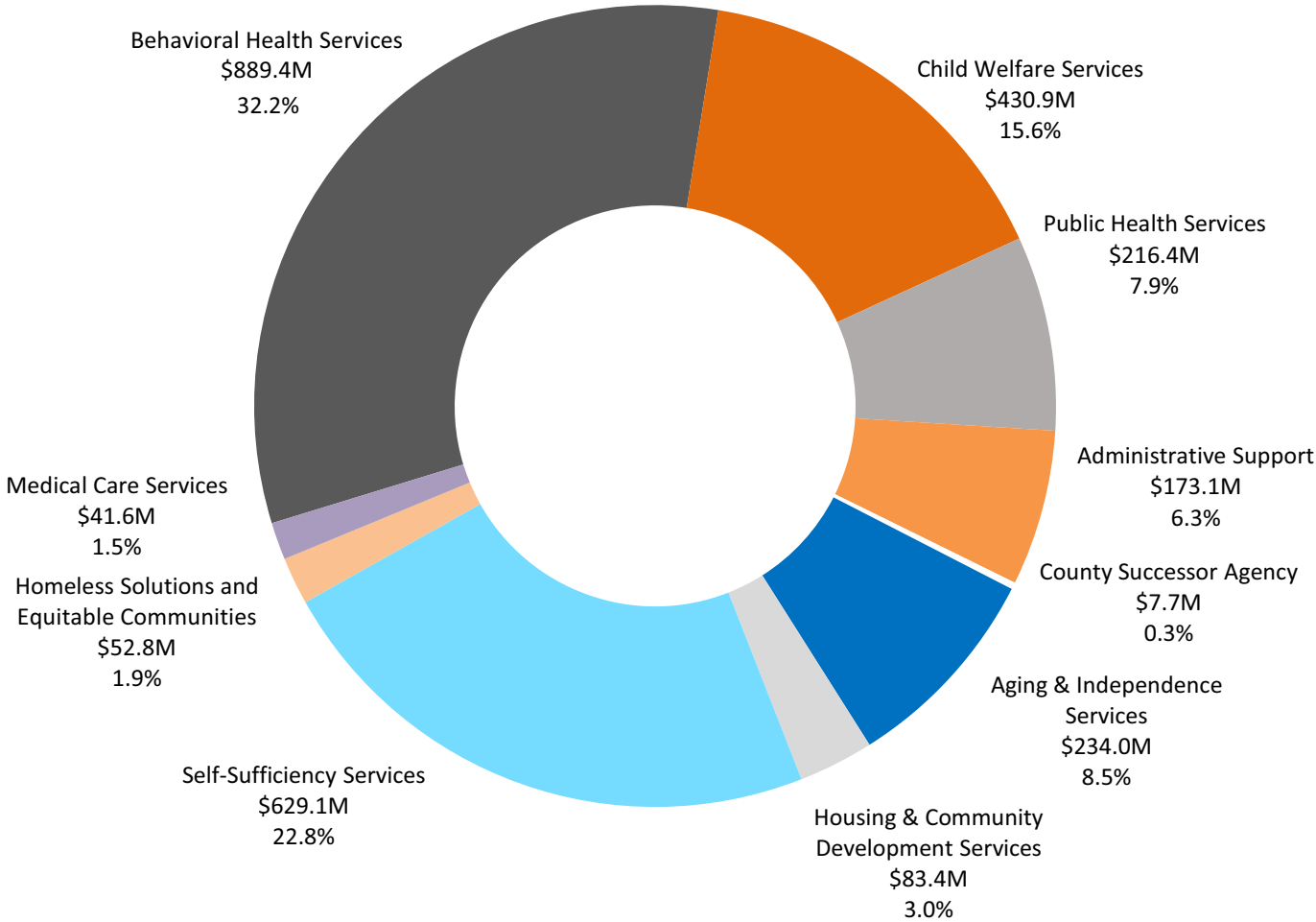
**Health and Human Services Agency
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Health and Human Services Agency at a Glance

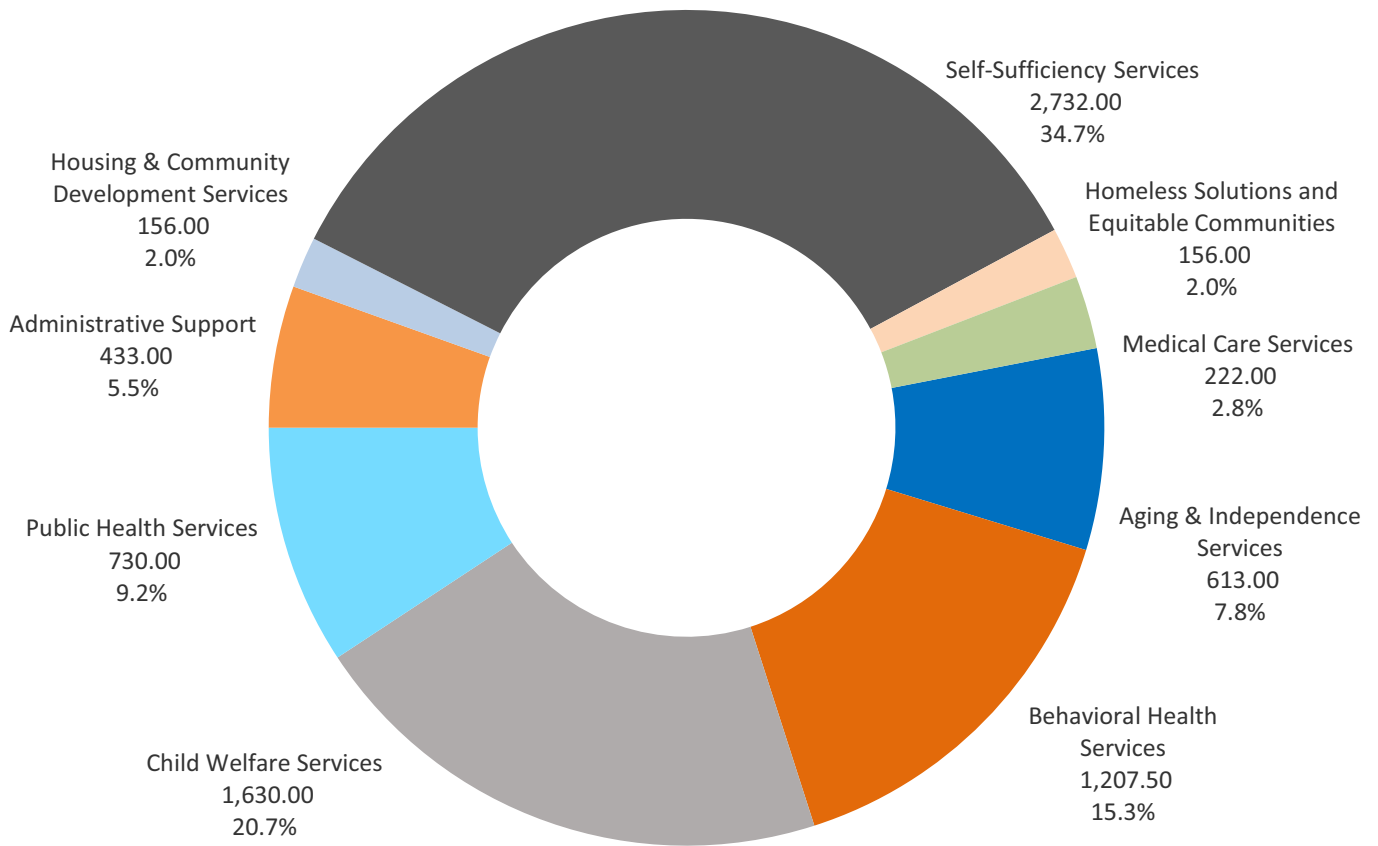
Recommended Budget by Department

Budget by Department Fiscal Year 2022-23: \$2.8 billion



Recommended Staffing by Department

Staffing by Department
Fiscal Year 2022-23: 7,879.50 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 homes;
- ◆ **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 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.
- ◆ **Housing & Community Development Services (HCDS)** —provide housing assistance and community improvements that benefit low- and moderate-income persons.
- ◆ **Homeless Solutions and Equitable Communities (HSEC)** —ensure that County services are best positioned to address equity and homelessness effectively, with particular attention paid to operational efficiency, data utilization, and collaboration with external partners.



- ◆ **Medical Care Services** —improve the health and wellness of San Diegans by ensuring equitable access to a high-quality, sustainable medical care delivery system that is inclusive and addresses the needs of our most vulnerable citizens.

Previously under Public Health Services, Medical Care Services was established July 1, 2022, to oversee nursing and pharmacy operations, provide clinical expertise in an array of disciplines, and implement initiatives such as California Advancing and Innovating Medi-Cal (CalAIM) and Justice-Involved Health.

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

- ◆ Treat nearly 108,000 residents through mental health and alcohol and other drug services;
- ◆ Assist more than 66,000 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 by investigating nearly 400,000 cases and contact tracing of approximately 130,000 close contacts as part of the response to COVID-19, hepatitis A and C, measles, HIV, gastrointestinal, and other diseases. Nearly 98% of investigations were of COVID-19; and
- ◆ Ensure over one million 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) was transferred 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.

HHSA provides these services directly and indirectly with 7,879.50 HHSA employees (staff years) located across 54 facilities, over 350 contracted providers, and hundreds of volunteers committed to providing excellent customer service and a budget of \$2.8 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.

In Fiscal Year 2021–22 the County of San Diego underwent a large organizational shift with the majority of the members of the Board of Supervisors being newly elected. This marked the first time in two decades that all five sitting Supervisors had been in office for their first term. As the County looks toward the future, it was clear now is the time to build upon the successes of the past, identify opportunities for improvement in our current processes, and ensure our operations are aligned with the policy initiatives of the Board of Supervisors. The County began a new strategic planning process in the Summer of 2021, which included convening a Strategic Planning Team. The 2021 Strategic Planning Team consisted of staff experts from across the enterprise who possess unique subject matter expertise as well as an extensive operational knowledge and have served as integral members of teams that have been implementing the new programs brought forward by the Board of Supervisors this year. The overall themes that came out of the robust discussions were the desire to be a government that listens to, partners with, and supports the community we serve, while sustainably planning for the future. This process also included a reimagining of the County's governance documents include the Vision Statement, Mission Statement, and Values. There are new Strategic Initiatives, and Audacious Goals that go along with each to guide the departments in outcome-based

goal setting that aligns with the County's Vision. Additional information on the new strategic alignment can be found at in the Strategic Framework and Alignment section.

In the County's Strategic Framework, Groups and Departments support five Strategic Initiatives: Equity, Sustainability, Community, Empower, and Justice. Audacious Goals assist departments in aligning with and supporting the County's Vision and Mission. In addition, department objectives demonstrate how departments contribute to the larger Audacious Goals. For more information on the new strategic alignment, refer to the Strategic Framework and Alignment section.

HHSA Departments

- ◆ Self-Sufficiency Services
- ◆ Aging & Independence Services
- ◆ Behavioral Health Services
- ◆ Child Welfare Services
- ◆ Public Health Services
- ◆ Administrative Support
- ◆ Housing & Community Development Services
- ◆ Homeless Solutions and Equitable Communities
- ◆ County Successor Agency
- ◆ Medical Care Services

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 and, in particular, those experiencing some of the most significant difficulties, including serious mental illnesses and substance use disorders (SUD), Homelessness, and those in vulnerable families.

The global COVID-19 pandemic, for which HHSA has played a vital role in leading the regional response, has demonstrated the importance of shared vision and focus like no other event in recent history. While the pandemic has caused great uncertainty and challenges, HHSA remains committed to providing essential services and regional leadership as we transition focus to assist our region in recovering from the health, emotional, and eco-



conomic effects of the COVID-19 pandemic. Below are examples of how HHSA carries out comprehensive health, housing, and social services to ensure all San Diegans live well.



Equity

HHSA continues to work with the hardest-to-reach and most vulnerable populations to ensure all residents have access to services and information to better manage challenging situations with a strong emphasis on health, housing, and economic opportunity. Through data-driven approaches, HHSA is committed to improving access to quality care, increasing physical activity, supporting healthy eating, stopping tobacco and other drug abuse, and reducing health disparities and disproportionality. Critical to this effort is creating synergistic, actionable items for every department - informed by equity-based indicators at the program, Agency, and community-wide levels - as a strategy for addressing the complex factors that influence health, housing, and economic equity.

This alignment across departments, tied to goals such as health equity, helped propel San Diego County to one of the top counties in vaccination rates, including success in communities where residents are more vulnerable to poor health outcomes. HHSA intends to build upon the success of the Community Health Worker model implemented during the pandemic to enhance capacity for community engagement both within the County enterprise and throughout the region. When looking at delivering excellence in mental health care, HHSA has been advancing the behavioral health continuum of care with strategies that include Crisis Stabilization Units, Mobile Crisis Response Teams, and developing a leading-edge mental health hub, all on underserved populations. HHSA is also implementing a coordinated approach to prevent and end homelessness by increasing housing opportunities and services aligned with the County's Framework for Ending Homelessness, which encompasses the County's ongoing work and provides a vision for future endeavors. The Framework is anchored in five strategic domains: 1) Root Cause and Upstream Prevention, 2) Diversion and Mitigation, 3) Services, Treatment and Outreach, 4) Emergency/Interim Housing and Resources, and 5) Permanent Housing and Support and uses the Social Determinants of Health approach in an enterprise-wide effort to prevent and end homelessness holistically. Through this Framework, HHSA collaborates with various stakeholders, including community residents and local municipalities to identify suitable locations for temporary emergency and permanent housing, affordable housing developers to increase Extremely Low Income (ELI) affordable housing supply, and service providers and philanthropic organizations to integrate the outreach and navigation system to maximize access to these housing opportunities. HHSA will undertake a fundamental transformation to improve child and family well-being outcomes by shifting to upstream prevention efforts to ensure that all fam-

ilies build resilience and have equitable opportunities to keep their children safe and supported. This will be carried out by identifying underlying causes that impact outcomes and providing a focus on building protective factors such as increasing positive connections and coordinating, communicating, and partnering with families and the organizations that support them. Additionally, building upon the success of the Home Safe program, HHSA is focusing on providing targeted resources to an expanded demographic of vulnerable older and disabled adults who are homeless or at risk of becoming homeless. To support communities that have been historically left behind, HHSA will be working to develop actionable opportunities to alleviate poverty and increase economic inclusion through enterprise-wide systemic poverty reduction efforts.

HHSA is also implementing a coordinated approach to prevent and end homelessness by increasing housing opportunities and services aligned with the County's Framework for Ending Homelessness, which encompasses the County's ongoing work and provides a vision for future endeavors. The Framework is anchored in five strategic domains: 1) Root Cause and Upstream Prevention, 2) Diversion and Mitigation, 2) Services, 3) Treatment and Outreach, 4) Emergency/Interim Housing and Resources, and 5) Permanent Housing and Support. Using the Social Determinants of Health approach with the five strategic domains is an enterprise-wide effort to prevent and end homelessness holistically. Through this Framework, HHSA collaborates with community stakeholders and local municipalities to: ensure that actions meet the community's need for accessible low-income affordable housing; identify suitable locations for temporary emergency and permanent housing; and integrate outreach and navigation systems necessary to maximize success.



Sustainability

HHSA is committed to helping communities thrive, not just today but also by looking ahead and making plans for a sustainable future focused on our economy, climate, environment, and building resiliency in our region.

As part of this commitment, every HHSA department is developing a Sustainability Plan with strategies to provide just and equitable services and protect future generations' abilities to flourish and thrive. Future endeavors include expanding the electric fleet and maturing models that incorporate remote working. In the short term, HHSA will increase efforts across departments to reduce waste and the consumption of resources by assessing purchasing trends and identifying areas to improve sustainability efforts. In addition, HHSA will promote staff's sustainability knowledge and engagement by tapping into the learning culture to increase understanding of sustainability and its impacts on the community and residents' lives. Regular communications regard-



ing sustainability-related program updates, successes, and opportunities for improvement to maintain and build momentum.

 Community

HHSA continuously focuses on strengthening communities and creating opportunities for all San Diegans to grow, connect, and thrive. This is evident through priorities such as promoting civic engagement that inspires individuals to improve their communities, supporting safety through community preparedness and disaster response, promoting the highest quality of life by ensuring equal access to basic needs and facilitating stronger partnerships through collaboration and coordination throughout the region. HHSA accomplishes this through providing access to timely, relevant news and information, active participation in community events to engage communities and facilitate connections, partnering with advisory boards, and ongoing engagement with stakeholders.

HHSA also collaboratively addresses new challenges head-on through innovative approaches, such as its fully integrated and coordinated response to the COVID-19 pandemic. This unique approach to an unprecedented emergency is built off the principles of *Live Well San Diego* and the more than 500 designated partners. It includes a robust Education and Outreach sector, which was mobilized within two weeks of the declaration of a public health emergency. This outreach was rapidly expanded to encompass nine sectors and 12 sub-sectors that successfully and regularly engaged thousands of diverse stakeholders through live telebriefings, eblasts, and presentations. HHSA also launched 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 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 vital services in a coordinated and integrated manner, in complete alignment with the *Live Well San Diego* vision for healthy, safe, and thriving communities.

 Empower

HHSA is committed to valuing its workforce by increasing awareness of their contributions, cultivating stakeholder relationships, and gaining public trust as they work together towards one vision. HHSA promotes learning opportunities to improve knowledge sharing across departments and support better-informed decisions through focused efforts such as financial training (s),

risk reviews, and quality improvement projects. By promoting a flexible and responsive workforce, we are better positioned to anticipate the needs of our customers and provide person-centered services, contributing to achieving Agency goals. HHSA is committed to transparency and delivering value to our residents through consistently candid and open communication, as demonstrated through the Live Well San Diego Open Performance Portal. Proactively engaging partners and stakeholders in identifying and addressing community needs help residents understand actions taken and paves the way for community engagement, building trust and confidence within the Agency.

 Justice

HHSA will continue to work with the hardest to reach and most vulnerable populations to ensure all children and families have access to services and information to manage the challenging situations they are facing. To strengthen the lives of children and families, HHSA provides trauma-informed prevention and protection services to vulnerable children, their families, and communities that are culturally competent family-centered and address the challenges of disproportionality. HHSA is also embarking on innovative early intervention work through initiatives, including developing the framework for child abuse prevention and continuing existing strategies such as maintaining partnerships with advisory bodies to include a deeper community perspective and advance the best practices recommended by the topic experts.

Related Links

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

- ◆ www.SanDiegoCounty.gov/HHSA

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

- ◆ www.LiveWellSD.org

For additional information about COVID-19, go to:

- ◆ <https://www.coronavirus-sd.com/>

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

Overview

The Health and Human Services Agency’s Fiscal Year 2022–23 recommended budget includes appropriations of \$2.8 billion, a net decrease \$84.0 million or (3.0%) from the Fiscal Year 2021–22 Adopted Budget. While there are continued increases across service delivery areas, including a large investment in workforce to address growth in safety net programs and County priority



areas, the budget reflects the removal of one-time costs for COVID-19 response efforts that occurred during Fiscal Year 2021–22, which is driving the net decline in appropriations.

Salaries & Benefits are up \$51.3 million due to the addition of 595.00 staff years across all departments in the Agency, as well as increases for planning purposes associated with anticipated salary and benefit increases. The demand for safety net programs, such as CalFresh and Medi-Cal, has continued to increase as a result of the economic impacts of the pandemic. Additionally, caseloads that were on an upward trajectory prior to the pandemic, such as the In-Home Support Services (IHSS) program where need increases as the population in the region ages, continue to rise. Direct services staff are requested to ensure continued timely, effective and efficient services to those in need of these programs. As in the last several years, positions are also requested to address several key priority areas across departments by continuing to expand availability of services and promote equitable delivery of services and improved outcomes. As one example, Community Health Workers are being added to the Homeless Solutions and Equitable Communities Department to provide support for public health education and health promotion programs, facilitate access to services, and improve the quality and cultural competence of service delivery within the community. These positions will also provide critical services to communities disproportionately impacted by public health threats, including COVID-19.

Services & Supplies and remaining budgetary accounts are down by a net of \$133.4 million, driven by the reduction for prior year one-time COVID-19 response costs. However, here too there are new investments promoting priority areas and expanding essential services. Investments to the Behavioral Health Continuum of Care include areas such as increased school-based outpatient treatment services for children and a continued expansion of crisis diversion services and long-term care beds. In the area of homelessness, funds for a new program to build service capacity in the region by partnering with cities to acquire shelters or locations to serve the homeless population are included. Increased services to continue help address the economic and social impacts of the pandemic such as in food, nutrition, and tenant and legal services also continue into Fiscal Year 2022–23.

Staffing

Increase of 595.00 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 2 years, SSS has added over 316,000 in new participants to its programs and continues to receive a record high of new applications each month. This includes a 40.5% participation increase to CalFresh, and a 38% increase to Medi-Cal. Both of these programs 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. In addition, the increased staff years will also address workload impact associated with existing caseload due to the expiration of COVID-19 federal and State waivers.

- ◆ Increase of 68.00 staff years to support Emergency Response (ER) services in Child Welfare Services (CWS). Staff years will support efforts to conduct emergency investigations on a 24/7 basis, quality supervision, timely consultation, responsive training, and collaborative program support for the daily investigations that ER Social Workers conduct.
- ◆ Increase of 60.00 staff years in the In-Home Support Services program to address continued growth in caseloads and ensure timely and thorough assessments to support the provision services to aged, blind, and disabled members of the community enabling them to maximize their independence in the home of their choice.
- ◆ Increase of 46.00 staff years to provide enhanced oversight and direction to support growing mental and substance use disorders (SUD) services across the County. The increased staffing will enhance current BHS efforts to support individuals with justice involvement, who are experiencing homelessness, and youths who are in need of behavioral health services. In addition, staffing increase will support enhanced data and information system integration, clinical program design, financial optimization, service quality improvement, and enhanced guidance and billing support to our contracted behavioral health services providers.
- ◆ Increase of 43.00 staff years to enhance public health capacity and bolster Public Health Services infrastructure.
- ◆ Increase of 37.00 staff years to provide increased direct mental health services, including outpatient services, enhanced case management and peer support services, within County operated mental health programs.
- ◆ Increase of 34.00 staff years in the Adult Protective Services (APS) program to meet continued growth in referrals and to respond to the State's program expansion lowering the age requirement for APS to 60, providing longer term case management and increasing services to certain homeless population clients, and ensuring timely delivery of services supporting increased overall safety for vulnerable elders and dependent adults.
- ◆ Increase of 17.00 staff years across various administrative support departments to support operational needs in human resources, fiscal services and other administrative support.
- ◆ Increase of 15.00 staff years for inpatient health services primarily to reduce reliance on temporary staffing for increased healthcare custodial needs at the San Diego County Psychiatric Hospital (SDCPH) and Edgemoor Hospital.
- ◆ Increase of 15.00 staff years to support the multi-faceted needs and ensure the safety of youth entering foster care, compliance with additional State requirements, and expansion of Family Strengthening & Prevention Initiative services.



- ◆ Increase of 14.00 staff years in Housing Choice Voucher (HCV) programs to administer and issue additional housing vouchers awarded to Housing Authority.
- ◆ Increase of 13.00 staff years tied to the implementation of the California San Diego Advancing and Innovating Medi-Cal (Cal-SDAIM) program.
- ◆ Increase of 13.00 staff years in Public Administrator/Public Guardian/Public Conservator (PA/PD/PC) to address continued growth in caseloads due to referrals, complexity of cases, community collaborations and law changes to ensure dependent and older adults, children and the deceased will continue to receive timely, person-centered services to meet their needs in a dignified respectful manner.
- ◆ Increase of 12.00 Community Health Workers to provide support for public health education and health promotion programs, facilitate access to services, and improve the quality and cultural competence of service delivery within the community. These positions will also provide critical services to communities disproportionately impacted by public health threats, including COVID-19.
- ◆ Increase of 12.00 staff years to provide direct behavioral health services to youth that have transitioned into county care as a result of the closure of the state’s Juvenile Justice Division.
- ◆ Increase of 10.00 staff years to the Placement Integration Unit in Child Welfare Services to support quality placement efforts to locate relatives, maintain children in a familiar environment, and support the child’s sense of safety, permanency, and well-being.
- ◆ Increase of 8.00 staff years to support the Multipurpose Senior Services Program (MSSP), Aging Roadmap, California Department of Aging (CDA), and Ombudsman programs.
- ◆ Increase of 8.00 staff years for clinical and nursing Support to address the operational aspects of nursing programs.
- ◆ Increase of 8.00 staff years staffing for program sustainability and to enhance the pharmaceutical services delivery to County programs in the Clinical Pharmacy.
- ◆ Increase of 8.00 staff years to augment staffing capacity for the TB Elimination and Contact Investigation Team to conduct surveillance and contact tracing for active TB cases.
- ◆ Increase of 7.00 staff years in California Children’s Services (CCS) unit to enhance case management.
- ◆ Increase of 7.00 staff years to create the Department of Child & Family Well-Being to align the County’s child abuse and neglect prevention efforts and support implementation of Family First Prevention Services Act (FFPSA).
- ◆ Increase of 6.00 staff years in APS Home Safe program which serves APS clients, seniors, and disabled adults experiencing or at risk of homelessness.
- ◆ Increase of 5.00 staff years to administer, coordinate, and monitor the County’s increasing affordable housing efforts for local, state, and federal programs.
- ◆ Increase of 5.00 staff years to provide administrative and clinical oversight to support harm reduction strategies as approved by the Board of Supervisors on December 7, 2021 (22).
- ◆ Increase of 5.00 staff years to support water quality testing that will reduce exposure to contaminated water and reduce potential illnesses in the community.
- ◆ Increase of 4.00 staff years to support the Clean Syringe Services Program and to provide direct patient care in the STD clinics.
- ◆ Increase of 4.00 staff years to support the administrative and financial oversight related to the HOME Investment Partnership – American Rescue Plan (HOME-ARP), HUD Cares Act programs and various affordable housing grants which will require ongoing long-term monitoring and oversight.
- ◆ Increase of 3.00 staff years to provide IT and Fiscal support for increased workload in HCV, community development programs, and to streamline document imaging process.
- ◆ Increase of 3.00 staff years to support the Getting to Zero Initiative oversee and lead the administration of funding requirements and develop clinic capacity to bill insurance companies and programs for STD Clinical services.
- ◆ Increase of 2.00 staff years to provide support, case management and community outreach efforts for safety net services and housing programs.
- ◆ Increase of 2.00 staff years to support operational needs in Homeless Solutions and Equitable Communities (HSEC).
- ◆ Increase of 1.00 staff year for implementation of the Office of Violence Prevention (OVP).
- ◆ Additionally, there were transfers within the Agency that occurred mid-year among programs to meet operational needs.

Expenditures

Net decrease of \$84.0 million

- ◆ Salaries & Benefits—increase of \$51.3 million primarily for planning purposes associated with anticipated salary and benefit increases and staffing changes noted above.
- ◆ Services & Supplies—net decrease of \$133.4 million.
 - ◆ Decrease of \$216.5 million tied to prior year one-time COVID-19 response efforts including completion of the Great Plates Delivered program and Testing, Tracing, and Treatment Strategy (T3) activities.
 - ◆ Net decrease of \$38.3 million primarily tied to completion of prior year one-time affordable housing and homelessness investments.



- ❖ Decrease of \$16.3 million associated with prior year one-time 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.
- ❖ Net decrease of \$6.6 million tied to one-time costs to prevent, prepare for, and respond to coronavirus and other infectious disease by supporting 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.
- ❖ Decrease of \$3.0 million tied to one-time CDC Health Disparities contracts.
- ❖ Increase of \$20.6 million to support programs funded through the County's American Rescue Plan Act (ARPA) Framework which includes school based screening, tenant legal services, coordinated eviction prevention programs, recuperative care and various food assistance programs.
- ❖ Increase of \$15.5 million for behavioral health treatment services for adults to help address identified ongoing unmet behavioral health service needs in the County, and allow people to live healthier and more productive lives. Programs being enhanced include the Biopsychosocial Rehabilitation services, SUD Residential & Withdrawal Management services in the South Region, Strength Based Case Management with a Transition Age Youth component for the North County, Peer Support services, and combined Hybrid SUD/MH services.
- ❖ Increase of \$12.6 million for behavioral health treatment services for children, youth, and families. Additional services will increase funding for school-based outpatient treatment services for children as well increased mental health services for youths with high acuity needs in foster home settings.
- ❖ Increase of \$12.6 million primarily tied to various IT projects to modernize electronic health records, healthcare information exchange and enterprise-wide IT costs.
- ❖ Increase of \$11.9 million associated with one-time HOME-ARP funding to address the needs of persons experiencing homelessness or are at risk of homelessness by providing much needed funding for the development of affordable housing.
- ❖ Increase of \$11.7 million in support of long-term care (LTC) and hospital administrative bed costs. Appropriations will support the addition of 30 LTC beds, and provide rate adjustments within the LTC level of care to address mandated rate increases and align rates with market levels. Expansion of LTC services will allow clients to be placed in the proper lower levels of care to shift them from more expensive acute care settings.
- ❖ Increase of \$10.0 million to build service capacity in the region by partnering with cities to acquire shelters or locations to serve the homeless population.
- ❖ Increase of \$7.6 million for Crisis Diversion services to include continued expansion of the Mobile Crisis Response Team (MCRT) and added Crisis Residential services. The MCRT services are intended to provide an alternative to dispatching law enforcement when an individual is having a mental health or substance use crisis.
- ❖ Increase of \$7.0 million in the Housing and Disability Advocacy Program (HDAP), funded through a one-time State allocation available to spend over two years, that will be used to expand housing and service supports for people at risk of or experiencing homelessness.
- ❖ Increase of \$6.1 million to support efforts to promote food security and senior nutrition, support services and other aging programs to seniors, including new opportunities to address needs that have been identified during the COVID-19 pandemic funded with OAA American Rescue Plan Act (ARPA).
- ❖ Increase of \$5.0 million for programs supporting homeless individuals with behavioral health conditions including efforts to support the crisis reduction strategy, on-site behavioral health screening, and increased tenant housing support.
- ❖ Increase of \$4.2 million to establish and enhance preventive health service programs to immunize individuals against COVID-19 through the Immunization Local Assistance Grant funded program.
- ❖ Increase of \$3.5 million for the APS Home Safe program to reduce adult homelessness or experience of being unhoused by older adults by providing housing navigation and to stabilize housing through financial assistance for rent & utilities.
- ❖ Increase of \$3.2 million for implementation of the Family First Transition Act (FFTA) grant which is designed to provide one-time flexible funding to assist with the implementation of FFPSA programs including additional support for evidence based- child abuse prevention, mental health services and in-home parenting skill programs.
- ❖ Increase of \$3.2 million for services to unserved and underserved populations with the establishment of a stand-alone Parolee Asservice Community Treatment (ACT) program and enhancements for services to the LGBTQ community. The targeted services will elevate level of care provided to these two unique populations.
- ❖ Increase of \$3.1 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 \$3.0 million in the Homeless Housing, Assistance and Prevention (HHAP) Program to provide funding for local housing and assistance programs that align with available State revenue guidelines.
- ◆ Net increase of \$2.5 million in CalWORKs programs related to family stabilization referral services, homeless prevention and services providing housing stability for families experiencing homelessness.
- ◆ Net increase of \$1.9 million for Major Maintenance Improvement Projects (MMIP) across facilities.
- ◆ Increase of \$0.8 million to align with anticipated spending on the Info Line 211 Access Support contract primarily due to expansion of services to support the Access Call Center with additional call agents and associated technology.
- ◆ Increase of \$0.8 million for the Centers for Disease Control and Prevention Community Health Workers for COVID Response and Resilient Communities grant to support the training and deployment of community health workers to respond to and build community resilience to fight COVID-19 through addressing existing health disparities.
- ◆ Increase of \$0.5 million to conduct initial site studies for the Compassionate Emergency Solutions and Pathways to Housing project.
- ◆ Other Charges—net increase of \$0.6 million
 - ◆ Increase of \$7.0 million in assistance payment programs tied to Child Care Program Stage One, CalWORKs Welfare to Work and Cash Assistance Program for Immigrants (CAPI) benefit payments to align with caseload trends.
 - ◆ Increase of \$2.1 million for Family Stabilization benefit payments for CalWORKs recipients to align with an allocation increase.
 - ◆ Decrease of \$8.5 million to remove one-time costs for the COVID-19 Positive Recovery Stipend Program which has completed.
- ◆ Capital Assets Equipment—net decrease of \$5.0 million.
 - ◆ Decrease of \$7.0 million tied to prior year one-time investments associated with COVID-19 efforts funded with the ELC grant.
 - ◆ Increase of \$2.0 million for the Live Well on Wheels vehicle and a mobile Public Health Laboratory vehicle as approved by the Board of Supervisors on January 25, 2022 (07).
- ◆ Expenditure Transfer & Reimbursement—net increase of \$2.8 million. Since this is a reimbursement, it has a net effect of an \$2.8 million decrease in appropriations.
 - ◆ Increase of \$2.9 million associated with increased Justice related costs funded through a Memorandum of Understanding (MOU) with the Public Safety Group.
 - ◆ Net decrease of \$0.1 million associated with centralized General Fund support for the following:
 - ◆ Decrease of \$10.5 million associated with prior year one-time negotiated labor agreements.
 - ◆ Decrease of \$8.3 million associated with the removal of prior year one-time costs for negotiated labor agreements, and to align anticipated spending and funding sources for the County’s Hotel/Motel voucher program, Fair Housing, and Inclement Weather programs.
 - ◆ Decrease of \$0.4 million associated with prior year one-time IHSS outreach funding.
 - ◆ Increase of \$10.0 million to build service capacity in the region by partnering with cities to acquire shelters or locations to serve the homeless population.
 - ◆ Increase of \$6.2 million to fund the Major Maintenance Capital Outlay Fund (MMCOF) and MMIP.
 - ◆ Increase of \$2.9 million for work associated with the Public Housing Physical Needs Improvement.
- ◆ Operating Transfer Out—net increase of \$5.3 million.
 - ◆ Increase of \$4.5 million for health benefit contributions for eligible IHSS home care workers tied to continued caseload growth and to support increased priorities including initiatives of robust and increased recruitment of IHSS caregivers.
 - ◆ Increase of \$0.8 million to Major Maintenance Capital Outlay Fund (MMCOF) for various facility projects.

Revenues

Net decrease of \$84.0 million

- ◆ Intergovernmental Revenue—net decrease of \$21.6 million.
 - ◆ Decrease of \$216.5 million in federal stimulus funding associated with prior year one-time costs for COVID-19 efforts as noted above.
 - ◆ Decrease of \$16.3 million tied to the completion of one-time funding of CARES Act revenue issued by HUD under CDBG and ESG.
 - ◆ Net decrease of \$12.3 million primarily due to removal of prior year one-time ELC and ELC Expansion funds.
 - ◆ Decrease of \$8.5 million in prior year one-time federal stimulus funds for the COVID-19 Positive Recovery Stipend Program.
 - ◆ Increase of \$109.3 million in Realignment revenue to support Salaries & Benefits and Services & Supplies, based on projected Statewide sales tax receipts and vehicle license fees dedicated to Health and Human Services.
 - ◆ Increase of \$21.7 million to reflect funding under the County’s ARPA framework to support programs noted above.
 - ◆ Net increase of \$18.4 million primarily in social services State and federal administrative revenue associated with anticipated growth in administrative allocations supporting increased staffing, increased operating costs, anticipated growth in the Medi-Cal allocation, implementation of FFPSA and Family Stabilization Program.





- ❖ Increase of \$11.9 million associated with HOME-ARP funding to address the needs of persons experiencing homelessness or are at risk of homelessness referenced above.
- ❖ Increase of \$11.6 million of in federal and State revenue primarily tied to funds for additional staff years, laboratory molecular sequencing supplies and increases in various public health programs.
- ❖ Increase of \$9.7 million in state funding for residential and intensive outpatient treatment and grant funding.
- ❖ Increase of \$7.0 million in State revenue for HDAP to fund estimated expenditures referenced above.
- ❖ Increase of \$5.4 million in supplemental Substance Abuse Block Grant funding for temporary enhanced SUD services.
- ❖ Increase of \$5.0 million in IHSS federal and State revenue tied to the increases in health benefit contributions due to caseload growth and to support the increase in staff years and Services & Supplies noted above.
- ❖ Increase of \$4.8 million in one-time federal OAA ARPA allocation for supportive services in the pandemic environment.
- ❖ Increase of \$4.7 million in State revenue for APS Home Safe program tied to increase in new staffing and Services & Supplies noted above.
- ❖ Increase of \$4.7 million in State and federal revenue funding primarily to align with estimated CalWORKs Child Care Stage One benefit payments.
- ❖ Increase of \$4.5 million in Drug Medi-Cal revenues due to increased reimbursable units of services projections.
- ❖ Increase of \$4.2 million in supplemental Immunization Local Assistance Grant funding to support activities related to COVID-19 vaccinations noted above.
- ❖ Increase of \$3.5 million in Homeless Housing, Assistance and Prevention (HHAP) State grant revenue to support local housing and assistance programs that align with available State revenue guidelines.
- ❖ Increase of \$1.5 million in Older Americans Act (OAA) funding to assist older individuals as well as younger adults with disabilities to live as independently as possible.
- ❖ Increase of \$1.4 million in supplemental Mental Health Block Grant funding for temporary enhance mental health related services.
- ❖ Increase of \$1.2 million in federal and State revenue for MSSP to align with an increased funding allocation and the addition of new staff years as noted above.
- ❖ Increase of \$1.0 million for CDC and Prevention Community Health Workers for COVID-19 Response and Building Resilient Communities grant to align with the expenditure estimate above.
- ❖ Increase of \$0.5 million primarily tied to CDC grant funding in support of increase contracted services in HSEC.
- ❖ Charges for Current Services—net decrease of \$6.9 million primarily in Intergovernmental Transfer (IGT) revenue to cover costs tied to prior year one-time projects.
- ❖ Miscellaneous Revenues—net decrease of \$33.0 million primarily tied to prior year one-time funding for the Innovative Housing Trust Fund.
- ❖ Use of Fund Balance—net decrease of \$49.0 million. A total of \$13.4 million is budgeted to reflect the Securitized Tobacco Settlement Special Revenue Fund under Administrative Support for health-related services.
- ❖ General Purpose Revenue Allocation—increase of \$26.5 million.
 - ❖ Increase of \$14.3 million to help fund additional staff years noted above.
 - ❖ Increase of \$5.7 million for costs associated with anticipated salary and benefit increases.
 - ❖ Increase of \$5.3 million to support HSEC, Office of Immigrant and Refugee Affairs (OIRA) and Medication Assisted Treatment (MAT) services programs which were previously funded by the use for fund balance.
 - ❖ Increase of \$0.7 million to support the Public Authority IHSS program in addressing increased caseloads including additional recruitment and retention of IHSS providers.
 - ❖ Increase of \$0.5 million to fund underwriting services for various affordable housing initiatives.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net increase of \$16.5 million is the result of an increase of \$48.2 million in Salaries & Benefits primarily for planning purposes associated with anticipated salary and benefit increases and an increase of \$31.2 million in Expenditure Transfer & Reimbursements associated with one-time funds tied to the centralized General Fund offset by a decrease of \$59.5 million in Services & Supplies primarily associated with anticipated completion of one-time projects, a decrease of \$2.0 million in Capital Assets Equipment related to one-time costs for the Live Well on Wheels vehicle and a mobile Public Health Laboratory vehicle and a decrease of \$1.4 million in Operating Transfers Out. The decrease of \$1.4 million in Operating Transfers Out consists of a decrease of \$4.7 million tied to prior year one-time facility projects offset by an increase of \$3.3 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.





HEALTH AND HUMAN SERVICES AGENCY SUMMARY

Group Staffing by Department					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Self-Sufficiency Services	2,529.00	2,613.00	2,732.00	4.6	2,732.00
Aging & Independence Services	449.00	492.00	613.00	24.6	613.00
Behavioral Health Services	1,006.50	1,113.50	1,207.50	8.4	1,207.50
Child Welfare Services	1,492.00	1,531.00	1,630.00	6.5	1,630.00
Public Health Services	709.00	837.00	730.00	(12.8)	730.00
Medical Care Services	—	—	222.00	—	222.00
Administrative Support	457.00	383.00	433.00	13.1	433.00
Housing & Community Development Services	130.00	130.00	156.00	20.0	156.00
Homeless Solutions and Equitable Communities	—	185.00	156.00	(15.7)	156.00
Total	6,772.50	7,284.50	7,879.50	8.2	7,879.50

Group Budget by Department					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Self-Sufficiency Services	\$550,805,344	\$611,506,801	\$629,093,188	2.9	\$643,902,156
Aging & Independence Services	192,318,978	248,178,272	233,960,978	(5.7)	244,152,133
Behavioral Health Services	778,464,308	817,606,006	889,403,386	8.8	895,669,892
Child Welfare Services	400,362,189	415,958,698	430,874,744	3.6	437,959,916
Public Health Services	182,066,470	377,769,263	216,382,912	(42.7)	208,125,574
Medical Care Services	—	—	41,640,909	—	42,982,131
Administrative Support	312,319,127	201,826,965	173,050,481	(14.3)	180,501,447
Housing & Community Development Services	108,740,529	113,762,906	83,438,424	(26.7)	67,458,287
Homeless Solutions and Equitable Communities	—	47,996,243	52,779,230	10.0	46,405,974
County Successor Agency	7,778,656	7,752,948	7,700,172	(0.7)	7,700,172
Total	\$2,532,855,601	\$2,842,358,102	\$2,758,324,424	(3.0)	\$2,774,857,682



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 HHS deliver services in a professional, cost-effective, efficient, and cohesive manner while focusing on exceptional customer service. These divisions also 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** —guide the HHS enterprise to meet the needs of individuals, families, and communities by setting vision, aligning HHS goals and initiatives with County priorities, facilitating collaboration with internal and external partners, and continually upholding excellence in all business operations.
- ◆ **Agency Compliance Office** —ensure policies, procedures, and program delivery comply with State, federal and local requirements, as well as identify and facilitate operational opportunities for improved efficiencies, system integrity, and service delivery.
- ◆ **Agency Contract Support** —perform financial and contract administration reviews for compliance with federal, State, and local funding requirements; and identify best practices to support continuous improvement in procurement and contract administration to support fiscal stability, solvency, and organizational excellence.
- ◆ **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 individuals during the most critical years of development, from the prenatal stage through five years of age.
- ◆ **Human Resources** —recruit and retain a skilled, adaptable, diverse, and supported workforce.
- ◆ **Management Information Support** —support programs with information management and technology.
- ◆ **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



- ◆ **Tobacco Settlement Funds** —support Board Policy E-14, Expenditure of Tobacco Settlement Revenue in San Diego County, describes a comprehensive tobacco control strategy to build better health through prevention and health promotion activities that encourage a tobacco-free lifestyle.

Effective July 1, 2022, the Office of Military and Veterans Affairs (OMVA) transferred to Self-Sufficiency Services (SSS) to enhance the alignment of the integrated functions of SSS and OMVA.

Effective July 1, 2022, the Office of Strategy and Innovation transferred to Administrative Support from Homeless Solutions and Equitable Communities (HSEC) to enhance the alignment of the integrated functions within the Agency.

To ensure HHS service regions and departments can provide critical and essential services, Administrative Support has 433.00 staff years and a budget of \$173.1 million.

Strategic Initiative Legend for Anticipated Accomplishments

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

For more information on alignment to the Strategic Initiatives, Contributing Departments and External Partners, refer to the Group Description section within the Health and Human 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
 - Provided 92% (5,340 of 5,807) of parents/caregivers’ educational services to increase their children’s knowledge and capacity to help them enter school as active learners through Healthy Development Services (HDS) Home Visiting and Quality Early Learning Education programs.
 - Provided 74% (13,000 of 17,536) 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 more than 22,000 individuals with mobile COVID-19 testing and more than 20,500 COVID-19 vaccinations 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 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 vital services in a coordinated and integrated manner, in complete alignment with the *Live Well San Diego* vision for healthy, safe, and thriving communities.
 - 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 10 sectors and 11 sub-sectors to successfully engage and mobilize residents weekly through live telebriefings, eblasts, and presentations during critical times of the pandemic. Sectors will have conducted an estimated 170 tailored telebriefings, 20 community presentations and sent 430 total email blasts.



Living Safely

- Provide and promote services that increase consumer and business confidence
 - Conducted 34,000 office, online, or phone interviews with veterans and their dependents with benefits counseling, information, and referral services.

- Processed 10,000 compensation, pension claims, and college fee waivers to allow veterans and their dependents to thrive by promptly facilitating their access to needed benefits.



Sustainable Environments/Thriving

- Provide and promote services that increase consumer and business confidence
 - Conducted 34,000 office, online, or phone interviews with veterans and their dependents with benefits counseling, information, and referral services.
 - Processed 10,000 compensation, pension claims, and college fee waivers to allow 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 enjoy the environment and learn more about improving their health and wellness. Events throughout the year included:
 - Love Your Heart provided more than 22,000 blood pressure screenings at 296 sites across the United States and Mexico to prevent heart disease and stroke by helping people know their numbers. In 2022, 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* Virtual 5k and Fitness Challenge brought together nearly 2,000 San Diegans through a month-long fitness challenge culminating in a virtual 5k race;
 - Check Your Mood, provided more than 500 individuals with depression screenings.



Operational Excellence

- Align services to available resources to maintain fiscal stability
 - Conducted 48 comprehensive financial reviews of contractors and ensured they complied with standards and had financial controls in place. Each comprehensive review tested financial material, contractor financial systems, activities, and processes to support the County’s fiscal stability and ensure that contractors comply with contractual obligations. ACS exceeded the target for comprehensive, financially focused reviews for HHS contractors by implementing remote work tools that increased flexibility and efficiency in its auditors’ interactions with contractor staff.





- Coordinated and attended eight trainings consisting of financial and budgetary topics affecting program operations, such as funding streams and fiscal impacts on service delivery. These trainings improved the financial competency of staff and management and the knowledge to make better-informed decisions.
- Conducted 15 Quality Assurance (QA) reviews and trained 250 HHS contract administration staff to ensure adherence to contracting policies and procedures per funding source requirements. This assured that 100% of programs were 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
 - Provided over 155,000 *Live Well San Diego* unique visitors (LiveWellSD.org) access to timely and relevant information and expanded the reach of *Live Well San Diego*. Efforts included promoting access to the *Live Well San Diego* Open Performance portal and other community-level data and engaging partners and stakeholders to proactively identify and address community needs through available demographic, economic, behavioral, and health information.
- Strengthen our customer service culture to ensure a positive customer experience
 - Ensured 100% of HHS service departments issued the Customer Experience survey to all Agency customers and achieved a minimum average satisfaction rating of four (one to five scale).
 - As part of the annual Contractor Satisfaction Survey, achieved an average rating of three or higher (scale is one to four) for overall Contractor satisfaction with the HHS contracting experience.
- Develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted
 - Adapted the HOP2IT program to connect new employees to the County’s vision, culture, and policies to meet the needs of a hybrid workforce. This was carried out through a survey of new employees onboarded remotely to understand the challenges they faced and implemented new strategies and resources to accelerate the onboarding process to improve retention and productivity during the first year of employment.

Strategic Initiative Legend for Objectives



○ - Audacious Goal

● - Departmental Objective

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

2022–24 Objectives



Equity

- Health: Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies
 - Provide 82% (14,000 of 17,000) of First 5 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.



Sustainability

- Economy: Align the County’s available resources with services to maintain fiscal stability and ensure long-term solvency.
 - Short-term: Communicate with employees about sustainability program updates, successes, and opportunities for improvement at a minimum of once a quarter through Agency-wide Sustainability Task Force, staff meetings, and emails.
 - Short-term: Work with the budget department to assess purchasing trends and identify opportunities to redirect routine and one-time financial investments into materials and goods choices that support sustainable practices.
 - Mid-term: Hire or promote employee(s) to manage a departmental sustainability program to coordinate activities across HHS to ensure alignment with priorities and maximize effective and efficient use of time and resources.
- Climate: Actively combat climate change through innovative or proven policies, green jobs, sustainable facility construction or maintenance and hazard mitigation.
 - Short-term: Elevate and create a plan for converting shared HHS vehicles to hybrid/electric vehicles.
 - Long-term: Continue to implement remote and hybrid work environments to reduce emissions and office footprints through approaches including desk sharing and creating work hub spaces.





Community

- Quality of Life: Provide programs and services that enhance the community through increasing the well-being of our residents and our environments
 - Provide 92% (6,000 of 6,500) of First 5 parents’ or caregivers educational services to increase their knowledge and capacity to help their children enter school as active learners through Healthy Development Services (HDS) Home Visiting and Quality Early Learning Education programs.



Empower

- Workforce: Invest in our workforce and operations by providing support services and excellent customer service to ensure continuity of operations remains at its best
 - 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 HHSA contracting experience.
 - Coordinate and attend eight financial trainings comprised of budgetary topics affecting program operations such as funding streams and fiscal impacts on 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.
 - Ensure 100% of HHSA service departments issue the Customer Experience survey to all Agency customers and achieve a minimum average satisfaction rating of four (one to five scale). Develop and implement an improvement plan in areas where the rating is lower than four.
 - Streamline the hiring processes and ensure a focus on creative solutions to attract and onboard candidates to support HHSA departments and divisions in recruiting and retaining a skilled, adaptable, diverse, and supported workforce.
 - Ensure 70% of County employees understand how their work contributes to the *Live Well San Diego* vision by increasing awareness of their contributions, employees cultivate stakeholder relationships and gain public trust as they work together towards one vision.
- Transparency and Accountability: Maintain program and fiscal integrity through reports, disclosures, and audits
 - Conduct a minimum of 48 comprehensive financial reviews of HHSA contractors to ensure they comply with standards and financial controls. Each review tests financial material

and reviews contractor financial systems, activities, and processes. These activities help ensure contractors comply with contractual obligations and that the County is maintaining fiscal integrity.

- Conduct 15 Quality Assurance (QA) reviews of HHSA contract administration and fiscal records to ensure adherence to contracting policies and procedures per funding source requirements. These reviews identify best practices and areas of improvement to maintain program and fiscal integrity.
- Innovation: Foster new ideas and the implementation of proven best practices to achieve organizational excellence
 - Train a minimum of 300 HHSA contract administration and fiscal staff based on contracting policies and procedures under funding source requirements. The training fosters new ideas and the implementation of proven best practices to achieve organizational excellence.
 - Engage and ensure a highly productive workforce and the environment by performing an annual programmatic compliance risk review for each HHSA Service department to identify best practices, opportunities for alignment, strategic risks, and operational efficiencies. Utilize the risk reviews to develop an HHSA risk footprint and align resources to provide advisory guidance on implementing opportunity solutions.
 - Ensure 90% (54 of 60) of HHSA IT projects completed by the County’s information technology outsource contractor are delivered below budget. Projects include efforts to implement Electronic Records Management (ERMS), which is used to assist departments in converting paper case files into electronic case files.
 - Provide 155,000 *Live Well San Diego* unique visitors (LiveWellSD.org) access to timely and relevant information to expand the reach of *Live Well San Diego*. Efforts will include promoting access to the *Live Well San Diego* Open Performance portal and other community-level data to proactively engage partners and stakeholders in identifying and addressing community needs through available demographic, economic, behavioral, and health information.

Related Links

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

- ◆ www.sandiegocounty.gov/hhsa

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

- ◆ www.LiveWellSD.org












Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	First 5 parents with the knowledge and capacity to help their children enter school as active learners ¹	100% of 6,874	92% of 10,000	92% of 5,807	N/A	N/A
	First 5 children receiving a comprehensive developmental screening ¹	84% of 17,456	92% of 18,000	74% of 17,536	N/A	N/A
	Community Care Coordination participants permanently housed ²	55% of 31	50% of 50	N/A	N/A	N/A
	Refugee Employment Services participants in unsubsidized employment ²	26% of 186	66% of 1,000	N/A	N/A	N/A
	Veterans and dependents interviews for benefits counseling and referral services ⁴	24,300	24,000	34,000	N/A	N/A
	Veterans compensation and benefits claims processed ⁴	5,200	6,000	10,000	N/A	N/A
	Comprehensive financially focused review for HHSA contractors	46	40	48	N/A	N/A
	HHSA financial literacy events	8	8	8	N/A	N/A
	Quality Assurance reviews of contracting policies and procedures completed for HHSA departments	15	15	15	N/A	N/A
	Staff Trained on Contract Administration	294	250	250	N/A	N/A
	Unique visitors to the <i>Live Well San Diego</i> website	155,000	140,000	N/A	N/A	N/A
	Average rating for contractors satisfaction with contracting experience ²	3.6	3	3	N/A	N/A
	County staff understanding of how their work contributes to <i>Live Well San Diego</i> ³	N/A	70%	N/A	N/A	N/A
	First 5 children receiving a comprehensive developmental screening	N/A	N/A	N/A	82% of 17,000	82% of 17,000
	First 5 parents with the knowledge and capacity to help their children enter school as active learners	N/A	N/A	N/A	92% of 6,500	92% of 6,500
	Average rating for contractors' satisfaction with contracting experience	N/A	N/A	N/A	3	3
	HHSA financial literacy events	N/A	N/A	N/A	8	8
	County staff understanding of how their work contributes to <i>Live Well San Diego</i>	N/A	N/A	N/A	70%	70%
	Comprehensive financially focused review for HHSA contractors	N/A	N/A	N/A	48	48
	Quality Assurance reviews of contracting policies and procedures completed for HHSA departments	N/A	N/A	N/A	15	15
	Staff Trained on Contract Administration	N/A	N/A	N/A	300	300
	Unique visitors to the <i>Live Well San Diego</i> website	N/A	N/A	N/A	155,000	155,000

Table Notes

¹ This performance measure was not met due to operational impacts caused by the COVID-19 pandemic.



² In Fiscal Year 2021–22, these performance measures were transferred from Integrated Services, and Community Action Partnership, under Administrative Support to the newly developed Homeless Solutions and Equitable Communities department.

³ The County of San Diego Employee survey was not conducted due to revisions and administrative delays needed to ensure the inclusion of new priorities.

⁴ In Fiscal Year 2021–22, baseline data for veteran benefit interview and referrals and compensation and benefits claim processed was exceeded due to the expansion of services offered to include the college tuition fee waiver.

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

Staffing

Net increase of 50.00 staff years

- ◆ Increase of 42.00 staff years due to a transfer of the Office of Strategy and Innovation (OSI) from Homeless Solutions and Equitable Communities (HSEC) department to enhance the alignment of the integrated functions within Health and Human Services Agency (HHSA).
- ◆ Increase of 13.00 staff years across various administrative support departments to support operational needs in human resources, fiscal services, and other administrative support.
- ◆ Increase of 8.00 staff years due to a transfer from Public Health Services (PHS) primarily to centralize efforts to enhance IT infrastructure supporting public health programs.
- ◆ Increase of 4.00 staff years for in OSI to manage increased contracts, legislative proposals and grant opportunities.
- ◆ Increase of 2.00 staff years due to a transfer from Self-Sufficiency Services (SSS) for operational needs.
- ◆ Increase of 1.00 staff year due to a transfer from Child Welfare Services (CWS) for operational needs.
- ◆ Decrease of 20.00 staff years due to the transfer of Office of Military and Veterans Affairs (OMVA) to SSS to enhance the alignment of the integrated functions within HHSA.
- ◆ Additionally, staff were transferred among related programs within Administrative Support to manage operational needs.

Expenditures

Net decrease of \$28.8 million

- ◆ Salaries & Benefits—net increase of \$9.7 million due to the increase of 50.00 staff years noted above and for planning purposes associated with anticipated salary and benefit increases.
- ◆ Services & Supplies—net decrease of \$33.9 million.
 - ◆ Decrease of \$39.2 million tied to prior year one-time COVID-19 response efforts.
 - ◆ Decrease of \$2.1 million due to the transfer of OMVA to SSS.
 - ◆ Decrease of \$0.5 million tied to one-time pilot funds for drowning prevention efforts that will be carried forward.

- ◆ Increase of \$2.9 million due to a transfer of OSI from HSEC to enhance the alignment of the integrated functions within HHSA.
- ◆ Net increase of \$2.0 million to align with anticipated spending for IT projects and various IT costs within HHSA.
- ◆ Net increase of \$1.9 million for Major Maintenance Improvement Projects (MMIP) across facilities.
- ◆ Increase of \$1.1 million for healthcare information exchange services.
- ◆ Expenditure Transfer & Reimbursements—net increase of \$5.4 million in centralized General Fund support. Since this is a transfer of expenditures, it has a net effect of a \$5.4 million decrease in expenditures. The central funding is supported by resources in Countywide Finance Other.
- ◆ Increase of \$6.2 million to fund Major Maintenance Capital Outlay Fund (MMCOF) and fund MMIP previously funded with use of fund balance.
- ◆ Decrease of \$0.8 million associated with prior year one-time costs to support salaries & benefits costs.
- ◆ Operating Transfers Out—net increase of \$0.8 million to Major Maintenance Capital Outlay Fund (MMCOF) for various facility projects.

Revenues

Net decrease of \$28.8 million

- ◆ Intergovernmental Revenues—net decrease of \$36.2 million
 - ◆ Decrease of \$39.2 million in federal COVID-19 response and stimulus funds associated with prior year one-time costs for COVID-19 as noted above.
 - ◆ Decrease of \$12.9 million in one-time federal funds used to glideslope services while realignment revenues recovered.
 - ◆ Decrease of \$0.5 million due to the transfer of OMVA to SSS.
 - ◆ Decrease of \$0.2 million in one-time Community Services Block Grant CARES funding for the gang prevention services.
 - ◆ Increase of \$12.1 million in Realignment revenue, including available 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 support increases in Salaries & Benefits and Services & Supplies.





- ◆ Increase of \$2.8 million due to the transfer of OSI from HSEC.
- ◆ Increase of \$1.0 million in federal CDC Health Disparities grant to support ongoing community outreach and education for testing, appointment scheduling and vaccination efforts for population that are high risk and underserved.
- ◆ Increase of \$0.7 million primarily in social services administrative revenue to align with Salaries & Benefits and Services & Supplies.
- ◆ Charges for Current Services—increase of \$0.6 million
 - ◆ Increase of \$0.5 million in First 5 revenue to align with First 5 administrative costs.
 - ◆ Increase of \$0.1 million due to the transfer of OSI from HSEC.
- ◆ Other Financing Sources – increase of \$0.2 million in Securitized Tobacco Settlement funds transferred to replace one-time funding in the prior year for Gang Prevention program services.
- ◆ Use of Fund Balance—Decrease of \$6.5 million. A total of \$13.4 million is budgeted to reflect the Securitized Tobacco Settlement Special Revenue Fund under Administrative Support for health-related services.
- ◆ General Purpose Revenue Allocation— net increase of \$13.1 million
 - ◆ Increase of \$10.2 million to partially offset Salaries & Benefits and Services & Supplies increases noted above. The existing general purpose revenue was reallocated from CWS.
 - ◆ Increase of \$6.6 million due to the transfer of OSI from Homeless Solutions and Equitable Communities (HSEC) department.
 - ◆ Decrease of \$3.7 million due to the transfer of OMVA to SSS.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net increase of \$7.4 million is the result of \$6.2 million in Expenditures Transfer & Reimbursements associated with one-time funds tied to the centralized General Fund supporting prior year one-time facility projects, \$3.2 million in Services & Supplies primarily associated with major maintenance projects and \$2.7 million in Salaries & Benefits primarily for planning purposes associated with anticipated salary and benefit increases offset by \$4.7 million in Operating Transfers Out related to end of prior year one-time facility projects.

Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Agency Executive Office	26.00	21.00	26.00	23.8	26.00
Agency Contract Support	25.00	25.00	26.00	4.0	26.00
Financial Services Division	176.00	191.00	196.00	2.6	196.00
Human Resources	84.00	86.00	91.00	5.8	91.00
Management Support	26.00	26.00	34.00	30.8	34.00
Proposition 10	13.00	14.00	14.00	—	14.00
Regional Administration	39.00	—	—	—	—
Office of Military & Veterans Affairs	20.00	20.00	—	(100.0)	—
Office of Strategy and Innovation	27.00	—	46.00	—	46.00
Integrative Services	21.00	—	—	—	—
Total	457.00	383.00	433.00	13.1	433.00

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Agency Executive Office	\$148,155,039	\$66,622,494	\$28,358,813	(57.4)	\$28,584,013
Agency Contract Support	4,235,468	4,417,238	4,607,254	4.3	4,803,830
Financial Services Division	38,020,739	47,919,769	45,572,847	(4.9)	52,243,157
Human Resources	13,591,870	14,287,096	15,134,029	5.9	15,804,836
Management Support	43,501,360	46,842,040	51,223,054	9.4	50,860,861
Proposition 10	1,632,436	2,211,308	2,275,049	2.9	2,355,461
Regional Administration	9,582,996	—	—	—	—
Office of Military & Veterans Affairs	4,013,283	4,214,382	—	(100.0)	—
Office of Strategy and Innovation	6,417,756	—	10,566,797	—	10,536,651
Integrative Services	27,855,542	—	—	—	—
Tobacco Settlement Fund	15,312,638	15,312,638	15,312,638	—	15,312,638
Total	\$312,319,127	\$201,826,965	\$173,050,481	(14.3)	\$180,501,447





Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Salaries & Benefits	\$60,534,345	\$49,085,717	\$58,752,266	19.7	\$61,488,534
Services & Supplies	223,562,046	134,601,337	100,680,577	(25.2)	103,900,275
Expenditure Transfer & Reimbursements	(6,500,000)	(841,727)	(6,200,000)	636.6	—
Operating Transfers Out	20,262,638	18,981,638	19,817,638	4.4	15,112,638
Management Reserves	14,460,098	—	—	—	—
Total	\$312,319,127	\$201,826,965	\$173,050,481	(14.3)	\$180,501,447

Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Licenses Permits & Franchises	\$654,000	\$—	\$—	—	\$—
Fines, Forfeitures & Penalties	38,338	—	—	—	—
Revenue From Use of Money & Property	1,900,000	1,900,000	1,900,000	—	1,900,000
Intergovernmental Revenues	249,141,441	151,667,770	115,435,047	(23.9)	113,914,974
Charges For Current Services	29,777,065	22,019,552	22,617,954	2.7	22,105,552
Miscellaneous Revenues	100,000	100,000	100,000	—	100,000
Other Financing Sources	—	—	250,000	—	250,000
Fund Balance Component Decreases	2,370,714	2,370,714	2,370,714	—	2,370,714
Use of Fund Balance	16,538,978	19,912,638	13,412,638	(32.6)	13,412,638
General Purpose Revenue Allocation	11,798,591	3,856,291	16,964,128	339.9	26,447,569
Total	\$312,319,127	\$201,826,965	\$173,050,481	(14.3)	\$180,501,447



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

Aging & Independence Services (AIS) provides assistance, information, referral, and support to over 66,000 older adults, persons with disabilities, and their family members through various 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).

AIS services 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 assist them.
- ◆ Senior Health and Social Services —improve the 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 66,000 residents with services and referrals related to assisted transportation, multi-purpose senior centers, caregiver supports, and health promotion and prevention programs.
- ◆ Community Engagement – remain engaged and connected to the community. AIS staff conducts in-person visits for many programs, hosts educational events - both virtual and in-person - to keep older adults connected, and coordinates 12 community committees that work on goals around health, fall prevention, caregiver support, housing, transportation, social participation, and dementia. In addition, AIS maintains a network of more than 7,000 stakeholders who share updates via a coordinated email communication system.
- ◆ 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 no other person is willing or able to act. In Fiscal Year 2021–22, the PA/PG/PC received over 1,900 referrals:



- ◆ PA—to protect the estates of individuals who die without a will or 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 663,000. The fastest-growing age group, those aged 85 years and older, is projected to grow from an estimated 73,000 in 2020 to nearly 90,000 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 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 includes Age Well San Diego community teams working toward an age-friendly region. The Roadmap’s priority areas include health and community support, housing, social participation, transportation, dementia-friendly, caregiver support, safety, preparedness and response, the silver economy, and the medical and social services system.

To deliver these critical and essential services, AIS has 613.00 staff years, numerous volunteers, and a budget of \$234.0 million.

Strategic Initiative Legend for Anticipated Accomplishments

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

For more information on alignment to the Strategic Initiatives, Contributing Departments and External Partners, refer to the Group Description section within the Health and Human 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 individual needs
 - Completed 90% (13,410 of 14,900) 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 97% (30,749 of 31,700) 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 approximately 2,000,000 meals to older adults to help address food insecurity and social isolation.
 - Ensured 75% (75 of 100) of Feeling Fit Club participants surveyed reported that they had increased energy, felt better overall, or were 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
 - Conducted 97% (5,626 of 5,800) of face-to-face contacts within 10 days of receiving an APS referral to provide timely assistance and resources that helped adults meet their own needs.
 - Provided 64% (3,648 of 5,700) of older adult abuse and dependent adult abuse victims who need assistance with supportive services, such as housing and relocation services, referrals to in-home assistance, legal services, or

ongoing 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%. Projected baseline data was exceeded due to the growing older adult population leading to an increase in APS caseload. In addition, starting 1/1/22, the age requirement for APS was lowered to 60, providing longer-term case management.

- Completed 98% (441 of 450) of initial assessments for grave disability within ten business days of referral assignment to protect customers’ fundamental freedom and rights.
- Filed 100% (50 of 50) of PA/PG 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.



Sustainable Environments/Thriving

- Provide and promote services that increase consumer and business confidence
 - Visited 100% (85 of 85) 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.
 - Visited 90% (532 of 591) of Residential Care Facilities for the Elderly (RCFEs), 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
 - Answered 84% (58,800 of 70,000) of calls to the AIS Call Center, which performs centralized intake for various programs, in under five minutes. Projected baseline data was exceeded due to 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
 - Achieved goals across all Aging Roadmap focus areas. Recognizing the diversity of San Diego County’s population, including the strong cultural traditions and the need to address systemic inequities faced by communities of diverse backgrounds, principles of equity are included across all ten Aging Roadmap priority 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.

- Health and community support: Collaborated with community partners to provide technology (ipads) and training to 60 older adults in Chula Vista as part of the pilot project to provide technology training to seniors in need and engage students to assist with the technology training.
- Dementia-friendly: Continued efforts on the Alzheimer’s Project Implementation Plan and regional strategy to improve services for those with Alzheimer’s disease and their caregivers through the support of the Healthy Brain Initiative (HBI) Grant from the California Department of Public Health (CDPH). HBI integrates Alzheimer’s Disease and related dementias (ADRD) into local public health planning, develops tools for clinicians to educate patients about brain health and cognitive impairment, increases awareness of the risk of abuse for individuals with dementia, educates caregivers on dementia resources, and working with the health system to implement sustainable policies and procedures for best practices in clinical care. Efforts include: increased awareness of ADRD among caregivers, older adults, and other residents through Dementia Friends Sessions and other dementia-related presentations (e.g., Alzheimer’s disease and related dementias presentation and AIS Dementia Initiatives presentations). Ensured the clinical workforce has the knowledge and tools to support those living with dementia. Increased awareness of ADRD resources by hosting Dementia Resources presentations in the community and sharing dementia resources, such as the Dementia Friendly Activities Toolkit and the Dementia Communication Tip Card. Educated public health professionals on ADRD and discussed ways to integrate healthy brain messaging into existing and future public health efforts and campaigns.
- Transportation: 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 increased their confidence to use the system independently. A grant-funded online resource library was launched in November 2020. The transit resources were translated into Arabic, including a public transit “How-to” video, various flyers (on topics, such as trip planning and Compass Cards), and a transit map highlighting El Cajon amenities and services. Distribution and education efforts continued throughout 2021.
- Preparedness and response: 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. Efforts are ongoing to promote and distribute the Emergency Preparedness Plan.

- Distributed the annual Customer Experience Survey throughout October 2021. The AIS commitment to using a positive service-delivery approach to all customers resulted in a 4.5/5 overall customer satisfaction score.

Strategic Initiative Legend for Objectives



○ - Audacious Goal

● - Departmental Objective

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

2022–24 Objectives



Equity

- Health: Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies
 - Complete 90% (13,860 of 15,400) 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% (33,077 of 34,100) of annual reassessments for home-based caregiver services through IHSS were 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%.
 - Provide 1,000,000 meals to older adults who are homebound or in congregate care to help address food insecurity and social isolation.
- Health: Focus on policy, systems, and environmental approaches that ensure equal opportunity for health and well-being through partnerships and innovation
 - 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 will be given to at least 100 Feeling Fit Club participants.



Sustainability

- Economy: Align the County’s available resources with services to maintain fiscal stability and ensure long-term solvency.



AGING & INDEPENDENCE SERVICES

- Short-term: Promote opportunities to save electricity and be more energy efficient within Aging & Independence Services facilities, including reviewing office equipment to reduce underutilized printers and computers, ensuring a focus on ordering eco-conscious office supplies, and increasing the use of energy-efficient options as opportunities for updates occur (i.e., laptops vs. computer towers).
- Climate: Actively combat climate change through innovative or proven policies, green jobs, sustainable facility construction or maintenance and hazard mitigation.
 - Mid-term: Continue to support remote and hybrid work environments to reduce vehicle emissions and department footprint. Department efforts will include the use of smart conference rooms and laptops with remote connectivity as well as increasing the use of drop-in workstations and desk and office sharing.
- Environment: Cultivate a natural environment for residents, visitors and future generations to enjoy.
 - Short-term: Continue the development of a garden for kinship families to provide a sustainable opportunity for families to enjoy and interact with their natural environment and have access to fresh fruits and vegetables.
 - Long-term: Support environmental community change to enhance healthy living for older adults and reduce their vehicle miles traveled by supporting walking groups, active transportation initiatives, safer intersections, and sidewalks conducive to wheelchairs and walkers.
- Resiliency: Ensure the capability to respond and recover to immediate needs for individuals, families, and the region.
 - Short-term: Develop an easy-to-use Disaster Preparation resource guide made available online to help the community, including older adults, people with disabilities, and anyone with access or functional needs, better prepare for emergencies or disasters.



Community

- Safety: Support safety for all communities, including protection from crime, availability of emergency medical services and fire response, community preparedness and regional readiness to respond to a disaster
 - Provide 64% (3,648 of 5,700) of older adult abuse and dependent adult abuse victims with supportive services such as housing and relocation services, referrals to in-home assistance, legal services, or ongoing case management.
- Quality of Life: Provide programs and services that enhance the community through increasing the well-being of our residents and our environments

- Visit 100% (86 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.
- 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.



Empower

- Workforce: Invest in our workforce and operations by providing support services and excellent customer service to ensure continuity of operations remains at its best
 - 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.



Justice

- Safety: Ensure a fair and equitable justice system in the defense and prosecution of crimes, investigations of abuse and neglect, and support and services for victims
 - Conduct 97% (5,626 of 5,800) of face-to-face APS contacts promptly to ensure assistance and resources that help adults meet their own needs.
 - 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/PG 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.

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/Services.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		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	Initial IHSS assessments certified timely (Within 45 Days)	96% of 16,210	90% of 15,500	90% of 14,900	N/A	N/A
	Annual IHSS assessments recertified timely	99% of 30,129	97% of 31,000	97% of 31,700	N/A	N/A
	Meals to older adults who are home-bound or in congregate care ¹	2,989,700	1,000,000	2,000,000	N/A	N/A
	Feeling Fit participants reporting better overall health ²	96% of 100	75% of 100	75% of 100	N/A	N/A
	Face-to-face APS investigations conducted within ten days of referral ^{6,10}	98% of 4,257	97% of 6,500	97% of 5,800	N/A	N/A
	Vulnerable Adults with Supportive Services ³	71% of 5,726	64% of 4,800	64% of 5,700	N/A	N/A
	PC assessment notes completed within 10 days ⁴	98% of 566	N/A	N/A	N/A	N/A
	PC initial assessments completed within 10 days. ⁴	N/A	98% of 450	98% of 450	N/A	N/A
	Timely PA/PG Accountings Filed with Probate Court ^{6,9}	73% of 41	N/A	N/A	N/A	N/A
	Timely PA/PG Accountings Filed with Probate Court within 90 days ⁹	N/A	100% of 50	100% of 50	N/A	N/A
	Skilled Nursing Facilities visited quarterly ^{6,7}	62% of 85	100% of 86	100% of 86	N/A	N/A
	Residential Care Facilities visited quarterly ^{6,8}	32% of 590	90% of 591	90% of 591	N/A	N/A
	AIS Call Center calls answered under 5 minutes ⁵	84% of 69,974	80% of 55,000	84% of 70,000	N/A	N/A
	Initial IHSS assessments certified timely (Within 45 Days)	N/A	N/A	N/A	90% of 15,400	90% of 15,400
	Annual IHSS assessments recertified timely	N/A	N/A	N/A	97% of 34,100	97% of 34,100
	Meals to older adults	N/A	N/A	N/A	1,000,000	1,000,000
	Feeling Fit participants reporting better overall health	N/A	N/A	N/A	75% of 100	75% of 100
	Vulnerable Adults with Supportive Services	N/A	N/A	N/A	64% of 5,700	64% of 5,700
	Skilled Nursing Facilities visited quarterly	N/A	N/A	N/A	100% of 86	100% of 86
	Residential Care Facilities visited quarterly	N/A	N/A	N/A	90% of 591	90% of 591





Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	AIS Call Center calls answered under 5 minutes	N/A	N/A	N/A	80% of 55,000	80% of 55,000
	Face-to-face APS investigations conducted within 10 days of referral	N/A	N/A	N/A	97% of 5,800	97% of 5,800
	PC initial assessments completed within 10 days.	N/A	N/A	N/A	98% of 450	98% of 450
	Timely PA/PG Accountings Filed with Probate Court within 90 days	N/A	N/A	N/A	100% of 50	100% of 50

Table Notes

- ¹ In Fiscal Year 2020–21, 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. In Fiscal Year 2021–22, the performance measure "meals to older adults who are homebound or in congregate care" has been revised to "meals to older adults" in order to include meals served to older adults through a variety of ways including home delivered, congregate dining, and to-go.
- ² In Fiscal Year 2020–21, participants were more welcoming of exercise during the pandemic leading to a higher percentage of Feeling Fit Club participants reporting better overall health.
- ³ In Fiscal Year 2021–22, APS caseload increased 10.5%, resulting in an increase of services provided to vulnerable adults. This performance measure was exceeded due to the growing older adult population, leading to increased APS caseloads. In addition, starting 1/1/22, the age requirement for APS was lowered to 60, providing longer-term case management.
- ⁴ In Fiscal Year 2021–22, the performance measure on "PC assessment notes completed within ten days" was replaced with "PC initial assessments completed within ten days" to illustrate a more accurate tracking timeline. In Fiscal Year 2020–21, the increase in the number of investigations was unanticipated.
- ⁵ This is a new performance measure in Fiscal Year 2020–21 to demonstrate efficiency in providing services and referrals to assisted transportation, multi-purpose senior centers, caregiver supports, and health promotion and prevention programs. In addition, the baseline increased due to APS and IHSS calls continuing to grow every year.
- ⁶ This measure and/or projected baseline was not met due to operational impacts caused by the COVID-19 pandemic.
- ⁷ In Fiscal Year 2020–21, 48% (42 of 87) of Skilled Nursing Facilities were visited in the first 3 quarters of the year due to COVID-19 restrictions. In the 4th quarter, 100% (85 of 85) of facilities were visited. Data is averaged over four quarters.
- ⁸ In Fiscal Year 2020–21, 10% (61 of 592) of Residential Care Facilities were visited in the first 3 quarters of the year due to COVID-19 restrictions. In the 4th quarter, 97% (575 of 590) of facilities were visited. Data is averaged.
- ⁹ 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," aligning with local court filing guidelines. In Fiscal Year 2020–21, the number of timely accountings filed decreased due to COVID-19 related delays and the temporary Probate court closure.
- ¹⁰ In Fiscal Year 2021–22, face-to-face contacts were limited due to the COVID-19 pandemic and resulting State guidance which restricted medical facility and skilled nursing facility visits.

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

Staffing

Increase of 121.00 staff years

- ◆ Increase of 60.00 staff years in the In-Home Support Services (IHSS) program to address continued growth in caseloads and ensure timely and thorough assessments to support the pro-

vision of services to aged, blind, and disabled members of the community enabling them to maximize their independence in the home of their choice.

- ◆ Increase of 34.00 staff years in the Adult Protective Services (APS) program to meet continued growth in referrals and to respond to the State’s program expansion lowering the age requirement for APS to 60, providing longer-term case management and increasing services to certain homeless popula-





tion clients, and ensuring timely delivery of services supporting increased overall safety for vulnerable elders and dependent adults.

- ◆ Increase of 13.00 staff years in Public Administrator/Public Guardian/Public Conservator (PA/PG/PC), to address continued growth in caseloads due to referrals, complexity of cases, community collaborations, and law changes to ensure dependent and older adults, children and the deceased will continue to receive timely, person-centered services to meet their needs in a dignified, respectful manner.
- ◆ Increase of 6.00 staff years supporting the APS Home Safe program which serves APS clients, seniors, and disabled adults experiencing or at risk of homelessness.
- ◆ Increase of 4.00 staff years in the Multipurpose Senior Services Program (MSSP) to meet contractual obligations in providing case management services to communities that suffer from inequalities and inequities.
- ◆ Increase of 2.00 staff years to support the Aging Roadmap, which is the County of San Diego's regional comprehensive plan to ensure that the region has programs and communities that equitably support the needs and celebrate the contributions of all older adults in the San Diego region.
- ◆ Increase of 1.00 staff year to support the Long-Term Care Ombudsman Program by assisting with mandated training coordination and monitoring and implementation of federal, state, and local laws, regulations, and policies concerning community long-term care facilities.
- ◆ Increase of 1.0 staff year to support operational needs and data reporting requirements for California Department of Aging (CDA) funded programs.
- ◆ Additionally, staff were transferred among related programs within AIS to manage operational needs.

Expenditures

Net decrease of \$14.2 million

- ◆ Salaries & Benefits—increase of \$10.5 million primarily for planning purposes associated with anticipated salary and benefit increases and staffing changes noted above.
- ◆ Services & Supplies—net decrease of \$30.2 million.
 - ◆ Decrease of \$45.0 million due to the completion of the Great Plates Delivered program associated with COVID-19 response efforts.
 - ◆ Decrease of \$0.4 million for prior year one-time investments associated with IHSS outreach efforts.
 - ◆ Increase of \$6.1 million to support efforts to promote food security and senior nutrition, support services and other aging programs to seniors, including new opportunities to address needs that have been identified during the COVID-19 pandemic funded with OAA American Rescue Plan Act (ARPA).

- ◆ Increase of \$3.5 million in the APS Home Safe program to provide housing navigation and stabilization services for those that are homeless or at risk of becoming homeless.
- ◆ Increase of \$3.1 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 \$1.5 million to ensure adequate food security and nutrition for older at-risk adults in communities disproportionately impacted by COVID-19, funded through the County's ARPA Framework.
- ◆ Increase of \$1.0 million in operating costs associated with additional staff years as noted above.
- ◆ Expenditure Transfer & Reimbursements—decrease of \$1.0 million associated with the removal of centralized General Fund for prior year one-time negotiated labor agreements and IHSS outreach efforts. Since this is a reimbursement, it has a net effect of a \$1.0 million increase in appropriations.
- ◆ Operating Transfer Out—increase of \$4.5 million for health benefit contributions for eligible IHSS home care workers tied to continued caseload growth and to support increased priorities including initiatives of robust and increased recruitment of IHSS caregivers.

Revenues

Net decrease of \$14.2 million

- ◆ Intergovernmental Revenues—decrease of \$19.1 million
 - ◆ Decrease of \$45.0 million in Federal Emergency Management Agency (FEMA) homeland security funding tied to the completion of the Great Plates Delivered Program noted above.
 - ◆ Increase of \$5.6 million in federal and State revenue primarily supporting additional activities under the APS program.
 - ◆ Increase of \$5.0 million in IHSS federal and State revenue tied to the increases in health benefit contributions due to caseload growth and to support the increase in staff years and Services & Supplies noted above.
 - ◆ Increase of \$4.8 million in one-time federal OAA ARPA allocation for supportive services in the pandemic environment.
 - ◆ Increase of \$4.7 million in State revenue for the APS Home Safe program tied to increase in new staffing and Services & Supplies noted above.
 - ◆ Increase of \$1.8 million in State Realignment revenue mainly 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 \$1.5 million to reflect funding under the County's ARPA Framework to support nutritional health of older adults disproportionately impacted by the pandemic.



AGING & INDEPENDENCE SERVICES

- ◆ Increase of \$1.3 million in OAA funding to continue to promote food security and senior nutrition, support services and other aging services to senior.
- ◆ Increase of \$1.2 million in federal and State MSSP revenue to align with an increased funding allocation and the addition of new staff years as noted above.
- ◆ Charges for Current Services—decrease of \$0.1 million tied to completion of prior year one-time projects.
- ◆ Other Financing Sources—increase of \$0.3 million to support funding for Feeling Fit & Chronic Disease prevention classes and the Senior Homeless Transitional Housing program.
- ◆ General Purpose Revenue Allocation—increase of \$4.7 million
 - ◆ Increase of \$2.5 million for additional IHSS staffing to address continued growth in caseloads and ensure timely and thorough assessments to maximize their independence in the home of their choice.
 - ◆ Increase of \$1.5 million to support additional PA/PG/PC staff to address continued growth and address the complexity of caseloads.
 - ◆ Increase of \$0.7 million tied to support the Public Authority IHSS program in addressing increased caseloads including additional recruitment and retention of IHSS providers.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net increase of \$10.2 million is the result of a \$3.7 million in Salaries & Benefits primarily for planning purposes associated with anticipated salary and benefit increases, \$3.2 million in Services & Supplies increase primarily tied to the 4% annual increase in the IHSS MOE, and \$3.3 million in Operating Transfers Out to reflect an increase in health benefit contributions for eligible IHSS home care workers tied to growth in paid service hours.





Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
In-Home Supportive Services	210.00	229.00	289.00	26.2	289.00
Senior Health and Social Services	41.00	41.00	45.00	9.8	45.00
Protective Services	112.00	136.00	179.00	31.6	179.00
Administrative and Other Services	29.00	29.00	30.00	3.4	30.00
Public Administrator/ Guardian/Conservator	57.00	57.00	70.00	22.8	70.00
Total	449.00	492.00	613.00	24.6	613.00

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
In-Home Supportive Services	\$136,592,930	\$144,600,074	\$156,055,988	7.9	\$164,160,409
Senior Health and Social Services	19,768,895	64,853,405	26,016,037	(59.9)	26,300,792
Protective Services	19,488,186	22,169,256	31,881,060	43.8	33,048,228
Administrative and Other Services	7,224,371	7,296,037	9,019,790	23.6	9,285,380
Public Administrator/ Guardian/Conservator	9,244,596	9,259,500	10,988,103	18.7	11,357,324
Total	\$192,318,978	\$248,178,272	\$233,960,978	(5.7)	\$244,152,133

Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Salaries & Benefits	\$55,591,021	\$61,475,010	\$72,001,836	17.1	\$75,683,168
Services & Supplies	103,423,592	151,568,520	121,405,483	(19.9)	124,597,438
Other Charges	250,000	253,236	253,236	—	253,236
Expenditure Transfer & Reimbursements	—	(955,412)	—	(100.0)	—
Operating Transfers Out	33,054,365	35,836,918	40,300,423	12.5	43,618,291
Total	\$192,318,978	\$248,178,272	\$233,960,978	(5.7)	\$244,152,133



Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Licenses Permits & Franchises	\$57,772	\$57,772	\$57,772	—	\$57,772
Fines, Forfeitures & Penalties	172,489	172,489	172,489	—	172,489
Revenue From Use of Money & Property	85,000	85,000	85,000	—	85,000
Intergovernmental Revenues	177,544,400	228,610,857	209,507,923	(8.4)	219,699,078
Charges For Current Services	730,000	830,000	730,000	(12.0)	730,000
Miscellaneous Revenues	1,783,939	2,023,150	2,023,150	—	2,023,150
Other Financing Sources	100,000	100,000	420,000	320.0	420,000
Fund Balance Component Decreases	387,985	—	—	—	—
Use of Fund Balance	638,121	—	—	—	—
General Purpose Revenue Allocation	10,819,272	16,299,004	20,964,644	28.6	20,964,644
Total	\$192,318,978	\$248,178,272	\$233,960,978	(5.7)	\$244,152,133



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

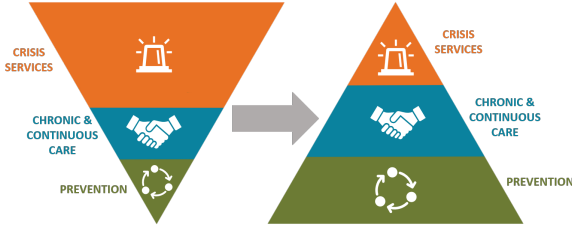
Behavioral Health Services (BHS) advances the HHS mission by providing essential mental health and substance use disorder services to individuals of all ages, including those who are experiencing justice involvement and/or homelessness, serving an average of 108,000 San Diego County residents annually, based on data from the last three years. BHS serves in four critical roles:

- ◆ BHS is a contractor that works with community partners to provide services via coordinated systems of care through more than 300 contracts and 800 individual fee-for-services providers.
- ◆ BHS provides direct services through County-operated programs, including adult outpatient services, case management services, and adult and children’s forensics services, along with the San Diego County Psychiatric Hospital (SDCPH) and Edgemoor Distinct Part Skilled Nursing Facility (DP-SNF), which provide 24/7 direct patient care to many of the community’s most vulnerable individuals.
- ◆ BHS is a health plan that serves as the Specialty Mental Health Plan for individuals enrolled in Medi-Cal who have serious mental health conditions.
- ◆ BHS is a public health entity that advances the region’s behavioral health at a population level.

Within this framework, there are notable bodies of work that are critical to achieving the BHS vision of transforming the behavioral health system from a system driven by a crisis to one rooted in chronic and continuous care and prevention through the regional distribution and coordination of services, and integration with primary healthcare, to keep people connected, stable, and healthy.

The following three inter-related strategic pillars support the BHS vision:

- ◆ Continued integration of a population health approach into the behavioral health system to ensure equitable access to services for all residents.
- ◆ Continued refinement of key metrics across behavioral health services, in alignment with nationally recognized best practices, to ensure data-driven clinical design, optimal oversight, and meaningful client outcomes.



- ◆ Advancing strategies and tactics to achieve the Triple Aim: 1) improve the health of populations, 2) enhance the experience and outcomes of individuals, and 3) reduce per capita costs of care.

BHS prioritizes the delivery of high-impact, community-based programs and initiatives designed to prevent and divert individuals from more intensive levels of care and connect them to long-term housing supports and ongoing care coordination. Services include, but are not limited to, those listed below with numbers reflecting the end of the Fiscal Year 2020–21:

- ◆ **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 inpatient psychiatric care and connection to less restrictive levels of behavioral health care through 60 inpatient beds at the San Diego County Psychiatric Hospital and 542 licensed inpatient beds.
- ◆ **Adult Recovery Centers (RCs)** —offer outpatient SUD treatment, recovery services, and service connections to support recovery for more than 5,500 individuals.
- ◆ **Adult Residential Facilities (ARF)** —offer 206 dedicated beds that provide care, supervision, and additional rehabilitative services and supports in a home-like setting to individuals with behavioral health conditions who are concurrently receiving community-based specialty mental health services and/or fee-for-service (FFS) psychiatry services. ARFs offer a pathway to care in the least restrictive environment within the community, supporting care for individuals in the most appropriate setting and diverting them from unnecessary use of higher-level resources.
- ◆ **Adult Residential Treatment Facilities** —licensed residential treatment programs provide community-based specialty mental health services as an alternative to acute psychiatric

hospitalization and institutional care through 81 short-term crisis residential treatment beds and 22 transitional residential treatment beds.

- ◆ **Collaborative Courts** —provide nearly 600 individuals court-directed substance use disorder and mental health treatment services in lieu of prison time.
- ◆ **Crisis Residential Services** —provide mental health services to nearly 2,600 adults experiencing a crisis and requiring treatment.
- ◆ **Crisis Stabilization Units (CSUs)** —provide short-term (less than 24 hours) services for more than 9,000 youth and adults experiencing a behavioral health crisis. 2021 saw an incredible expansion of this critical service through the following:
 - ◆ The North Inland Hospital-Based CSU at the Palomar Hospital campus in Escondido was expanded from 8 to 16 recliners. All 16 recliners were available beginning January 2021.
 - ◆ The South Region Hospital-Based CSU located at Paradise Valley Hospital became operational with 12 recliners in April 2021.
 - ◆ The North Coastal Community-Based CSU in Vista became operational with 12 recliners in October 2021.
 - ◆ The North Coastal Live Well Center Community-Based CSU in Oceanside will open in Spring 2022 with 12 recliners available.
 - ◆ This new capacity added to the existing crisis stabilization services at the San Diego County Psychiatric Hospital (18 beds) and the Community-Based Emergency Screening Unit serving children and youth (12 recliners).
- ◆ **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 54 middle and high school campuses to develop peer-oriented partnerships that support positive and healthy choices, encourage community involvement, and provide opportunities for youth leadership development.
- ◆ **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 mental illness who are resistant to treatment per Laura’s Law. IHOT/AOT receives more than 1,200 referrals, with more than 700 individuals accepted into the programs.

- ◆ **Long-Term Residential Care** —provides 358 beds in Institutions for Mental Disease (IMD) settings, including Mental Health Rehabilitations Centers and Skilled Nursing Facilities (SNFs)/Special Treatment Programs, an additional 49 SNF beds that have County SNF patches for psychiatric acuity.
- ◆ **Mobile Crisis Response Teams (MCRTs)** —provide 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 clinician-only crisis intervention, triage for the level of care needed, link to appropriate behavioral health services, and, if clinically indicated, transport to a crisis stabilization unit or crisis stabilization unit walk-in assessment center as appropriate. MCRT is operational countywide and serves all ages.
- ◆ **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 1,800 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 840 individuals, including specialized programming for pregnant and parenting mothers and services for their young children.
- ◆ **Prevention and Early Intervention (PEI) Programs** —support mental health awareness and reduce stigma and discrimination towards individuals with mental health conditions, suicide prevention, and encourage access to services at the earliest point of need.
- ◆ **Psychiatric Emergency Response Teams (PERT)** —pair a clinician with a law enforcement officer to respond to 911 calls for individuals experiencing a mental health crisis to provide more compassionate and effective handling of nearly 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, to link these individuals to ongoing services and decrease the frequency of 911 calls and emergency department transports; in Fiscal Year 2020–21, PERT EMS provided 35 crisis intervention contacts and 165 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 alcohol and other drug-related problems affecting the quality of life in neighborhoods and communities.





- ◆ **San Diego County Psychiatric Hospital (SDCPH)** — provides 24/7 care and helps patients deal with a mental health crisis, become stabilized, and move to a less restrictive level of care. SDCPH served over 2,000 individuals through psychiatric evaluation and crisis intervention-oriented acute treatment for adult residents of San Diego County.
- ◆ **School-Based Mental Health Services** —offer outpatient mental health treatment in more than 380 designated schools throughout the county, known as SchoolLink. Additionally, the new Screening to Care initiative has been created in partnership with school districts to address the mental health treatment needs for middle school students across the county.
- ◆ **Teen Recovery Centers (TRCs)** —offer outpatient substance use disorder treatment services to over 400 youth ages 12-17 through regionally-based clinic locations and approximately 16 school-based facilities. During the pandemic, school closures significantly impacted referrals to treatment as well as in-person services, resulting in a shift to telephone and telehealth services; 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 achieve the BHS Vision through:

- ◆ **Behavioral Health Continuum of Care (COC) efforts** — enhance, expand, and innovate the array of behavioral health programs throughout the region and collaborate with justice partners, hospitals, community health centers, and other community-based providers. Behavioral Health COC efforts include the establishment of behavioral health hubs, networks, and 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. Among Behavioral Health COC projects is pursuing the Central Region Behavioral Health Hub (Central Region Hub), which would serve as the flagship facility for a regionally distributed hub system. This facility will include access to inpatient acute psychiatric care, outpatient step-down services, and co-located crisis stabilization. One of the underlying principles of a behavioral health care hub reflects the integration of physical and behavioral healthcare. New care coordination services are also being established to support clients most in need of continuous services and minimize clinical hand-offs by offering a single point of contact for the client. As this work evolves, the care coordination service can expand to serve the region more broadly. An additional behavioral health hub for children is also being planned in partnership with Rady Children’s Hospital. To further support children and youth’s social and emotional

needs, the County is collaborating with school districts to develop a universal behavioral health screening and connection to care protocol to assess and coordinate care for students across the County.

New care coordination services are also being established to support clients most in need of continuous services and minimize clinical hand-offs by offering a single point of contact for the client. As this work evolves, the care coordination service can expand to serve the region more broadly.

An additional behavioral health hub for children is also being planned in partnership with Rady Children’s Hospital, with an estimated completion date of Fiscal Year 2025-26. To further support children and youth’s social and emotional needs, the County is collaborating with school districts to develop a universal behavioral health screening and connection to care protocol to assess and coordinate care for students across the County.

- ◆ A Comprehensive County **Substance Use Harm Reduction Strategy** —was presented to the Board of Supervisors in June 2021, building on existing work led by BHS, Public Health Services, and Medical Care Services Division. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. It includes a spectrum of strategies that meet people who use drugs “where they are” and address the conditions of use and the use itself. The Strategy is divided into four strategic domains: 1) Cross-sectoral convening, 2) Healthcare integration and access, 3) Housing, and 4) Workforce.

There is work being done across all four domains, including the implementation of a naloxone standing order which allows this life-saving medication to be readily available to the public in the event of an overdose, and the implementation of Community Harm Reduction Teams (C-HRT) in collaboration with the City of San Diego. C-HRT is part of a comprehensive harm reduction approach for individuals experiencing chronic homelessness and substance use. The harm reduction body of work will establish countywide services that are not contingent on treatment status and enable the County to respond more flexibly to shifting community needs.

Additionally, BHS collaborates with the Department of Probation, the Sheriff’s Department, and HHSA’s Medical Care Services Division to support robust behavioral health care for individuals with justice involvement in the County, including custodial populations. This work includes:

- ◆ **Medication-Assisted Treatment (MAT)** services will be offered in County jails, along with care coordination services that will support the individual long-term.
- ◆ Leading the transition to the **Youth in Custody Practice Model** for young people in juvenile detention.



- ◆ Enhancing the capability of sobering services to serve higher acuity clients, including those with methamphetamine and poly-substance use, and providing successful care transitions.

In order to deliver these critical services, BHS has 1,207.50 staff years, including medical professionals, and a budget of \$889.4 million that includes payments made to care providers.

Strategic Initiative Legend for Anticipated Accomplishments

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

For more information on alignment to the Strategic Initiatives, Contributing Departments and External Partners, refer to the Group Description section within the Health and Human 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
 - Ensured 90% (1,620 of 1,800) of individuals 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 experiencing a psychiatric emergency.
 - Ensured 75% (1,950 of 2,600) of FSP/ACT program participants did not utilize emergency services while enrolled in the program. FSP/ACT services are the highest levels of outpatient care serving homeless individuals (or at risk of homelessness) with a “whatever it takes, 24/7” approach to treatment, including housing and employment services.
 - Ensured 80% (2,160 of 2,700) of individuals who completed crisis residential treatment were not readmitted to a crisis residential program or hospital within 30 days of discharge, supporting 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

- Diverted 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 includes linkages to appropriate services. The PERT model pairs a clinician with law enforcement to respond appropriately to an individual experiencing a mental health crisis.
- Diverted 80% (3,200 of 4,000) of individuals engaged by a Mobile Crisis Response Team (MCRT) from a higher level of care. MCRTs provide non-law enforcement, community-based crisis response designed to engage individuals in behavioral health services and reduce clinically appropriate law enforcement interventions.
- Fully implement a balanced-approach model that reduces crime by holding offenders accountable while providing them access to rehabilitation
 - Discharged 50% (1,100 of 2,200) of justice-referred clients from a substance use treatment program with a referral were 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 to enhance community recognition of suicide warning signs and mental health crises so they can refer those at risk to available resources. This training empowers community members to help connect others to needed services and lessen the likelihood of adverse 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 60 seconds to provide timely access for individuals seeking behavioral health services.
 - Issued the Customer Experience survey to all BHS customers and achieved a minimum average satisfaction rating of four (one to five scale).
- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Edgemoor Distinct Part Skilled Nursing Facility 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 ensures Edgemoor will remain in the top ten percent of skilled nursing facilities in California.





- 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.

Strategic Initiative Legend for Objectives



For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

2022–24 Objectives



Equity

- Health: Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies
 - Ensure 90% (1,620 of 1,800) of individuals admitted to the San Diego Psychiatric Hospital (SDCPH) are not readmitted within 30 days of discharge, demonstrating accountability and commitment to outstanding patient care.
 - 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 levels of outpatient care serving homeless individuals (or at risk of homelessness) with a “whatever it takes, 24/7” approach to treatment, including 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, supporting an individual’s successful integration into the community.
 - Track and analyze connection to ongoing care for individuals discharged from a crisis stabilization unit with a referral to follow-up specialty mental health outpatient services to establish a baseline to align with national standards of follow-up care. Connection denotes completing at least one service encounter consistent with national Healthcare Effectiveness Data and Information Set (HEDIS) standards.



Sustainability

- Climate: Actively combat climate change through innovative or proven policies, green jobs, sustainable facility construction or maintenance and hazard mitigation.
 - Short-Term: Support and share information to operationalize facility sustainability policies and procedures within County-owned and leased facilities, as directed by the Board of Supervisors, County leadership, and the Department of General Services.
 - Short-Term: Coordinate with contracted providers to implement sustainability policies and procedures, as directed by the Board of Supervisors, County leadership, and the Department of Purchasing and Contracting.
 - Short Term: Support remote working for employees within the department, when possible, to reduce the departmental footprint and vehicle emissions by reviewing and evaluating job roles and office space to determine opportunities for remote working while balancing client and community needs for in-person service delivery.
 - Mid-Term: Improve sustainability by encouraging contractors to evaluate the use of electric vehicles across contracted programs when procuring/leasing new vehicles.
 - Long-Term: Partner with the Department of General Services to explore sustainable design and construction of new BHS capital projects. Upcoming renovations and constructions include the Third Ave Behavioral Health Hub, East Crisis Stabilization Unit, Tri-City Psychiatric Health Facility, and the Edgemoor Acute Psychiatric Unit.
- Resiliency: Ensure the capability to respond and recover to immediate needs for individuals, families, and the region.
 - Divert 80% (3,200 of 4,000) of individuals who received a service from a Mobile Crisis Response Team (MCRT) from a higher level of care. MCRTs provide non-law enforcement, community-based crisis response designed to engage individuals in behavioral health services and reduce law enforcement interventions when clinically appropriate.



Community

- Engagement: Inspire civic engagement by providing information, programs, public forums, or other avenues that increase access for individuals or communities to use their voice, their vote, and their experience to impact change
 - 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 help connect others to needed services and lessen the likelihood of adverse outcomes.

BEHAVIORAL HEALTH SERVICES

- Safety: Support safety for all communities, including protection from crime, availability of emergency medical services and fire response, community preparedness and regional readiness to respond to a disaster
 - Divert 50% (6,000 of 12,000) of individuals of all ages from psychiatric hospitalization through crisis intervention services provided by Psychiatric Emergency Response Teams (PERT) by connecting individuals to appropriate behavioral health services. The PERT model pairs a clinician with law enforcement to ensure an appropriate response to an individual experiencing a behavioral health crisis.

Empower

- Workforce: Invest in our workforce and operations by providing support services and excellent customer service to ensure continuity of operations remains at its best
 - 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.
 - 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.
- Transparency and Accountability: Maintain program and fiscal integrity through reports, disclosures, and audits
 - Issue the Customer Experience survey to all BHS customers and achieve a minimum average satisfaction rating of four (one to five scale). Develop and implement an improvement plan in areas where the rating is lower than four.

- Foster new ideas and the implementation of proven best practices to achieve organizational excellence
 - 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.

Justice

- Safety: Focus efforts to reduce disparities and disproportionality across the justice system
 - Ensure 50% (1,100 of 2,200) of justice-referred clients 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.
 - Support the Sheriff’s Department in enhancing detention facility healthcare through the implementation of evidence-based, medication assisted treatment for opioid use disorders and effective care coordination for patients entering detention facilities and returning to the community.


Related Links

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

◆ 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

Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	SDCPH patients not readmitted within 30 days ¹	92% of 2,049	90% of 1,800	90% of 1,800	N/A	N/A
	CSU Patients Diverted From Psychiatric Hospitalization ^{5,7}	68% of 8,865	70% of 6,700	70% of 6,700	N/A	N/A
	FSP/ACT participants who decreased use of emergency services ²	85% of 2,804	75% of 2,600	75% of 2,600	N/A	N/A
	Individuals not readmitted to a crisis residential program and/or hospital within 30 days	84% of 2,581	80% of 2,700	80% of 2,700	N/A	N/A
	Adolescents receiving timely access to SUD treatment ³	98% of 437	N/A	N/A	N/A	N/A












Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	PERT Interventions not resulting in hospitalization or incarceration	46% of 11,990	50% of 12,000	50% of 12,000	N/A	N/A
	Mobile Crisis Response Team Diversions from a higher level of care ⁶	N/A	80% of 4,000	80% of 4,000	N/A	N/A
	Justice referred clients transferred to another level of care within 30 days of SUD discharge ²	44% of 2,231	50% of 2,200	50% of 2,200	N/A	N/A
	Community members receiving suicide prevention training ⁴	14,751	35,000	35,000	N/A	N/A
	Access and Crisis Line answered within an average of 60 seconds	99% of 73,733	95% of 63,000	95% of 63,000	N/A	N/A
	Edgemoor CMS Rating System	5	5	5	N/A	N/A
	Individuals with an outpatient SUD appointment within 10 days per TNAA metric ³	83% of 6,972	85% of 8,300	85% of 8,300	N/A	N/A
	SDCPH patients not readmitted within 30 days	N/A	N/A	N/A	90% of 1,800	90% of 1,800
	FSP/ACT participants who decreased use of emergency services	N/A	N/A	N/A	75% of 2,600	75% of 2,600
	Individuals not readmitted to a crisis residential program and/or hospital within 30 days	N/A	N/A	N/A	80% of 2,700	80% of 2,700
	Mobile Crisis Response Team Diversions from a higher level of care	N/A	N/A	N/A	80% of 4,000	80% of 4,000
	Community members receiving suicide prevention training	N/A	N/A	N/A	35,000	35,000
	PERT Interventions not resulting in hospitalization or incarceration	N/A	N/A	N/A	50% of 12,000	50% of 12,000
	Access and Crisis Line answered within an average of 60 seconds	N/A	N/A	N/A	95% of 63,000	95% of 63,000
	Edgemoor CMS Rating System	N/A	N/A	N/A	5	5
	Individuals with an outpatient SUD appointment within 10 days per TNAA metric	N/A	N/A	N/A	85% of 8,300	85% of 8,300
	Justice referred clients transferred to another level of care within 30 days of SUD discharge	N/A	N/A	N/A	50% of 2,200	50% of 2,200

Table Notes

- ¹ 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.
- ² Performance measure revised to demonstrate improved outcomes with a broader population. In Fiscal Year 2022–23, this performance measure was discontinued to collect baseline data showing improved outcomes when shifting from crisis to continuous care.
- ³ In Fiscal Year 2021–22, 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 (TNAA) metric.
- ⁴ Many trainings are conducted at schools during assemblies and with parents and staff during face-to-face meetings. Large group gatherings were suspended in Fiscal Year 2020–21 due to the COVID-19 pandemic, which significantly impacted this target.



⁵ In Fiscal Year 2020–21, the baseline target was exceeded due to the expansion of CSU in the North and South regions.

⁶ This is a new performance measure in Fiscal Year 2021–22 to demonstrate efforts in diverting individuals from a higher level of care when possible.

⁷ In Fiscal Year 2022–23, the performance measure related to CSU patients diverted from psychiatric hospitalization is discontinued due to collecting baseline data demonstrating improved outcomes when shifting from crisis to continuous care.

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

Staffing

Net increase of 94.0 staff years

- ◆ Increase of 46.00 staff years to provide enhanced oversight and direction to support growing mental and substance use disorders (SUD) services across the County. The increased staffing will enhance current BHS efforts to support individuals with justice involvement, who are experiencing homelessness, and youths who are in need of behavioral health services. In addition, staffing increase will support enhanced data and information system integration, clinical program design, financial optimization, service quality improvement, and enhanced guidance and billing support to our contracted behavioral health services providers.
- ◆ Increase of 37.00 staff years to provide increased direct mental health services, including outpatient services, enhanced case management and peer support services, within County operated mental health programs.
- ◆ Increase of 15.00 staff years for inpatient health services primarily to reduce reliance on temporary staffing for increased healthcare custodial needs at the San Diego County Psychiatric Hospital (SDCPH) and Edgemoor Hospital.
- ◆ Increase of 12.00 staff years to provide direct behavioral health services to youth that have transitioned into county care as a result of the closure of the state’s Juvenile Justice Division.
- ◆ Increase of 5.00 staff years to provide clinical oversight to support harm reduction strategies as approved by the Board of Supervisors on December 7, 2021 (22).
- ◆ Decrease of 21.00 staff years due to the transfer to Medical Care Services Department (MCSD) to enhance present and future Pharmacy operations.
- ◆ Additionally, staff were transferred among related programs within BHS to manage operational needs.

Expenditures

Net increase of \$71.8 million

- ◆ Salaries & Benefits—net increase of \$1.1 million.

- ◆ Increase of \$4.2 million for planning purposes associated with anticipated salary and benefit increases and staffing changes noted above.
- ◆ Decrease of \$3.1 million tied to the transfer of Pharmacy to MCSD.
- ◆ Services & Supplies—net increase of \$73.4 million.
 - ◆ Increase of \$15.5 million for behavioral health treatment services for adults to help address identified ongoing unmet behavioral health service needs in the County, and allow people to live healthier and more productive lives. Programs being enhanced include the Biopsychosocial Rehabilitation services, SUD Residential & Withdrawal Management services in the South Region, Strength Based Case Management with a Transition Age Youth component for the North County, Peer Support services, and combined Hybrid SUD/MH services.
 - ◆ Increase of \$12.6 million for behavioral health treatment services for children, youth, and families. Additional services will increase funding for school-based outpatient treatment services for children as well increased mental health services for youth with high acuity needs in foster home settings.
 - ◆ Increase of \$11.7 million in support of long-term care (LTC) and hospital administrative bed costs. Appropriations will support the addition of 30 LTC beds, and provide rate adjustments within the LTC level of care to address mandated rate increases and align rates with market levels. Expansion of LTC services will allow clients to be placed in the proper lower levels of care to shift them from more expensive acute care settings.
 - ◆ Increase of \$7.6 million for Crisis Diversion services to include continued expansion of the Mobile Crisis Response Team (MCRT) and added Crisis Residential services. The MCRT services are intended to provide an alternative to dispatching law enforcement when an individual is having a mental health or substance use crisis.
 - ◆ Increase of \$7.5 million to support school-based screening program for children and youth of all ages funded through the County’s American Rescue Plan Act (ARPA) Framework. These services will use a multi-tiered approach which includes universal screening of students facilitated by middle school staff, regardless of the child’s insurance status.
 - ◆ Increase of \$7.4 million for IT projects to modernize electronic health records and data sharing.





- ❖ Increase of \$5.0 million for programs supporting homeless individuals with behavioral health conditions including efforts to support the crisis reduction strategy, on-site behavioral health screening, and increased tenant housing support.
- ❖ Increase of \$3.2 million for services to unserved and underserved populations with the establishment of a stand-alone Parolee Asservice Community Treatment (ACT) program and enhancements for services to the LGBTQ community. The targeted services will elevate level of care provided to these two unique populations.
- ❖ Increase of \$2.6 million to support a recuperative care project funded through the County’s ARPA Framework. This is a joint effort with City of San Diego and the Housing Commission to address persons who are homeless and have a chronic SUD or co-occurring conditions in the City of San Diego.
- ❖ Increase of \$1.8 million primarily for cost-of-living adjustments to various contracts.
- ❖ Decrease of \$1.5 million due to a transfer from Pharmacy to Medical Care Services Department (MCSD) to enhance present and future pharmacy operations.
- ❖ Other Charges—increase of \$0.2 million for increased flex funding housing support provided in County operated clinics.
- ❖ Expenditure Transfer & Reimbursements—increase of \$2.9 million associated with increased Justice-related costs funded through a Memorandum of Understanding (MOU) with the Public Safety Group. Since this is a reimbursement, it has the effect of \$2.9 million decrease in appropriations.

- ❖ Increase of \$5.4 million in supplemental Substance Abuse Block Grant funding for temporary enhanced SUD services. The expanded SUD services are associated with a one-time allocation directly tied to COVID relief funding.
- ❖ Increase of \$4.5 million in Drug Medi-Cal revenues due to increased reimbursable units of services projections.
- ❖ Increase of \$1.4 million in supplemental Mental Health Block Grant funding for temporary enhance MH related services. The expanded MH services are associated with a one-time allocation directly tied to COVID relief funding.
- ❖ Decrease of \$5.8 in Realignment revenue tied to the transfer to MCSD.
- ❖ Charges for Current Services— net decrease of \$1.6 million
 - ❖ Decrease of \$1.5 million for one-time Intergovernmental Transfer (IGT) funded expenditures.
 - ❖ Decrease of \$1.2 million tied to the transfer to MCSD.
 - ❖ Increase of \$1.1 million due to an adjustment to transfer funding from Miscellaneous Revenues.
- ❖ Miscellaneous Revenues—decrease of \$1.1 million based on an adjustment to transfer funding to Charges for Current Services.
- ❖ Other Financing Sources – increase of \$1.0 million due to a transfer of Securitized Tobacco Settlement funds for psychiatric inpatient services to eligible Medi-Cal beneficiaries at Institute of Mental Disease (IMD) facilities.
- ❖ Use of Fund Balance—decrease of \$30.3 million. There is no amount budgeted.
- ❖ General Purpose Revenue Allocation—net increase of \$5.3 million
 - ❖ Increase of \$4.5 million to partially offset costs for planning purposes associated with anticipated salary and benefit increases and addition of new staff years noted above.
 - ❖ Increase of \$0.8 million to replace prior year one-time use of Fund Balance tied to Medication Assisted Treatment (MAT) services.

Revenues

Net increase of \$71.8 million

- ❖ Intergovernmental Revenue—increase of \$98.5 million.
 - ❖ Increase of \$53.2 million in Realignment revenue to support Salaries & Benefits and enhanced contracted mental health and substance use disorders (SUD) services based on projected Statewide sales tax receipts and vehicle license fees dedicated to Health and Human Services.
 - ❖ Net increase of \$20.0 million in federal and State mental health services funding driven by increased mental health services.
 - ❖ Increase of \$10.1 million to reflect funding under the County’s ARPA Framework to support a recuperative care project and school-based screening program.
 - ❖ Increase of \$9.7 million in state funding for mental health and substance use disorder services primarily associated with residential and intensive outpatient treatment services.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net increase of \$6.3 million is the result of \$8.1 million increase primarily for planning purposes associated with anticipated salary and benefit increases offset by \$1.7 million decrease in Services and Supplies primarily tied to ending of one-time projects and \$0.1 million decrease in Expenditure Transfer & Reimbursement.



Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Alcohol and Other Drug Services	32.00	34.00	30.00	(11.8)	30.00
Mental Health Services	209.50	215.50	258.50	20.0	258.50
Inpatient Health Services	580.00	603.00	614.00	1.8	614.00
Behavioral Health Svcs Administration	185.00	261.00	305.00	16.9	305.00
Total	1,006.50	1,113.50	1,207.50	8.4	1,207.50

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Alcohol and Other Drug Services	\$173,205,615	\$171,197,906	\$178,388,985	4.2	\$183,939,090
Mental Health Services	480,051,767	495,300,770	553,775,205	11.8	551,105,635
Inpatient Health Services	93,867,957	108,477,445	113,345,992	4.5	111,878,584
Behavioral Health Svcs Administration	31,338,969	42,629,885	43,893,204	3.0	48,746,583
Total	\$778,464,308	\$817,606,006	\$889,403,386	8.8	\$895,669,892

Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Salaries & Benefits	\$125,621,157	\$148,933,029	\$150,040,811	0.7	\$158,098,675
Services & Supplies	662,249,570	678,985,283	752,387,393	10.8	750,681,079
Other Charges	20,000	20,000	230,000	1,050.0	230,000
Capital Assets Equipment	186,500	186,500	186,500	—	186,500
Expenditure Transfer & Reimbursements	(9,612,919)	(10,518,806)	(13,441,318)	27.8	(13,526,362)
Total	\$778,464,308	\$817,606,006	\$889,403,386	8.8	\$895,669,892





Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Intergovernmental Revenues	\$638,159,826	\$646,740,676	\$745,284,829	15.2	\$778,987,970
Charges For Current Services	67,262,556	66,202,425	64,601,232	(2.4)	62,164,597
Miscellaneous Revenues	27,559,578	27,520,872	26,387,327	(4.1)	1,387,327
Other Financing Sources	8,400,000	8,400,000	9,400,000	11.9	9,400,000
Fund Balance Component Decreases	6,340,116	—	—	—	—
Use of Fund Balance	—	30,274,801	—	(100.0)	—
General Purpose Revenue Allocation	30,742,232	38,467,232	43,729,998	13.7	43,729,998
Total	\$778,464,308	\$817,606,006	\$889,403,386	8.8	\$895,669,892



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 life-long 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 over 36,000 reports from the community about the safety and wellbeing of children, 24 hours a day, 7 days a week, representing nearly 62,600 children.
- ◆ **Core Operations** —ensure the safety and wellbeing of children by assessing and investigating allegations of abuse or neglect, assisting families with developing plans to safely maintain children at home, and placing 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 wellbeing and safety of the child are at the forefront.
- ◆ **Foster and Adoptive Resource Family Services (FARFS)** — support services to resource families (a relative, a close family friend, and foster families) and work with them for recruitment and retention.
- ◆ **Extended Foster Care (EFC)** —provide continued foster care benefits and services to over 420 youth annually who are 18 to 21 years of age to help support the youth’s transition toward adult independence.
- ◆ **Resource Family Approval (RFA)** —is a single unified, family-friendly, and child-centered process to foster or adopt a child/youth involved with CWS and/or probation; and



- ◆ **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 70 children from birth to 17 years of age are served at the Polinsky Children’s Center.
- ◆ **San Pasqual Academy** —provide approximately 50 foster youth ages 12-19 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.
- ◆ **Family First Prevention Services Act (FFPSA)** – CWS is shifting from focusing on foster care as the primary intervention for keeping children safe – to a family strengthening approach focused on preventing families from ever making formal contact with the child welfare system. Achieving these fundamental changes requires an innovative approach to not simply hone the current system but replace it with a more equitable and trauma-informed method. FFPSA also places restrictions on the use of congregate care settings across the United States, emphasizing and supporting children and youth to be placed in family settings.

CWS is committed to improving service delivery by identifying and implementing best practices that are culturally responsive, family-centered, child-focused, and trauma-informed such as addressing the challenges of disproportionality through the 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 1,630.00 staff years and a budget of \$430.9 million, which includes assistance payments. For more information about assistance payments, see Appendix D.

Strategic Initiative Legend for Anticipated Accomplishments

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

For more information on alignment to the Strategic Initiatives, Contributing Departments and External Partners, refer to the Group Description section within the Health and Human 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
 - Screened 100% (1,200) of children ages 0–17, who were removed from the home and entered the foster care system under the supervision of the Juvenile Court for mental health needs in accordance with the California State standards and supported enhanced mental health services delivery for children and youth in out of home care. These efforts ensure that children have access to trauma-informed mental health services.
 - Placed 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 the statewide performance of 36%.
 - Maintained 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 children experience and may help lessen negative impacts on their school performance.

Living Safely

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

- Ensured 92% (345 of 375) 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.
- Increased 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 wellbeing.

Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Completed 82% (53,300 of 65,000) of calls to the Child Abuse Hotline to ensure timely assessments and response determination, increasing protection of children.
 - Issued the Customer Experience survey to all CWS customers and achieved a minimum average satisfaction rating of four (one to five scale).

Strategic Initiative Legend for Objectives

- Audacious Goal	- Departmental Objective

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

2022–24 Objectives

Equity

- Health: Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies
 - Place 45% (765 of 1,700) of foster care children with a relative or close non-family member to reduce disparity, support stability, and minimize trauma to children by maintaining their connections to familiar environments and strengthening families, exceeding the statewide performance of 36%.

Sustainability

- Economy: Align the County’s available resources with services to maintain fiscal stability and ensure long-term solvency
 - Short-Term: Communicate with employees regarding sustainability program updates, successes, and opportunities for improvement once a quarter through various two-way



communication methods, including video content, leadership and executive meetings, digital newsletters, and the use of sustainability ambassadors.

- Long-Term: Complete the transition of all Child Welfare Services case files to the Electronic Records Management System (ERMS), ensuring electronic use for reviewing, editing, scanning, and sending files and eliminating the need for paper case files.
- Climate: Actively combat climate change through innovative or proven policies, green jobs, sustainable facility construction or maintenance and hazard mitigation
 - Short-Term: Continue implementing remote and hybrid work environments to reduce vehicle emissions and departmental footprint by conducting an office space assessment to develop a robust, inclusive teleworking policy that incorporates teleworking hubs, smart conference rooms, and laptops with remote connectivity and technical connectivity support.
 - Mid-Term: Support efforts to increase sustainability within all CWS contracts by promoting and encouraging CWS contractors to provide fiscally, culturally, and environmentally sustainable services and resources for children and families.
- Resiliency: Ensure the capability to respond and recover to immediate needs for individuals, families, and the region
 - Short-Term: Complete 82% (53,300 of 65,000) of calls to the Child Abuse Hotline and ensure timely assessments and response determination to meet families' needs to strengthen and improve capacities to protect their children.



Community

- Engagement: Inspire civic engagement by providing information, programs, public forums or other avenues that increase access for individuals or communities to use their voice, their vote, and their experience to impact change
 - Increase by 10% (1,600 to 1,760) the number of resource families ready and available to receive placement of foster children to minimize trauma and support child safety, permanency, and wellbeing.
- Quality of Life: Provide programs and services that enhance the community through increasing the well-being of our residents and our environments

- Ensure 92% (345 of 375) 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.
- 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, and maintain the federal standard of 40.5%.
- 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 the negative impact on their school performance.
- Ensure that 100% of eligible residents at San Pasqual Academy receive Independent Living Skills services to expand economic opportunities.



Justice

- Restorative: Contribute to a system of restorative justice that strives to repair harm to victims and the community at large, as well provide inclusive opportunities for justice-involved individuals to contribute to the region
 - Screen 100% (1,200) of children ages 0–17, who are removed from the home and enter the foster care system under the supervision of the Juvenile Court, for mental health needs following 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.

Related Links

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

- ◆ www.SdCounty.ca.gov/HHSA

For information about San Diego County Adoptions, go to:

- ◆ www.IAdoptU.org

For information about San Pasqual Academy, go to:

- ◆ www.SanPasqualAcademy.org








Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	Children removed from home who are screened for mental health needs ^{1,3}	88% of 971	100% of 1,200	100% of 1,200	N/A	N/A
	Foster care child placed with relative or close non-family member ²	43% of 1,689	40% of 1,700	40% of 1,700	N/A	N/A
	Placement moves per 1,000 days for all children in Foster Care	4.7	4.12	4.12	N/A	N/A
	Children achieving permanency within 12 months	32% of 1,059	40.5% of 1,080	40.5% of 1,080	N/A	N/A
	Children who do not reenter foster care within 12 months of going home ³	91% of 308	92% of 375	92% of 375	N/A	N/A
	Resource Families ready and available to receive placement of foster children	1,453	1,600	1,600	N/A	N/A
	Completed calls to the Child Abuse Hotline ³	86% of 56,000	82% of 65,000	82% of 65,000	N/A	N/A
	Foster care child placed with relative or close non-family member	N/A	N/A	N/A	45% of 1,700	45% of 1,700
	Completed calls to the Child Abuse Hotline	N/A	N/A	N/A	82% of 65,000	82% of 65,000
	Resource Families ready and available to receive placement of foster children	N/A	N/A	N/A	1,760	1,760
	Children who do not reenter foster care within 12 months of going home	N/A	N/A	N/A	92% of 375	92% of 375
	Children achieving permanency within 12 months	N/A	N/A	N/A	40.5% of 1,080	40.5% of 1,080
	Placement moves per 1,000 days for all children in Foster Care	N/A	N/A	N/A	4.12	4.12
	Children removed from home who are screened for mental health needs	N/A	N/A	N/A	100% of 1,200	100% of 1,200

Table Notes

- ¹ Baseline projection was not met due to a change in methodology to focus on children entering the foster care system for the first time.
- ² The goal of 60% was 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.
- ³ The baseline projection was lowered due to operational impacts caused by the COVID-19 pandemic.

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

Staffing

Net increase of 99.00 staff years

- ◆ Increase of 68.00 staff years to support Emergency Response services. Staff years will support efforts to conduct emergency investigations on a 24/7 basis, quality supervision, timely consultation, responsive training, and collaborative program support for the daily investigations that Emergency Response (ER) Social Workers conduct.





- ◆ Increase of 10.00 staff years to the Placement Integration Unit to support quality placement efforts to locate relatives, maintain children in a familiar environment, and support the child's sense of safety, permanency, and well-being.
- ◆ Increase of 7.00 staff years to create the Department of Child & Family Well-Being to align the County's child abuse and neglect prevention efforts and support implementation of Family First Prevention Services Act (FFPSA).
- ◆ Increase of 6.00 staff years to ensure compliance with new statewide learning management system tracking, to address increased workload and expanded areas of coverage for contracted services, respite care, and eligibility.
- ◆ Increase of 5.00 staff years associated with the expansion of Family Strengthening & Prevention Initiative services, including expansion of the Review, Assess and Direct (RAD) teams and collaboration with the 2-1-1 San Diego CONNECT program for referrals to community-based services.
- ◆ Increase of 4.00 staff years to ensure the safety of youth entering foster care and those in placement transition and to meet additional State requirements for temporary shelter care facilities at Polinsky Children's Center.
- ◆ Decrease of 1.00 staff years due to a transfer to Administrative Support Services to support operational needs.
- ◆ Additionally, staff were transferred among related programs within CWS to manage operational needs.

Expenditures

Net increase of \$14.9 million

- ◆ Salaries & Benefits—net increase of \$6.2 million primarily for planning purposes associated with anticipated salary and benefit increases and staffing changes noted above.
- ◆ Services & Supplies—increase of \$5.5 million.
 - ◆ Increase of \$3.2 million for implementation of the Family First Transition Act (FFTA) grant which is designed to provide one-time flexible funding to assist with the implementation of FFPSA programs including additional support for evidence based- child abuse prevention, mental health services and in-home parenting skill programs.
 - ◆ Net increase of \$1.9 million for operating costs associated with increased staffing, security guard services, and facilities costs, offset by the completion of a one-time IT project from the prior year.

- ◆ Increase of \$0.4 million for one-time software costs to enhance efforts to identify and provide appropriate level of care for children and families involved in investigations.
- ◆ Other Charges— Increase of \$0.5 million for cost of doing business rate increases for providers of mental health services.
- ◆ Expenditure Transfer & Reimbursements—decrease of \$2.7 million associated with centralized General Fund support of one-time negotiated labor agreements. Since this is a transfer of expenditure, it has a net effect of a \$2.7 million increase in expenditure. The central funding is supported by resources in Countywide Finance Other.

Revenues

Net increase of \$14.9 million

- ◆ Intergovernmental Revenues—increase of \$32.5 million.
 - ◆ Increase of \$24.4 million in Realignment revenue, including available 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 support increases in Salaries & Benefits, Services & Supplies, and Other Charges noted above.
 - ◆ Net increase of \$4.9 million in social services administrative revenue allocations supporting the increases in staffing.
 - ◆ Increase of \$3.2 million in federal Family First Transition Act (FFTA) Grant revenue to fund costs noted above.
- ◆ General Purpose Revenue Allocation—net decrease of \$17.6 million.
 - ◆ Decrease of \$18.8 million mainly due to an increase in realignment revenue as noted above. The General Purpose Revenue was reallocated to other HHS Programs and will have no impact to services in CWS.
 - ◆ Increase of \$1.2 million to partially offset Salaries & Benefits and Services & Supplies tied to addition of new staff years noted above.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net increase of \$7.1 million is primarily the result of an increase of \$10.2 million in Salaries & Benefits primarily for planning purposes associated with anticipated salary and benefit increases offset by a decrease of \$3.1 million in Services & Supplies associated with one-time projects.



Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Child Welfare Services	1,316.00	1,345.00	1,465.00	8.9	1,465.00
CWS Eligibility	63.00	63.00	63.00	—	63.00
Adoptions	113.00	123.00	102.00	(17.1)	102.00
Total	1,492.00	1,531.00	1,630.00	6.5	1,630.00

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Child Welfare Services	\$227,980,285	\$234,263,756	\$251,744,135	7.5	\$257,903,798
CWS Eligibility	5,663,796	5,628,764	5,791,691	2.9	6,125,651
CWS Assistance Payments	153,031,161	161,008,150	161,008,150	—	161,008,150
Adoptions	13,686,947	15,058,028	12,330,768	(18.1)	12,922,317
Total	\$400,362,189	\$415,958,698	\$430,874,744	3.6	\$437,959,916

Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Salaries & Benefits	\$172,047,884	\$179,800,258	\$186,063,248	3.5	\$196,310,128
Services & Supplies	73,315,413	75,874,595	81,349,603	7.2	78,187,895
Other Charges	155,025,455	163,002,444	163,488,456	0.3	163,488,456
Expenditure Transfer & Reimbursements	(26,563)	(2,718,599)	(26,563)	(99.0)	(26,563)
Total	\$400,362,189	\$415,958,698	\$430,874,744	3.6	\$437,959,916





Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Revenue From Use of Money & Property	\$681,211	\$681,211	\$681,211	—	\$681,211
Intergovernmental Revenues	367,089,091	384,039,628	416,541,720	8.5	423,626,892
Charges For Current Services	1,464,490	1,464,490	1,464,490	—	1,464,490
Miscellaneous Revenues	187,510	187,510	187,510	—	187,510
Fund Balance Component Decreases	2,250,000	—	—	—	—
Use of Fund Balance	2,886,550	—	—	—	—
General Purpose Revenue Allocation	25,803,337	29,585,859	11,999,813	(59.4)	11,999,813
Total	\$400,362,189	\$415,958,698	\$430,874,744	3.6	\$437,959,916



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 \$7.7 million.

Strategic Initiative Legend for Anticipated Accomplishments

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

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

2021–22 Anticipated Accomplishments

Sustainable Environments/Thriving

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

 **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.

Strategic Initiative Legend for Objectives



For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

2022–24 Objectives

 **Sustainability**

- Economy: Align the County’s available resources with services to maintain fiscal stability and ensure long-term solvency
 - 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

For additional information about Gillespie Field, refer to:

- ◆ www.sandiegocounty.gov/dpw/airports/gillespie.html

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

Staffing

No staffing is included in the Adopted budget.

Expenditures

No significant changes.

Revenues

No significant changes.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

No significant changes.





Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
County Successor Agency	—	—	—	0.0	—
Total	0.00	0.00	0.00	0.0	0.00

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
County Successor Agency	\$7,778,656	\$7,752,948	\$7,700,172	(0.7)	\$7,700,172
Total	\$7,778,656	\$7,752,948	\$7,700,172	(0.7)	\$7,700,172

Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Services & Supplies	\$30,000	\$20,000	\$20,000	—	\$20,000
Other Charges	2,320,600	2,316,673	2,303,479	(0.6)	2,303,479
Operating Transfers Out	5,428,056	5,416,275	5,376,693	(0.7)	5,376,693
Total	\$7,778,656	\$7,752,948	\$7,700,172	(0.7)	\$7,700,172

Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Taxes Other Than Current Secured	\$2,350,600	\$2,336,673	\$2,323,479	(0.6)	\$2,323,479
Other Financing Sources	5,428,056	5,416,275	5,376,693	(0.7)	5,376,693
Total	\$7,778,656	\$7,752,948	\$7,700,172	(0.7)	\$7,700,172





Homeless Solutions and Equitable Communities

Mission Statement

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

Department Description

On July 1, 2021, the County of San Diego Board of Supervisors directed the establishment of the Department of Homeless Solutions and Equitable Communities (HSEC) within HHSA to ensure equity among all San Diegans, foster a community that is welcoming to new residents, and reduce homelessness in the region. Within HSEC are three offices working collectively to enhance the following services:

- ◆ Office of Homeless Solutions (OHS) —Coordinate services and community outreach to reduce homelessness by preventing at-risk individuals from becoming homeless and supporting those experiencing homelessness through the following services:
 - ◆ Services & Outreach —provide direct services through trauma-informed outreach, case management, and benefits support to persons experiencing homelessness.
 - ◆ Systems & Integration —oversee collaborative efforts to reduce homelessness across the County and ensure enterprise-wide actions are evidence-based and data-driven.
- ◆ Office of Equitable Communities (OEQC) —ensure equity among all San Diegans using a regional model to enhance community engagement and meet the needs of underserved communities through the following services:
 - ◆ Community Health & Engagement Team (CHET) — implement health initiatives by coordinating health services programs, resource development, research, and planning practices.
 - ◆ Community Health Workers (CHW) —engage and interact with the community to better understand the needs and the disproportionate impacts of public health threats.
 - ◆ Community Action Partnership (CAP) — empower economically disadvantaged individuals and families to achieve their highest level of self-sufficiency and well-being through community-based organizations contracted services.



- ◆ Regional Community Coordination (RCC) —enhance collective efforts of community groups and stakeholders in each region by hosting regional leadership team meetings and organizing collaborative efforts on health and social equity, economic inclusion, and poverty reduction efforts to ensure a welcoming region supportive of all residents.
- ◆ Office of Immigrant and Refugee Affairs (OIRA) —foster a community that is welcoming to new residents by serving as the regional expert and leader in immigrant and refugee affairs and provider of information, referrals, and resources, through the following activities:
 - ◆ Seek community stakeholder input and apply regional academic research, data, and best practices to advance equity and opportunity for immigrant and refugee populations.
 - ◆ Align efforts in the community to address the needs and challenges of the immigrant and refugee populations by regularly convening with community stakeholders and developing an OIRA Strategic Plan;
 - ◆ Enhance relationships with Binational Partners in supporting a healthy, safe, and thriving community in our California-Baja region.

Effective July 1, 2022, the Office of Strategy and Innovation transferred to Administrative Support from Homeless Solutions and Equitable Communities (HSEC) to enhance the alignment of the integrated functions within the Agency.

To ensure HHSA service regions and departments can provide critical and essential services, HSEC has 156.00 staff years and a budget of \$52.8 million.

Strategic Initiative Legend for Anticipated Accomplishments

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

For more information on alignment to the Strategic Initiatives, Contributing Departments and External Partners, refer to the Group Description section within the Health and Human 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
 - Enhanced accountability and decision-making by leveraging data, strategies, and evidence-based practices to reduce homelessness, foster equity, and ensures refugees, immigrants, asylees, and others were welcomed and well-connected to services.
 - Achieved a 90% (94 of 104) graduation rate among the Resident Leadership Academy (RLA) cohort to support community leaders in identifying opportunities for improvement and implementing community projects to improve their neighborhoods’ health, safety, and well-being through RLA training and technical assistance programs.
 - Created a list of possible locations and outstation outreach sites for the Office of Immigrant and Refugee Affairs to support the community with general questions and connections to county and community resources, including available legal resources.
 - Launched and expanded homeless services into all regions of the County by adding over 30 new full-time employees to provide direct services through trauma-informed outreach, case management, and benefits support to persons experiencing homelessness.
 - Established the Housing Disability Advocacy Program (HDAP) to increase the income of people who can access Social Security benefits by providing outreach, case management, housing, and benefit advocacy services.
 - Secured federal funding to develop, create and evaluate a Community Health Worker Model to engage and connect with individuals, families, and community organizations to better care for and understand the services needed throughout the region.

 Living Safely

- Plan, build and maintain safe communities to improve the quality of life for all residents
 - Ensured 70% (35 of 50) of clients enrolled in Community Care Coordination (C3) for a minimum of 12 months secured permanent housing, exceeding the goal of 50%. C3 provides comprehensive care coordination, service navigation, and housing assistance to individuals with a serious mental illness who 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% (396 of 600) of Refugee Employment Services (RES) participants engaged in unsubsidized employment to support self-sufficiency and integration in their new home, consistent with federal reporting requirements
 - Built upon existing immigrant and refugee programs and services by engaging community stakeholders to develop a strategic plan to guide a yearly report to the Board of Supervisors.
 - Implemented the County’s first Framework for Ending Homelessness and redesigned the County’s Comprehensive Homeless Policy to ensure a coordinated approach to reducing homelessness in the county.
 - Redesigned the enterprise-wide collection of programmatic information regarding services and housing for people at risk of and experiencing homelessness to align with the Framework For Ending Homelessness.
 - Worked with Behavioral Health Services, community providers, and public agencies to expand support for persons experiencing homelessness, substance use disorders, or serious mental illness in high-concentration, high need areas.
 - Collaborated with housing authorities and cities across the region to reduce homelessness by expanding access to emergency, interim, and permanent housing.

 Operational Excellence

- Provide modern infrastructure, innovative technology, and appropriate resources to ensure superior service delivery to our customers
 - Provided over 155,000 *Live Well San Diego* unique visitors (LiveWellSD.org) access to timely and relevant information and expanded the reach of *Live Well San Diego* education messages. Promoted access to the *Live Well San Diego* Open Performance Data and other community-level data





to engage partners and stakeholders to proactively identify and address community needs through demographic, economic, behavioral, and health information.

- Worked on a plan to create an easily navigable website in multiple languages with programs, services, and resources available to immigrant and refugee communities, including a central phone number to access services.
- Leverage internal communication resources, resource groups and social media to enhance employee understanding of *Live Well San Diego*
- The County employee survey was not conducted in Fiscal Year 2021–22 due to administrative delays.

Strategic Initiative Legend for Objectives



For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

support the community with general questions and connection to county and community resources, including available legal resources.

- Long-term: Expand economic enhancement opportunities in low-income communities by enrolling community members into programs to ensure that funding opportunities are available for community partners to help reduce poverty and increase economic inclusion.
- Environment: Protect and promote our natural and agricultural resources, diverse habitats and sensitive species.
 - Short-term: Reduce staff commuting miles by maintaining a hybrid work schedule of at least one (1) day of telework per week.
 - Mid-term: Limit paper consumption by implementing double-sided copying and printing document to ensure electronic use for reviewing, editing, scanning, sending files to refrain from printing emails.

Community

- Safety: Support safety for all communities, including protection from crime, availability of emergency medical services and fire response, community preparedness and regional readiness to respond to a disaster.
 - Ensure 50% (25 of 50) of participants enrolled in Community Care Coordination (C3) are permanently housed for a minimum of 12 months. C3 provides comprehensive care coordination, service navigation, and housing assistance to individuals with a serious mental illness who are homeless or at risk of homelessness and have been recently released from a local County jail.
 - Ensure 76% (38 of 50) of veterans enrolled in the Community Care Coordination for Veterans program are immediately placed in a housing solution upon reentering the community from a County detention or reentry facility.
- Engagement: Inspire civic engagement by providing information, programs, public forums, or other avenues that increase access for individuals or communities to use their voice, their vote, and their experience to impact change.
 - Ensure 90% (90 of 100) Resident Leadership Academy (RLA) participants graduate the program by providing training and technical assistance to support community leaders in identifying and implementing community improvement projects that increase the health, safety, and well-being of their neighborhoods.
 - Ensure stakeholders are reached at the newly established central location and potential rotating or outstation outreach site for the office of Immigrant and Refugee Affairs to support the community with general questions and connection to County and community resources, including available legal resources.

2022–24 Objectives

Equity

- Economic Opportunity: Advance opportunities for economic growth and development to all individuals and the community.
 - Ensure 66% (396 of 600) of Refugee Employment Services (RES) participants are engaged in unsubsidized employment to support self-sufficiency, consistent with federal reporting requirements.
 - Build upon existing immigrant and refugee programs and services by engaging community stakeholders and developing a strategic plan to guide a yearly report to the Board of Supervisors.

Sustainability

- Economy: Create policies to reduce and eliminate poverty, promoting economic sustainability for all
 - Short-term: Participate as an active member of the Food System Initiative Working Group and Food Security meetings annually to gain awareness of needs in the community and ensure collaborations between programs that serve similar populations.
 - Short-term: Ensure stakeholders are reached at the newly established central location and/or outstation outreach sites for the Office of Immigrant and Refugee Affairs to

HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

- Quality of Life: Provide programs and services that enhance the community through increasing the well-being of our residents and our environments.
 - Ensure 75% (75 of 100) of youth and young adults up through the age of 24 who are experiencing homelessness or at-risk of homelessness and are permanently housed have retained housing for at least six consecutive months.
- Develop baseline criteria and measures for direct outreach services by establishing metrics, dashboards, and regular reporting and evaluation for improvements.
- Continue to compile a County-wide inventory of services related to the Framework on Ending Homelessness, which includes expenditures, programs, and outcomes on a monthly basis.



Empower

- Transparency and Accountability: Maintain program and fiscal integrity through reports, disclosures, and audits.

Related Links

- ◆ www.LiveWellSD.org

Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	C3 Participants Permanently Housed ^{1,6}	N/A	50% of 50	70% of 20	N/A	N/A
	Refugee Employment Services participants in unsubsidized employment ¹	N/A	66% of 600	66% of 600	N/A	N/A
	Unique visitors to the <i>Live Well San Diego</i> website ^{1,2}	N/A	140,000	155,000	N/A	N/A
	County staff understanding of how their work contributes to <i>Live Well San Diego</i> ^{1,2,3}	N/A	70%	N/A	N/A	N/A
	Refugee Employment Services participants in unsubsidized employment	N/A	N/A	N/A	66% of 600	66% of 600
	C3 Participants Permanently Housed	N/A	N/A	N/A	50% of 50	50% of 50
	C3 Veterans Permanently Housed ⁴	N/A	N/A	N/A	75% of 50	75% of 50
	RLA Graduation Rate ⁵	N/A	N/A	N/A	90% of 100	90% of 100

Table Notes

- ¹ In Fiscal Year 2021–22, these performance measures were transferred from Integrated Services, Community Action Partnership and Office of Strategy and Innovation under Administrative Support to the newly developed Homeless Solutions and Equitable Communities department.
- ² Effective July 1, 2022, the Office of Strategy and Innovation transferred from HSEC to Administrative Support to enhance the alignment of the integrated functions within the Agency.
- ³ The County employee survey was not conducted in Fiscal Year 2021–22 due to administrative delays.
- ⁴ In Fiscal Year 2022–23, this is a new measure to demonstrate focused efforts to reduce homeless veterans.
- ⁵ In Fiscal Year 2022–23, this is a new measure to demonstrate focused efforts to inspire community engagement.
- ⁶ In Fiscal Year 2022–23, the goal of C3 participants housed was exceeded due to a change in methodology.





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

Staffing

Decrease of 29.00 staff years

- ◆ Decrease of 42.00 staff years due to the transfer of the Office of Strategy and Innovation (OSI) to the Administrative Support Division to enhance the alignment of integrated functions within the Health & Human Services Agency (HHSA).
- ◆ Decrease of 2.00 staff years due to a transfer to Public Health Services to support operational needs.
- ◆ Decrease of 1.00 staff year due to a transfer to Self-Sufficiency Services to support operational needs.
- ◆ Increase of 12.00 Community Health Workers to provide support for public health education and health promotion programs, facilitate access to services, and improve the quality and cultural competence of service delivery within the community. These positions will also provide critical services to communities disproportionately impacted by public health threats, including COVID-19.
- ◆ Increase of 2.00 staff years to provide support, case management, and community outreach efforts for safety net services and housing programs.
- ◆ Increase of 2.00 staff years to support administrative and operational needs, including strategy and business planning, facilities and information technology, and monitoring of contracted services and special projects.
- ◆ Additionally, staff were transferred among related programs within HSEC to manage operational needs.

Expenditures

Increase of \$4.8 million

- ◆ Salaries & Benefits—decrease of \$4.8 million
 - ◆ Decrease of \$7.0 million tied to the transfer of OSI to Administrative Support.
 - ◆ Increase of \$2.2 million for planning purposes associated with anticipated salary and benefit increases and staffing changes noted above.
- ◆ Services & Supplies—increase of \$19.4 million
 - ◆ Increase of \$10.0 million to build service capacity in the region by partnering with cities to acquire shelters or locations to serve the homeless population.
 - ◆ Increase of \$7.0 million in the Housing and Disability Advocacy Program (HDAP), funded through a one-time State allocation available to spend over two years, that will be used to expand housing and service supports for people at risk of or experiencing homelessness.

- ◆ Increase of \$3.0 million in the Homeless Housing, Assistance and Prevention (HHAP) Program to provide funding for local housing and assistance programs that align with available State revenue guidelines.
- ◆ Increase of \$1.6 million for coordinated eviction prevention program contracts that will provide legal services, housing counseling, and outreach and prevention services to people at risk of or experiencing homelessness, funded through the County's ARPA Framework.
- ◆ Increase of \$1.0 million tied to the implementation of the Specialized Funding for Imminent Needs Program to address barriers to housing stability, funded through the County's ARPA Framework.
- ◆ Increase of \$1.0 million for Department of General Services (DGS) staff to support projects related to addressing homelessness, including \$0.6 million of costs funded through the County's ARPA Framework.
- ◆ Increase of \$0.8 million for the Centers for Disease Control and Prevention Community Health Workers for COVID Response and Resilient Communities grant to support the training and deployment of community health workers to respond to and build community resilience to fight COVID-19 through addressing existing health disparities.
- ◆ Increase of \$0.5 million for the Alternative Dispute Resolution program to provide mediation services for all San Diego County residents and the *Live Well San Diego* Exchange Program.
- ◆ Increase of \$0.5 million to conduct initial site studies for Compassionate Emergency Solutions and Pathways to the Housing project.
- ◆ Decrease of \$3.0 million primarily to align with completing the Whole Person Wellness (WPW) pilot program.
- ◆ Decrease of \$3.0 million primarily tied to a reduction in IT applications cost and office expenses due to the transfer of OSI to Administrative Support.
- ◆ Expenditure Transfer & Reimbursements—net increase of \$9.8 million associated with the centralized General Support funding supported by resources in Countywide Finance Other. Since this is a transfer of expenditures, it has a net effect of a \$9.8 million decrease in expenditures.
 - ◆ Increase of \$10.0 million to build service capacity in the region by partnering with cities to acquire shelters or locations to serve the homeless population.
 - ◆ Decrease of \$0.2 million for one-time negotiated labor agreements.

Revenues

Increase of \$4.8 million

- ◆ Intergovernmental Revenue—increase of \$9.7 million
 - ◆ Increase of \$7.0 million in State revenue for HDAP to fund estimated expenditures referenced above.



- ❖ Increase of \$3.5 million in Homeless Housing, Assistance and Prevention State grant revenue to support expenditures noted above.
- ❖ Increase of \$3.2 million to reflect funding under the County’s ARPA Framework to support the coordinated eviction prevention program, specialized funding for imminent needs program, and coordinated efforts with Departmental DGS support to address homelessness.
- ❖ Increase of \$1.1 million in Realignment revenue that will 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. These funds will support increases in Salaries & Benefits and Services & Supplies noted above.
- ❖ Increase of \$1.0 million for CDC and Prevention Community Health Workers for COVID-19 Response and Building Resilient Communities grant to align with the expenditure estimate above.
- ❖ Increase of \$0.5 million primarily tied to the CDC Health Disparities grant in support of increase contracted services.
- ❖ Decrease of \$2.8 million of federal and State revenues primarily tied to the transfer of OSI to Administrative Support.
- ❖ Decrease of \$2.3 million tied to the completion of the WPW program.
- ❖ Decrease of \$1.5 million in Community Services Block Grant revenue associated with the ending of the CARES funding augmentation.
- ❖ Charges for Current Services—decrease of \$0.9 million of State revenue primarily tied to the completion of the WPW program.
- ❖ Miscellaneous Revenues—decrease of \$0.1 million primarily tied to the transfer of OSI to Administrative Support.
- ❖ Use of Fund Balance—decrease of \$5.0 million. There is no amount budgeted.
- ❖ General Purpose Revenue Allocation—net increase of \$1.1 million
 - ❖ Increase of \$4.5 million to support programs in the HSEC department and Office of Immigrant and Refugee Affairs previously funded with one-time Use of Fund balance.
 - ❖ Increase of \$1.9 million tied to General Purpose Revenue reallocation from CWS to support increases in Salaries & Benefits and Services & Supplies.
 - ❖ Increase of \$1.3 million to support increases in Salaries & Benefits and Services & Supplies.
 - ❖ Decrease of \$6.6 million due to the transfer of OSI to Administrative Support.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net decrease of \$6.4 million as a result of a decrease of \$19.7 million in Services and Supplies primarily tied to contract services for emergency housing partnerships with various cities and HDAP partially offset by an increase of \$12.2 million in Expenditure Transfer & Reimbursements primarily associated with one-time funds for with emergency housing partnerships with various cities and \$1.1 million in Salaries & Benefits due to primarily for planning purposes associated with anticipated salary and benefit increases.





Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Homeless Solutions and Equitable Communities Administration	—	10.00	14.00	40.0	14.00
Equitable Communities	—	42.00	53.00	26.2	53.00
Homeless Solutions	—	83.00	84.00	1.2	84.00
Immigrant and Refugee Affairs	—	5.00	5.00	—	5.00
Strategy and Innovation	—	45.00	—	(100.0)	—
Total	—	185.00	156.00	(15.7)	156.00

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Homeless Solutions and Equitable Communities Administration	\$—	\$2,699,626	\$2,624,552	(2.8)	\$2,729,534
Equitable Communities	—	12,976,102	14,124,302	8.8	14,500,691
Homeless Solutions	—	20,187,885	32,770,665	62.3	25,873,146
Immigrant and Refugee Affairs	—	2,000,000	3,259,711	63.0	3,302,603
Strategy and Innovation	—	10,132,630	—	(100.0)	—
Total	\$—	\$47,996,243	\$52,779,230	10.0	\$46,405,974

Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Salaries & Benefits	\$—	\$25,007,301	\$20,246,690	(19.0)	\$21,354,834
Services & Supplies	—	25,361,314	44,732,540	76.4	25,051,140
Expenditure Transfer & Reimbursements	—	(2,372,372)	(12,200,000)	414.3	—
Total	\$—	\$47,996,243	\$52,779,230	10.0	\$46,405,974





Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Licenses Permits & Franchises	\$—	\$654,000	\$654,000	—	\$654,000
Fines, Forfeitures & Penalties	—	38,232	38,232	—	38,232
Intergovernmental Revenues	—	30,319,458	40,018,923	32.0	33,645,667
Charges For Current Services	—	3,556,830	2,672,145	(24.9)	2,672,145
Miscellaneous Revenues	—	92,180	—	(100.0)	—
Use of Fund Balance	—	5,040,940	—	(100.0)	—
General Purpose Revenue Allocation	—	8,294,603	9,395,930	13.3	9,395,930
Total	\$—	\$47,996,243	\$52,779,230	10.0	\$46,405,974



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 and Community Development Services (HCDS) provides housing stability for low-income and vulnerable populations throughout the region, helps improve neighborhoods through community development opportunities, and implements innovative housing initiatives. HCDS conducts significant community engagement and outreach in developing these programs and services. These services are funded by the U.S. Department of Housing and Urban Development, the State, and the County and carried out through the following programs:

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

- ◆ No Place Like Home (NPLH) —provide funding to affordable housing developers to support the creation of Permanent Supportive Housing for persons experiencing homelessness with a serious mental illness.
- ◆ County Innovative Housing Trust Fund (IHTF) —increase affordable housing opportunities throughout San Diego County using local trust funds for the construction, acquisition, rehabilitation, and loan repayment of affordable multi-family rental housing;
- ◆ HOME Investment Partnership (HOME) —support the creation and preservation of multi-family affordable housing;
- ◆ County Owned Excess Properties —increase affordable housing opportunities for low-income and special needs populations using existing County-owned excess property; and
- ◆ Project-Based Vouchers (PBV) —support permanent supportive housing development in the region by making Project-Based Housing Choice Vouchers (PBVs) available as ongoing operating subsidies.

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;



- ◆ Regional Hotel Assistance Program (RHAP) —provide temporary housing for unsheltered individuals and families through local area hotels and motels while addressing the underlying issues causing their homelessness and eventually transitioning them into permanent and stable housing;
- ◆ Local Rental Subsidy Program (LRSP) —provides up to two years of rental assistance and case management services and allows stabilized hotel clients to transition into permanent housing; and
- ◆ Veteran Affairs Supportive Housing (VASH) —support homeless veterans by combining rental assistance through the Housing Choice Voucher (HCV), case management, and clinical services provided by the Department of Veterans Affairs (VA) at VA Medical Centers and community-based outreach clinics.

Community Development: Enhance community infrastructure and facilities to provide a suitable and sustainable living environment through the following programs:

- ◆ 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 low-interest loans to make needed improvements that will enable them to remain in their homes; and
- ◆ Housing Opportunities for People With AIDS/HIV (HOPWA) — supports low-income people living with HIV/AIDS and their families by providing affordable housing opportunities, housing assistance, and supportive services.

Housing Authority: HCDS also serves as the Housing Authority of the County of San Diego (HACSD), which provides monthly rental assistance for low-income families, emancipated youth, families participating in substance abuse treatment, and

chronically homeless veterans through the following programs: (For more information, please see the Housing Authority budget).

- ◆ Section 8 Housing Choice Voucher Program —provide long-term rental assistance to 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 county’s unincorporated areas, 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 156.00 staff years and a budget of \$83.4 million.

Strategic Initiative Legend for Anticipated Accomplishments

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

For more information on alignment to the Strategic Initiatives, Contributing Departments and External Partners, refer to the Group Description section within the Health and Human 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
 - Provided rental assistance to 630 veteran households with active Veterans Affairs Supportive Housing (VASH). VASH program offers eligible homeless veterans, to whom the U.S. Department of Veterans Affairs refers, access to safe, decent, and affordable housing through rental assistance.
 - Recruited 200 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
 - 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 based on race or color, national origin, religion, sex, familial status, disability, and other protected classes.
 - Continued No Place Like Home efforts to build the capacity of supportive housing for persons experiencing or at risk of homelessness and who need mental health services. Awarded \$25 million in NPLH funding to six developments to create 130 permanent supportive housing units for persons experiencing homelessness who have serious mental illnesses, bringing the total No Place Like Home developments to 14.

Strategic Initiative Legend for Objectives

				
○	- Audacious Goal			
●	- Departmental Objective			

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

2022–24 Objectives

Equity

- Health: Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies
 - 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 based on race or color, national origin, religion, sex, familial status, disability, and other protected classes.
- Housing: Utilize policies, facilities, infrastructure, and finance to provide housing opportunities that meet the needs of the community
 - Procure development partners for three excess County lands to create affordable housing. The San Diego region faces a severe and chronic shortage of affordable housing



units that directly impacts housing insecurity and housing cost burden for lower-income households. The redevelopment of excess County-owned property into affordable homes is a valuable option for increasing housing opportunities in the region.

- Support the County's Framework for Ending Homelessness by collaborating with other County departments, adding to the regional supply of dedicated affordable housing, increasing the production of deeply affordable units, and creating more diverse and accessible housing in resource-rich neighborhoods.
- Economic Opportunity: Dismantle barriers to expanding opportunities in traditionally underserved communities and businesses, especially communities of color and low income
 - Ensure remaining No Place Like Home (NPLH) funds are awarded to increase permanent housing for persons experiencing homelessness who have serious mental illnesses through the construction, acquisition, and rehabilitation of supportive housing units.
- Economic Opportunity: Advance opportunities for economic growth and development to all individuals and the community
 - Issue Notice of Funding Availability for Project-Based Section 8 Vouchers (PBVs) to support the creation of affordable housing developments in the region. PBV developments spur the growth of new affordable units in high opportunity areas, guarantee affordable units for decades, and provide supportive services to elderly and disabled populations



Sustainability

- Economy: Create policies to reduce and eliminate poverty, promoting economic sustainability for all
 - Increase affordable housing opportunities for low-income and special needs populations using existing County-owned excess property.
- Climate: Actively combat climate change through innovative or proven policies, green jobs, sustainable facility construction or maintenance and hazard mitigation.
 - Short-Term: Replace out-of-date fixtures and appliances at Public Housing sites with energy and water-efficient products/items.
 - Short-Term: Support teleworking for employees within the department through hybrid schedules, shared workspaces, and online meetings to reduce the departmental footprint and vehicle emissions.

- Short-Term: Promote proper recycling of e-waste such as printer and copier toner, cartridges, batteries, lightbulbs, and reduce paper consumption by implementing policies to reduce the printing of documents such as double-sided copying and the electronic use for reviewing, editing, scanning, and sending files.
- Mid-Term: Explore opportunities for educating Public Housing residents on sustainability practices, including water and energy saving.
- Long-Term: Improve sustainability by exploring opportunities to reduce paper communications to and from customers through paperless notifications and other transactions that could be handled through the online portal.



Community

- Quality of Life: Provide programs and services that enhance the community through increasing the well-being of our residents and our environments
 - Provide rental assistance to 665 veteran households through the Veterans Affairs Supportive Housing (VASH) program. VASH program provides eligible homeless veterans, to whom the U.S. Department of Veterans Affairs refers, access to safe, decent, and affordable housing through rental assistance.
 - Engage 180 new landlords interested in renting to individuals experiencing homelessness, low-income residents, and other vulnerable populations. 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.
 - Procure development partners for three excess County properties to create affordable housing. The San Diego region faces a severe and chronic shortage of affordable housing units that directly impacts housing insecurity and housing cost burden for lower-income households. The redevelopment of excess County-owned property into affordable homes is a valuable option for increasing housing opportunities in the region.

Related Links

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

◆ www.SanDiegoCounty.gov/sdhcd

Follow HCD on Facebook at:

◆ www.facebook.com/sdhcd





Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	Rental Assistance provided to Veterans through Veterans Affairs Supportive Housing (VASH) program	654	665	630	N/A	N/A
	New landlords secured to rent to previously homeless individuals experiencing SMI ¹	223	150	200	N/A	N/A
	Random fair housing compliance site tests	36	40	40	N/A	N/A
	Random fair housing compliance site tests	N/A	N/A	N/A	40	40
	Rental Assistance provided to Veterans through the Veterans Affairs Supportive Housing (VASH) program	N/A	N/A	N/A	665	665
	New landlords secured to rent to previously homeless individuals experiencing SMI	N/A	N/A	N/A	180	180

Table Notes

¹ In Fiscal Year 2020–21, the number of new landlords interested in renting to persons experiencing homelessness was exceeded due to increased outreach via webinars.

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

Staffing

Net increase of 26.00 staff years

- ◆ Increase of 14.00 staff years supporting Housing Choice Voucher (HCV) programs to administer and issue additional housing vouchers awarded to the Housing Authority.
- ◆ Increase of 5.00 staff years to administer, coordinate, and monitor the County’s increasing affordable housing efforts for local, state, and federal programs.
- ◆ Increase of 4.00 staff years to support the administrative and financial oversight related to the HOME Investment Partnership – American Rescue Plan (HOME-ARP), HUD Cares Act programs, and various affordable housing grants which will require ongoing long-term monitoring and oversight.
- ◆ Increase of 3.00 staff years to provide IT and Fiscal support for increased workload in HCV, community development programs, and to streamline the document imaging process.

Expenditures

Net decrease of \$30.3 million

- ◆ Salaries & Benefits—net increase of \$2.5 million primarily for planning purposes associated with anticipated salary and benefit increases and staffing changes noted above.

- ◆ Services & Supplies—net decrease of \$39.4 million.
 - ◆ Net decrease of \$38.8 million primarily tied to completion of prior year one-time affordable housing and homelessness investments.
 - ◆ Decrease of \$16.3 million associated with prior year one-time 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 \$11.9 million associated with one-time HOME-ARP funding to address the needs of persons experiencing homelessness or are at risk of homelessness by providing much needed funding for the development of affordable housing.
 - ◆ Increase of \$3.3 million tied to Tenant Legal Services for low-income households facing eviction funded through the County’s American Rescue Plan Act (ARPA) Framework.
 - ◆ Increase of \$0.5 million tied to Underwriting services to provide financial feasibility and overall capacity review for various affordable housing initiatives.
- ◆ Other Charges—increase of \$1.0 million in HUD entitlement programs to align with the anticipated Fiscal Year 2022–23 funding plan. HUD entitlement funds provide for a variety of services and projects throughout the County, including com-





munity improvement projects, affordable housing, services for persons experiencing homelessness, and housing and related services for persons with HIV/AIDS.

- ◆ Expenditure Transfer & Reimbursements—net decrease of \$5.6 million associated with centralized General Fund support. Since this is a reimbursement, it has a net effect of a \$5.6 million increase in appropriations for the following:
 - ◆ Decrease of \$8.5 million associated with the removal of prior year one-time costs for negotiated labor agreements and to align anticipated spending and funding sources for the County’s Hotel/Motel voucher program, Fair Housing, and Inclement Weather programs.
 - ◆ Increase of \$2.9 million for work associated with the Public Housing Physical Needs Improvement.

Revenues

Net decrease of \$30.3 million

- ◆ Intergovernmental Revenues—net increase of \$3.1 million.
 - ◆ Increase of \$11.9 million associated with federal HOME-ARP funding to address the needs of persons experiencing homelessness or are at risk of homelessness referenced above.
 - ◆ Increase of \$4.4 million to reflect funding under the County’s ARPA Framework, which includes \$3.3 million to support Tenant Legal Services and \$1.1 million for case management previously funded with centralized General Fund.
 - ◆ Increase of \$1.7 million in HUD entitlement and Housing Authority revenue to support program administration increases in Salaries & Benefits and Services & Supplies.

- ◆ Increase of \$1.4 million in HUD entitlement programs to align with the anticipated Fiscal Year 2022–23 funding plan.
- ◆ Decrease of \$16.3 million tied to the completion of one-time funding of CARES Act revenue issued by HUD under CDBG and ESG.
- ◆ Miscellaneous Revenue—decrease of \$31.8 million tied to prior year one-time funding for the Innovative Housing Trust Fund.
- ◆ Use of Fund Balance—decrease of \$3.9 million. There is no amount budgeted.
- ◆ General Purpose Revenue Allocation—increase of \$2.3 million
 - ◆ Increase of \$1.0 million primarily associated with anticipated Salaries & Benefit increases.
 - ◆ Increase of \$0.8 million for additional affordable housing and operational support staff years.
 - ◆ Increase of \$0.5 million to fund Underwriting services for various affordable housing initiatives.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net decrease of \$16.0 million as a result of a decrease of \$29.9 million in Services and Supplies primarily tied to the ending of one-time projects, offset by an increase of \$12.9 million in Expenditure Transfer & Reimbursement associated with one-time funds for the County’s Hotel/Motel Voucher Program and Public Housing Physical Needs Improvement projects, and net increase of \$1.0 million in Salaries & Benefits primarily for planning purposes associated with anticipated salary and benefit increases.





HOUSING & COMMUNITY DEVELOPMENT SERVICES

Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Housing & Community Development	130.00	130.00	156.00	20.0	156.00
Total	130.00	130.00	156.00	20.0	156.00

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Housing & Community Development	\$57,860,125	\$28,882,173	\$45,231,802	56.6	\$30,380,903
County Successor Agency - Housing	28,500	28,500	28,500	—	28,500
HCD - Multi-Year Projects	50,851,904	84,852,233	38,178,122	(55.0)	37,048,884
Total	\$108,740,529	\$113,762,906	\$83,438,424	(26.7)	\$67,458,287

Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Salaries & Benefits	\$15,621,449	\$16,478,815	\$18,932,195	14.9	\$19,972,324
Services & Supplies	79,355,504	111,539,377	72,138,486	(35.3)	42,218,220
Other Charges	28,168,101	4,352,426	5,372,268	23.4	5,372,268
Expenditure Transfer & Reimbursements	(14,404,525)	(18,607,712)	(13,004,525)	(30.1)	(104,525)
Total	\$108,740,529	\$113,762,906	\$83,438,424	(26.7)	\$67,458,287





Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Revenue From Use of Money & Property	\$4,591	\$4,591	\$4,591	—	\$4,591
Intergovernmental Revenues	71,723,801	70,718,159	73,802,266	4.4	58,516,367
Charges For Current Services	3,000	3,000	3,000	—	3,000
Miscellaneous Revenues	10,876,945	33,788,511	2,006,183	(94.1)	876,945
Use of Fund Balance	20,785,611	3,902,064	2,064	(99.9)	2,064
General Purpose Revenue Allocation	5,346,581	5,346,581	7,620,320	42.5	8,055,320
Total	\$108,740,529	\$113,762,906	\$83,438,424	(26.7)	\$67,458,287



Medical Care Services

Mission Statement

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

Department Description

The Medical Care Services (MCS) Department was established July 1, 2022, to oversee nursing and pharmacy operations, provide clinical expertise in an array of disciplines, and implement initiatives such as California Advancing and Innovating Medi-Cal (CalAIM) and Justice-Involved Health. Previously a division of Public Health Services, MCS is comprised of the following sections:

- ◆ Clinical Leadership —Provide clinical expertise and consultation across County programs, initiatives, and partnerships. MCS clinical leadership has been actively involved in the COVID-19 response, such as hosting a series of Medical Misinformation panels to address statements that could potentially be harmful to the community’s health.
- ◆ Nursing —formerly part of Public Health Services, provide direct clinical services at Public Health Centers such as immunizations and COVID-19 vaccines, as well as use evidence-based primary prevention through home visiting programs to improve child health outcomes, reduce disparities, and increase the well-being of San Diego County residents. The Office of Nursing Excellence develops and implements evidence-based practice standards to ensure quality nursing care through professional development opportunities, quality improvement, and quality assurance activities.
- ◆ Pharmacy —Previously part of Behavioral Health Services, pharmacy staff provide direct services for the San Diego County Psychiatric Hospital, Edgemoor Distinct Part Skilled Nursing Facility, clinic services, and other programs. Coordinate with County programs to implement best practices and ongoing staff development to ensure patient safety and access to medications in the County’s pharmacies.
- ◆ San Diego Advancing and Innovating Medi-Cal (SDAIM) — Implement the components of CalAIM in San Diego County. CalAIM is a multiyear initiative launched by the State Department of Health Care Services (DHCS) to improve quality of life and health outcomes for Medi-Cal beneficiaries through whole-person care approaches and addressing social determinants of health. SDAIM is the local implementation of



CalAIM, which includes access to enhanced care management and community support for San Diego County’s Medi-Cal beneficiaries.

- ◆ Justice-Involved Health —Coordinate with justice-involved partners to address health-related concerns of the justice-involved population and the systems in which they access care. Whether physical or behavioral, health conditions are more prevalent among the justice-involved population, making this a high-risk population that often must navigate care through a fragmented system. Addressing the system of care and ensuring access to quality clinical services is an essential component to successful re-entry, contributing to the overall health and wellbeing of our community.

To ensure HHS service regions and departments can provide critical and essential services, MCS has 222.00 staff years and a \$41.6 million budget.

Strategic Initiative Legend for Anticipated Accomplishments			
BBH	LS	SE/T	OE
	- Audacious Vision		
	- Enterprise Wide Goal		
	- Department Objective		

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

2021–22 Anticipated Accomplishments

Fiscal Year 2021–22 accomplishments for Medical Care Services Division can be located in the Public Health Services narrative.

Strategic Initiative Legend for Objectives



For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

- Short-Term: Collaborate with stakeholders to increase equitable access to pharmacy services in County Public Health Centers through a pilot project that uses automated patient medication dispensing machine technology to eliminate transportation barriers by providing medications onsite, resulting in increased access to medications and ensuring sustainability through low operating costs.
- Short-Term: Support the implementation of SDAIM through funding opportunities for enhanced data exchange with Medi-Cal managed care plans. Funding will improve care coordination and better serve Medi-Cal beneficiaries in San Diego County.
- Mid-Term: Expand access to pharmacy services in at least one County Public Health Center through the automated patient medication dispensing machine pilot project.
- Long-Term: Using data and information collected during the pilot project, develop a plan to expand the automated patient medication dispensing machine program to at least one additional County Public Health Center to ensure expanded access to pharmacy services.

2022–24 Objectives



Equity

- Health: Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies
 - Ensure 95% (3,990 of 4,200) of patient encounters include pharmacy-based transition of care when admitted or discharged from the San Diego County Psychiatric Hospital or the Edgemoor Distinct Part Skilled Nursing Facility to improve patient outcomes. This will be carried out by integrating a clinical pharmacy program to ensure pharmacists evaluate current medications, new medications, and their compatibilities to ensure a smooth transition to and from hospital care.
- Health: Focus on policy, systems, and environmental approaches that ensure equal opportunity for health and wellbeing through partnerships and innovation
 - Transform and strengthen Medi-Cal by facilitating the local implementation of CalAIM as San Diego Advancing and Innovating Medi-Cal (SDAIM) through collaboration with Managed Care Plans, other County departments, and community partner organizations. Development and approval of the SDAIM Roadmap will set the stage for expanding services, broadening Medi-Cal enrollment, and addressing social determinants of health to offer San Diegans a more equitable, coordinated, and person-centered approach to maximizing health and life trajectory.



Sustainability

- Economy: Align the County’s available resources with services to maintain fiscal stability and ensure long-term solvency.

- Resiliency: Ensure the capability to respond and recover to immediate needs for individuals, families and the region
 - Short-Term: Ensure nurses who attend the Public Health Nurse Residency and Nursing Essentials Programs rate their overall satisfaction with the program as 4.5 or higher (on a scale of 0-5). Ensuring high-quality training is essential for maintaining a highly skilled nursing workforce that staffs the County’s Public Health Centers, responds to public health emergencies, provides in-home visitation services, and many other essential programs serving clients.
 - Overall Satisfaction Rate with PHN Residency Program



Community

- Quality of Life: Provide programs and services that enhance the community through increasing the wellbeing of our residents and our environments
 - Review 100% (1,400) of Home Visiting Program referrals within one business day to ensure first-time mothers receive timely access to primary prevention, reduce disparities and improve child health outcomes. Linking first-time mothers with a nurse empowers them to feel prepared and supported to make positive, healthy choices and establish a solid foundation for years to come.

Related Links

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

- ◆ www.sandiegocounty.gov/hhsa

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

- ◆ www.LiveWellSD.org








Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	Hospital Patients Receiving Pharmacy-Based Transitional Care ¹	N/A	N/A	N/A	95% of 4,200	95% of 4,200
	Overall Satisfaction Rate with PHN Residency and Nursing Essentials Program ¹	N/A	N/A	N/A	4.5	4.5
	Nursing Home Visiting Referrals Reviewed Timely (within 1 business day) ¹	N/A	N/A	N/A	100% of 1,400	100% of 1,400

Table Notes

¹ Effective July 1, 2022, Medical Care Services (MCS) Department was established to oversee nursing and pharmacy operations, provide clinical expertise in an array of disciplines, and implement initiatives such as California Advancing and Innovating Medi-Cal (CalAIM) and Justice-Involved Health.

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

Staffing

Net increase of 222.00 staff years

- ◆ Increase of 172.00 staff years due to a transfer from Public Health Services (PHS) establishing the Medical Care Services (MCS) Department to oversee nursing and pharmacy operations, provide clinical expertise in an array of disciplines, and implement initiatives such as California Advancing and Innovating Medi-Cal (CalAIM) and Justice-Involved Health.
- ◆ Increase of 21.00 staff years due to a transfer from Behavioral Health Services (BHS) enhance present and future Pharmacy operations.
- ◆ Increase of 13.00 staff years tied to the implementation of the CalAIM program.
- ◆ Increase of 8.00 staff years for Clinical and Nursing Support to address the operational aspects of nursing programs for regional clinic services, home visiting, Hansen’s Disease clinic, and other regional nursing programs.
- ◆ Increase of 8.00 staff years to augment Pharmacy staffing for program sustainability, to enhance the pharmaceutical services delivery to County programs in the Clinical Pharmacy and to support operational needs.

Expenditures

Net increase of \$41.6 million

- ◆ Salaries & Benefits—Increase of \$32.4 million.
 - ◆ Increase of \$28.4 million due to the transfer of existing staff from PHS and BHS as noted above.

- ◆ Increase of \$4.0 million primarily for planning purposes associated with anticipated salary and benefit increases and staffing changes noted above.
- ◆ Services & Supplies—net increase of \$9.2 million.
 - ◆ Increase of \$7.9 million due to a transfer of nursing and pharmacy services from PHS and BHS.
 - ◆ Increase of \$1.2 million primarily to bolster nursing and pharmacy operations, which includes IT and computer related projects to support monitoring needs, patient registration, and pharmaceutical care delivered through telecommunications, and investments in data solutions to support coordination with managed care plans and health consultants to support efforts of the newly created Office of Justice-Involved Health.
 - ◆ Increase of \$0.1 million in one-time project costs tied to a new appointment scheduling system for immunizations, testing, and other services provided at public health centers.

Revenues

Net increase of \$41.6 million

- ◆ Intergovernmental Revenues—net increase of \$27.5 million.
 - ◆ Increase of \$16.4 million tied to the transfer from PHS.
 - ◆ Increase of \$5.8 million in Realignment revenue tied to the transfer from BHS.
 - ◆ Increase of \$5.3 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 to costs in health and human services programs.
- ◆ Charges for Current Services—net increase of \$8.0 million in Intergovernmental Transfer (IGT) revenue primarily tied to the transfer from PHS and BHS.



MEDICAL CARE SERVICES

- ◆ Other Financing Sources—increase of \$0.5 million for immunization services and Nurse-Family Partnership program to provide nurse home visitation services to low-income and first-time mothers.
- ◆ General Purpose Revenue Allocation- increase of \$5.6 million primarily tied to the transfer of costs from PHS.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net increase of \$1.3 million is the result of an increase of \$1.4 million in Salaries & Benefits for planning purposes associated with anticipated salary and benefit increases and decrease of \$0.1 million Services & Supplies associated with prior year one-time IT projects.





Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Medical Care Services Admin	—	—	21.00	—	21.00
Nursing	—	—	164.00	—	164.00
Pharmacy	—	—	30.00	—	30.00
SDAIM	—	—	7.00	—	7.00
Total	—	—	222.00	—	222.00

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Medical Care Services Admin	\$—	\$—	\$5,059,323	—	\$5,247,236
Nursing	—	—	27,525,341	—	28,419,372
Pharmacy	—	—	7,631,579	—	7,849,457
SDAIM	—	—	1,424,666	—	1,466,066
Total	\$—	\$—	\$41,640,909	—	\$42,982,131

Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Salaries & Benefits	\$—	\$—	\$32,449,483	—	\$33,875,705
Services & Supplies	—	—	9,191,426	—	9,106,426
Total	\$—	\$—	\$41,640,909	—	\$42,982,131

Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Intergovernmental Revenues	\$—	\$—	\$27,520,703	—	\$26,587,455
Charges For Current Services	—	—	7,994,098	—	7,994,098
Miscellaneous Revenues	—	—	3,959	—	3,959
Other Financing Sources	—	—	476,000	—	476,000
General Purpose Revenue Allocation	—	—	5,646,149	—	7,920,619
Total	\$—	\$—	\$41,640,909	—	\$42,982,131



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, infectious disease epidemics, foodborne outbreaks, climate change, 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 Land Use and Environment Group in developing the County’s Climate Action Plan, updating the Environmental Justice and Safety Elements of the General Plan, and developing the County’s Sustainability Plan.
- ◆ The Department of Environmental Health and Quality (DEHQ) to protect the public from foodborne illnesses, environmental hazards, and vector-borne diseases caused by 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 County Fire Authority to plan for, prepare, and respond to emergencies and natural disasters (e.g., Hazard Mitigation Planning, Partner Relay Program).
- ◆ Healthcare and community partners to address the elimination of HIV, hepatitis C, and Tuberculosis.

Since early 2020, PHS has been engaged in the response to the COVID-19 pandemic, coordinating with the entire County enterprise, community partners, hospitals and health care providers, city municipalities, and representatives across every sector. PHS continues to work to integrate medical resources and capacity; coordinate testing throughout the region,



including the County public health laboratory; provide for culturally competent case investigations and contact tracing, and direct the reporting of disease and critical data.

In all its efforts, PHS is focused on health inequities 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 due to 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, trainings were held to follow up with residents to help prevent the spread of disease. Data analysis and sharing are also integral to a health equity strategic approach in response to COVID-19. Data are frequently presented to the public, community sectors, and policymakers, including dashboards on the Coronavirus disease 2019 (sandiegocounty.gov) website. In this way, PHS helps keep the public informed and ensures that actions taken during the response are evidence-based. The Agency exceeded its ambitious goal to vaccinate 75% (approximately 3.1 million) of San Diego County residents, age five years and older. In fact, by February 2022, over 80% of the eligible population were fully vaccinated.

In addition to COVID-19 response efforts, PHS will continue its work to:

- ◆ **Strengthen its public health infrastructure** , maintain accreditation status, ensure staff is trained in the core competencies for public health professionals, work to secure funding for public health workforce and infrastructure, and demonstrate excellence in delivering the ten Essential Public Health Services. This work is critical to sustaining an effective response to COVID-19 and other emergencies and promoting health equity. Success also depends on continuing to build upon the strong collaborative spirit between the County and the community, as well as local city governments and the unincorporated

rated areas, to respond to the COVID-19 pandemic. This approach is an important and effective strategic response to all public health matters—emergency and routine.

- ◆ **Advance major initiatives to combat infectious diseases**, which include the hepatitis C virus (HCV) and Tuberculosis (TB) elimination initiatives, both launched in the Fiscal Year 2018–19 and modeled after the Getting to Zero initiative – now in the 6th 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.
- ◆ **Join the fight against the opioid epidemic** in collaboration with Behavioral Health Services, Medical Care Services, and community partners through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). Strategies include implementing surveillance to support prevention, promoting prescription drug monitoring programs, integrating State and local prevention and response efforts, establishing linkages to care, and supporting providers and health systems.
- ◆ **Address health inequities by prioritizing childhood lead poisoning, HIV infection and sexually transmitted diseases (STDs), infant mortality, latent Tuberculosis, and other conditions** where data show significant disparities among different races and ethnicities, poverty levels, and communities. For example, the County participates in the statewide Perinatal Equity Initiative launched in 2018 to help address poor birth outcomes and inequities among African Americans through a community-driven campaign called “Black Legacy Now.”
- ◆ **Build a strong foundation for measurement and analysis**, to improve operational efficiencies, enhance program effectiveness and demonstrate community impact. This features the Live Well Health and Wellbeing Data System, which is readily accessible to the public and provides continuous data monitoring 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 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 nearly 400,000 new disease incidents of hepatitis A and C, measles, HIV, gastrointestinal, and other diseases. Of these further disease incidents, almost all the cases require additional investigation as part of the response to COVID-19. Test 56,000 specimens for diseases through the Public Health Laboratory, although the number of samples tested increased significantly (to almost 400,000) during the COVID-19 response. 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.

Effective July 1, 2022, the Medical Care Services Department (MCS D) will be established as a separate department due to an increased need to focus on CalAIM, the pharmacy, and Justice-Involved Health initiatives.

To ensure these critical services are provided, PHS has 730.00 staff years and a budget of \$216.4 million.

Strategic Initiative Legend for Anticipated Accomplishments

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

For more information on alignment to the Strategic Initiatives, Contributing Departments and External Partners, refer to the Group Description section within the Health and Human 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
 - Ensured 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.
 - Ensured that 82% (1,312 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. This is below target because some nurses were re-assigned to COVID-19 related duties; also, dental exams were postponed, and appointments were not made due to social distancing recommendations
 - Ensured 80% (520 of 650) of refugees completed 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. Because the number of refugees initiating health assessment increased during the second half of the year, some capacity challenges resulted in falling short of the goal of 90%.
 - Efforts demonstrating retailers in compliance with youth access laws and local tobacco laws were not fully implemented in Fiscal Year 2021–22 due to administrative delays.
- Strengthen the local food system and support the availability of healthy foods, nutrition education and nutrition assistance for those who need it
 - Assisted 9 new (total 50) 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
 - Conducted two out of four trainings of key emergency response functions to ensure staff is prepared to respond to emergencies, which is also a Federal and state priority because of the pandemic. This is fewer than anticipated because the staff was engaged in the response, which delayed the training rollout.
- 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 tested and reported within one business day to provide rapid diagnosis and treatment, consistent with federal standards.
- Immunized 100% (16,000) of children under 18 served at vaccination clinics in the Public Health Centers (PHCs) to protect them from diseases like 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; some of these children may lack a medical home.
- Connected 89% (62 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 96% (163 of 170) of reported cases of select communicable diseases (such as hepatitis A and meningococcal) within the 24 hours of receipt of the report so steps can be taken to prevent the spread of disease.
- Ensured 93% (223 of 240) of active TB cases were reported by the community to Public Health Services within one business day from the start of treatment to prevent further transmission.
- Ensured 95% (228 of 240) of active tuberculosis cases are tested for HIV, per CDC guidelines, working towards meeting the national TB program rate of 98%.
- Expanded the Harm Reduction Initiative at Public Health Centers across San Diego County and distributed over 320 naloxones (Narcan) kits to the community, ensuring access to life-saving treatments for the county's most vulnerable populations. These efforts were made through Medical Care Services Division collaborations that included Pharmacy, Justice-Involved Health, the Office of Nursing Excellence and Behavioral Health Services, and Public Health Services.
- Provided over 1,500 pregnant women and families over 5,300 face-to-face or telehealth visits with Public Health Nurses through case management efforts and ensured continued support to the COVID-19 response efforts.



Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
 - Maintained 100% compliance (9 different lab licenses and permits) with federal and State accrediting requirements at the Public Health Services laboratory to protect community health and prevent the spread of disease.

- Ensured 99% (3,960 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
 - Registered 97% (38,800 of 40,000) of birth certificates within ten days of birth to support accurate census data, exceeding the State goal of 80%.
 - Conducted 8 quality improvement projects to advance operational excellence through continuous improvement and engaged staff in identifying and resolving barriers to success.
 - Achieved an average satisfaction rating of 4.7 out of 5 in the Customer Experience Survey to all PHS customers, surpassing the goal of 4.0.

Strategic Initiative Legend for Objectives



For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

whooping cough. PHCs serve children who were unable to get an appointment with their medical provider in time to get school-required vaccines; some of these children may lack a medical home.

- Ensure 88% (35 of 40) of infants served by the Black Infant Health program have a normal birth weight through services and supports provided to help parents develop life skills, learn strategies to reduce stress, and build social support in a culturally affirming environment and ultimately improving the health and legacy of the African-American community in San Diego County.
- Health: Focus on policy, systems and environmental approaches that ensure equal opportunity for health and well-being through partnerships and innovation
 - Ensure 85% (280 of 330) of retailers comply 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.

Sustainability

- Economy: Align the County’s available resources with services to maintain fiscal stability and ensure long-term solvency.
 - Short-Term: Communicate with employees about sustainability program updates, successes, and opportunities for improvement a minimum of once a quarter, at senior staff meetings and the PHS newsletter, and other internal communications.
 - Short-Term: Continue to implement remote and hybrid work environments to reduce emissions and the office footprint as Public Health Services migrate to alternate and new facilities and maximize shared workspaces.
- Climate: Actively combat climate change through innovative or proven policies, green jobs, sustainable facility construction or maintenance and hazard mitigation.
 - Mid-Term: Work with the Department of Purchasing and Contracting to develop a Board of Supervisor’s Policy to support for local, sustainable and equitable County food purchases.
 - Long-Term: Provide technical support to community-based organizations, local coalitions and cities to increase their capacity for healthy and equitable planning, including increasing natural landscaping where possible to reduce contributors to climate change.
- Resiliency: Ensure the capability to respond and recover to immediate needs for individuals, families, and the region.
 - Short-Term: Ensure 100% of new staff complete mandatory training on the National Incident Management System (NIMS) and the Incident Command System (ICS) to enhance responsiveness to public health emergencies (number of online training sessions depends on individual’s level and role).

2022–24 Objectives

Equity

- Health: Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies
 - Ensure that 90% (1,580 of 1,750) 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% (1,400 of 1,550) of children in out-of-home placement receive dental examinations to identify and treat dental issues per timeframes established by the State.
 - Ensure 90% (585 of 650) 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.
 - Immunize 99% (15,840 of 16,000) of children under 18 served at vaccination clinics at the Public Health Centers (PHCs) to protect them from diseases like measles and



Community

- Quality of Life: Provide programs and services that enhance the community through increasing the well-being of our residents and our environments
 - Assist five new (from 50 to 55) 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.
 - Connect 84% (59 of 70) of clients with newly confirmed HIV diagnoses 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 170) of reported cases of select communicable diseases (hepatitis A and meningococcal) within the 24 hours of receipt of the report so steps can be taken to prevent the spread of disease.
 - Ensure 98% (235 of 240) of active TB cases are reported by the community to Public Health Services within one business day from the start of treatment to prevent further transmission, representing sustained performance above a statewide performance benchmark of 93%.
 - Ensure 90% (216 of 240) of active tuberculosis cases are tested for HIV, per CDC guidelines, working towards meeting the national TB program rate of 98%.



Empower

- Transparency and Accountability: Maintain program and fiscal integrity through reports, disclosures, and audits
 - Maintain 100% compliance (nine different lab licenses and permits) with federal and State accrediting requirements at the Public Health Services laboratory to protect community health and prevent 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.
 - Register 95% (38,000 of 40,000) of birth certificates within ten days of birth to support accurate census data, exceeding the State goal of 90%.
- Innovation: Foster new ideas and the implementation of proven best practices to achieve organizational excellence

- Conduct eight quality improvement projects to advance operational excellence through continuous improvement and engage staff in identifying and resolving barriers to success.
- Conduct four training sessions on key emergency response functions to ensure staff is prepared to respond to emergencies, which is also a federal and State priority due to the pandemic.

Related Links

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

- ◆ 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:

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

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/

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

- ◆ <https://www.livewellsd.org/content/livewell/home/data-results/Indicator-Home.html>



Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended	
	Timely preventive health examinations for children in out-of-home placements	91% of 1,702	90% of 1,900	90% of 1,900	N/A	N/A	
	Timely dental examinations for children in out-of-home placements ¹	81% of 1,485	90% of 1,600	82% of 1,600	N/A	N/A	
	Refugees completed the Health Assessment process within 90 days ^{1,5}	58% of 583	90% of 400	80% of 650	N/A	N/A	
	Tobacco retailers in compliance with youth access laws ^{2,11}	N/A	N/A	N/A	N/A	N/A	
	Infants who are breastfed until six months of age ⁸	69% of 73	61% of 200	N/A	N/A	N/A	
	Live Well Market Retailer participants	41	46	50	N/A	N/A	
	Activation of Public Health Emergency Response System for drills, exercises and actual responses ⁷	N/A	7	N/A	N/A	N/A	
	TB samples tested and reported by lab within one business day ^{3,12}	97% of 994	95% of 2,200	95% of 2,200	N/A	N/A	
	Emergency ambulance response times within established standards ⁸	93% of 206,398	N/A	N/A	N/A	N/A	
	Children with age-appropriate vaccines	100% of 16,345	99% of 16,000	100% of 16,000	N/A	N/A	
	Clients with newly confirmed HIV diagnosis with a medical visit within 30 Days ⁸	86% of 35	85% of 70	89% of 70	N/A	N/A	
	Selected communicable diseases cases contacted/ investigations initiated within 24 hours ^{1,4}	98% of 151	100% of 170	96% of 170	N/A	N/A	
	TB cases reported to PHS within one working day from start of treatment ¹	95% of 189	98% of 240	93% of 240	N/A	N/A	
	Active TB cases tested for HIV ¹	96% of 191	90% of 240	95% of 240	N/A	N/A	
		PHS laboratory compliance	100%	100%	100%	N/A	N/A
		CCS medical eligibility determined within five days	98% of 4,000	97% of 4,000	99% of 4,000	N/A	N/A
Birth Certificates registered within 10 days of event ⁹		98% of 38,219	95% of 44,000	97% of 40,000	N/A	N/A	
Quality improvement projects ¹		2	8	8	N/A	N/A	
	Timely Preventive Health Examinations for Children in Out-Of-Home Placements	N/A	N/A	N/A	90% of 1,750	90% of 1,900	
	Timely Dental Examinations for Children in Out-Of-Home Placements	N/A	N/A	N/A	90% of 1,550	90% of 1,550	
	Refugees Completed the Health Assessment Process Within 90 Days	N/A	N/A	N/A	90% of 650	90% of 650	
	Children With Age-Appropriate Vaccines	N/A	N/A	N/A	99% of 16,000	99% of 16,000	







Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	Infants Served by Black Infant Health Program with a Normal Birth Weight	N/A	N/A	N/A	88% of 40	88% of 40
	Tobacco Retailers in Compliance with Youth Access Laws	N/A	N/A	N/A	85% of 330	85% of 330
	Live Well Market Retailer Participants	N/A	N/A	N/A	55	55
	Clients With Newly Confirmed HIV Diagnosis with A Medical Visit Within 30 Days	N/A	N/A	N/A	84% of 70	85% of 70
	Selected Communicable Diseases Cases Contacted/ Investigations Initiated Within 24 Hours	N/A	N/A	N/A	100% of 170	100% of 170
	TB Cases Reported to PHS Within One Working Day from The Start of Treatment	N/A	N/A	N/A	98% of 240	98% of 240
	Active TB Cases Tested For HIV	N/A	N/A	N/A	90% of 240	90% of 240
	PHS Laboratory Compliance	N/A	N/A	N/A	100%	100%
	CCS medical eligibility determined within five days	N/A	N/A	N/A	97% of 3,880	97% of 3,880
	Birth Certificates registered within 10 days of event	N/A	N/A	N/A	95% of 44,000	95% of 44,000
	Quality improvement projects	2	8	8	N/A	N/A

Table Notes

- ¹ The target/baseline was not met due to operational impacts caused by the COVID-19 pandemic.
- ² This is a new measure in Fiscal Year 2021–22 that captures progress towards implementing strategies to reduce tobacco use among youth.
- ³ The number of samples that come into the Public Health Laboratory for testing fluctuates from year to year.
- ⁴ 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 removed from Fiscal Year 2020–21 immediate response investigations. COVID-19 investigations are not included here.
- ⁵ 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. The Fiscal Year 2020–21 data are for the Federal Fiscal Year 2019–20 and include data from nearly 6 months of the COVID-19 pandemic. Estimates for the next two years have been revised upwards as more refugees, asylees, and parolees are expected to enter San Diego and receive health assessments.
- ⁶ Data are lagged and reflect results as of March of 2021. The number of clients tested was much lower due to the COVID-19 pandemic.
- ⁷ This measure of number of activations (drills, exercises, and actual responses) of the Public Health Emergency Response System was not relevant this year due to COVID-19. The response system was activated the entire year.
- ⁸ In Fiscal Year 2021–22, these performance measures have been transferred with the move of Emergency Medical Service to the Public Safety Group.
- ⁹ Although the target was exceeded in fiscal year 2020–21, the volume of birth certificates processed fluctuates from year to year.
- ¹⁰ This is a new measure in fiscal year 2022–23 that captures progress towards training key emergency response staff to ensure they are prepared to respond to emergencies, which aligns with Federal and State priorities. It is anticipated that only 2 training sessions will be completed in fiscal year 2022–23 because staff continue to be engaged in pandemic response.
- ¹¹ Efforts demonstrating retailers in compliance with youth access laws and local tobacco laws were not fully implemented in Fiscal Year 2021–22 due to administrative delays.
- ¹² In Fiscal Year 2022–23, this performance measure was retired. Alternative measure implemented for Black Infant Health Program.



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

Staffing

Net decrease of 107.00 staff years

- ◆ Decrease of 172.00 staff years due to a transfer to establish the Medical Care Services (MCS) Department.
- ◆ Decrease of 8.00 staff years due to a transfer to Administrative Support to centralize efforts to enhance IT infrastructure supporting public health programs.
- ◆ Increase of 24.00 staff years to support the transition of the Immunization Program from Contractor to In-House, transition of the local immunization registry system to the state registry system, increased capacity for immunization services, and response to vaccine preventable disease events.
- ◆ Increase of 11.00 staff years to bolster staffing infrastructure in programs such as Maternal Child and Family Health Service (MCFHS) programs, HIV and STD programs, Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM) programs, and disease surveillance programs.
- ◆ Increase of 8.00 staff years to support investigations and data analysis of infectious diseases and augment capacity in Office of Vital Records and Statistics.
- ◆ Increase of 8.00 staff years to augment staffing capacity for the TB Elimination and Contact Investigation Team to conduct surveillance and contact tracing for active TB cases.
- ◆ Increase of 7.00 staff years in California Children’s Services (CCS) unit to enhance case management.
- ◆ Increase of 5.00 staff years to support water quality testing that will reduce exposure to contaminated water and reduce potential illnesses in the community.
- ◆ Increase of 4.00 staff years to support the Clean Syringe Services Program and provide direct patient care in the STD clinics.
- ◆ Increase of 3.00 staff years to support the Getting to Zero Initiative oversee and lead the administration of funding requirements and develop clinic capacity to bill insurance companies and programs for STD Clinical services.
- ◆ Increase of 2.00 staff years due to a transfer from Homeless Solutions and Equitable Communities (HSEC) to support operational needs.
- ◆ Increase of 1.00 staff year to support expansion of services tied to the Office of Violence Prevention (OVP) program.
- ◆ Additionally, staff were transferred among related programs within PHS to manage operational needs.

Expenditures

Net decrease of \$161.4 million

- ◆ Salaries & Benefits—net decrease of \$14.7 million.

- ◆ Decrease of \$27.8 million due to the transfer of staff years to MCS and Administrative Support.
- ◆ Increase of \$13.1 million for planning purposes associated with anticipated salary and benefit increases and staffing increases noted above.
- ◆ Services & Supplies—net decrease of \$143.1 million.
 - ◆ Decrease of \$132.3 million tied to prior year one-time COVID-19 response efforts.
 - ◆ Net decrease of \$6.6 million tied to one-time costs to prevent, prepare for and respond to coronavirus and other infectious disease by supporting 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.
 - ◆ Decrease of \$6.1 million due to a transfer to MCS.
 - ◆ Decrease of \$3.0 million tied to one-time CDC Health Disparities contracts.
 - ◆ Net decrease of \$1.4 million due to removal of prior year one-time costs for Electronic Health Record project partially offset by Electronic Health Record for TB Clinic and Chronic Disease Surveillance and by Child Health Disability Prevention (CHDP) Electronic Records Management System.
 - ◆ Increase of \$4.2 million to establish and enhance preventive health service programs to immunize individuals against COVID-19 through the Immunization Local Assistance Grant funded program.
 - ◆ Increase of \$1.5 million for laboratory molecular sequencing supplies to enhance surveillance, monitoring and detection of infectious disease threats in the community.
 - ◆ Increase of \$0.6 million associated with HIV comprehensive services, including community readiness assessment for harm reduction services, benefits navigation, mobile application for Getting to Zero resources, and low barrier medical care.
- ◆ Capital Assets Equipment—net decrease of \$5.0 million.
 - ◆ Decrease of \$7.0 million tied to prior year one-time investment associated with COVID-19 efforts and funded with ELC.
 - ◆ Increase \$2.0 million for 2 Live Well on Wheels vehicles and a mobile Public Health Laboratory vehicle as approved by the Board of Supervisors on January 25, 2022 (07).
- ◆ Expenditure Transfer & Reimbursements—decrease of \$1.4 million in prior year one-time negotiated labor agreement previously funded with centralized General Fund supported by resources in Countywide Finance Other. Since this is a transfer of expenditures, it has a net effect of a \$1.4 million increase in appropriations.





Revenues

Net decrease of \$161.4 million

- ◆ Intergovernmental Revenues—net decrease of \$148.5 million.
 - ◆ Decrease of \$132.3 million in federal emergency response funding for COVID vaccination and T3 efforts.
 - ◆ Decrease of \$16.4 million due to a transfer to the new MCSD.
 - ◆ Net decrease of \$12.6 million primarily due to removal of prior year one-time ELC and ELC Expansion grants offset by one-time funding for 2 San Diego Live Well on Wheels vehicles, Mobile Public Health Laboratory vehicle, and Epidemiology SQL Server Database.
 - ◆ Decrease of \$3.0 million due to removal of one-time funds for CDC Health Disparities.
 - ◆ Increase of \$6.7 million of federal and State funds to support increases in staff years, Salaries & Benefits and Services & Supplies as noted above.
 - ◆ Increase of \$4.9 million in various public health revenues primarily tied to funds data integration, electronic health records and increases in various public health programs.
 - ◆ Increase of \$4.2 million in supplemental Immunization Local Assistance Grant funding to support activities related to COVID-19 vaccinations noted above.

- ◆ Charges for Current Services—decrease of \$12.9 million includes \$7.6 million transfer to MCSD and \$5.3 million due to prior year one-time projects funded by Intergovernmental Transfer (IGT) revenue.
- ◆ Other Financing Sources—decrease of \$2.0 million.
 - ◆ Decrease of \$1.6 million in Securitized Tobacco Settlement revenue due to a reallocation to other HHS programs.
 - ◆ Decrease of \$0.4 million due to a transfer to MCSD.
- ◆ General Purpose Revenue Allocation—net increase of \$2.0 million.
 - ◆ Increase of \$7.3 million primarily to support increases in Salaries & Benefits and Services & Supplies tied to addition of new staff years noted above.
 - ◆ Decrease of \$5.3 million associated with the transfer to MCSD due to organizational restructure.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net decrease of \$8.3 million is the result of a decrease of \$11.3 million in Services & Supplies primarily associated with anticipated completion of one-time grant funded services and \$2.0 million in Capital Assets Equipment for one-time purchase of 2 Live Well on Wheels vehicles and a mobile Public Health Laboratory vehicle partially offset by \$5.0 million in Salaries & Benefits primarily for planning purposes associated with anticipated salary and benefit increases.

Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Administration and Other Services	30.00	47.00	49.00	4.3	49.00
Bioterrorism	18.00	28.00	27.00	(3.6)	27.00
Infectious Disease Control	123.25	134.25	153.25	14.2	153.25
Surveillance	104.00	220.00	230.00	4.5	230.00
Prevention Services	83.00	94.00	122.00	29.8	122.00
California Childrens Services	142.75	141.75	148.75	4.9	148.75
Regional Public Health Services	152.00	152.00	—	(100.0)	—
Medical Care Services Division	56.00	20.00	—	(100.0)	—
Total	709.00	837.00	730.00	(12.8)	730.00

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Administration and Other Services	\$12,327,817	\$15,963,754	\$15,047,310	(5.7)	\$13,860,908
Bioterrorism	4,471,918	5,645,250	7,044,534	24.8	6,240,231
Infectious Disease Control	35,812,980	39,113,829	42,595,172	8.9	43,428,991
Surveillance	24,338,130	222,917,336	83,399,083	(62.6)	75,215,637
Prevention Services	25,669,414	41,289,532	43,589,676	5.6	43,757,842
California Childrens Services	23,117,012	23,115,933	24,707,137	6.9	25,621,965
Regional Public Health Services	23,617,624	24,351,840	—	(100.0)	—
Medical Care Services Division	18,515,306	5,371,789	—	(100.0)	—
Ambulance CSA's - Health & Human Services	14,196,269	—	—	—	—
Total	\$182,066,470	\$377,769,263	\$216,382,912	(42.7)	\$208,125,574





Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Salaries & Benefits	\$98,201,995	\$117,799,927	\$103,116,540	(12.5)	\$108,187,233
Services & Supplies	81,511,727	237,954,294	94,803,412	(60.2)	83,500,381
Other Charges	2,623,228	2,748,228	2,748,228	—	2,748,228
Capital Assets Equipment	88,000	20,673,646	15,714,732	(24.0)	13,689,732
Expenditure Transfer & Reimbursements	(358,480)	(1,406,832)	—	(100.0)	—
Total	\$182,066,470	\$377,769,263	\$216,382,912	(42.7)	\$208,125,574

Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Taxes Current Property	\$2,348,672	\$—	\$—	—	\$—
Taxes Other Than Current Secured	32,533	—	—	—	—
Licenses Permits & Franchises	290,399	80,000	80,000	—	80,000
Fines, Forfeitures & Penalties	3,433,231	—	—	—	—
Revenue From Use of Money & Property	351,118	—	—	—	—
Intergovernmental Revenues	128,609,345	341,536,855	193,058,358	(43.5)	185,032,268
Charges For Current Services	17,698,164	16,822,013	3,953,410	(76.5)	3,722,162
Miscellaneous Revenues	865,406	520,686	516,727	(0.8)	516,727
Other Financing Sources	5,612,638	5,612,638	3,566,638	(36.5)	3,566,638
Fund Balance Component Decreases	2,850,000	—	—	—	—
Use of Fund Balance	2,310,356	—	—	—	—
General Purpose Revenue Allocation	17,664,608	13,197,071	15,207,779	15.2	15,207,779
Total	\$182,066,470	\$377,769,263	\$216,382,912	(42.7)	\$208,125,574



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 one million 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 solicits engagement from the community through different venues such as outreach events and advisory boards.

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.
- ◆ Office of Military & Veterans Affairs—supports the third-largest veteran population in the nation by connecting veterans and their families to benefits, counseling, and referral services.

Effective July 1, 2022, the Office of Military & Veterans Affairs (OMVA) transferred from Administrative Support to enhance the alignment of the integrated functions of SSS and OMVA. To deliver these essential services, SSS has 2,732.00 staff years and a budget of \$629.1 million, which includes assistance aid payments for residents. For more information about assistance aid payments, please see Appendix D.



Strategic Initiative Legend for Anticipated Accomplishments

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

For more information on alignment to the Strategic Initiatives, Contributing Departments and External Partners, refer to the Group Description section within the Health and Human 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
 - Processed 98% (27,440 of 28,800) 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%.
 - Processed 96% (162,240 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

SELF-SUFFICIENCY SERVICES

- Processed 97% (184,300 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%.
- Provided 50,000 seniors CalFresh benefits through strategic partnerships with community-based organizations to reduce the number of food insecure seniors.



Operational Excellence

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
- Ensured 80,000 status reports and renewals 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.
- Issued the Customer Experience survey to all SSS customers and achieved a minimum average satisfaction rating of four (one to five scale). Develop and implement an improvement plan in areas where the rating is lower than four.

Strategic Initiative Legend for Objectives



- - Audacious Goal
- - Departmental Objective

For more information on alignment to the Strategic Initiatives, refer to the Group Description section within the Health and Human Services Agency Summary.

2022–24 Objectives



Equity

- Health: Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies
 - Increase to 50,000 the number of seniors that receive CalFresh benefits through strategic partnerships with community-based organizations to reduce the number of food insecure seniors.
- Economic Opportunity: Advance opportunities for economic growth and development to all individuals and the community

- 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%.
- Conduct 34,000 office, online, or phone interviews with veterans and their dependents with benefits counseling, information, and referral services.
- Process 10,000 compensation, pension claims, and college fee waivers to allow veterans and their dependents to thrive by promptly facilitating their access to needed benefits.



Sustainability

- Economy: Align the County’s available resources with services to maintain fiscal stability and ensure long-term solvency
 - Short-Term: Increase messaging to employees about sustainability program updates, successes, and opportunities for improvement through the bimonthly Eligibility Newsletter and various staff meetings to ensure two-way communication with staff.
- Economy: Create policies to reduce and eliminate poverty, promoting economic sustainability for all
 - Mid-Term: Seek ideas and recommendations to support legislative policies and collaborate with the Social Services Advisory Board (SSAB) and external stakeholders to enhance services that allow residents to transition to self-sufficiency.
 - Long-Term: Improve access to Self-Sufficiency Programs in collaboration with SSAB by implementing the thirty recommendations from the County’s assessment.
- Climate: Actively combat climate change through innovative or proven policies, green jobs, sustainable facility construction or maintenance and hazard mitigation
 - Short-Term: Continue to implement and support remote work environments, such as telework and virtual meetings, to reduce travel, emissions, and office footprints by reviewing office space to identify opportunities for shared locations and consolidation of office space.
 - Short-Term: Engage in more community outreach, including using the Live Well Mobile Office and promoting online services to County residents, reducing the need for individuals to travel to County locations, thereby reducing emissions and increasing equitable access to services.
 - Long-Term: In collaboration with DGS, design new construction and major renovations following green policies wherever possible. Upcoming renovations and construction include the Live Well Center at Chula Vista and the new Ramona Community Resource Center.
- Resiliency: Ensure the capability to respond and recover to immediate needs for individuals, families, and the region





- Short-Term: Continue to provide multiple ways to offer essential services, including electronic, telephonic, in person, and via outreach, to ensure equitable access to services. Work with community partners by creating flyers and sharing virtual announcements to increase public awareness of these efforts and upcoming outreach events.
- Process 91% (153,790 of 169,000) of Medi-Cal applications timely, within 45 days, a key metric required by the State and assists families in meeting their health insurance needs. Target exceeds the State requirement of 90%.
- 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%.

- Ensure 80,000 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.
- Issue the Customer Experience survey to all SSS customers and achieve a minimum average satisfaction rating of four (one to five scale). Develop and implement an improvement plan in areas where the rating is lower than four.

Related Links

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

◆ www.SanDiegoCounty.gov/HHSA

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

◆ www.LiveWellSD.org



Empower

- Workforce: Invest in our workforce and operations by providing support services and excellent customer service to ensure continuity of operations remains at its best.






Performance Measures		2020–21 Actuals	2021–22 Adopted	2021–22 Estimated Actuals	2022–23 Recommended	2023–24 Recommended
	Timely processing of CalWORKs applications	99% of 20,766	96% of 28,000	98% of 28,000	N/A	N/A
	Timely processing of Medi-Cal applications	97% of 146,555	91% of 169,000	96% of 169,000	N/A	N/A
	Timely processing of CalFresh applications	98% of 193,253	92% of 190,000	97% of 190,000	N/A	N/A
	Seniors on CalFresh	63,587	47,000	50,000	N/A	N/A
	Status reports submitted through Benefits CalWIN	79,537	80,000	80,000	N/A	N/A
	Seniors on CalFresh	N/A	N/A	N/A	50,000	70,000
	Timely processing of CalWORKs applications	N/A	N/A	N/A	96% of 28,000	96% of 28,000
	Veterans compensation and benefits claims processed ¹	N/A	N/A	N/A	6,000	6,000
	Veterans and dependents interviews for benefits counseling and referral services ¹	N/A	N/A	N/A	24,000	24,000
	Timely processing of Medi-Cal applications	N/A	N/A	N/A	91% of 169,000	91% of 169,000
	Timely processing of CalFresh applications	N/A	N/A	N/A	92% of 190,000	92% of 190,000
	Status reports submitted through Benefits CalWIN	N/A	N/A	N/A	80,000	80,000

Table Notes

¹ Effective July 1, 2022, the Office of Military and Veterans Affairs (OMVA) transferred to Self Sufficiency Services (SSS) to enhance the alignment of the integrated functions of SSS and OMVA.

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

Staffing

Net increase of 119.00 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 2 years, SSS has added over 316,000 in new participants to its programs and continues to receive a record high of new applications each month. This includes a 40.5% participation increase to CalFresh and a 38% increase to Medi-Cal. Both of these programs 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. In addition, the increased staff years will also address workload impact associated with existing caseload due to the expiration of COVID-19 federal and State waivers.
- ◆ Increase of 20.00 staff years due to the transfer of the Office of Military & Veterans Affairs (OMVA) to Self Sufficiency Services (SSS) to enhance the alignment of integrated functions within the Health & Human Services Agency (HHSA).
- ◆ Increase of 1.00 staff year due to a transfer from Homeless Solutions and Equitable Communities to support operational needs.
- ◆ Decrease of 2.00 staff years due to a transfer to Administrative Support for operational needs.
- ◆ Additionally, staff were transferred among related programs within SSS to manage operational needs.

Expenditures

Net increase of \$17.6 million

- ◆ Salaries & Benefits—increase of \$8.3 million primarily for planning purposes associated with anticipated salary and benefit increases and staffing changes noted above.
- ◆ Services & Supplies—net increase of \$5.8 million.
 - ◆ Net increase of \$2.5 million in CalWORKs programs related to family stabilization referral services, homeless prevention, and services providing housing stability for families experiencing homelessness.
 - ◆ Increase of \$2.5 million for the expansion of the ¡Más Fresco! More Fresh Nutrition Incentive Program and Nutrition Incentives Beyond the Supplemental Nutrition Assistance Program (SNAP, also known as CalFresh) and expansion of food distribution with the two San Diego

Food Banks by increasing capacity of pre-packaged food boxes focused on locally sourced food, funded through the County’s American Rescue Plan Act (ARPA) Framework.

- ◆ Increase of \$2.1 million associated with reflecting OMVA operational costs previously budgeted in Administrative Support.
- ◆ Increase of \$0.8 million to align with anticipated spending on the Info Line 211 Access Support contract primarily due to expansion of services to support the Access Call Center with additional call agents and associated technology.
- ◆ Decrease of \$1.4 million due to a technical budget adjustment to reflect a transfer to Other Charges to align with a payment process change for transportation benefits to General Relief clients.
- ◆ Decrease of \$0.7 million primarily for the CalWORKs Home Visiting Initiative (HVI) to align to the anticipated Fiscal Year 2022–23 HVI program allocation and current service levels.
- ◆ Other Charges—net decrease of \$1.1 million.
 - ◆ Decrease of \$8.5 million to remove one-time costs for the COVID-19 Positive Recovery Stipend Program which has completed.
 - ◆ Decrease of \$3.2 million in General Relief benefit payments to align with caseload trend with no impact to services.
 - ◆ Increase of \$4.0 million in Child Care Program Stage One benefit payments to align with caseload trend.
 - ◆ Increase of \$2.8 million in CalWORKs Welfare to Work benefit payments to align with caseload trends.
 - ◆ Increase of \$2.1 million for Family Stabilization benefit payments to align with an allocation increase.
 - ◆ Increase of \$1.4 million due to a technical budget adjustment to reflect a transfer from Services & Supplies to align with a payment process change for transportation benefits to General Relief clients.
 - ◆ Increase of \$0.3 million in Cash Assistance Program for Immigrants (CAPI) benefit payments to align with caseload trends.
- ◆ Expenditure Transfer & Reimbursement—decrease of \$4.6 million associated with the removal of centralized General Fund for prior year one-time negotiated labor agreements. Since this is a transfer of expenditure, it has a net effect of a \$4.6 million increase in appropriations.

Revenues

Net increase of \$17.6 million

- ◆ Intergovernmental Revenues—net increase of \$10.9 million.





- ❖ Increase of \$7.6 million in Realignment revenue to support increases in Salaries & Benefits and Services & Supplies.
- ❖ Increase of \$4.8 million in social services State and federal administrative revenue associated with anticipated growth in the Medi-Cal allocation supporting increases in staffing and operating cost.
- ❖ Increase of \$4.0 million in State and federal revenue funding to align with estimated CalWORKs Child Care Stage One benefit payments.
- ❖ Increase of \$2.5 million in ARPA revenue to support the Framework Food Assistance component mentioned above.
- ❖ Increase of \$2.1 million in State and federal revenue for the Family Stabilization Program tied to an allocation increase.
- ❖ Increase of \$0.3 million in State revenue for Cash Assistance Program for Immigrants.
- ❖ Decrease of \$8.5 million in prior year one-time federal stimulus funds for the COVID-19 Positive Recovery Stipend Program.
- ❖ Decrease of \$1.9 million in social services State and federal administrative revenue tied to an anticipated decrease of the CalWORKs single allocation and to align with the estimated expenditure level.
- ❖ Use of Fund Balance—decrease of \$3.3 million. There is no amount budgeted.
- ❖ General Purpose Revenue Allocation—increase of \$10.0 million
 - ❖ Increase of \$6.3 million to partially offset Salaries & Benefits and Services & Supplies increases noted above. The existing general purpose revenue was reallocated from Child Welfare Services.
 - ❖ Increase of \$3.7 million due to the transfer of OMVA from Administrative Support.

Recommended Budget Changes and Operational Impact: 2022–23 to 2023–24

Net increase of \$14.8 million in Salaries & Benefits primarily for planning purposes associated with anticipated salary and benefit increases.



SELF-SUFFICIENCY SERVICES

Staffing by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Health Care Policy Administration	2.00	—	—	—	—
Eligibility Operations Administration	268.00	280.00	—	(100.0)	—
Self-Sufficiency Administration	—	—	292.00	—	292.00
Regional Self-Sufficiency	2,259.00	2,333.00	2,418.00	3.6	2,418.00
Office of Military & Veterans Affairs	—	—	22.00	—	22.00
Total	2,529.00	2,613.00	2,732.00	4.6	2,732.00

Budget by Program					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Health Care Policy Administration	\$7,534,019	\$6,723,323	\$5,992,036	(10.9)	\$5,992,036
Eligibility Operations Administration	55,812,739	55,837,573	—	(100.0)	—
Self-Sufficiency Administration	—	—	60,070,008	—	61,940,639
Assistance Payments	259,974,420	295,484,170	285,310,166	(3.4)	285,310,166
Regional Self-Sufficiency	227,484,166	253,461,735	273,164,375	7.8	285,957,150
Office of Military & Veterans Affairs	—	—	4,556,603	—	4,702,165
Total	\$550,805,344	\$611,506,801	\$629,093,188	2.9	\$643,902,156

Budget by Categories of Expenditures					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Salaries & Benefits	\$235,779,481	\$258,364,414	\$266,629,463	3.2	\$281,438,431
Services & Supplies	106,120,715	137,107,538	142,872,943	4.2	142,872,943
Other Charges	208,905,148	220,658,537	219,590,782	(0.5)	219,590,782
Expenditure Transfer & Reimbursements	—	(4,623,688)	—	(100.0)	—
Total	\$550,805,344	\$611,506,801	\$629,093,188	2.9	\$643,902,156





Budget by Categories of Revenues					
	Fiscal Year 2020–21 Adopted Budget	Fiscal Year 2021–22 Adopted Budget	Fiscal Year 2022–23 Recommended Budget	% Change	Fiscal Year 2023–24 Recommended Budget
Fines, Forfeitures & Penalties	\$3,800,000	\$3,800,000	\$3,800,000	—	\$3,800,000
Revenue From Use of Money & Property	248,605	248,605	248,605	—	248,605
Intergovernmental Revenues	504,916,270	566,354,540	577,259,509	1.9	592,068,477
Charges For Current Services	270,000	270,000	270,000	—	270,000
Miscellaneous Revenues	2,204,385	1,792,677	1,792,677	—	1,792,677
Other Financing Sources	1,000,000	1,000,000	1,000,000	—	1,000,000
Use of Fund Balance	5,831,386	3,300,000	—	(100.0)	—
General Purpose Revenue Allocation	32,534,698	34,740,979	44,722,397	28.7	44,722,397
Total	\$550,805,344	\$611,506,801	\$629,093,188	2.9	\$643,902,156

