2016

HUMAN SERVICES ANNUAL REPORT

SAN BERNARDINO COUNTY | Human Services

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A MESSAGE FROM HUMAN SERVICES ASSISTANT EXECUTIVE OFFICER

Welcome to the 2016 San Bernardino County Human Services (HS) Annual Report. San Bernardino County HS is comprised of nine departments, which serve public and private efforts to ensure that our county's citizens who are most in need become healthy and productive members of society.

On May 2, 2012, the San Bernardino County Board of Supervisors adopted regional implementation goals through the Countywide Vision process, including targeting cradle-to-career success. This goal calls for partnering with all sectors of the community to support the success of every child from cradle-to-career. In the pages of this report, you will find examples of how Human Services met this goal and positively impacted lives, families and the community. This document demonstrates how our programs support the vision adopted by our Board of Supervisors. In each department section, you will find a video testimonial – and hear the words of those whom we have helped in 2016. The data in this report serves as evidence of our great work, but it is in the words of those we serve that best tell the story of those we serve. It is my hope that you will find inspiration in these changed lives. Following is a description of the services we offer.

Department of Aging and Adult Services (DAAS)
Provides protective, in-home and nutrition support, Ombudsman services and training and employment services for seniors. It also includes the Public Guardian/Conservator.

Department of Behavioral Health (DBH)
Provides mental health, alcohol and substance abuse services to County residents who are experiencing major mental illness, substance abuse and other addictions.

Department of Child Support Services (DCSS)
Provides child support enforcement including establishing court orders for paternity and child support, locating parents and assets to enforce court orders, and collecting support payments.

Children and Family Services (CFS)

Provides protection for abused children, facilitation of adoptions, Foster Family home licensing, and the Independent Living Program (ILP) for emancipating youth.

Children's Network (CN)

Provides services to at-risk children by improving communications and planning, coordinating and collaborating with agencies who serve children.

Preschool Services Department (PSD)

Provides Head Start and state preschool early childhood education, services to children with special needs, information, advocacy and referral services.

Department of Public Health (DPH)

Provides protection against environmental hazards, promotes and encourages healthy behaviors, responds to disasters and assists communities in recovery and works to prevent injuries, epidemics and the spread of disease to ensure a healthy quality of life for all County residents.

Transitional Assistance Department (TAD)

Provides CalWORKs, Medi-Cal, CalFresh, Foster Care and General Relief Assistance for low income families. Supports self-sufficiency by providing employment services and child care.

Veterans Affairs (VA)

Provides assistance to veterans with claims, information and referral services, advocacy and outreach.

Management Services

Human Services also has seven Management Services divisions that support the work of our nine departments.

Divisions include: Administrative Support Services; HS Auditing; Information, Technology & Support; Performance, Education & Resource Centers; HS Personnel; Program Development and Program Integrity.

As you review this report, you will note our accomplishments and the quality service that our agency provides to the citizens in our great county. This is because our staff exemplifies our Human Services mission statement and Countywide Vision.
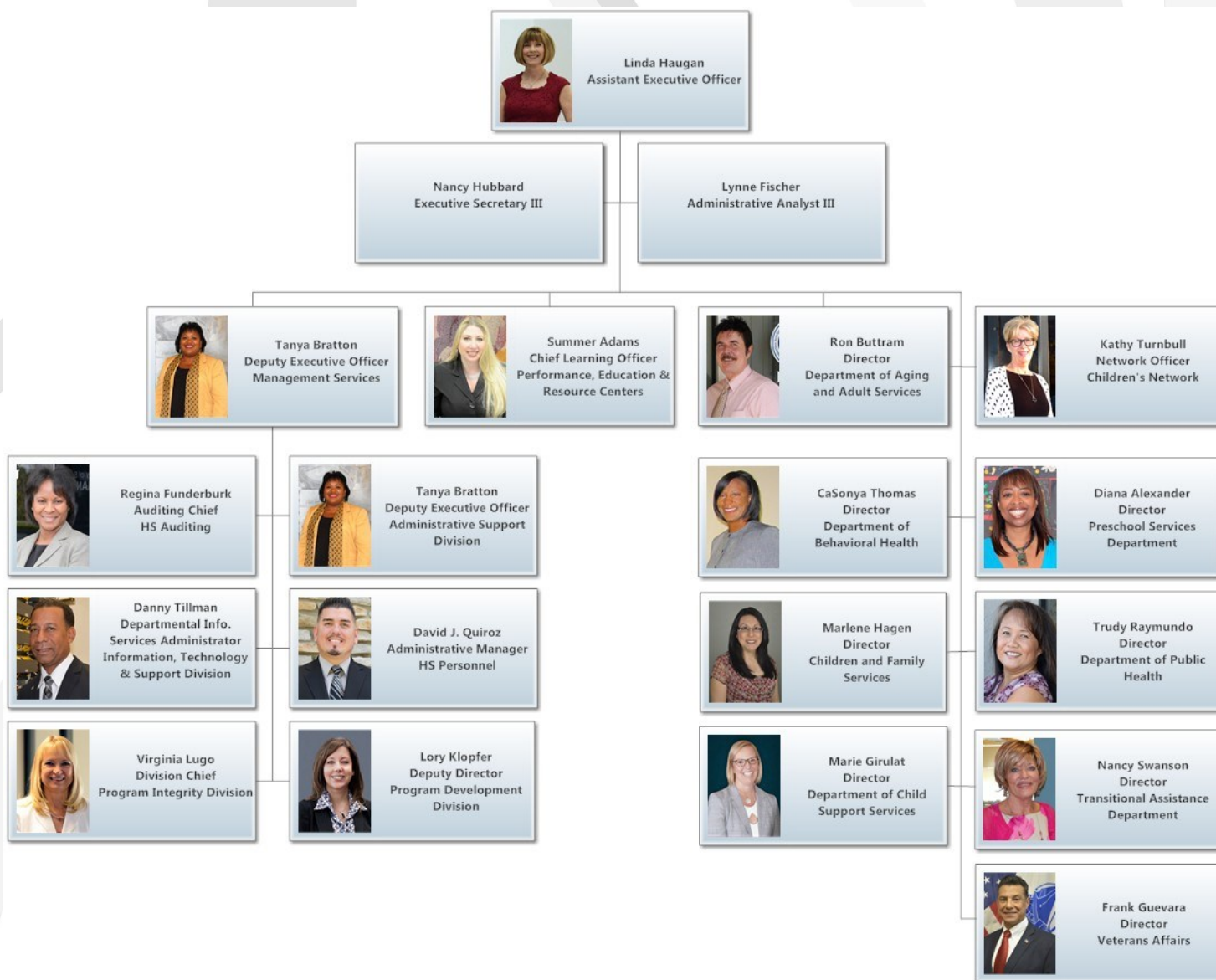
Linda Haugan,
Human Services Assistant Executive Officer

HUMAN SERVICES

MISSION STATEMENT

Human Services works to build a healthier community by strengthening individuals and families, enhancing quality of life and valuing people.

Linda Haugan
Assistant Executive Officer

Nancy Hubbard
Executive Secretary III

Lynne Fischer
Administrative Analyst III

Tanya Bratton
Deputy Executive Officer
Management Services

Summer Adams
Chief Learning Officer
Performance, Education &
Resource Centers

Ron Buttram
Director
Department of Aging
and Adult Services

Kathy Turnbull
Network Officer
Children's Network

Regina Funderburk
Auditing Chief
HS Auditing

Tanya Bratton
Deputy Executive Officer
Administrative Support
Division

CaSonya Thomas
Director
Department of
Behavioral Health

Diana Alexander
Director
Preschool Services
Department

Danny Tillman
Departmental Info.
Services Administrator
Information, Technology
& Support Division

David J. Quiroz
Administrative Manager
HS Personnel

Marlene Hagen
Director
Children and Family
Services

Trudy Raymundo
Director
Department of Public
Health

Virginia Lugo
Division Chief
Program Integrity Division

Lory Klopfer
Deputy Director
Program Development
Division

Marie Girulat
Director
Department of Child
Support Services

Nancy Swanson
Director
Transitional Assistance
Department

Frank Guevara
Director
Veterans Affairs

The following Human Services departments were awarded the 2016 National Association of Counties (NACo) Achievement Award. A brief summary is provided below.

Department of Aging and Adult Services (DAAS)

Stakeholder Engagement and Interagency Coordination - DAAS engaged in collaboration with Inland Empire Health Plan (IEHP) and Molina Healthcare of California, a neighboring county and other agencies to participate in care coordination and case management services for dual eligible, discuss implementation logistics, and ensure beneficiaries receive consistent information across service settings. DAAS created a Coordinated Care Initiative (CCI) Unit consisting of DAAS Social Workers who would become subject matter experts in care coordination and track CCI activities in San Bernardino County.

In-Home Supportive Services (IHSS) Program Integrity Initiatives - DAAS designed and implemented the IHSS Program Integrity Initiatives to ensure beneficiaries and caregivers under the program are reporting and claiming only legitimate benefits and payments. The initiatives were a major step forward in advancing the optional anti-fraud program offered to California counties. DAAS' Program Integrity Initiatives included increasing general staff awareness of the IHSS fraud prevention process and introduced many more internal processes which have proven to be successful in enhancing IHSS program integrity and resulted in cost savings to the IHSS program.

Support Group for Families of Conservatees - The Office of the Public Guardian (PG) is appointed by the Superior Court of California as the conservator from the elderly and mentally ill. Communication and understanding are essential components when working with the families of persons who meet the criteria for conservatorship and at times there are gaps in providing these essential components. PG recognized the gap in services and created the PG Family Support Group to provide families with an ongoing source of support as well as clarify the responsibilities of the PG, demystify associated government entities, assist families in understanding their new roles, avoid duplication of efforts and provide the most comprehensive services possible.

Department of Behavioral Health (DBH)

Patient Rights Grievance Tracking Log - DBH's Patients' Rights Office protects the patient, consumer and human rights of all recipients of psychiatric services. The Patient's Rights Grievance Tracking Log is a web-based application designed to allow the DBH Patient's Group to efficiently track and report on Grievance investigation, advocacy assistance, and other services. Its main objectives are to allow storing of all communications and complaints that are a part of a grievance as one electronic case file to keep track of time spent on all types of services requests for effective resource management in one place.

Triage Engagement and Support Teams (TEST) - DBH formed TEST to enhance access to the outpatient continuum of care for underserved communities. Triage Teams are placed in critical entry points where persons in crisis traditionally enter the criminal justice or in patient hospital systems. The goal is to provide an alternative to consumers in psychiatric crisis who may have traditionally been hospitalized or incarcerated. TEST staff coordinate care by providing referrals and warm handoffs to community-based services in order to support the consumer on their road to recovery and rehabilitation.

NACO ACHIEVEMENT AWARDS

Community Education Mental Health First Aid (MHFA) Training Program - DBH has developed an active community education program focused on MHFA. MHFA is a training course that teaches individuals how to identify, understand, and respond to signs of mental illness and substance use disorders. DBH has an ongoing community stakeholder process that includes standing meetings, forums, and culturally driven committees. It was through this process that community education needs were identified and MHFA selected as an appropriate training to address those needs. In addition to partnering with the community, DBH has also provided MHFA trainings to other county departments to help improve service delivery for county residents affected by mental illness.

Children & Youth Collaborative Services (CYCS) - Intensive Eating Disorders Program - In order to effectively treat children and youth suffering from severe eating disorders, CYCS adapted Family Based Treatment, an evidenced base treatment provided in the home, with intensive case management and wrap-informed programs. Centralized Children's Intensive Case Management Services is a county staff clinical unit that addressed the primary tasks of integrating medical services with mental health services and providing more intensive therapy in the home, if needed.

Fontana Siena Apartments Housing Project - The Fontana Siena Apartments Housing Project is a new construction affordable housing development containing 55 one-, two– and three-bedroom units. The developer has allowed 15 of the units for occupancy by Mental Health Services Act (MHSA) eligible individuals, one unit reserved as the manager's unit and the remaining 39 units will be designated for low and very low income tenants. A Memorandum of Understanding was approved by the San Bernardino County Board of Supervisors for a housing collaboration to implement permanent supportive housing for individuals with serious mental illness who are homeless or at significant risk of becoming homeless.

Bloomington Intergenerational Housing Project - The Bloomington Intergenerational Housing Project is an affordable senior and adult/family housing development containing 106 one– and two-bedroom units. The developer has allowed 11 units for occupancy by MHSA eligible adults and senior clients. The remainder of the 95 units will be affordable to low and very low income individuals and families. A Memorandum of Understanding was approved by the San Bernardino County Board of Supervisors for a housing collaboration to implement permanent supportive housing for individuals with serious mental illness who are homeless or at significant risk of becoming homeless.

Department of Child Support Services (DCSS)
Child Support Services - The mission of DCSS is to establish and enforce child and medical support orders, establish paternity, and collect and distribute support to the families they serve. DCSS utilizes the Bridges to Employment Program to assist parents toward employment and self-sufficiency, so they can support their children and families. The Bridges to Employment Program is a referral program made possible through collaboration between DCSS and the San Bernardino County Workforce Development Board.

Children and Family Services (CFS)
Parent Partner Program and Services - The Parent Partner Program was established by CFS to provide an avenue for parents of children who were previously in child welfare cases to mentor fellow parents whose children are currently receiving child welfare services. Under this program, CFS employs suitable parents of children who have successfully passed through the child welfare system and dedicates them to mentoring, encouraging and supporting parents and families with open cases or referrals. It has been observed that a significantly greater proportion of children in open CFS cases reunified with their families when their parents and families utilize the services of Parent Partners.

Children and Family Services (CFS)

Meeting Kinship Needs Through a Resource Portal - CFS entered into a collaborative with other agencies in 2014, to create a one-stop, comprehensive, online and phone accessible, resource portal comprised of available government, community and business resources for foster and kinship families and transition-age (16-21) youth in the county. The goal of the program is to enhance the effectiveness of the partnership between CFS and the other agencies in delivering and coordinating services for formal and informal kinship families.

Child Mental Health: A Comprehensive, Collaborative Strategy - CFS has established an Administrative Joint Management Strategy and Structure to ensure that mental health services are provided to youth in the child welfare system in a comprehensive, systematic and sustained fashion. The strategy is being coordinated by an Administrative Joint Management Steering Committee (AJMSC) in collaboration with the County Department of Behavioral Health and the Probation Department to guide implementation of directives under the Katie A. Core Practice Model. The AJMSC has also ensured that all children engaged in or at-risk of engaging in child welfare services are assessed for mental health services.

Children and Family Services (CFS) and the Performance, Education & Resource Centers (PERC)

Take the Lead Campaign - CFS and PERC launched the "Take the Lead" Media Outreach campaign in order to generate increased media coverage that highlighted the success stories and available services provided by the department. In a less conventional way, the Human Services Communications team developed an approach which could generate positive media coverage whether or not media was present at a CFS event. The team essentially began to "Take the Lead" in their approach to generating media coverage. Through this campaign the department was able to essentially have an ally in the media in its goal of educating the community about the need for loving foster and adoptive homes, child abuse prevention, and other resources available to children and their families.

Children and Family Services (CFS) and the Department of Public Health (DPH)

Psychotropic Medication Protocol - CFS in partnership with DPH and the Juvenile Dependency Court have developed a Psychotropic Medication Protocol to ensure that psychotropic medication is administered to children only when absolutely necessary, and once the determination is made that a child actually needs the medication, it is provided on a timely basis. Requests for psychotropic medication for court-dependent children are reviewed by a public health nurse and a Board-certified child psychiatrist from the Juvenile Court Behavioral Health Services prior to being sent to the Juvenile Dependency Court in a timely manner.

Children's Network

Engaging Fathers in the Inland Empire - One of the most consequential social trends of our time is widespread father absence in the lives of children. The Inland Empire Father Involvement Coalition (IEFIC) is a group of community-based, County, and faith-based organizations collaborating and pooling resources, services, and expertise to reduce father absenteeism and support father engagement. The vision is that men fully engage as stable, supportive educators and providers, and serve as healthy family role models. In 2015, the IEFIC launched its Inaugural Inland Empire Fatherhood Conference to inspire, educate and equip fathers to be actively engaged in their children's lives.

Effective Collaboration Improving Maternal Mental Health - The San Bernardino County Maternal Mental Health Work Group was established in 2014 to address gaps in services and barriers to accessing maternal mental health care, especially for postpartum depression. The goal of the work group, led by the Department of Behavioral Health, Children's Network, Department of Public Health, First 5 San Bernardino and Inland Empire United Way 211 is to identify and pull together existing resources, build the capacity of organizations, healthcare providers,

and SART centers, through training on maternal mental health and to reduce the stigma that exists around maternal mental health issues.

Department of Public Health (DPH)

Homeward Bound Project Adopt - Each year, thousands of homeless pets enter San Bernardino County animal shelter facilities. The ability to effectively promote, market, display and make available those animals who are seeking new homes, has become an ever increasing challenge to many governmental agencies who struggle with limited funding to find creative ways to promote adoptions. The County of San Bernardino developed a unique multifaceted pet adoption and marketing effort called, "Homeward Bound Project Adopt." This ongoing campaign includes the establishment of social media presence, development of marketing videos, coordination of approximately 50 annual pet adoption events and the establishment of a large-scale annual Homeward Bound Mega Pet Adoption event. Through this coordinated and consistent effort, the County has realized an increase in the number of pets adopted, and a decrease in the number of pets euthanized.

Transitional Assistance Department (TAD)

Transitional Assistance Department Processing Center - The TAD Processing Center was developed as a proactive solution to maximize productivity and improve customer service in response to the expansion of health care coverage under the Affordable Care Act (ACA). Since ACA initial open enrollment in 2013, through the end of open enrollment in 2015, TAD processed over 325,000 applications with no increase in staff. The Processing Center was developed to meet application processing timeframes and provide accurate benefits as quickly as possible with minimal impact to the customer. Processing Center staff were given primary responsibility for applications referred by Covered California. This approach allowed district office staff to focus on applications received by other methods, annual renewals and change reports.

TAD Leaders in Action (LIA) Workshop - The Human Services LIA program is a formalized network connecting mentors to mentees. The LIA workshop program provides a structured mentoring and learning environment to ensure training consistency for both mentors and mentees, ensuring a consistent message which includes: decision-making skills, global thinking/vision, interpersonal skills and relationship building. The program works to foster individual professional development and increase knowledge of department administrative operations, which result in greater productivity, higher retention rates, succession planning and improved customer service.

Housing Support Program (HSP) - TAD and the Housing Authority of the County of San Bernardino (HACSB) partnered and attained competitive Housing Support Program (HSP) funding to fill a gap in services available to homeless Temporary Assistance for Needy Families (TANF) customers. Housing Navigator services for families referred by TAD are provided by the Housing Authority, through a sub-contract with Knowledge and Education for Your Success (KEYS). By leveraging an existing contract with TAD and the Department of Behavioral Health, case management services related to locating permanent housing were included to address TANF families' needs for life skills training, service needs to remove barriers, and ongoing support to prevent recurrences of homelessness.

Family Stabilization (FS) - TAD, the Department of Behavioral Health, Arrowhead Regional Medical Center, and community-based organizations are working together to address the needs of Temporary Assistance for Needy Families (TANF) customers experiencing multiple barriers to participating in Welfare-to-Work activities. The new FS program provides unique services, including treatment of all family members, rapid rehousing, car repairs, tattoo removal, and other services not available to customers who do not volunteer for the program. FS enhances the level of customer participation in employment and training programs by providing education, referrals to available treatment options, linkages to resources, and intensive case management.

DEPARTMENT OF AGING AND ADULT SERVICES

Director Ron Buttram

IHSS PUBLIC AUTHORITY

Public Authority · San Bernardino County In-Home Supportive Services

The Department of Aging and Adult Services (DAAS) provides services to seniors, at-risk individuals, and adults with disabilities to improve or maintain choice, independence, and quality of life so they may age in place in the least restrictive environment.

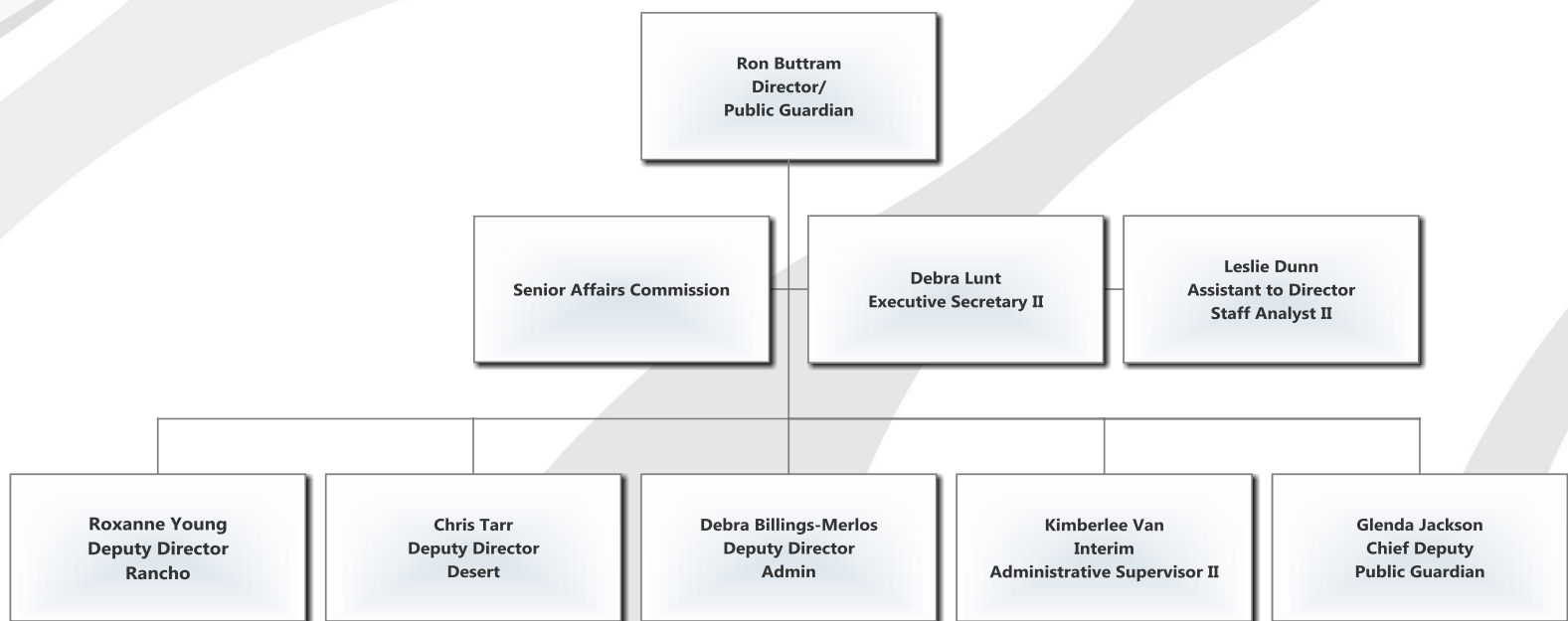## Department of
AGING AND ADULT SERVICES

TESTIMONIAL

Maureen Parnell, Senior Community Service Employment Program

Maureen was placed at the Department of Aging and Adult Services through the Senior Community Service Employment Program, also known as SCSEP. She enjoyed helping the department serve customers and later was assigned to assist with Senior Information and Assistance (SIA). Maureen excelled at her SCSEP assignment and was surprised when she was designated as the Employee of the Quarter. She is thankful for getting the opportunity to work with Aging and Adult Services staff and for the SCSEP program.

Listen to her story by clicking on the link below.

Click here to view the YouTube video.

Ron Buttram
Director/
Public Guardian

Senior Affairs Commission

Debra Lunt
Executive Secretary II

Leslie Dunn
Assistant to Director
Staff Analyst II

Roxanne Young
Deputy Director
Rancho

Chris Tarr
Deputy Director
Desert

Debra Billings-Merlos
Deputy Director
Admin

Kimberlee Van
Interim
Administrative Supervisor II

Glenda Jackson
Chief Deputy
Public Guardian

FOR MORE INFORMATION

Department of Aging and Adult Services (DAAS) website: http://hss.sbcounty.gov/daas/

DAAS office locations: Interactive Map

DAAS social media:

Overview

The Department of Aging and Adult Services (DAAS) provides a wide variety of social service programs and services for seniors and disabled adults. There are three distinct areas under which services are provided.

Adult Programs
Under the direction of the California Department of Social Services (CDSS), DAAS administers two major programs.

The In-Home Supportive Services (IHSS) program provides in-home personal and domestic services which enable people to remain independent in their homes and without which they would be at risk of out-of-home placement.

The Adult Protective Services (APS) program provides emergency response to referrals of possible elder and dependent adult abuse and neglect, and provides investigations, reports to law enforcement, crisis intervention, and links to services for at-risk elders and dependent adults.

Aging Programs
Under the direction of the California Department of Aging (CDA), DAAS serves as the federally designated Area Agency on Aging (AAA) for the County of San Bernardino and is responsible for administering programs under the Older Americans Act (OAA). The department works to ensure options are easily accessible to all older individuals and to have a visible resource where seniors can go or call for information.

The programs under the OAA include Senior Information and Assistance (SIA), Senior Nutrition, Senior Employment, Long-Term Care Ombudsman, Senior Supportive Services, Health Insurance Counseling and Advocacy Program (HICAP), Family Caregiver Support Program (FCSP), Multipurpose Senior Services Program (MSSP), and Legal Services for seniors.

Public Guardian
Under the direction of the court, DAAS serves as Public Guardian for the County of San Bernardino and is the conservator of last resort. Conservatorship through the Public Guardian programs ensures that persons who are found to be gravely disabled or lack capacity to manage their personal needs remain safe, receive appropriate medical care, counseling and mental health treatment options, and reside in the least restrictive environment.

Accomplishments for 2015/16

DAAS ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Completed third year of department mentoring program to educate and expose DAAS staff to other programs within the department other than their current assignment. Twenty-three mentors and 23 mentees participated.

√ Received 2016 National Association of Counties (NACo) Achievement Award for Public Guardian Support Group for Families of Conservatees, Stakeholder Engagement and Interagency Coordination, and In-Home Supportive Services Program Integrity Initiatives.

√ Provided a total of 654,160 congregate meals served in senior centers throughout the County and home-delivered meals to homebound seniors.

√ Provided outreach and education presentations to 121,142 seniors.

√ Distributed 2,000 Farmer's Market coupons to seniors totaling $40,000 worth of fresh fruits and vegetables.

√ Distributed bus passes to 1,881 seniors totaling over 112,552 one-way bus rides.

√ Assisted 1,506 Home Energy Assistance Program (HEAP) applications for $351,500 in utility credits for seniors.

√ Investigated and resolved 1,440 complaints in long-term facilities through the Ombudsman Program.

√ Provided transportation service for 64 seniors from Transportation Reimbursement Escort Program (TREP) for a total of 187,166 miles to shopping, banking, and medical and social service appointments.

√ Received 17,395 requests for IHSS services through the Central Intake Unit (CIU).

√ Hosted over 245 attendees at the 29th Annual West Valley Adult Protective Services Multi-Disciplinary Team Conference at the Goldy S. Lewis Community Center.

√ Supported 27,162 seniors staying in their homes with the assistance of the IHSS program.

√ Responded to 13,501 APS referrals.

√ Provided senior and dependent adult abuse awareness training to 135 mandated reporters throughout the County, including financial institutions, hospitals, law enforcement and other first responders.

Goals for 2016/17

DAAS ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

Adult Programs
1. Provide for the health and social needs of County residents.
   A. Provide in-person response within 24 hours to emergency APS referrals, including intake, intervention, and/or reports of life threats or crises.

Aging Programs
1. Enhance senior safety and independence.
   A. Connect customers to community resources.

Public Guardian
1. Improve County government operations.
   A. Ensure Public Guardian provides timely and accurate financial support to conservatees.

How Outcomes Are Measured

DAAS MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Activity	Measure
Respond to emergency APS referrals within 24 hours of receipt.	• Percentage of emergency APS referrals responded to within 24 hours.
Connect customers with community resources.	• Number of customers contacted by SIA staff.
Provide timely and accurate financial support to conservatees.	• Percentage of Public Guardian conservatees' bills paid within ten days of receipt.

Program Information

ADULT PROGRAMS

In-Home Supportive Services (IHSS)
The IHSS program provides personal and domestic services for aged, disabled adult and disabled children, which enable them to remain safely in their own homes and prevent or delay placement. The program provides services aimed at health and safety that are performed by a care provider. A wide variety of basic services includes domestic assistance such as house cleaning, meal preparation, laundry, shopping, personal care (feeding and bathing), transportation, protective supervision and certain paramedical services ordered by a physician.

Adult Protective Services (APS)
Components of the APS program include investigating reports of potential elder and dependent adult abuse and neglect, developing a service plan, counseling and referral to community resources, and monitoring the progress of the customer. The toll free hotline number is **1-877-565-2020** and is available 24 hours a day, 7 days a week.

AGING PROGRAMS

Senior Supportive Services
Includes programs for seniors (age 60 and over) to provide links to services that allow the aging population to remain safely in homes, including adult day care, assisted transportation, legal services, home safety devices, and case management services.

Senior Nutrition Program
Provides seniors (age 60 and over) with nutritious meals in congregate settings and home delivered meals for home-bound seniors around the County. Nutrition education is provided at nutrition sites, along with an opportunity to enjoy companionship and other activities. A suggested donation amount is posted at each site; seniors may donate confidentially and voluntarily. Seniors can call **1-800-510-2020** to learn more about the nutrition program and the site nearest their location.

Senior Information and Assistance (SIA)
Provides information and assistance to help senior citizens solve problems and learn about opportunities, services, and community activities. The program provides assistance and advocacy by making contact with various organizations that provide needed services. Follow-up and evaluations are provided to ensure the senior is receiving appropriate services.

Individuals can be connected to the SIA office nearest to their location by calling **1-800-510-2020**. SIA offices are open Monday through Friday.

Health Insurance Counseling and Advocacy Program (HICAP)
Provides information and assistance with Medicare, Medicare Advantage Plans, Medicare Prescription Drug Coverage and other related health insurance issues. State-registered counselors offer objective information to help seniors and other Medicare beneficiaries make good health care decisions. HICAP counselors can help resolve problems and offer free community education presentations.

Legal Services for Seniors
Free civil legal counsel and assistance to seniors who are 60 years or older. Services include meeting with senior groups and making presentations on legal topics. Legal services are provided throughout the County by appointment at senior or community centers.

Multipurpose Senior Services Program (MSSP)
The MSSP is an Intensive Care Management system designed to prevent premature institutionalization for the frail elderly population living within the County. A Care Management Team comprised of a Public Health nurse and a social worker assess individual clients for specific needs. The team develops a plan of care and appropriate services are arranged. The team continues to provide ongoing support over the life of each case.

Ombudsman Services
Mandated by federal and state law to identify, investigate, and resolve complaints on behalf of long-term care residents age 60 and older who reside in skilled nursing, transitional care units or residential care facilities for the elderly. The program uses fully-trained, certified volunteers to help with problems regarding quality of care, food, finance, meaningful activities, visitors of choice, residents' rights and other concerns. Staff visits the facilities regularly to ensure residents know about the program's services and works with licensing agencies responsible for the facilities. They assist facility administrators and staff in solving problems with families and difficult residents, provide community education to groups, and witness durable power of attorney for health care documents. For information call **909-891-3928** or toll free **1-866-229-0284**.

Senior Community Service Employment Program (SCSEP)
Provides part-time training and employment services for seniors age 55 and older. Seniors in the program receive on-the-job training in various work-related skills, basic computer, resumé preparation, job location strategies, English as a Second Language, and other related topics.

Family Caregiver Support Program (FCSP)
Services include caregiver information, assistance in gaining access to services, counseling, training, support and temporary respite to family and other unpaid caregivers supporting older individuals.

PUBLIC GUARDIAN

Probate Conservatee
Persons under probate conservatorship are incapacitated and may suffer from forms of dementia, stroke, other brain-related injuries and/or debilitating diseases. They are unable to provide for their basic needs: physical health, food, clothing, shelter, or resist fraud or undue influence.

Lanterman-Petris-Short (LPS) Conservatee
Persons who are found by the court to be gravely disabled because of a mental disorder or impairment by chronic alcoholism or other substance abuse fall under the LPS conservatorship program. Grave disability is defined as unable to provide food, clothing or shelter as a result of a mental disorder.

Statistical Information

Statistical Information 2015-2016	
APS	Average 836 reports of elder or dependent abuse monthly
IHSS	Average 26,366 open cases monthly
SCSEP	Average 28 eligible seniors
SIA	Average 1,538 contacts per month
MSSP	Average 276 cases per month

Caseload by Program

Caseload by Program	Workload Indicators
APS - Referrals	836
APS - Open Cases	1,033
IHSS - Open Cases	26,366
MSSP Cases	276
Public Guardian - Probate Cases	161
Public Guardian - LPS Cases	444

Staffing Information 2015/16

Total staffing is approximately 313 employees.

**Department of Aging and Adult Services
Budgeted Staffing**

Category	Count
Adult Caseworkers	181
Aging Caseworkers	26
Adult Fraud Initiative Unit	6
Aging and Adult Administrative Staff	79
Public Guardian Staff	21
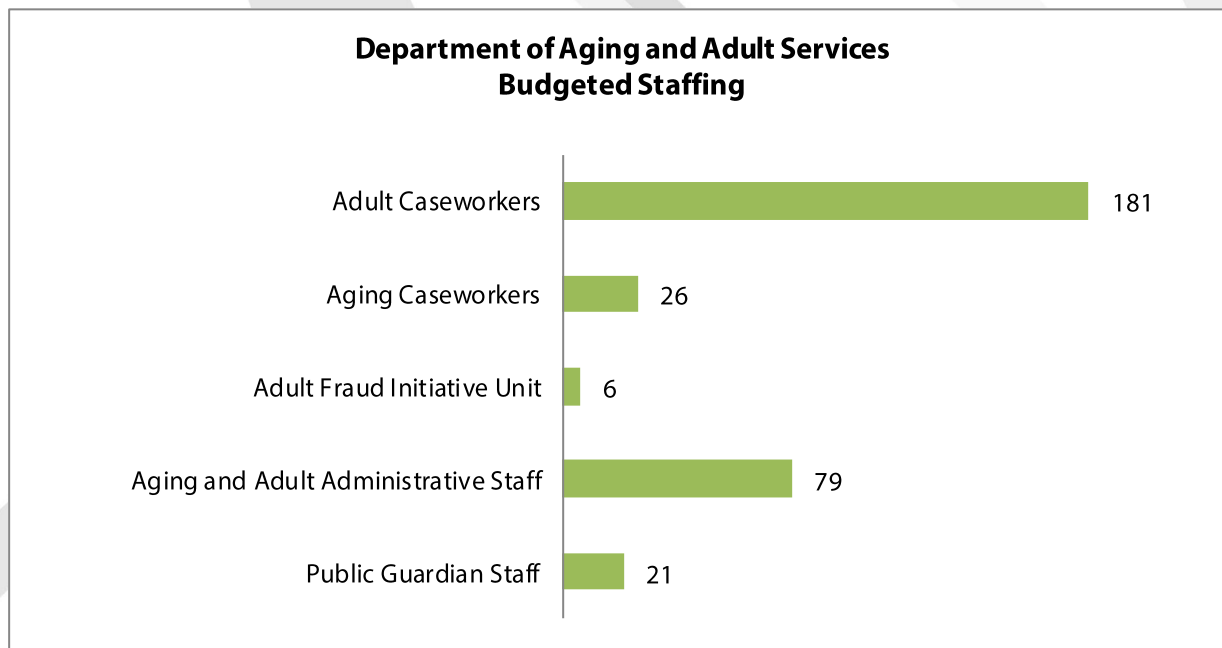
Budget Information 2015/16

The department budget for FY 15/16 is $84,767,056.

**Department of Aging and Adult Services
Budgeted Appropriations**

Category	Amount
In-Home Supportive Services	$27,856,292
Aging Programs	$9,304,666
Adult Protective Services	$5,058,681
IHSS Provider Payments	$40,456,566
Public Guardian	$1,115,851
IHSS Provider Benefits	$625,000
IHSS Public Authority	$350,000
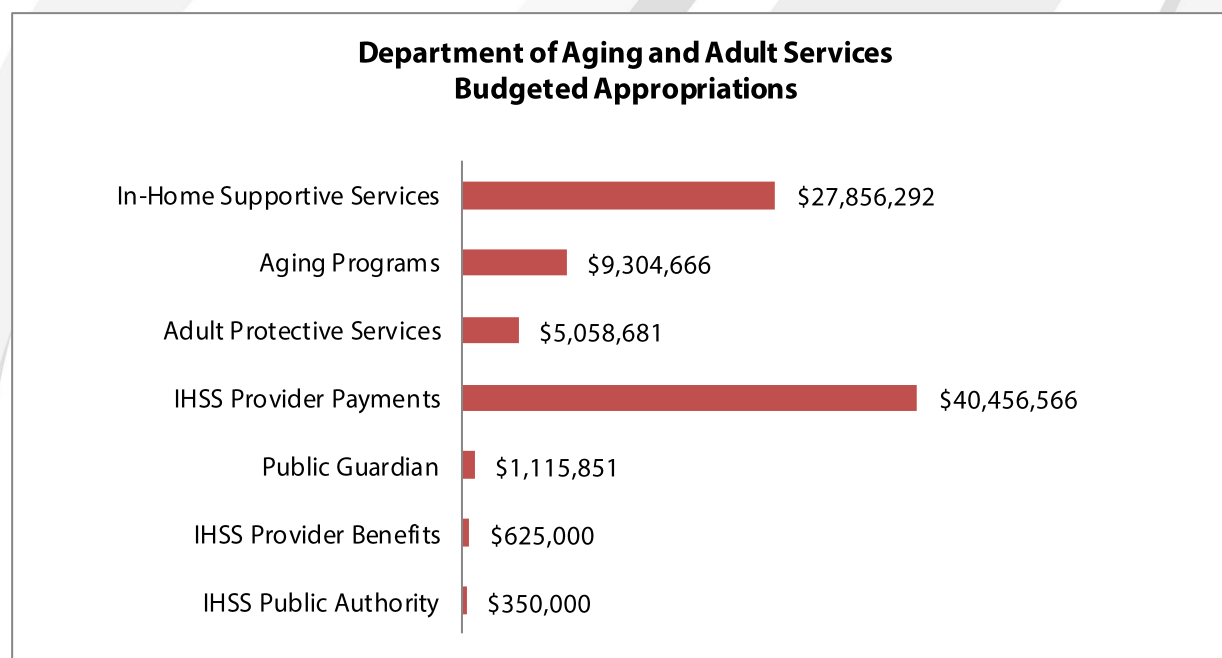
Director *CaSonya Thomas*

SAN BERNARDIN COUNT

The Department of Behavioral Health (DBH) strives to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families and communities.

Department of

BEHAVIORAL

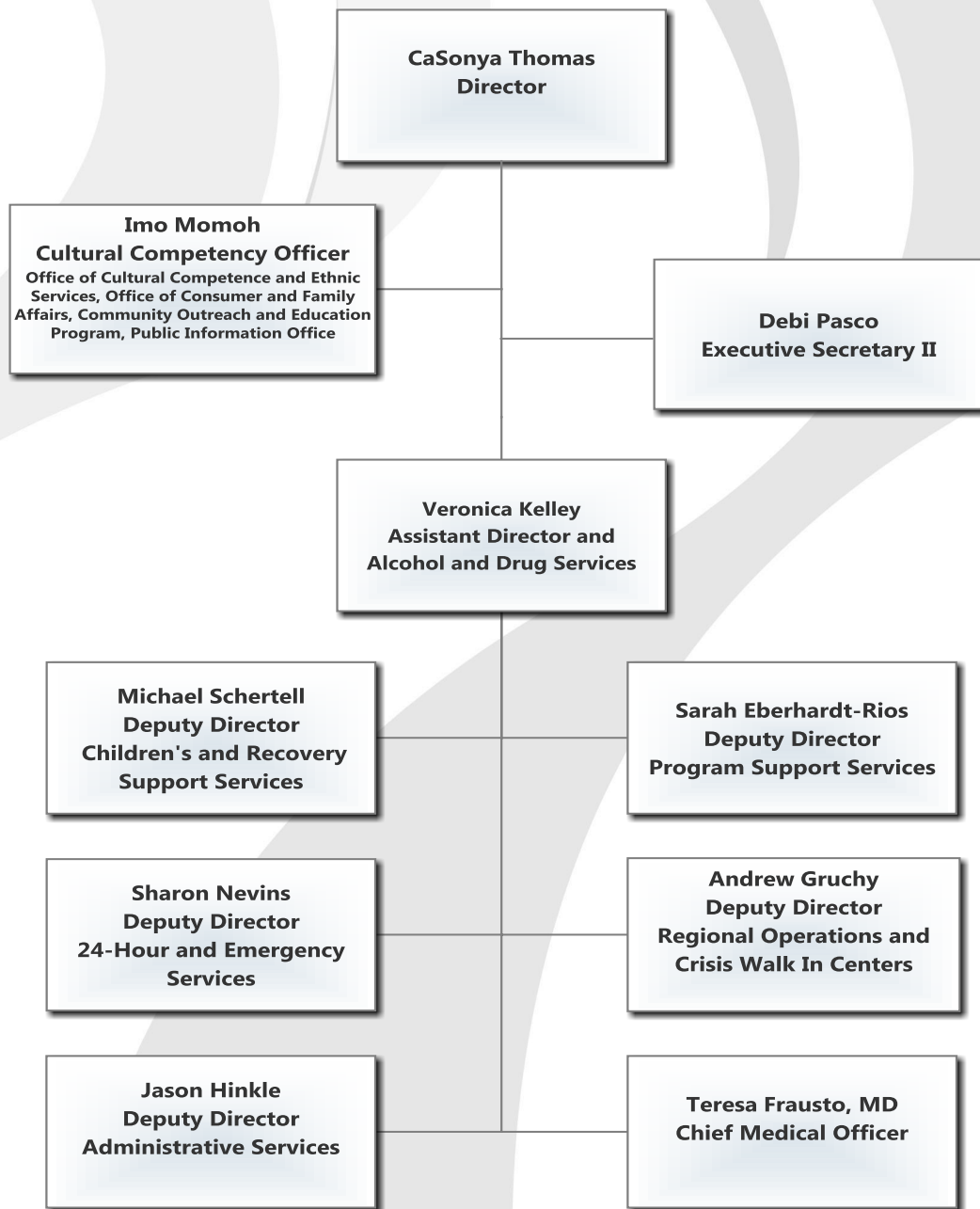# HEALTH

TESTIMONIAL

Dixie Bolan,
Consumer

Dixie Bolan went through intensive outpatient therapy through the Department of Behavioral Health's Alcohol and Drug Services and Healthy Mothers Healthy Babies programs. While in therapy, Dixie learned important anger management and life-skills, including ways to turn negative behavior into positive behavior. Because of her addiction, she also had to learn how to become a parent. Her journey to recovery is what inspired her to want to help others find a way.

Listen to her story of success by clicking the link below.

Click here to view the YouTube video.

CaSonya Thomas
Director

Imo Momoh
Cultural Competency Officer
Office of Cultural Competence and Ethnic
Services, Office of Consumer and Family
Affairs, Community Outreach and Education
Program, Public Information Office

Debi Pasco
Executive Secretary II

Veronica Kelley
Assistant Director and
Alcohol and Drug Services

Michael Schertell
Deputy Director
Children's and Recovery
Support Services

Sarah Eberhardt-Rios
Deputy Director
Program Support Services

Sharon Nevins
Deputy Director
24-Hour and Emergency
Services

Andrew Gruchy
Deputy Director
Regional Operations and
Crisis Walk In Centers

Jason Hinkle
Deputy Director
Administrative Services

Teresa Frausto, MD
Chief Medical Officer

FOR MORE INFORMATION

Department of Behavioral Health (DBH) website: http://www.sbcounty.gov/dbh/index.asp

DBH office locations: Interactive Map

DBH social media:

Overview

The Department of Behavioral Health (DBH) and its contract partners are responsible for providing mental health and substance use disorder (SUD) services to County residents who are experiencing major mental illness and/or substance use disorders. DBH and its contract partners provide treatment, which may include psychiatric medical services, to all age groups. Primary emphasis is placed on treating youth and their families, adults, and older adults who are experiencing serious mental illness or are emotionally disturbed, as well as a full continuum of substance use disorder services that include prevention, treatment and recovery support. Another integral part of the behavioral health service delivery system consists of specialized programs including prevention and early intervention, crisis intervention services, workforce education and training, homeless support services, and the Offices of Consumer and Family Affairs and Cultural Competence and Ethnic Services.

San Bernardino County has a Behavioral Health Commission that is appointed by the Board of Supervisors (BOS), in accordance with the Welfare and Institutions Code 5604. The Behavioral Health Commission provides the advisory link between the BOS and DBH in providing public input into the delivery of public mental health and substance use disorder services to the communities within the County.

DBH collaborates with agency partners through contracts, agreements and Memorandums of Understanding (MOU) to maximize the provision of available behavioral health services to the approximately 2,100,000 residents living in San Bernardino County. DBH currently manages close to 400 contractual agreements for the delivery of mental health and substance use disorder services.

DBH ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Received six National Association of Counties (NACo) Achievement Awards:
- Fontana Siena Apartments Housing Project
- Bloomington Intergenerational Housing Project
- Children and Youth Collaborative Services-Intensive Eating Disorders Program
- Triage Engagement and Support Teams (TEST)
- Community Education-Mental Health First Aid
- Family Stabilization, in collaboration with the Transitional Assistance Department.

√ Awarded two separate grants from the California Health Facilities Financing Authority (CHFFA) for the construction of two Crisis Stabilization Units and a Crisis Residential Treatment facility in the West Valley and Central Valley regions of the County and the purchase of eight vehicles to expand Mobile Crisis Support Teams.

√ Hosted the First Annual Mental Health Services Act (MHSA) Summit, allowing over 200 stakeholders an opportunity to participate in an in-depth education session, and strategically advance MHSA communication and future planning with system partners, county residents and key stakeholders. This resulted in planning for an expansion of mental health services for individuals with the highest mental health needs.

√ Provided immediate and on-going support for those immediately impacted and the community in response to the December 2nd Terrorist Attack. This included 24/7 availability of clinical staff and liaisons.

√ Advocated for and spearheaded a pilot inpatient substance use treatment program for San Bernardino County conservatees at Tarzana Treatment Center in collaboration with the Public Guardian.

√ Developed a comprehensive 28-hour training series for new Community Crisis Response Team (CCRT) staff, "In House Management and Personnel Management Advanced Crisis Training (IMPACT)" with four hours dedicated to Disaster Response.

√ Co-located Triage Engagement Support Team staff in Public Defender's Office, Cal State University San Bernardino Counseling Center, Victorville Sheriff, Morongo Basin Probation, Barstow Probation, Barstow Sheriff, Highland Sheriff, Fontana Sheriff, Hesperia Sheriff, three CCRT teams for follow up referrals, West Valley Detention; 13 of the 17 planned sites.

√ Collaborated with Arrowhead Regional Medical Center to increase the number of Residency slots available from 8 to 32 for general psychiatry residents.

ACCOMPLISHMENTS CONTINUED

√ Implementation of American Society of Addiction Medicine (ASAM) 3.3 level residential substance use and/or addictive disorder (SUD) treatment services to expand the DBH Drug Medi-Cal (DMC) continuum of care to patients appropriately diagnosed with moderate to severe substance use disorder with clinical services resulting in improvement to the patients ability to structure and organize daily living tasks. Designed to serve those with severe co-occurring and/or cognitively impaired disorders.

√ Children's programs developed an extensive contracting system for group homes and Foster Family Agencies in preparation for the Continuing Care Reform. Furthermore, intensive home based services contracts were expanded to assist in preventing the necessity of placing in more restrictive settings.

√ Expanded the nursing program in DBH clinics to include Licensed Vocational Nurses and Clinic Assistants positions.

√ Created the first child psychiatrist employee classification in the history of the department.

Goals for 2016/17

DBH ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

1. Ensure the 24 Children's Residential Intensive Services (ChRIS) and Foster Family Agency-Mental Health Services (FFA-MHS) agency sites are fully operational and in compliance with Continuum of Care Reform.

2. Increase collaboration with Children and Family Services and Probation department to increase the number of current and former system involved TAY who receives Full Service Partnership services.

3. Increase community outreach and impact through expanded Mental Health First Aid (MHFA) trainings in geographic areas not previously served and to a wide network of department stakeholders.

4. Implement Transformational Collaborative Outcomes Management (TCOM) for all adults at DBH outpatient clinics and general mental health contract agencies.

5. Implement electronic monitoring for timely access based on metric requirements set by 1915(b) Waiver-Special Terms and Conditions.

6. Develop and implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) of care in accordance with the California Department of Health Care Services (DHCS) guidelines to provide a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services.

7. Expand and improve the department's ability to provide supportive services for individuals in need of housing and case management services, including increasing the amount of affordable housing units available.

How Outcomes Are Measured

DBH MEASURES OUTCOMES BY THE FOLLOWING METHODS:

DBH performance is evaluated across a series of Key Performance Indicators (KPI) to ensure the accomplishment of department goals. Data is collected from the DBH data warehouse, practice management system, client surveys, and other program specific data sources. The use of KPI helps DBH to regularly render successful treatment and customer satisfaction.

Activity	Measure
Ensure the 24 Children's Residential Intensive Services (ChRIS) and Foster Family Agency-Mental Health Services (FFA-MHS) agency sites are fully operational and in compliance with Continuum of Care Reform.	• Sites will be in compliance and fully operational.
Increase collaboration with Children and Family Services and Probation department to increase the number of current and former system involved TAY who receives Full Service Partnership services.	• Increased number of system involved youth receiving outpatient mental health services through collaboration with identified partners.

Activity	Measure
Increase community outreach and impact through expanded Mental Health First Aid (MHFA) trainings in geographic areas not previously served and to a wide network of department stakeholders.	• Expand and provide MHFA trainings to unserved regions of the County.
Implement Transformational Collaborative Outcomes Management (TCOM) for all adults at DBH outpatient clinics and general mental health contract agencies.	• Establish training calendar for all DBH programs and contract agencies.
Implement electronic monitoring for timely access based on metric requirements set by 1915(b) Waiver-Special Terms and Conditions.	• Complete implementation of the electronic monitoring system.
Develop and implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) of care in accordance with the California Department of Health Care Services (DHCS) guidelines to provide a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services.	• Completed and approved the DHCS and Center for Medicare and Medicaid Services (CMS) of the San Bernardino County implementation plan for the Drug Medi-Cal Organized Delivery System (DMC-ODS).
Expand and improve the department's ability to provide for permanent supportive housing for individuals in need of housing and case management services, including increasing the amount of affordable housing units available.	• Expand housing services and increase affordable housing units.

Program Information

ACCESS UNIT

The Access Unit provides member services to all beneficiaries of San Bernardino County Medi-Cal. The Access Unit provides a 24/7 telephone line which links callers to access to behavioral health services, responds to urgent conditions and provides beneficiary problem resolution through grievances and appeals. Access Unit staff are comprised of administrative and behavioral health professionals who provide expertise in referral and linkages for consumers. The Access Unit also supports the Fee-For-Service Network of providers through the credentialing of providers and the approval of treatment authorizations as well as ongoing technical support for providers regarding clinical and claiming concerns. The Access Unit is available 24 hours a day, 7 days a week and can be reached by calling (888) 743-1478 or 711 for TTY users.

ADULT FORENSIC SERVICES

Adult Forensic Services is comprised of several programs designed to provide comprehensive behavioral health services to individuals with mental illness and/or co-occurring substance use disorder who are on formal probation. Additionally, training is provided to law enforcement personnel in collaboration with the Sheriff's Department to address the behavioral health needs of this population experiencing a mental health crisis in the community. Programs under the forensic umbrella include the following:

- ⇒ Supervised Treatment After Release (STAR)
- ⇒ Community STAR
- ⇒ Choosing Healthy Options to Instill Change and Empowerment (CHOICE)
- ⇒ Crisis Intervention Training (CIT)
- ⇒ Forensic Assertive Community Treatment (FACT)
- ⇒ Community FACT

ALCOHOL AND DRUG SERVICES

Alcohol and Drug Services (ADS) provides a full continuum of substance use disorder services including education, prevention, outpatient and residential substance use disorder treatment programs throughout the County. Services include:

⇒ Outpatient Substance Use Disorder Treatment for Adults and Youth

⇒ Residential Withdrawal Management (Detoxification)

⇒ Residential Substance Use Disorder Treatment for Adults and Youth

⇒ Residential Substance Use Disorder Treatment for Adults with Children

⇒ CalWORKs (Mental Health Program, Alcohol and Other Drug Programs, Family Stabilization Program)

⇒ Community-Based Recovery Centers

⇒ Intensive Outpatient Perinatal Substance Use Disorder Treatment Clinics

⇒ Partnership for Healthy Mothers and Babies

⇒ Environmental Prevention

⇒ Transitional Housing

⇒ Adult and Juvenile Drug Courts

⇒ Narcotic Treatment Programs

⇒ Screening Assessment and Referral Center

Alcohol and Drug Services Administration also certifies and monitors all providers of Driving Under the Influence (DUI) and Deferred Entry of Judgment (DEJ/PC 1000) programs within the County.

CLUBHOUSES

Clubhouses are run by members, individuals 18 and over, who have experienced and lived with mental health issues.   They offer support groups, job training, socialization activities and education.

- ⇒ Barstow - Desert Stars
- ⇒ Lucerne Valley - A Place To Go Clubhouse
- ⇒ Morongo Basin - Santa Fe Social Club
- ⇒ Loma Linda - Our Place
- ⇒ Rialto - Central Valley FUN Clubhouse
- ⇒ Rialto - Pathways to Recovery
- ⇒ San Bernardino - TEAM House
- ⇒ Ontario - Amazing Place
- ⇒ Victorville - Serenity Clubhouse

CRISIS SERVICES

The Community Crisis System of Care collaborates with law enforcement, hospital emergency departments and community partners to provide urgent psychiatric care to consumers in their communities. Services include:

- ⇒ Psychiatric diversion services, provided at ARMC including a culturally competent screening and diversion of consumers who may not be in need of hospitalization, to a more appropriate level of care in the community.

- ⇒ Community Crisis Response Teams consisting of multidisciplinary behavioral health professionals who provide crisis intervention services 24 hours a day, 7 days a week in the field to seriously mentally ill individuals of all ages.

- ⇒ Crisis Walk-In Centers in three geographic regions (Central Valley, High Desert and Morongo Basin) offer an alternative to hospitalization by providing psychiatric services and crisis stabilization to children, adolescents and adults experiencing a psychiatric crisis needing immediate assistance.

FULL SERVICE PARTNERSHIP PROGRAMS

Adult Full Service Partnership (FSP) programs are a team approach designed for adults ages 18-59 that have been diagnosed with a severe mental illness and would benefit from an intensive service program. FSPs embrace client driven services and supports with each client choosing services based on individual needs. DBH has placed FSP teams in both County and contract locations. FSPs are also available for specialized populations of children and older adults.

FSP programs:

⇒ Provide 24/7 access to the FSP team

⇒ Assist individuals who are homeless or at risk of being homeless with supportive services to assist them in being successfully housed.

⇒ Link and provide mental health services to maintain individuals with a serious mental illness in the least restrictive environment possible

⇒ Provide linkage and care coordination to treatment for individuals who have a co-occurring mental health and substance use disorder

⇒ Provide services to individuals in their homes, the community and other locations

⇒ Intensive case management and inclusion of family and community partners in the recovery process

⇒ Reduce psychiatric hospitalizations and incarceration

⇒ Increase public safety

⇒ Develop independent living skills

GENERAL MENTAL HEALTH OUTPATIENT CLINICS

Outpatient services are provided in the clinics within the four regions (Central Valley, Desert/Mountain, East Valley, West Valley) of the County of San Bernardino. Services are provided by County-operated clinics or contracted agencies for individuals who have been diagnosed with a severe mental illness that results in substantial impairment in carrying out major life activities.

Services are provided under the Recovery, Wellness and Resilience (RWR) philosophy of care to assist consumers in achieving self-sufficiency and to have lives that are more satisfying, hopeful, contributing, and fulfilling.

Services include:

⇒ Clinical Assessment and Evaluation

⇒ Individual and Group Therapy

⇒ Co-occurring substance abuse and mental health treatment

⇒ Rehabilitation of consumers' functional skills, daily living skills, social skills, medication compliance, and support resources

⇒ Medication Support Services

⇒ Crisis Intervention

⇒ Case Management

MEDICAL SERVICES

Medical Services collaborates with a multidisciplinary team and community providers including primary care to develop culturally/linguistically competent treatment. This includes diagnostic evaluations, acute outpatient stabilization, medication management, crisis intervention and brief focused psychotherapies for individuals living with a severe and persistent mental illness and/or substance use disorder in 12 outpatient clinics. Medical Services also provides education/training/clinical experience to future behavioral health/medical care providers in collaboration with various teaching institutions in San Bernardino County.

OFFICE OF CONSUMER AND FAMILY AFFAIRS

The Office of Consumer and Family Affairs (OCFA) was developed by DBH to better include consumers and family members in the development of services provided. OCFA is currently staffed by Peer and Family Advocates that have lived experience as consumers and/or family members. The primary function of this office is to:

⇒ Assist consumers and family members in accessing mental health and substance use disorder services

⇒ Reduce stigma by providing resources, education and support to consumers, family members and the community

⇒ Encourage family participation as a team member in the consumer's treatment plan

⇒ Connect consumers and family members with support agencies

⇒ Assist consumers and family members in navigating the behavioral health system

⇒ Empower families and consumers to make informed decisions

OFFICE OF CULTURAL COMPETENCE AND ETHNIC SERVICES

The Office of Cultural Competence and Ethnic Services provides the administrative oversight for embedding and integrating cultural and linguistic competence across every program within the department. The Office uses the National Culturally and Linguistically Appropriate Services (CLAS) standards and various organization assessment tools to address barriers to services due to culture and language differences across the County.

The Office monitors the adherence of federal, state, and local mandates for cultural and linguistic competence. The Office is also responsible for developing, monitoring, and implementing the state-required Cultural Competency Plan (CCP). The Plan is used by the Department to work towards the development of the most culturally and linguistically competent programs and services to meet the needs of the County's diverse racial, ethnic, and cultural populations.

The Office also operates a nationally recognized community-driven Cultural Competency Advisory Committee (CCAC) with 12 culture-specific subcommittees. These advisory groups engage in policy advocacy, develop trainings and conduct outreach activities by recruiting members of the community and engaging them in program planning. This community outreach and engagement approach assists DBH in designing programs and services that are community-driven and culturally informed.

SPECIALIZED ADULT AND OLDER ADULT SERVICES

The Adult and Older Adult System of Care offers an array of centralized specialty services to the County Department of Behavioral Health and Community:

⇒ Mental Health Services to Adults and Older Adults (Assessments, Psychotherapy, Medication Support, Crisis Intervention, Case Management)

⇒ Homeless Program Transitional Shelter Beds

⇒ Homeless Program Full Service Partnership Services

⇒ Mobile Mental Health Services to the Older Adult Population

⇒ Subsidized Housing to the Older Adult Population

⇒ Peer Support to the Older Adult Population 60 Years Old and Above

⇒ Lanterman Petris Short (LPS) Conservatorship Investigations

⇒ Long Term Care Placement (Institute of Mental Disease, State Hospitals, Board & Care Facilities)

⇒ Intensive Case Management for Clients Released From Long Term Care Mental Health Facilities

⇒ Permanent supportive housing and recovery-based wraparound case management services to chronically homeless and mentally ill individuals by the Homeless Outreach Support Team (HOST)

SPECIALIZED CHILDREN'S SERVICES

The Children's System of Care is a collaboration between DBH, public agencies and community-based organizations that provide a variety of services which include:

⇒ Centralized Children's Intensive Case Management Services (CCICMS)

⇒ Transitional Age Youth (TAY) Services

⇒ School-Based Services

⇒ Juvenile Justice Services

⇒ Family Services for Early Identification of Mental Health Needs of Children in Foster Care

Statistical Information

An extended range of program-specific services is provided to enhance the department's ability to promote wellness, recovery, and resilience.

MHSA Programs (Mental Health Services Act) Fiscal Year 2015-2016	Number of people served through Full Service Partnerships	Number of people served through System Development	Number of people served through Outreach and Engagement
Comprehensive Child/Family Support System (CCFSS)	1,128	0	498
Integrated New Family Opportunities	46	304	0
One Stop: Transitional Age Youth (TAY)	342	572	5,123
Clubhouse	0	5,956	17,060
Forensics	236	611	0
Assertive Community Treatment (ACT) and Members Assertive Program Solution (MAPS)	168	0	0
Crisis Walk-In Clinics	0	7,576	0
Triage	0	3,798	0
Community Crisis Response Team	0	4,074	11,871
Homeless	36	575	0
Alliance for Behavioral and Emotional Treatment (ABET)	92	0	0
Agewise: Circle of Care System Development	0	136	70
Agewise: Circle of Care Mobile Outreach	26	108	162
Total Persons Served	**2,074**	**23,710**	**34,784**

STATISTICAL INFORMATION CONTINUED

Prevention and Early Intervention programs provide strategies, activities, and services designed to deter the onset of, or provide intervention early in the manifestation of, a behavioral health condition.

Fiscal Year 2015/2016 Unduplicated Participant Counts					
Prevention/Early Intervention (PEI) Program	Children and Youth	TAY Transitional Age Youth	Adult	Older Adult	Total
Child and Youth Connection	22,197	1,168	5,549	293	**29,207**
Coalition Against Sexual Exploitation (CASE)	307	947	1,203	102	**2,559**
Community Wholeness and Enrichment	52	1,134	3,712	258	**5,156**
Family Resource Center	23,544	2,207	9,565	1,471	**36,787**
Lift	0	41	56	0	**97**
Military Services and Family Support Project	704	986	4,789	563	**7,042**
Native American Resource Center	1,030	639	1,456	426	**3,551**
National Curriculum and Training Institute Crossroads Education	1,507	2,090	1,215	49	**4,861**
Older Adult Community Services Program	0	56	56	5,506	**5,618**
Preschool PEI Project	919	2	148	1	**1,070**
Promotores de Salud	865	2,767	11,069	2,594	**17,295**
Resilience Promotion in African American Children	4,810	594	475	59	**5,938**
Student Assistance Program	24,910	1,967	5,572	327	**32,776**
Total	80,845	14,598	44,865	11,649	151,957

STATISTICAL INFORMATION CONTINUED

DBH serves the public by providing both mental health services and substance abuse services. Services include inpatient hospitalization, residential and outpatient services delivered through department clinics, contract agencies and the Managed Care Network.

Summary Information by Program for Fiscal Year 2015/2016		
	Mental Health Program	Alcohol and Drug Program
Total Number of Services	853,474	538,079
Age Groups Receiving Behavioral Health Services	Number of Clients Served	Number of Clients Served
0-15 years	14,088	61
16-25 years	9,930	1,460
26-59 years	22,688	5,615
60+ years	2,685	306
Total	49,391	7,442

Source: DBH and ADS SIMON database as of 8/02/2016.

STATISTICAL INFORMATION CONTINUED

The DBH Alcohol and Drug Services Community Based Recovery Centers provide ongoing support services to the community at large throughout the County.

Alcohol and Drug Services Average Adult Clients Served in Recovery Centers 2015/2016	
Type of Recovery Center Service Provided	Average Number of Clients Served
Aftercare Groups	3,262
Drug Education Training	481
Family Support Groups	230
Life Skills Training	848
Parenting Education	979
Smoking Cessation Classes	722
Peer Supported Activities	26,192
Anger Management Classes	986
Nurturing Fathers	0
Strengthening Families (Elementary)	0
Strengthening Families (Teen)	0
Strengthening Families (Parents)	31

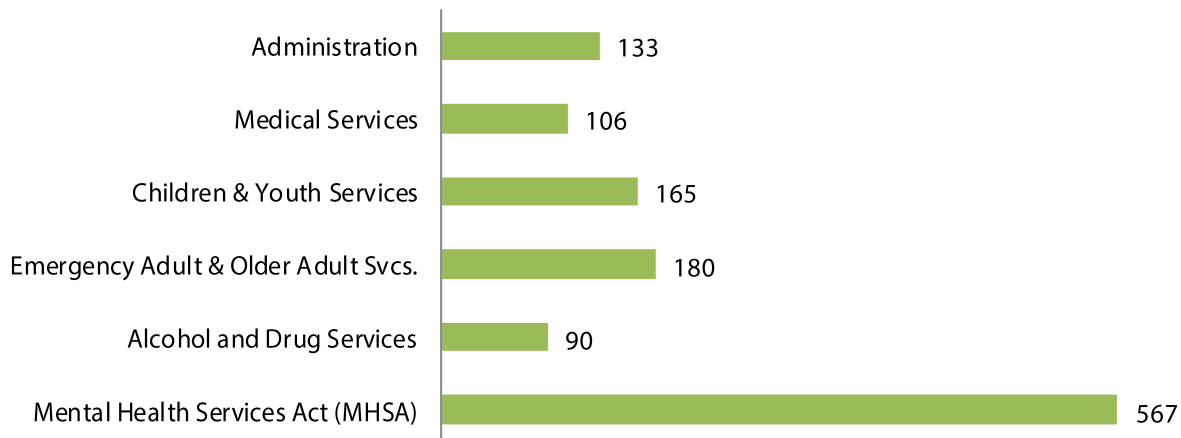| Estimated Number of Clients Accessing 12-Step Meetings in Alcohol and Drug Services Recovery Centers Fiscal Year 2015/2016 |
| --- |
| 75,186 |

STATISTICAL INFORMATION CONTINUED

DBH Alcohol and Drug Services Environmental Prevention (EP) provides ongoing support and technical assistance to communities served throughout the County.

Alcohol and Drug Services Average Strategy Counts in EP Fiscal Year 2015/2016	
Type of EP Service Provided	Number of Activities/ Disseminated Materials
Surveys Collected	5,642
Health Fairs/Conferences Attended to Disseminate or Receive EP Information	119
Brochures/Pamphlet Dissemination	9,129
Active Coalitions Throughout the County	33
Speaking Engagements Conducted to Deliver EP Information to Attendees	214
Printed Materials Disseminated (newsletters, flyers, fact sheets, etc.)	22,825
Training Services Attended or Provided on EP Strategies and Issues	290
Friday Night Live/Club Live Programs Countywide	25
Incidences of Technical Assistance Provided	633
Attempts at Using Media Advocacy and Strategies to Carry the EP Message	464

Staffing Information 2015/16
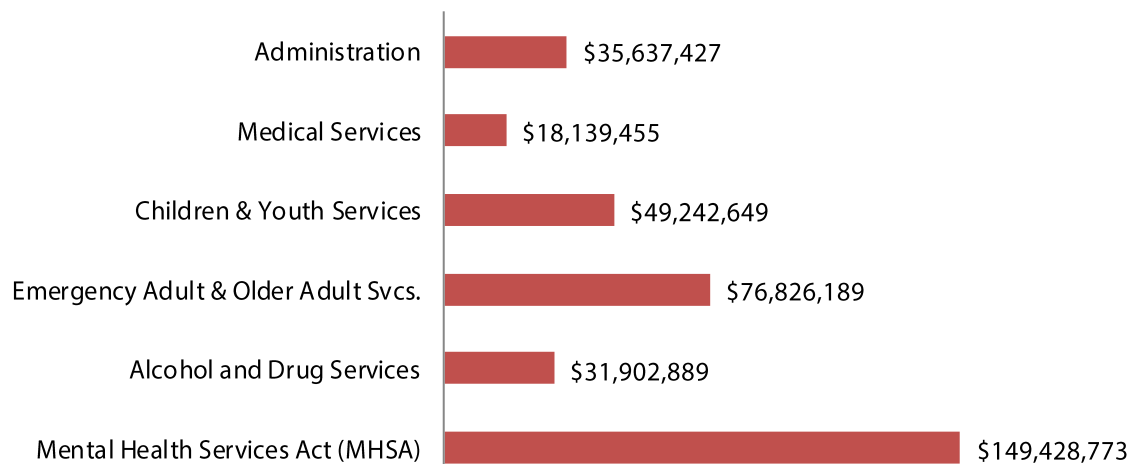
Total staffing is approximately 1,241 employees.

**Department of Behavioral Health
Budgeted Staffing**

Department	Staffing
Administration	133
Medical Services	106
Children & Youth Services	165
Emergency Adult & Older Adult Svcs.	180
Alcohol and Drug Services	90
Mental Health Services Act (MHSA)	567

Budget Information 2015/16

The department budget for FY 15/16 is $361,177,381.

**Department of Behavioral Health
Budgeted Appropriations**

Department	Appropriation
Administration	$35,637,427
Medical Services	$18,139,455
Children & Youth Services	$49,242,649
Emergency Adult & Older Adult Svcs.	$76,826,189
Alcohol and Drug Services	$31,902,889
Mental Health Services Act (MHSA)	$149,428,773

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Director Marie Girulat

Department of

CHILD

SUPPORT

SERVICES

The Department of Child Support Services (DCSS) determines paternity, establishes and enforces child support orders, and secures payments to assist families in meeting the financial and medical needs of their children. We provide timely and effective service in a professional manner.
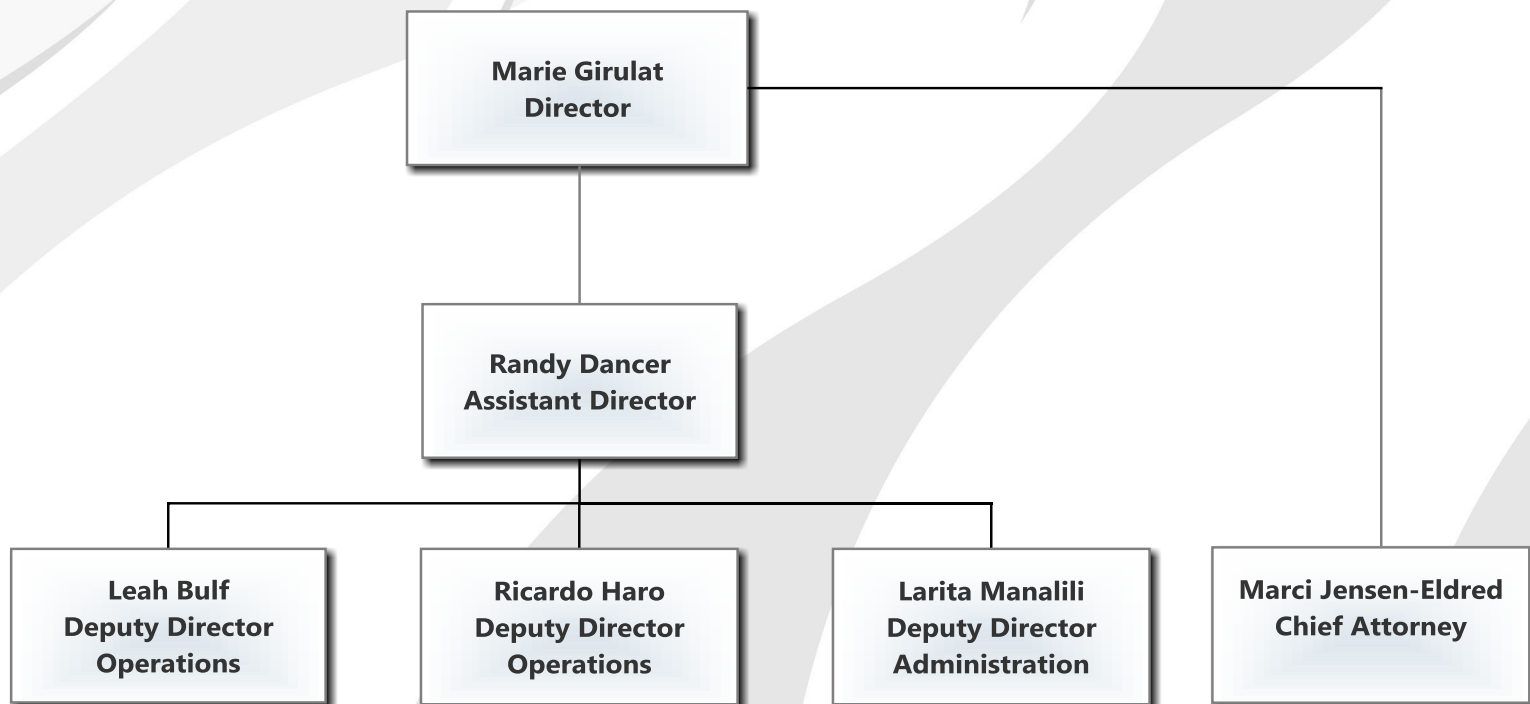
TESTIMONIAL

Gilbert Williams
Customer

Gilbert Williams sought the help of the Department of Child Support Services for his child support matters. Along the way, Child Support Officers answered all of his questions providing him with clear direction, making the process a much easier one.

Click on the link below to hear how Gilbert paid his $67,000 child support in full.

View the YouTube video.

Marie Girulat
Director

Randy Dancer
Assistant Director

Leah Bulf
Deputy Director
Operations

Ricardo Haro
Deputy Director
Operations

Larita Manalili
Deputy Director
Administration

Marci Jensen-Eldred
Chief Attorney

FOR MORE INFORMATION

Department of Child Support Services website: http://hss.sbcounty.gov/dcss/

DCSS office locations: Interactive Map

DCSS social media:

Overview

The Department of Child Support Services (DCSS) is responsible for the establishment, enforcement and collection of child support for families. DCSS works with parents who apply for services to establish legal fatherhood, establish and enforce fair child support and medical support orders, and works with parents to remove barriers to payment. Families who receive public assistance are required to participate in the Child Support Enforcement program and are paid the first $50 of current child support collected each month. The remainder is reimbursed to the County, the state and the federal government for the public assistance paid to customers. Custodial parents (CPs) who are not receiving public assistance may also request services, and payments received are distributed directly to the custodial parent through the State Disbursement Unit.

Accomplishments for 2015/16

DCSS ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Collected $182,672,041 in child support payments.

√ Ranked first in the state in program cost effectiveness; distributed $4.61 for each dollar spent on operations.

√ Generated $1,900,242 in reimbursement of public assistance to the County.

√ Assisted 513 customers with their child support-related issues, utilizing webcams at Transitional Assistance Department (TAD) offices throughout the County.

√ Conducted outreach webinars for 13 hospitals and birthing facilities and provided instructions on the preparation and submission of paternity declarations, resulting in submission and accuracy rates higher than statewide averages.

√ Attended 98 outreach events in local communities and provided information on the child support program.

√ Increased the visibility and use of Child Support Services Facebook© page by having 5,799 "Likes;" the highest number of Facebook© "Likes" of any county child support program in the state.

√ Implemented a paperless litigation file system, Legal Paperless System, which increased efficiencies and reduced costs during court hearings.

ACCOMPLISHMENTS CONTINUED

√ Managed a caseload of 112,493 cases; provided comprehensive child support services to the public including:

- 8,787 support orders established
- 178,324 services provided to customers calling into the Call Center
- 51,335 interviews conducted in the department's reception area

√ Implemented the Virtual Interactive On-Line Application (VIOLA) tool to assist customers in opening a case in a more efficient and timely manner.

√ Collaborated with the San Bernardino Superior Court Family Law Facilitator's office and provided assistance to mutual customers at the Child Support offices once a month.

√ Received two National Association of Counties (NACo) Achievement Awards:
- Collaboration with Workforce Development Department on Bridges to Employment
- Collaboration on free Family Law Facilitators events with San Bernardino Superior Court

Goals for 2016/17

DCSS ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

1. Continue to increase performance in key child support measures:

   A. Cases with parentage established at 100%

   B. Cases with an enforceable order at or above 90%

   C. Current support collected to current support owed at or above 67%

   D. Arrears cases with a collection at or above 70%

   E. Collect at least $4.65 for every $1.00 spent on operations

   F. Collections for child support at or above $185 million

2. Evaluate infrastructure, innovative technology and resources to deliver excellent and consistent customer service.

3. Expand collaborative partnerships within the community and county to meet the needs of families.

Child Support Services

DCSS MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Activity	Measure
Increase the reliability of child support payments to families and decrease the amount of unpaid child support.	• Decrease the percentage of families who are owed child support and do not receive a payment in the year to 18 percent. • Increase the percentage of consent orders established to 31.5 percent. • Reduce average number of days from case opening to establishing an order to 165.
Continue to address the evolving and diverse needs of our customers.	• Redesign website to be more user-friendly, visually pleasing and interactive. • Explore and implement additional electronic communication options.
Evaluate additional partnerships with other County departments to improve the lives of our customers.	• Partner with at least 3 additional organizations to ensure supportive services are available to families. • Expand outreach events and provide a one-stop shop for customers with child support needs.

Staff shows a customer how to use self-service kiosk.

Establishment of Legal Fatherhood (Paternity) – Paternity may be established through voluntary acknowledgment by the biological parents or through determination by the court. Genetic testing is done in any case in which paternity is disputed by the father. Establishment of paternity ensures that the child receives the same legal rights that would be provided to a child born to married parents.

Establishment of a Support Order – The establishment of a court order setting a payment amount for child support is necessary before collection actions can begin. It is not always necessary for parents to go to court to establish an order. Orders can be established by mutual agreement of the parents. If an agreement cannot be reached, parents will need to go to court. State guidelines are used to determine the amount of child support to be paid, which uses the parents' income and the amount of time the child resides with each parent.

Enforcement and Collection of a Support Order – Most child support is collected through orders to withhold the non-custodial parents' (NCP) wages. Other collection methods include: interception of federal and state tax refunds, attachment of unemployment compensation, disability payments and lottery winnings, liens on real and personal property, suspension of driver's license and other professional licenses, denial of passports, contempt-of-court actions, and criminal prosecution. A $25 annual fee is charged on cases for which at least $500 is collected within a one-year period when the CP has never received public assistance.

Modification of a Support Order – Child support orders may be reviewed and changed to ensure that the child support amount reflects the NCP's ability to pay. Reviews are conducted when information is received indicating a change of circumstances, or at least once every three years for cases in which the CP is receiving public assistance.

Administrative Processes – Administrative processes are used as an alternative to the need for a court hearing when establishing or modifying a court order. Prior to establishment or modification of a child support order, NCPs are given the opportunity to meet with a caseworker to agree to a stipulation which eliminates the need for them to appear in court.

Early Intervention – A comprehensive early intervention program is conducted to engage parents in their child support case and promote successful outcomes. Parents are contacted at the time their case is opened to provide information regarding the program and answer questions. Parents are also provided with an opportunity prior to the court hearing to meet with a caseworker to discuss the status of their case and reach an agreement for child support. Parents are contacted after the order is established to ensure they have full information regarding the child support order. Parents who miss a payment are immediately contacted to discuss options to become current.

Customer Service - A number of services are available to assist customers with the management of their cases. Customers who live in outlying areas may visit nearby Transitional Assistance Department offices and meet with caseworkers via webcam to obtain assistance with their cases. Kiosks are available in all three lobby locations and the child support court to provide self-service access to case information and community resources. DCSS provides Payment Answer Kits to NCPs which describe the various mechanisms available for making child support payments, and Program Information Kits to CPs describing the order establishment process.

Customer Outreach - Information about department services is available through a variety of sources, including the department's website, Facebook© and Instagram pages. The website includes a variety of online tools which customers can use to answer questions about their case or obtain program information. The department also participates in outreach events at locations throughout the County to provide program information and assist customers with their cases.

Statistical Information

Paternity Establishment

Children in caseload born out of wedlock as of June 30, 2016	90,233
Children with paternity established or acknowledged as of June 30, 2016	82,895

Support Order Establishment

Support orders established July 2015 - June 2016	8,787
Cases in caseload with a support order established as of June 30, 2016	99,863

Current Support Collections

Total current support owed	$182,703,316
Total current support collected	$119,622,425

Arrears Collections

Cases with arrears due in fiscal year 2015/16 as of June 30, 2016	68,484
Cases paying toward arrears as of June 30, 2016	48,214

Total Collected (both current and arrears)

July 2015 - June 2016	$182,672,041

Caseload by Program

Open cases as of June 30, 2016	**112,493**
Aided cases	33,497
Formerly-aided cases	59,704
Non-aided cases	19,292
Children in caseload	**126,831**

Staffing Information 2015/16

Total staffing is approximately 428 employees.

Department of Child Support Services
Budgeted Staffing

Department	Staffing
Child Support Operations - Enforcement	153
Child Support Operations - Establishment	146
Legal Services	66
Child Support Operations & Program Support	33
Assistant Director & Technical Support	24
Director & Ombudsman	6

Budget Information 2015/16

The department budget for FY 15/16 is $39,988,504.

Department of Child Support Services
Budgeted Appropriations

Category	Amount
Staffing Expenses	32,219,817
Operating Expenses	7,761,587
Capital Expenditures	7,100

Director Marlene Hagen

The mission of Children and Family Services (CFS) is to protect endangered children, preserve and strengthen their families, and develop alternative family settings. Services, as mandated by law and regulation, will be provided in the least intrusive manner with a family-centered focus. This mission is accomplished in collaboration with the family, a wide variety of public and private agencies and members of the community.
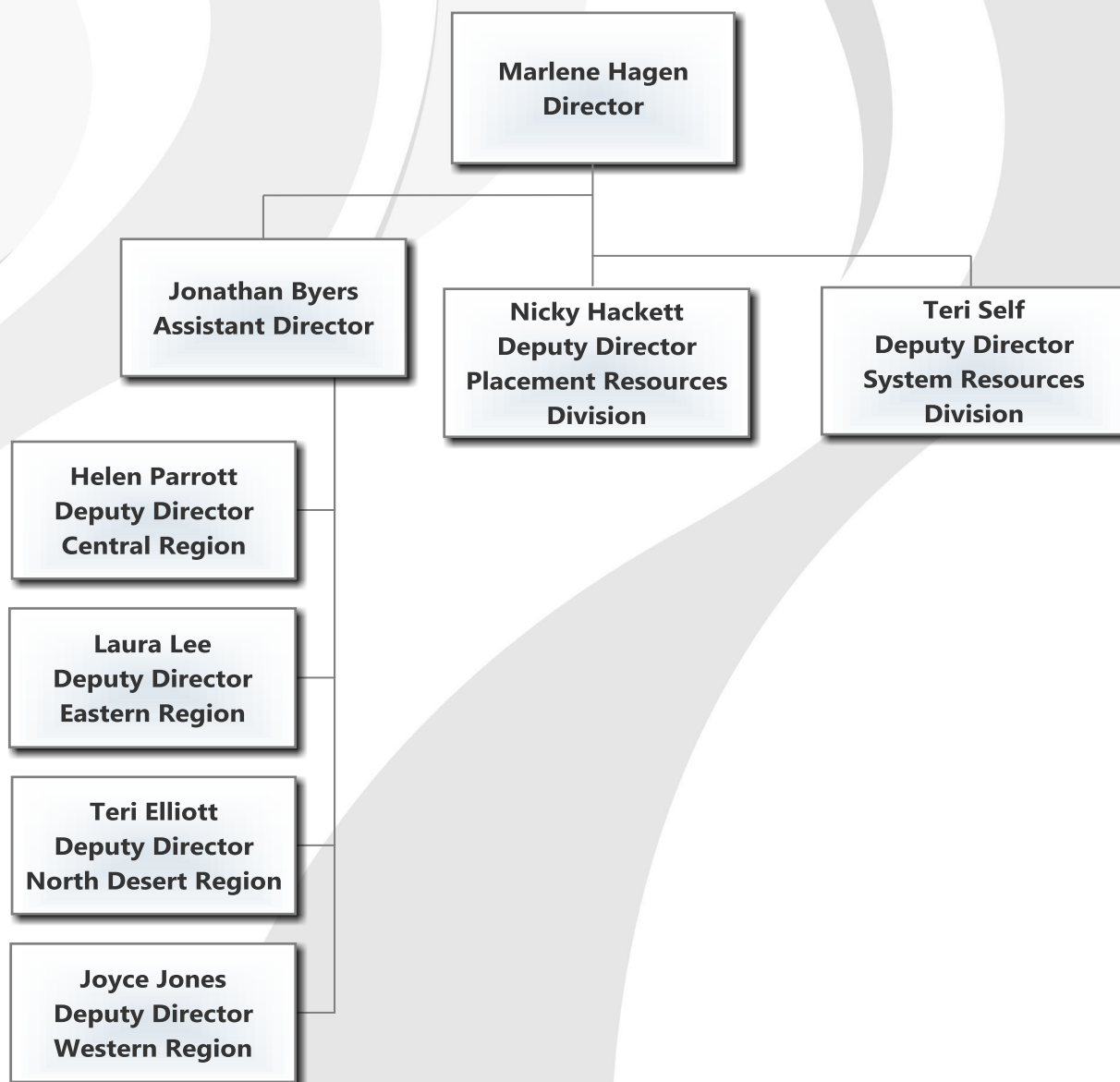
CHILDREN AND FAMILY SERVICES

TESTIMONIAL

John Devine,
Peer and Family Assistant

John Devine was raised in the San Bernardino County foster care system when he had no living relatives to care for him. His experiences in the system helped formulate a desire to assist youth in similar circumstances. John is now a Peer and Family Assistant with Children and Family Services and is providing youth with the resources and tools they need to succeed in life outside of foster care.

Listen to his story of triumphant efforts to reach out to youth who shared the same journey in life.

Click here to view the YouTube video.

Marlene Hagen
Director

Jonathan Byers
Assistant Director

Nicky Hackett
Deputy Director
Placement Resources
Division

Teri Self
Deputy Director
System Resources
Division

Helen Parrott
Deputy Director
Central Region

Laura Lee
Deputy Director
Eastern Region

Teri Elliott
Deputy Director
North Desert Region

Joyce Jones
Deputy Director
Western Region

FOR MORE INFORMATION

Children and Family Services (CFS) website: http://hs.sbcounty.gov/cfs/Pages/Welcome.aspx

CFS office locations: Interactive Map

CFS social media:

Overview

California law defines child abuse as any of the following:
♦   A child is physically injured by other means than accidental.
♦   A child is subjected to willful cruelty or unjustifiable punishment.
♦   A child is abused or exploited sexually.
♦   A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision.

Children and Family Services (CFS) provides intervention and support services to families and children when allegations of child abuse and/or neglect are substantiated within the County of San Bernardino. The goal of CFS is to keep the child in his or her own home when it is safe, and if it is determined that the child is at risk, to develop an alternate plan as quickly as possible. CFS interventions and services include the following:

Immediate Response (IR) - IR services are in-person investigations of cases in which children are alleged to be in danger due to abuse, neglect, or exploitation. Services are available 24 hours a day, seven days a week. When an abuse referral is received by CFS, the IR staff obtain facts to determine the risk factors and whether the referral is related to abuse, neglect or exploitation. The emphasis of IR services is on crisis intervention and avoiding a Juvenile Court action if possible. IR staff may provide the following services:
♦   Assess or identify risks and danger by gathering facts and clarifying the problems
♦   Accept/open a case
♦   Intervene in the crisis, if immediate assistance is required

Family Maintenance (FM) - The goal of FM is to allow children to remain safely in their own homes by providing services and supervision to the family. FM services are time limited service to children and families in their own home. FM services are intended to prevent or correct neglect and abuse issues and help create a safe environment for children to remain in the home.

Family Reunification (FR) - In cases where it is determined that a child or children cannot safely remain in their own home the court may order them to be removed. The goal of FR is to provide services, supports and resources to families and teach new skills and behaviors that lead to providing a safe and healthy environment for children. Successful completion of FR goals are required for parents, guardians, or caregivers to reunite with a child.

Permanency Planning (PP) - PP is defined as a comprehensive case planning process directed toward the goal of having a permanent stable home for a child. In cases where the court determines that the child's safety would best be provided by permanent removal from the parent or guardian, PP services are implemented. PP plans are generated during the FR process as an alternate plan in the

event FR is unsuccessful, Permanency Plans may include:

- Reunification with non-custodial parent(s)
- Adoption
- Guardianship
- Kin-gap (placement with family members)
- Planned Permanent Living Arrangement (PPLA)

Accomplishments for 2015/16

CFS ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Processed 32,620 child abuse referrals made through the Child and Adult Abuse Hotline (CAAHL).

√ Completed 1,033 medical exams, 1,055 forensic interviews and 433 therapy sessions at the Children's Assessment Center (CAC).

√ Completed 6,915 Risk Assessment Meetings (RAM's).

√ Hosted 9,345 supervised visits at Visitation and Support Centers for 1,238 unique children.

√ Provided Parent Partner services to 1,300 parents.

√ Established 1,194 family reunifications.

√ Increased the number of fathers included in reunification case plans (1,206 to 1,305) from previous year.

√ Established 204 guardianship placements.

√ Finalized 561 adoptions.

√ Provided post-adoption services to approximately 565 parents.

√ Provided visits by Public Health Nurses (PHNs) to 4,240 children and families.

√ Achieved sibling placement rate of 75.8% (higher than overall State of California rate of 70.8%).

√ Assisted in enrolling 355 children in preschool services programs.

√ Hosted 279 foster and kinship youth at the 9th Annual Foster and Kinship Youth Sports Faire.

√ Provided Independent Living Program (ILP) services to 1,066 youth.

√ Increased number of foster youth choosing to participate in extended foster care to 87.9% from 85.7% in year prior.

√ Provided wraparound services to 619 youth.

Goals for 2016/17

CFS ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

CFS annual goals are established in conjunction with the most current System Improvement Plan, as well as an analysis of multiple internal and external data sources, staff and stakeholder feedback.

1. Improve timely reunification.

2. Increase permanent placements for children in care more than two years.

How Outcomes Are Measured

CFS MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Children and Family Services measures outcomes through the use of specific data primarily collected through the Child Welfare Services/Case Management System (CWS/CMS) and the California Child Welfare Indicators Project-UC Berkley. Analysis of data is also completed using SafeMeasures and Business Objects analytics programs. Data which is not available or collected through the CWS/CMS system is gathered by individual programs which are then aggregated and analyzed in-house.

Activity	Measure
Increase and enhance the role of Parent Partners (a resource to help parents navigate the complex child welfare system). Parent Partners are parents who have successfully navigated the child welfare system, successfully reunified with their children and now work as para-professionals for CFS. Engagement with a Parent Partner leads to earlier reunification for families.	• Number of families involved with a Parent Partner.
Utilize teaming meetings (Team Decision Making, Transitional Conferences, Child and Family Team), which are collaborative processes involving the family and their community support systems who know and care about the child(ren). These meetings are designed to make the best informed decisions concerning a child (ren)'s safety and living environment, as well as, identify and address their mental health needs.	• Number of children impacted.

Activity	Measure
Utilize Foster Family Home (FFA) recruitment/ retention strategies and to increase the availability of Foster Family Homes in San Bernardino County. FFH's provide family-like living arrangements for our children in Foster Care as an alternative to Out-of-County placements and other higher levels of care at increased cost.	• Number of newly licensed Foster Family Homes.

Program Information

COLLATERAL PROGRAMS AND SERVICES

Child Family Team (CFT) - Child and Family Teams are comprised of the child/youth, parents and/or caregivers, extended family members and other supportive people from the family's community who agree to come together to create, implement, and refine a behavioral health plan with the child/youth (as developmentally appropriate) and the family. The plan builds on the strengths of the child/youth and family and addresses their immediate and long-term needs and aspirations. The primary focus of the CFT is always the safety and well-being of children and youth.

Child/youth and family involvement is key to identifying and planning mental health services. CFT meetings provide support and foster collaboration between families, mental health professionals and child welfare agencies.

Team Decision Making (TDM) - TDM is a strength-based approach to working with families which may have multiple and/or complex needs. TDM brings teams of people together and works to build an individualized plan. The model is specifically focused on bringing important adults in the child's life together to make decisions regarding placement, reunification, removal, or change in placement. Parents, children, extended family members, non-relatives, current caregivers, case workers, community partners (such as CASA worker), service providers, and a facilitator generally participate in the meetings.

Healthy Homes (HH) - HH is a collaborative effort between CFS and DBH to provide initial psychosocial screenings/assessments for children in out-of-home care in accordance with the Katie A. requirements. The goal of HH is to increase early identification of treatment needs of children in order to stabilize out-of-home placements and increase the potential for children to be reunited with their families.

Wraparound - Wraparound is an intensive strength-based, family-centered, needs driven program designed for children with mental health diagnoses who are either residing in, or at risk of being placed at a group home. The goal is to develop an effective support and resource network, increase a sense of competence, and acquire new skills for managing the needs of the children/youth. Plans are developed with an emphasis on each individual child and his or her family's strengths. Wraparound addresses both active crises and future safety planning.

Independent Living Program (ILP) - ILP is designed to prepare youth between 16 and 21 years of age to transition to adulthood and live independently. Compared to other youth, foster youth are at higher risk for homelessness, incarceration, and unemployment as adults. They are also more likely to experience physical, developmental, behavioral, and mental health challenges. ILP assists foster youth by promoting stable, permanent connections to caring adults; assisting youth with the management of physical and mental health needs; supporting economic success through education and employment programs; providing life skills training to help youth navigate the adult world; improving access to stable and safe housing; and structuring opportunities for youth to provide input on state policies and programs.

Family Advocacy Resource Services (FARS) - FARS promotes full and early engagement of parents and assists in achieving positive outcomes. Parent Partners and Domestic Violence Counselors are housed in each CFS office to support both staff and clients. Parent Partners are former clients who have successfully reunified with their children and are available to assist current parents in navigating the child welfare system. Domestic Violence Counselors are available to assist social workers in identifying and accessing resources for families in which domestic violence may be an issue.

Family Visitation and Support Centers (FVSC) - Visitation and Support Centers were created to facilitate supervised parent/child visitations for families working toward reunification. Visitation Center staff members, who are experienced in child visitation supervision and coaching, provide a safe and welcoming environment for parents to interact with their children. The centers are located throughout the County and maintain flexible hours to accommodate the needs of families who are participating in reunification services as part of their case plan.

Statistical Information

CFS receives allegations of child abuse and neglect through referrals from the public and mandated reporters to the Child and Adult Abuse Hotline (CAAHL).

Referrals	JAN - DEC 2012 (12 months)	JAN - DEC 2013 (12 months)	JAN - DEC 2014 (12 months)	JAN - DEC 2015 (12 months)	JAN - JUNE 2016 (6 months)
Referrals	27,301	29,101	30,558	32,632	15,913
Number of Children	52,122	53,054	57,855	62,106	27,597
Average Monthly Number Referrals	2,275	2,425	2,547	2,719	2,652

As of June 30, 2016, 5,020 children were in out-of-home care. Of these children, 25.7% were placed either outside of the County (1,212) or out of state (76). This excludes 592 Probate/Guardian youth.

| Age	Number	Percent
0 to 2	1,206	24.0%
3 to 5	901	17.9%
6 to 8	769	15.3%
9 to 11	634	12.6%
12 to 14	562	11.2%
15 to 17	579	11.5%
18 and older	369	7.4%
Total	**5,020**	**100%**

STATISTICAL INFORMATION CONTINUED

In fiscal year 2015/16, 2,508 children left placement, excluding 107 guardians. The following information pertains to the reasons for exiting foster care during this fiscal year.

Foster Youth Exiting From Placement	Number Exiting Foster Care FY 15/16	Percent Exit Reason
Reunification	1,337	53.0%
Adoption Finalized	610	24.2%
Guardianship Established	259	10.3%
NMD, Eligible for Reentry (under 21)	98	3.9%
Child Reached Age of Majority/ Emancipated	69	2.7%
NMD Age Limit Exit (Age 21)	58	2.3%
Other non-CWS Agency has Jurisdiction	54	2.1%
CWS Agency has Jurisdiction	20	0.8%
Child Adjudicated 601/602	7	0.3%
Incarcerated	4	0.2%
Other	8	0.3%
Total	**2,524**	**100%**

Staffing Information 2015/16

Total staffing is approximately 956 employees.

**Children and Family Services
Budgeted Staffing**

Category	Value
Casework	680
Clerical Support	188
Administrative Support	88
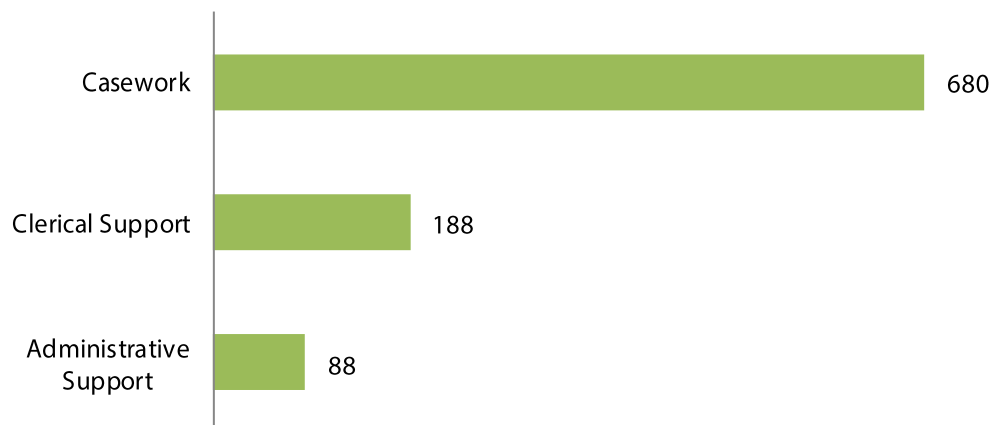
Budget Information 2015/16

The department budget for FY 15/16 is $122,376,595.

**Children and Family Services
Budgeted Appropriations**

Category	Value
Child Welfare Services	$108,849,831
Adoptions	$5,815,577
Other Programs	$2,657,059
Promoting Safe and Stable Families	$1,934,054
ILP	$1,564,973
Licensing	$701,565
Support and Therapeutic Options Program	$642,265
Foster Care Training and Recruitment	$211,271
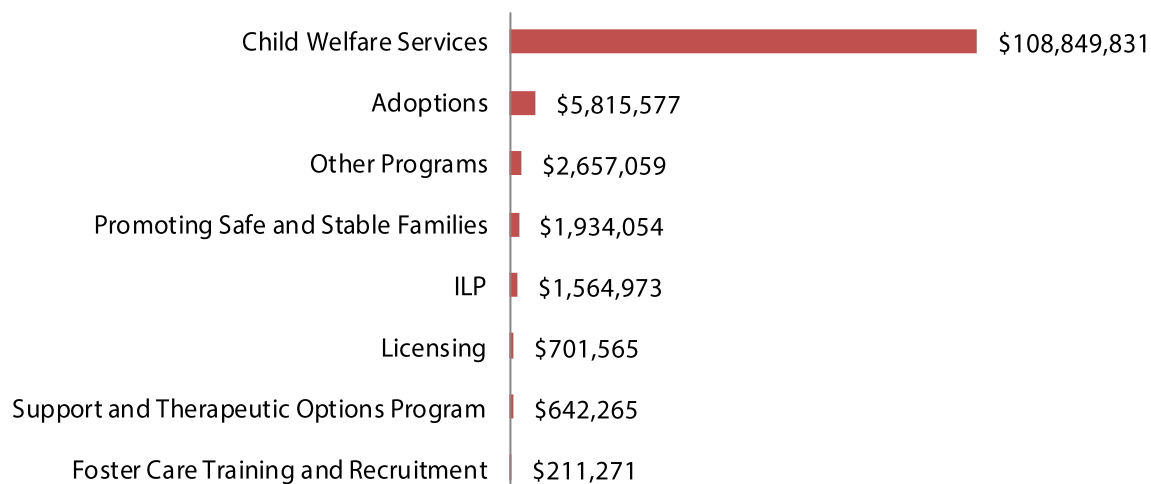
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Network Officer *Kathy Turnbull*

The overall goal of the Children's Network (CN) is to help at-risk children by improving, communication, planning, coordination and collaboration between child serving agencies, both public and private.

CHILDREN'S NETWORK
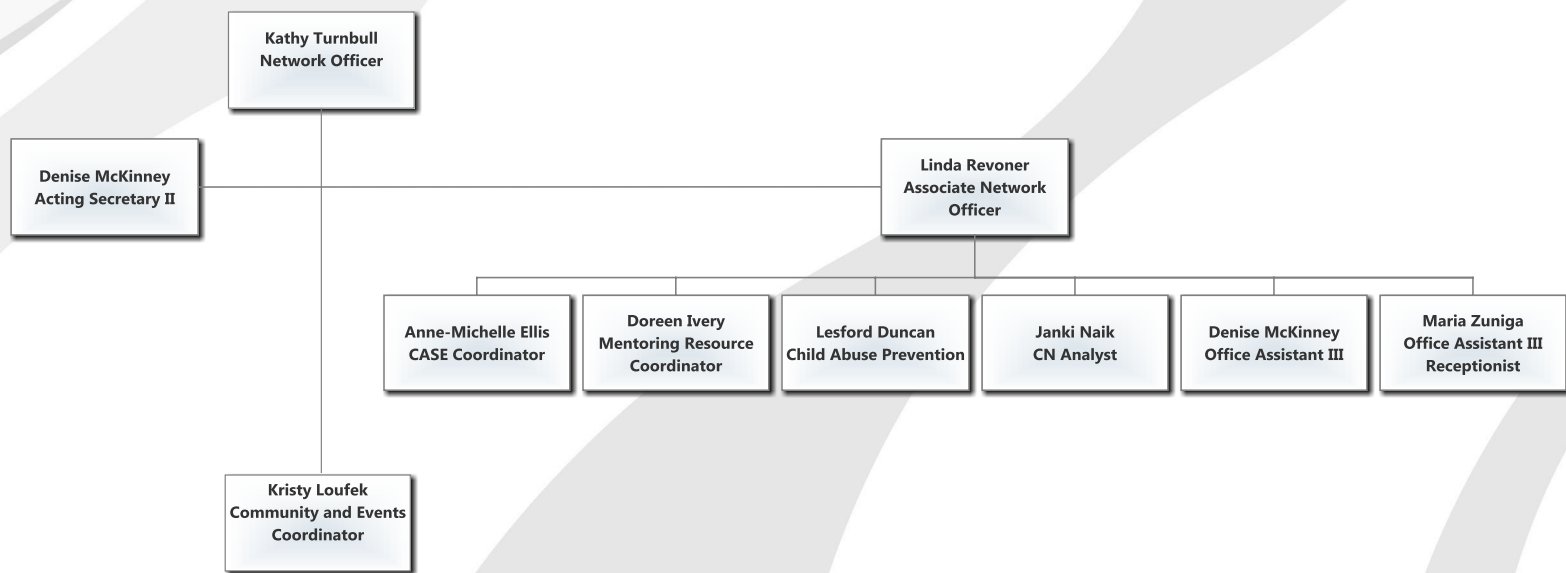
TESTIMONIAL

Anne Fannin,
Public Health Nurse II

Anne Fannin is a Public Health Nurse II with the San Bernardino County Department of Public Health.   She performs home visits for pregnant moms and their infants through the Partnership for Healthy Mothers and Babies program and often comes across clients who cannot afford to buy cribs. That's when Anne contacted Children's Network and the *Cribs for Kids* program.

Children's Network has been a valuable resource for the Department of Public Health providing cribs to mothers, ensuring their babies will sleep safely at home.   Click the link below to hear more.

Click here to view the YouTube video.

Kathy Turnbull
Network Officer

Denise McKinney
Acting Secretary II

Linda Revoner
Associate Network
Officer

Anne-Michelle Ellis
CASE Coordinator

Doreen Ivery
Mentoring Resource
Coordinator

Lesford Duncan
Child Abuse Prevention

Janki Naik
CN Analyst

Denise McKinney
Office Assistant III

Maria Zuniga
Office Assistant III
Receptionist

Kristy Loufek
Community and Events
Coordinator

FOR MORE INFORMATION

Children's Network (CN) website: http://hs.sbcounty.gov/CN/Pages/default.aspx

CN office locations: Interactive Map

CN social media:

Overview

In 1985, the San Bernardino County Grand Jury recommended that an interagency council be established to study and coordinate children's services for the County. In 1988 the Board of Supervisors formally approved a resolution establishing the Children's Network (CN) and specifying the powers and duties of their governing board, which is the Children's Policy Council.

The Children's Network of San Bernardino County concerns itself with at-risk children who are defined as minors who, because of behavior, abuse, neglect, medical needs, education assessment, and/or detrimental living situations, are eligible for services from one or more of the member agencies of the Children's Policy Council.

Accomplishments for 2015/16

CN ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Received National Association of Counties (NACo) Achievement Awards for collaborative efforts in Maternal Mental Health and Father Engagement.

√ Continued the Safe Sleep for Infants media campaign which included radio commercials, concourse signage at the Inland Empire 66er's Stadium, and digital billboards.

√ Continued the Child Abuse Reporting campaign in partnership with First 5 San Bernardino, Children and Family Services (CFS), and Inland Empire United Way/211.

√ Hosted an all-day countywide training on Animal Abuse and Dangerous Animals as Risk Factors for Child Abuse and other family violence.

√ Hosted the 18th Annual Shine-A-Light on Child Abuse Awards Breakfast at the National Orange Show on April 7, 2016, to kick off Child Abuse Prevention Awareness month.

√ Continued support of countywide efforts to improve the conditions of homeless youth in San Bernardino County through collaboration with the Homeless Youth Task Force.

√ Collaborated with Loma Linda Children's Hospital on the annual Keep Me Safe Conference.

√ Published the Children's Network 2015/2016 Annual Report and the San Bernardino County Child Death Review Team Annual Report with 2015 data obtained from the County Coroner's Case Management System.

√ Hosted three countywide SART/EIIS trainings: Trauma and Loss with Dr. Bruce Perry; Taking Care of Our Children—A Trauma Training in the wake of the December 2 tragedy; Mindfulness and Working with Caregivers with Dr. John Briere and Dr. Kiti Randall.

√ Continued public awareness efforts of the Coalition Against Sexual Exploitation (CASE) by hosting a series of human trafficking awareness events including the 6th Annual CASE Anti-Human Trafficking Awareness Walk that had over 400 attendees. CASE also began hosting community outreach meetings, every other month, in Victorville to help engage the High Desert community.

√ Collaborated with the Child Care Planning Council, Workforce Investment Board Youth Council, Head Start Shared Governance Board, CASA and Children's Fund Board of Directors.

√ Maintained a resource center available to County and community partners with materials on child safety topics such as: Safe Sleep, Safe Surrender, Shaken Baby Syndrome, Postpartum Depression, drowning prevention, positive parenting, and appropriate child discipline.

√ Tracked group home requests in conjunction with AB 2149, the County-sponsored group home legislation from 2004. Interfaced with the CEO and the Board of Supervisors on group home issues.

√ Continued the Shaken Baby Syndrome Prevention Program at Arrowhead Regional Medical Center and Barstow Community Hospital.

√ Continued the Cribs for Kids Program with the Department of Public Health and public health nursing students.

√ Established additional Cribs for Kids partnerships with other community partners, including: SACH Health Systems, Building a Generation, and San Bernardino City Unified School District's Cal-Safe Program.

√ Helped to establish the San Bernardino County Domestic Violence Council.

√ Created Family Violence Campaign flyers and messaging: *What You Teach a Child About Violence, You Teach a Child for Life and For a Child, Family Violence Lasts a Lifetime.*

√ The Inland Empire Father Involvement Coalition (IEFIC), made up of several County and community-based organizations, hosted the Inaugural Inland Empire Fatherhood Conference in August 2015. The event inspired, educated and equipped fathers with the tools they need to be actively engaged in the lives of their children.

√ IEFIC launched an initiative to implement the evidence-based Nurturing Fathers Curriculum in County and community-based organizations throughout San Bernardino County. Nine agencies and 11 individuals completed a two-day facilitator training.

√ The Maternal Mental Health Work Group, led by DBH and CN, continued to work together to strengthen resources for, and reduce the stigma on, mothers and families experiencing the effects of Postpartum Depression and maternal mental health issues.

ACCOMPLISHMENTS CONTINUED

√   Partnered with DBH, First 5 San Bernardino, DPH, Inland Empire United Way 211, and ISD Multi-Media Services, to launch a Public Service Announcement (PSA) on Maternal Mental Health and developed a comprehensive multimedia campaign to reduce the stigma around maternal mental health.

√   In partnership with DBH, hosted an eight-hour Maternal Mental Health training with Dr. Kaeni, Dr. Lynn Barnes and Dr. Erin Murphy Barzilay to increase awareness. Provided screening and assessment tools to over 150 social service and healthcare providers.

√   Developed and launched a PSA to expand mentoring efforts throughout San Bernardino County.

Goals for 2016/17

CN ESTABLISHED THE FOLLOWING GOALS FOR 2015/16:

1.   Expand child abuse prevention efforts countywide.

2.   Evaluate statistics and make recommendations to Children's Policy Council on safety campaigns to reduce the number of child deaths.

3.   Continue to strategize ways to meet the needs of the County's sexually exploited minors.

4.   Continue to increase awareness of the importance of early identification and treatment options for the drug exposed and high-risk zero through five populations by offering countywide training.

5.   Continue to research and share grant opportunities with community partners to enhance and develop existing and new programs as they relate to the safety and well-being of children.

How Outcomes Are Measured

CN MEASURES OUTCOMES BY THE FOLLOWING METHODS

Activity	Measure
Expand child abuse prevention efforts countywide.	• Increase the number of attendees at the Child Abuse Prevention Committee meetings. • Expand current campaigns to cover more of San Bernardino County. • Increase the number of visual media outlets in high-risk areas, in order to reach more of the population. • Increase awareness and knowledge of the Adverse Childhood Experiences (ACE) study through relevant trainings and presentations.
Evaluate statistics and make recommendations to Children's Policy Council on safety campaigns to reduce the number of child deaths.	• Decrease the number of sleep related infant deaths. • Decrease the number of cases reviewed related to current safety campaigns per month.
Continue to strategize ways to meet the needs of the County's sexually exploited minors.	• Continue to increase participation in the CASE Outreach Committee. • Increase awareness of the prevalence of child sexual exploitation.
Continue to increase awareness of the importance of early identification and treatment options for the drug exposed and high-risk zero through five populations by offering countywide training.	• Increase the number of County and community partners trained on the long-term effects of prenatal drug exposure and post-natal trauma. • Increase attendance at countywide and professional development trainings.
Continue to research and share grant opportunities with community partners to enhance and develop existing and new programs as they relate to the safety and well-being of children.	• Increase the number of correspondences regarding grant opportunities to our partners. • Increase the number of collaborative grants received by County and community partners.

Program Information

CHILD ABUSE PREVENTION (CAP) COLLABORATIVE EFFORTS

Children's Network was involved in a number of collaborative efforts in a variety of areas. Of particular note is the involvement in Loma Linda Children's Hospital's Keep Me Safe Parenting Conference, Too Hot for Tot campaign, health and resource fairs, and Safe Sleep for Infants campaign.

An integral part of Children's Network is disseminating child abuse prevention materials to the greater community. Children's Network was also involved with video and theater advertising, billboard and bus ads, distribution of ABC's of Safe Sleep Resource kits and Dial 2-1-1.

COALITION AGAINST SEXUAL EXPLOITATION (CASE)

The commercial sexual exploitation of youth is a serious and pervasive issue affecting individuals, families, and communities around the world. Exploiting children is a form of child abuse and those being exploited are victims of this serious crime. It is a complicated issue and in response, San Bernardino County has formed a coalition made up of law enforcement and social service agencies at a local level to coordinate their activities in order to best connect exploited youth to needed services.

The Coalition Against Sexual Exploitation (CASE) includes partnerships between the District Attorney, Public Defender, Probation Department, Sheriff's Department, Children and Family Services (CFS), Department of Behavioral Health (DBH), County Superintendent of Schools, and Children's Network.

Early in 2011, a multi-disciplinary team was formed consisting of a juvenile probation officer, a social service practitioner from CFS and a therapist from DBH. Together, with staff from the Public Defender and the District Attorney's Offices, they are responsible for providing education, prevention, intervention, referrals and direct services to youth who are at risk of or who have been victims of commercial sexual exploitation.

MENTORING YOUTH TASK FORCE

The Mentoring Resource Coordinator continues to develop collaborative efforts between DBH and CN to assist with connecting high-risk system-involved youth with mentoring programs. High-risk, system-involved target populations include foster youth, probation youth, transitional age youth, kinship youth and other underserved populations of youth.

The Mentoring Youth Task Force was created to bring existing mentoring programs, County staff, and community partners together to share information and facilitate greater mentoring relationships between high-risk and community-based mentoring programs.

SCREENING, ASSESSMENT, REFERRAL, TREATMENT (SART)/EARLY IDENTIFICATION AND INTERVENTION (EIIS)

The SART/EIIS programs are designed to improve the social, developmental, cognitive, emotional, and behavioral functioning of high-risk and multiple-risk children ages zero through five. The program is funded jointly by First 5 San Bernardino and San Bernardino County DBH.

SART/EIIS treatment is provided by a trans-disciplinary team comprised of clinicians, public health nurses, a pediatrician, neuro-developmental psychologist, occupational therapist, and speech and language therapists.

There are four SART centers: Christian Counseling Service (CCS), Desert Mountain Children's Center (DMCC) with locations in Apple Valley-Big Bear-Yucca Valley, and Victor Community Support Services (VCSS) and West End Family Counseling (WEFC). Each of the SART centers offer EIIS services.

Children's Network is contracted with First 5 San Bernardino to provide a SART/EIIS program coordinator who is responsible for the effectiveness and the efficiency of the SART and EIIS Models of Care. The Centers are responsible for the day-to-day functions.

Committee Information

Child Abuse Prevention Council
Composed of representatives from public and private agencies throughout the County who come together primarily for the purpose of coordinating efforts to prevent child abuse and neglect.

Child Death Review Team
A multi-disciplinary team charged with reviewing child (0-17) deaths to identify trends, inform prevention and safety campaigns and develop interagency policies to ultimately reduce the number of preventable child deaths.

Children's Policy Council
The governing body for the Children's Network is comprised of a member of the Board of Supervisors, a representative from the CEO's office, the presiding judge of the Juvenile Court and department heads from the County's child-serving agencies.

Coalition Against Sexual Exploitation (CASE)
A taskforce comprised of community and County partners with the goal of educating the community about the growing problem and connecting exploited youth with the appropriate services.

Countywide SART/EIIS
Services provided to children ages zero through five at risk for emotional/behavioral problems associated with substance exposure and issues related to abuse and neglect.

Foster Care Advisory Council
An interagency team that focuses on improving outcomes for foster youth.

Homeless Youth Task Force
An interagency team comprised of community and County partners established to address the needs of the homeless youth in the County.

Inland Empire Father Involvement Coalition (IEFIC)
Children's Network joined the Inland Empire Father Involvement Coalition (IEFIC) which is a group of community-based organizations, county agencies, faith-based organizations, and individuals from various professions collaborating and pooling resources, services, and expertise to reduce father absenteeism and the negative images of fatherlessness in our communities.

Maternal Mental Health Partnership
Children's Network joined the Countywide Maternal Mental Health Work Group-convened by the Department of Behavioral Health-to address gaps in services and barriers to accessing maternal health care, especially Postpartum Depression.

Mentoring Youth Task Force
An interagency team comprised of community and County partners with the goal of improving the coordination of mentoring services to system-involved youth.
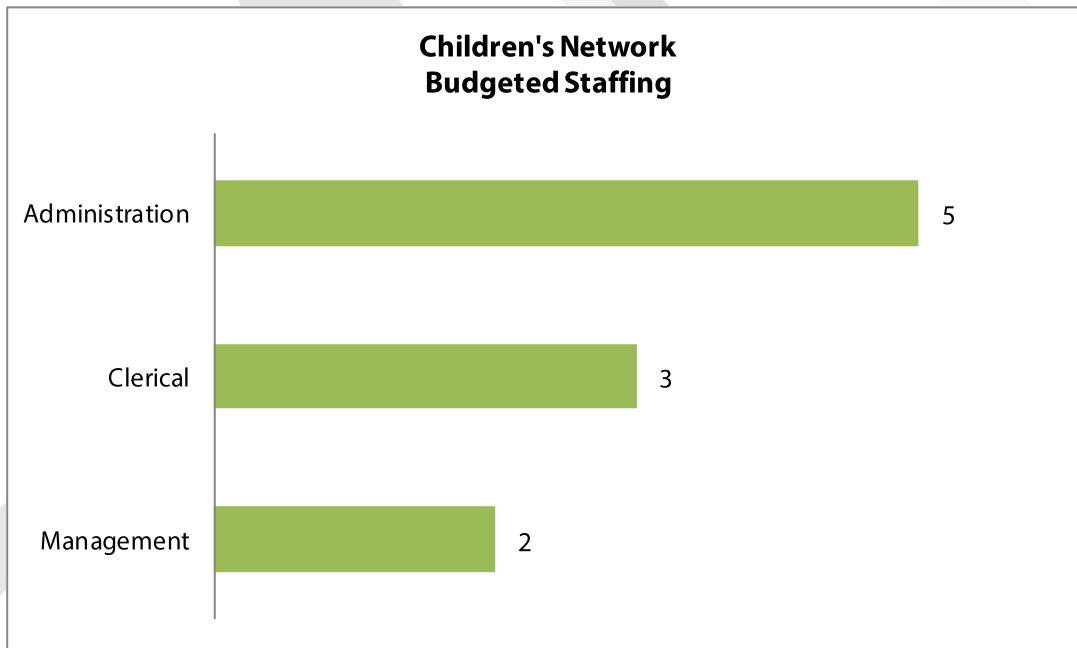

*Gary Ovitt wins the
Lifetime Advocate Award.*

*Children from Mill Street Head Start sing
"This Little Light of Mine."*

Statistical Information

√ 130 Pack n' Plays were distributed as part of CN's Cribs for Kids Program.

√ 1,860 parents whose babies were born at Arrowhead Regional Medical Center received the preventing Shaken Baby Syndrome Prevention information prior to their baby's discharge as part of our Shaken Baby Syndrome Prevention Program.

√ 120 parents whose babies were born at Barstow Community Hospital received Shaken Baby Syndrome Prevention information prior to their baby's discharge as part of our Shaken Baby Syndrome Prevention Program.

√ Received 20 Proclamations from cities within the County declaring April as Child Abuse Prevention Month for April 2016.

√ Trained over 1,000 social service, healthcare providers, educators, child care providers, families and community members on Child Abuse Prevention/Adverse Childhood Experiences (ACE).

√ Displayed the Dial 2-1-1 to report Child Abuse, ABC's of Safe Sleep, Postpartum Depression, the Effects of Family Violence on Children, and the Importance of Father Involvement messages on 21 billboards on two major highways in San Bernardino County over the course of 6 months.

√ Played the Dial 2-1-1 to report Child Abuse, ABC's of Safe Sleep, Postpartum Depression and Family Violence messages 204 times on Spanish radio commercials between January and March and 50 times per week on a local English channel. The Father Involvement campaign message was played 132 times during the month of June.

√ Hosted over 600 people at the 18th Annual Shine-A-Light on Child Abuse Awards Breakfast.

√ Hosted over 500 people at the 29th Annual Children's Network Conference.

√ Assisted 77 young people who had been victims of sexual exploitation.

√ Screened over 1,840 children ages zero to five years for SART/EIIS services.

√ Distributed over 400,000 pieces of education materials and giveaways to support child abuse prevention and child safety.

√ Collaborated on over 80 community events.

Staffing Information 2015/16

Total staffing is approximately 10 employees.

**Children's Network
Budgeted Staffing**

Category	Value
Administration	5
Clerical	3
Management	2

Budget Information 2015/16

The department budget for FY 15/16 is $1,017,018.

**Children's Network
Budgeted Appropriations**

Category	Value
Staffing Expenses	$908,052
Operating Expenses	$108,966

CHILDREN'S ART
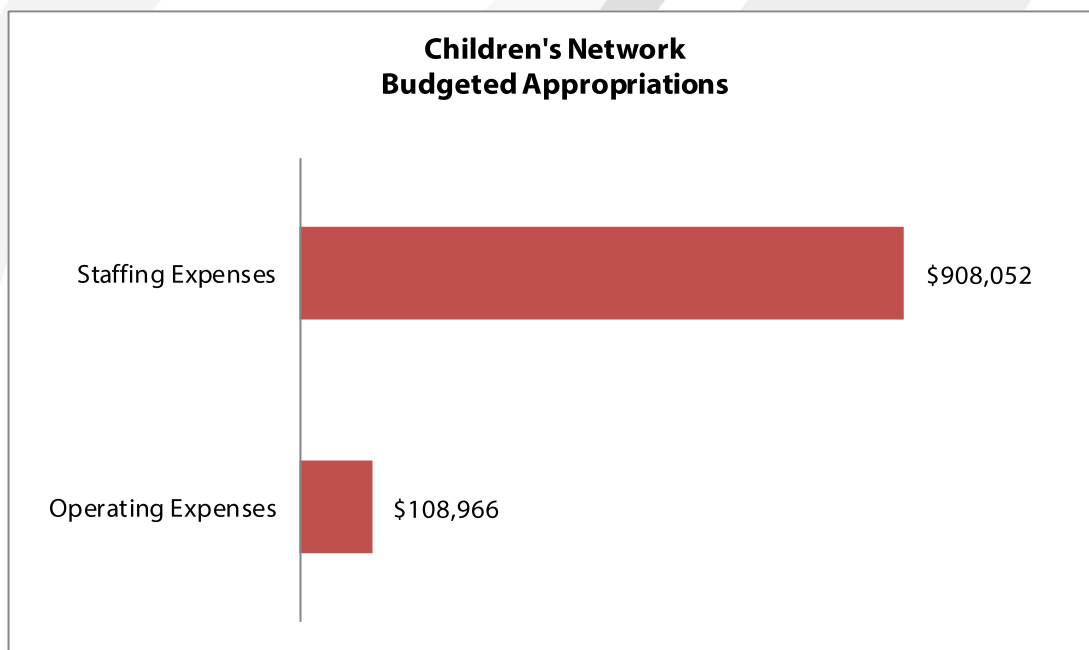
Director Diana Alexander

Preschool Services Department (PSD) strives to improve the well-being of children, empower families, and strengthen communities.

PRESCHOOL SERVICES

Department

TESTIMONIAL

Nikia Chaney, Customer

Nikia Chaney and her daughter encountered many of life's greatest challenges in a matter of two years. From financial difficulties to the loss of her daughter's father, they made it through it all with the support of the Preschool Services Department.

Find out how the Preschool Services Department helped Nikia and her daughter achieve physical and emotional well-being.

Click here to view the YouTube video.

Organizational Chart

County Board of Supervisors

Preschool Services Policy Council

Diana Alexander
Preschool Services Director

Preschool Services Shared Governance Board

Cheryl Adams
Administrative Manager
Finance, Human Resources, Facilities

Phalos Haire
Assistant Director

Sharmaine Robinson
Executive Secretary II

Nighett Ahmed
Deputy Director
Program Operations

Vince Wrzalinski
Supervising Program Specialist
Quality Assurance, ChildPlus, Special Projects

Vacant
Deputy Director
Program Operations

FOR MORE INFORMATION

Preschool Services Department (PSD) website: http://hss.sbcounty.gov/psd/

PSD office locations: Interactive Map

PSD social media:

Overview

DESCRIPTION

The Preschool Services Department (PSD) administers the Federal Head Start (HS), Early Head Start (EHS), Early Head Start-Child Care Partnership (EHS-CCP), and the Department of Education California State Preschool Program (CSPP) in San Bernardino County. The department's ultimate vision is that our children will excel in whatever setting they go to next; our families' quality of life will be measurably better after participating in our programs; and our efforts will increase the quantity and quality of sustainable resources and services countywide.

Accomplishments for 2015/16

PSD ACCOMPLISHED THE FOLLOWING IN 2015/16:

PSD worked diligently to not only meet federal and state requirements, but to surpass the program goals set last year. PSD achieved the following during program year 2015/2016:

√   Increased literacy skills by 85% for enrolled preschool children ages three to five.

√   Increased social and emotional skills by 25% in enrolled toddlers ages 18 months to three years.

√   Enrolled 330 foster children in programs.

√   Reduced the number of preschool children who were classified as obese or overweight by 60 percent.

√   Enrolled 139 children for the new Early Head Start - Child Care Partnership program.

√   Trained 124 PSD parents as food service workers, custodians, clerks and teacher aides through the Apprenticeship Program.

√   Provided 7,951 hours of direct mental health services to PSD families through the Prevention and Early Intervention (PEI) MOU with the Department of Behavioral Health.

Goals for 2016/17

PSD ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

The program goals established by PSD have been developed as a result of the 2015-2016 Community Assessment update and a review of the 2015-16 Program Information Report (PIR) results. PSD's primary focus continues to be promoting school readiness; ensuring long term success in school and other life endeavors; and providing support to families to pursue self-sufficiency.

In addition, the prior year goals were reviewed, evaluated and updated as necessary for this second year of the five-year funding cycle. PSD has established the goals as follows:

1. Promote school readiness.
    A. Increase literacy skills in children, ages three to five, attending a year round preschool program to prepare for kindergarten.

    B. Increase social and emotional skills in toddlers, ages 18 months to three years, attending a year round program to prepare for transition into a preschool program.

2. Increase the enrollment opportunities for foster children.
    A. Enhance collaboration and referral process for enrollment with the Department of Children and Family Services.

3. Reduce obesity in PSD children.
    A. Partner with local universities and hospitals to provide nutrition education programs for PSD parents and staff.

    B. Promote nutrition education programs for PSD parents at each school site.

    C. Ensure that PSD children receive both nutrition curriculum and physical activity daily within the classroom schedule.

How Outcomes Are Measured

PSD MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Activity	Measure
Promote school readiness.	• Use the School Readiness approach in an effort to support and strengthen Preschool Education and School Readiness skills for children and their families. • Percentage of children who demonstrate growth in literacy skills for school readiness as measured by the Desired Results Developmental Profile (DRDP) 2015.
Increase the enrollment opportunities for foster children.	• Number of foster children enrolled.
Decrease the Body Mass Index (BMI) classification level for the children initially identified as obese and/or overweight to a lower BMI level.	• Identify children at risk by measuring Body Mass Index (BMI) at the beginning of the school year and refer for services as needed. • Number of parents and community members provided training.

Program Information

PSD administers programs for children in 43 locations throughout San Bernardino County. These programs provide early childhood education and family services to over 6,000 disadvantaged children from birth to five years of age, pregnant women and families.

HEAD START (HS)

Head Start (HS) is a national program that provides comprehensive developmental services for children three to five years of age and their families. This program provides specific services such as:

- Health and Social Services

- Developmental and Behavioral Screenings

- School Readiness

- Nutritional Services and Education

Parent education, family support, and social services are designed to support and empower HS families, assist them in becoming economically self-sufficient, and assist them to identify and achieve personal family goals.

EARLY HEAD START (EHS)

The Early Head Start (EHS) program was established to assist pregnant women, infants and toddlers up to age three. EHS is designed to assist with enhancing:

- Children's physical, social, emotional and intellectual development.

- Pregnant women's access to comprehensive prenatal and postpartum care.

- Parent education on their child's development.

- Parents' efforts to fulfill their parental roles and move towards self-sufficiency.

As a result, the EHS program promotes healthy prenatal outcomes, enhances the development of infants and toddlers, and promotes healthy family functioning.

EARLY HEAD START—CHILD CARE PARTNERSHIP (EHS-CCP)

The Early Head Start - Child Care Partnership (EHS - CCP) is a collaboration between existing EHS programs and child care to expand the delivery of high quality education and comprehensive services to low income children aged zero to 48 months and their families who participate in the child care subsidy program. The program promotes success of infant and toddler care through the ability to increase the educational services with the establishment of stimulating learning environments and enhanced professional development opportunities made available to child care center and family child care providers. The role of EHS-CCP is to leverage resources already offered to address the needs of grantees and the families they serve.

CALIFORNIA STATE PRESCHOOL PROGRAM (CSPP)

The California State Preschool Program (CSPP) is a comprehensive child development program that provides a safe and nurturing hands-on learning environment that helps each child reach his/her highest potential in the areas of:

- Social Development
- Cognitive/Creative Development
- Language Development
- Physical Development

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

The Child and Adult Care Food Program (CACFP) is federally funded and administered through the State of California. The program strives to:

- Improve the diets of children under 13 years of age by providing children with nutritious, well-balanced meals.
- Aid in developing good eating habits in children that will last through later years.

LOW-INCOME FIRST-TIME MOTHERS (LIFT)

The Low-Income First-Time Mothers (LIFT) program is designed to improve the health and social functioning of low-income first-time mothers and their infants by providing in-home visits by a Public Health nurse. The nurses follow a visitation schedule that consists of one 90-minute home visit per week over a two and a half year period.

PRESCHOOL EARLY INTERVENTION (PEI)

The Preschool Early Intervention (PEI) program provides teachers and parents with strategies and activities to help them identify social, emotional and behavioral issues in children in order to prevent the onset of more severe behavioral conditions. The program also provides referrals to families in need of additional support services and resources such as:

- Appropriate mental health providers
- Support groups for parents and caretakers
- Primary care providers

FIRST 5 FULL DAY PRESCHOOL

First 5 supports high quality and developmentally appropriate early education programs for children in San Bernardino County. These programs are designed to improve a child's cognitive, social and emotional development so that they are better prepared for success in school and life. Its purpose is also to expand the availability of programs to children who are unable to receive services either through income limits or lack of available slots.

Statistical Information

PSD compiles and analyzes all service area data, demographics, and resources in order to determine how to provide the most useful and appropriate services to the largest number of eligible children and families. This process allows PSD to maximize the use of HS and EHS funds.

According to Kidsdata.org, in 2015 there was a total of 184,564 children between the ages of zero to five in San Bernardino County; the gender breakdown is as follows:

San Bernardino County	Numbers		
Age	Female	Male	Total
0 - 2 Years	45,473	47,287	92,760
3 - 5 Years	45,021	46,783	91,804

Child Population by Race/Ethnicity: 2015 Kids data
Race/Ethnicity: African American/Black; American Indian/Alaska Native; Asian American; Hispanic/Latino; Native Hawaiian/Pacific Islander; White; Multi-Racial.

Ethnicity of Children 0-18 in San Bernardino County	Percent
Hispanic/Latino	61.8%
White	21.7%
African American/Black	7.9%
Asian American	4.5%
Multi-Racial	3.5%
American Indian/Alaska Native	0.3%
Native Hawaiian/Pacific Islander	0.3%

Definition: Estimated population under age 18, by race/ethnicity.

STATISTICAL INFORMATION CONTINUED

PSD Child Plus Report as of June 30, 2016.

Ethnicity of Children Served by PSD	Percent
Hispanic/Latino	64%
White	13%
African American/Black	16%
Asian American	1.9%
Multi-Racial	4.0%
American Indian/Alaska Native	0.3%
Native Hawaiian/Pacific Islander	0.3%
Other	0.5%
Unspecified	0.08%

STATISTICAL INFORMATION CONTINUED

In addition to high quality educational programs, PSD families receive comprehensive supportive and referral services. The following are the number of families who received services or referrals in 2015/2016 according to the Family Services Assessment data.
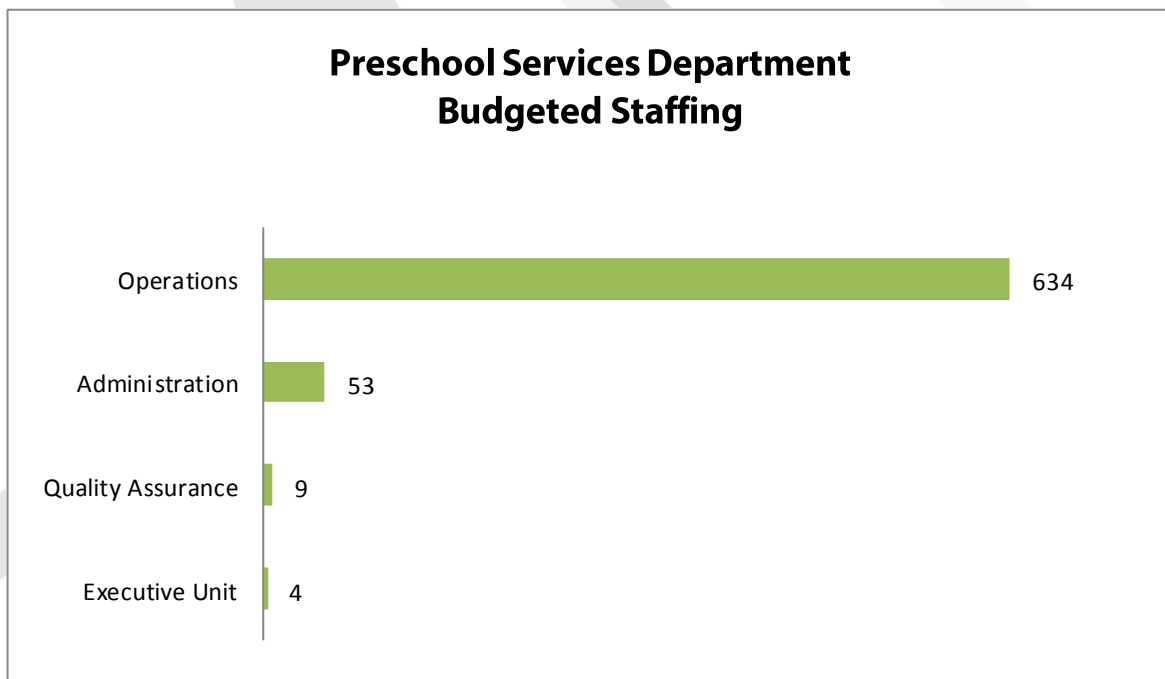
Referral Service	2015/2016
Adult Education such as GED programs and college selection	657
Assistance to Families of Incarcerated Individuals	34
Housing Assistance such as subsidies, utilities, repairs etc.	409
Job Training	677
Health Education	1,607
Emergency/Crisis Intervention such as meeting immediate needs for food, clothing, or shelter	520
Child Abuse and Neglect Services	19
Child Support Services	67
Domestic Violence Services	33
Mental Health Services	387
English as a Second Language (ESL) Training	262
Substance Abuse Prevention	16
Substance Abuse Treatment	4
Parenting Education	1,664
Marriage Education	260
Asset Building Services	194

Caseload by Program

During the 2015-2016 program year, PSD served a combined total of 6,137 Head Start, Early Head Start, Early Head Start - Child Care Partnership, First 5 and State Preschool children and families throughout San Bernardino County.

Staffing Information 2015/16

Total staffing is approximately 700 employees.

**Preschool Services Department
Budgeted Staffing**

Category	Value
Operations	634
Administration	53
Quality Assurance	9
Executive Unit	4

Budget Information 2015/16

The department budget for FY 15/16 is $54,320,513.

**Preschool Services Department
Budgeted Appropriation**

Category	Value
Staffing Expenses	27,439,079
Operating Expenses	26,482,434
Capital Expenditures	399,000
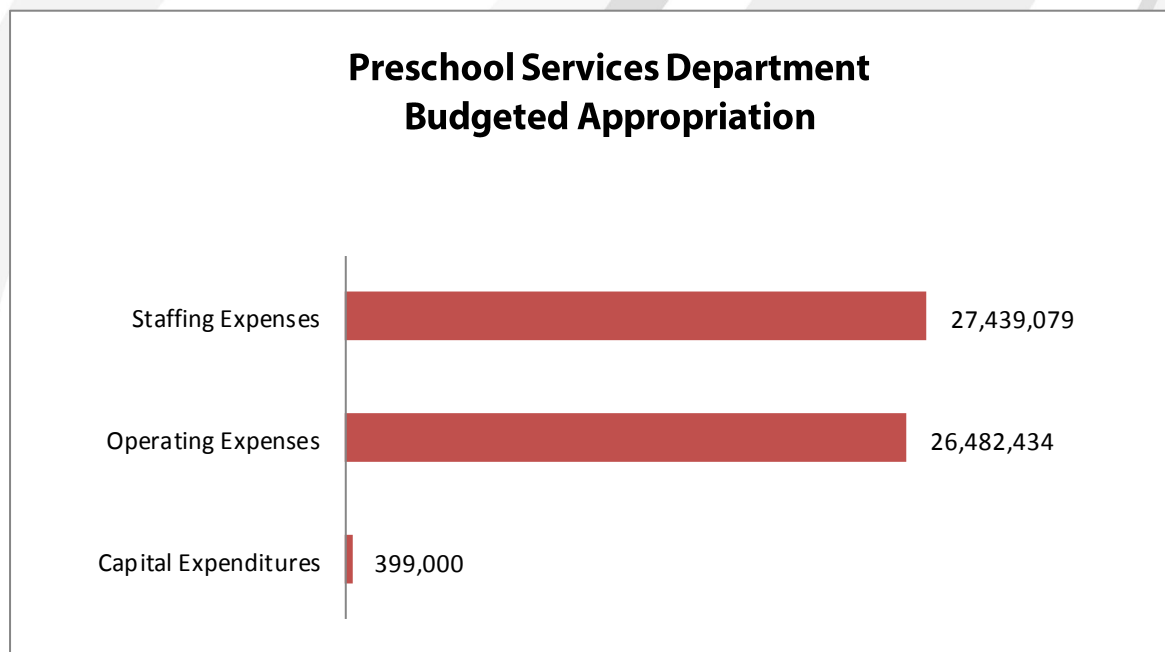
Director Trudy Raymundo

The Department of Public Health's (DPH) mission is to work in partnership to promote and improve health, wellness, safety and quality of life in San Bernardino County.

Department of PUBLIC HEALTH
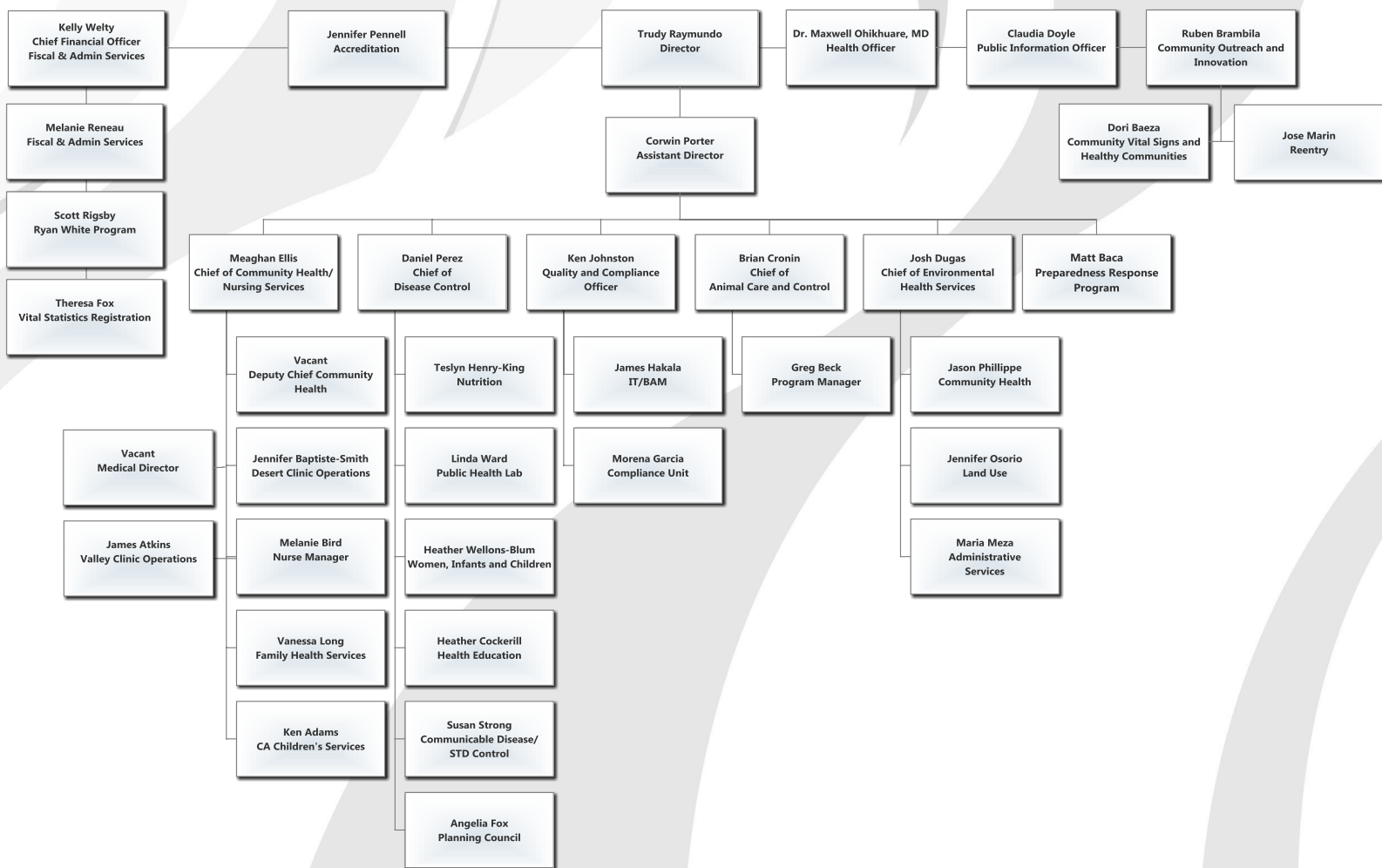
TESTIMONIAL

Tangina Tubbs, WEX Clerk and WIC Participant

Tangina Tubbs has been a Women, Infants and Children (WIC) participant for five years and is grateful for how much the program has helped her. While on WIC, she has access to healthier meals and snacks for her family and children.   She was so appreciative of the program and the customer service she received from the Department of Public Health (DPH), that it inspired her to help other low-income families. Tangina took advantage of the opportunity to give back to the community by applying for a position in San Bernardino County's Work Experience (WEX) program. She is now a WEX Clerk with DPH and is achieving her ultimate goal of working with families in need.

Click the link below to find out how much WIC and the WEX program has changed her life.

Click here to view the YouTube video.

Kelly Welty
Chief Financial Officer
Fiscal & Admin Services

Jennifer Pennell
Accreditation

Trudy Raymundo
Director

Dr. Maxwell Ohikhuare, MD
Health Officer

Claudia Doyle
Public Information Officer

Ruben Brambila
Community Outreach and
Innovation

Melanie Reneau
Fiscal & Admin Services

Corwin Porter
Assistant Director

Dori Baeza
Community Vital Signs and
Healthy Communities

Jose Marin
Reentry

Scott Rigsby
Ryan White Program

Theresa Fox
Vital Statistics Registration

Meaghan Ellis
Chief of Community Health/
Nursing Services

Daniel Perez
Chief of
Disease Control

Ken Johnston
Quality and Compliance
Officer

Brian Cronin
Chief of
Animal Care and Control

Josh Dugas
Chief of Environmental
Health Services

Matt Baca
Preparedness Response
Program

Vacant
Deputy Chief Community
Health

Teslyn Henry-King
Nutrition

James Hakala
IT/BAM

Greg Beck
Program Manager

Jason Phillippe
Community Health

Vacant
Medical Director

Jennifer Baptiste-Smith
Desert Clinic Operations

Linda Ward
Public Health Lab

Morena Garcia
Compliance Unit

Jennifer Osorio
Land Use

James Atkins
Valley Clinic Operations

Melanie Bird
Nurse Manager

Heather Wellons-Blum
Women, Infants and Children

Maria Meza
Administrative
Services

Vanessa Long
Family Health Services

Heather Cockerill
Health Education

Ken Adams
CA Children's Services

Susan Strong
Communicable Disease/
STD Control

Angelia Fox
Planning Council

FOR MORE INFORMATION

Department of Public Health (DPH) website: http://www.sbcounty.gov/dph/publichealth/

DPH office locations: Interactive Map

DPH social media:

Overview

DESCRIPTION

The Department of Public Health (DPH), under its 2015-2020 Strategic Plan, offers a range of services for all County residents to ensure a healthy quality of life and to achieve the following goals:

- Support sustainable healthy communities

- Promote healthy eating

- Promote active living and safe environments

- Encourage all San Bernardino County residents to attain the highest level of health

- Empower people to overcome obstacles to achieving health

- Improve access and availability to health services for both preventative care and treatment

- Support equal access to healthy options and environments

- Provide services to address community health needs

- Plan, prepare and recover from public health emergencies

- Ensure maintenance of a highly skilled, well-trained and culturally competent DPH work force

- Ensure external and internal partnerships, systems, and processes to support organizational excellence

- Ensure funding is aligned appropriately with the Vision and Mission

Environmental Health Specialist checks for safe food temperatures at a local business.

Mosquito and Vector Control inspect a water source for mosquito breeding.

Animal Care and Control holds a puppy available for adoption.

DPH ACCOMPLISHED THE FOLLOWING IN 2015/16:

Animal Care and Control (ACC) program

√ Partnered with 416 non-profit, private sector, animal Rescue Group Partners (RGPs) to receive homeless animals from ACC shelters.

√ Held a total of 51 special and/or off-site pet adoption events.

√ Recipient of 2016 National Association of County Organizations (NACo) for "Homeward Bound Project Adopt" program.

√ Responded to large-scale animal cruelty case involving 180 neglected animals. Partnered with Western University of Health Sciences, College of Veterinary Medicine to provide emergency veterinary medical care to the large number of animals.

Babies Optimal Nutrition with Ultimate Support (BONUS)/Disease Control and Prevention

√ Successfully implemented kick-off event with over 300 people from many sectors in attendance.

√ Launched the 24/7 warm line through 211 Call Center to assist all county residents with breastfeeding support.

Clinic Operations Section/Community Health-Nursing Services

√ Projected 41,737 patient visits in FY 15/16, averaging 3,478 patient visits per month.

√ San Bernardino and Ontario Health Centers received designation as Federally Qualified Health Centers.

√ Awarded Health Center Quality Improvement supplemental funds.

√ Expanded integrated Behavioral Health services to all 4 Federally Qualified Health Centers.

√ Added Nutrition Services for all 4 Federally Qualified Health Centers.

√ The Inland Empire Health Plan (IEHP) credentialed the San Bernardino Health Center as a member provider site.

√ IEHP assigned 4,731 members to the Ontario Health Center; 4,054 members to the Hesperia/ Adelanto Health Centers; and 150 members to the San Bernardino Health Center.

√ Increased access to care through Domestic Violence Health Care Partnership with the Family Assistance Program by expanding service delivery areas within the County, Healthy Babies are Worth the Wait collaboration with March of Dimes, and colorectal screening with the American Cancer Society.

√ Completed expansion of the Hesperia Health Center.

√ Expanded Refugee Assessment Services to the Ontario Health Center.

√ Built successful partnership with the Build Health Challenge in Ontario to prevent obesity and reduce the incidence of chronic disease by creating health hubs in impoverished neighborhoods.

√ Received Model Practice Award from National Association of County and City Health Officials for the Domestic Violence Health Care Partnership with Family Assistance Program.

Communicable Disease Section (CDS)/Disease Control and Prevention
√ Processed more than 36,000 disease reports and outbreaks.
√ Monitored and coordinated Zika Virus testing for 150 persons.
√ Monitored and tracked 35 travelers from Ebola affected countries.
√ Collaborated with the Centers for Disease Control and Prevention to promote National Influenza Vaccination Week at two local churches.
√ Conducted two medical provider seminars and provided local epidemiologic information and data about immunizations, communicable disease, including STD/HIV/AIDS and Tuberculosis to 100 attendees.
√ Case-managed 69 newly diagnosed TB cases in San Bernardino County in 2015. An increase of 26% from 2014.
√ Cross-trained clerical staff and Communicable Disease Investigators to provide integrated resources within the varied programs of the section.
√ Continued to implement the State training-Immunization Skills Institute that equips medical office personnel tools needed to successfully administer and store vaccine.
√ Increased community access to flu vaccine by collaborating with and increasing the number of community partners participating in the annual influenza vaccine project.
√ Collaborated with public and private school partners by assisting with the reporting of immunization up-to-date rates in conjunction with CDPH to promote community health and public safety.

Environmental Health Services (EHS)
√ Implemented a Risk Based Inspection Plan for food facilities in San Bernardino County based on the Food and Drug Administration's (FDAs) Voluntary National Retail Food Regulatory Program.
√ Implemented the Aedes (Zika) Mosquito Education Surveillance and Abatement Program.
√ Received 2015 National Association of Counties (NACo) Achievement Award for the "Customer Service Portal," and the "Electronic Pesticide Use Reporting Program."
√ Enrolled in FDA Voluntary National Retail Food Regulatory Program Standardization.

Family Health Services/Community Health-Nursing Services
Maternal Child and Adolescent Health (MCAH)
√ Developed and implemented Maternal Child and Adolescent Health (MCAH) Scope of Work (SOW).
√ Disseminated information among private and community health care providers related to: Zika, Pertussis, Tdap referral for pregnant women, maternal mental health resources, breastfeeding resources, March of Dimes "Healthy Babies are Worth the Wait," SIDS risk reduction and safe sleep training.
√ Collaborated with private, community and public agencies with the purpose of improving access to quality, early and continuous prenatal care, with emphasis on low-income families.
√ Promoted best practice programs among private and community health care providers: 5 A's for smoking cessation, BONUS breastfeeding tool kit, birth spacing, and developmental screening.
Fetal Infant Mortality Review (FIMR)
√ Completed review of fetal/infant death reports prior to required deadline.

√ Drafted a Sudden Infant Death Syndrome (SIDS) education policy for hospitals based on the American Academy of Pediatrics Expanded Recommendations on SIDS.

Sudden Infant Death Syndrome (SIDS)

√ Contacted 100% of families who experienced a SIDS or presumed SIDS death to provide them with resources for bereavement services.

Child Health and Disability Prevention (CHDP)

√ Exceeded the goal of CHDP Provider recertification by 43 percent. CHDP Liaisons nurses accomplished recertification of 69 providers by completing critical elements inspection and facility and medical records review.

√ Provided care coordination for 3,775 children that during their CHDP well Child Exam were diagnosed with medical conditions that needed treatment by primary care doctors or specialists, as well as children needing assistance getting dental or vision care.

√ Enrolled three new CHDP practitioners.

√ Provided training to 34 new CHDP providers and 89 non-licensed CHDP staff.

√ Provided CHDP Billing training to 78 CHDP office's billers.

√ Provided Audiometric/Vision/Dental class to 119 non-licensed CHDP staff.

√ Provided stand along nutrition training for 161 licensed and non-licensed providers and staff at three regions: high desert, west end and central valley.

Health Care Program for Children in Foster Care (HCPCFC)

√ Made 21,449 Health and Education Passports updates for children and youth (0-17 years of age).

√ Received National Association of Counties (NACo) Achievement Award in collaboration with Children and Family Services and the Department of Behavioral Health for the psychotropic medication and review process.

Childhood Lead Poisoning Prevention Program (CLPPP)

√ Implemented the National Lead Poisoning Prevention Week campaign in October 2015, issuing more than 1,000 informational packets to health care providers, community organizations, and community members; broadcasting/telecasting public service announcements on radio/television in 6 cities; hanging street banners in 3 cities; placing promotional/informational posters in 181 buses; and accepting supportive proclamations from 2 cities.

√ Collaborated with 3 county hospitals to coordinate 3 lead poisoning prevention presentations to physicians.

√ Concluded successful fiscal and program audit without findings.

Black Infant Health (BIH) Program

√ Hired the majority of BIH staff during the 15/16 start-up year.

√ Attended 5 mandatory state trainings to ensure program standards and fidelity would be met.

√ Implemented the programs referral process and the establishment of provider and community relationships.

√ Began service delivery.

Partnership for Healthy Mothers and Babies Program (PHMB)
√ Exceeded performance targets in three areas of the objectives outlined in the Work Plan for FY 15/16.

Health Education & Promotion Section/Disease Control and Prevention
√ Received National Association of Counties (NACo) Achievement Award for the Friday Night Live Safe and Sober Prom campaign. This campaign showcased the collaborative efforts of youth, prevention specialists, law enforcement and the education system in reducing the harm of underage drinking among adolescents in the county.

Nutrition Program/Disease Control and Prevention
√ Planned and implemented two summer meals sponsor/site recruitment events with the California Department of Education and hosted the first high desert summer meal kick-off in Apple Valley.
√ Conducted two strategic planning Farmers' Market assessments at the Fontana and Arrowhead Regional Medical Center locations.
√ Coordinated initiation of the Mobile Fresh bus outreach in Fontana, Ontario, and two CalFresh offices.
√ Worked with seven school sites/community centers to create /revitalize food gardens.
√ Partnered with 186 qualifying early child care education sites, 106 school sites and 191 afterschool sites to train teachers and program staff to conduct food garden activities, nutrition, healthy beverage and physical activity education preventions reaching 39,708 students.
√ Engaged six communities of at least 25 residents as Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention to locally improve health and nutrition factors where they live through policy, systems and environmental changes.
√ Engaged 309 seniors (who report improved grip and overall body strength, improved flexibility, and decreased stress and depression) at 15 locations through the Eat Better, Move More program.

Preparedness and Response Program (PRP)/Administration
√ Completed 11 Resiliency trainings for community agencies that include: 7 Volunteers of America (non-profit community organization), Morongo Temporary Assistance for Needy Families (TANF), San Bernardino County Housing Authority, Cal State University, and "Because of the ADA Celebration" event reaching over 105 community members in all.

Women, Infants and Children (WIC) program/Disease Control and Prevention
√ Developed a short video detailing the new changes to WIC foods in March 2016. The video was added to the WIC New Enrollment Class, WIC website, and social media sites to inform participants about the changes. The video was also used by many WIC agencies throughout the State.
√ Continued growth of webpage utilization, thereby increasing participants' ability to begin the enrollment process, make an appointment, and reschedule an appointment. The webpage includes information on breastfeeding, WIC foods, nutrition education, family resources, and has a tab for health professionals.

ACCOMPLISHMENTS CONTINUED

√ Maintained WIC homepage (SharePoint) as a means to organize, share, and communicate information with staff. SharePoint is also used to complete mandatory trainings, allowing the ability for WIC staff to complete trainings in a timely manner agency-wide.

√ Maintained social media sites such as Facebook, Pinterest, YouTube, Instagram, and Yelp.

√ Continued utilization of the Work Experience Program (WEX) allowing the WIC program to provide qualifying experience needed for those interested in applying for open Health Services Assistant positions while conserving San Bernardino County Department of Public Health WIC funds.

√ Continued participation in the National Feeding My Baby Study, funded by USDA, Food and Nutrition Service (FNS) to document current infant and toddler feeding practices in 80 WIC sites across the county and assess WIC's influence on those feeding practices.

√ Technical assistance visits have been completed at over 185 stores in San Bernardino County on a quarterly basis to ensure compliance with authorized WIC vendor guidelines.

Goals for 2016/17

DPH ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

1. DPH will serve as the staff liaison to the Countywide Vision Project's Wellness Element Group, which has initiated a multi-year community-driven process to identify priority areas for improving health and wellness.

2. Create, maintain and grow jobs and economic value in the County by utilizing County programs and resources to support the local economy, maximize job creation and promote tourism.

3. Provide stable governmental leadership, consistent decision-making and efficient processing to inspire confidence in investors and ensure a business-friendly environment.

4. Implement relevant, high-quality Public Health Leadership training to achieve an essential element of Public Health Accreditation and ensure stable departmental leadership into the future.

5. Monitor and evaluate operations and implement strategies to continually improve efficiency, effectiveness and collaboration.

6. Achieve and maintain National Accreditation through the Public Health Accreditation Board (PHAB) to ensure the department continues to focus on quality and performance improvement, transparency and accountability to all stakeholders and funders, and maintain the capacity to deliver the three core public health functions and ten essential services.

7. Pursue County goals and objectives by maintaining close working relationships with cities, tribes and other governmental agencies.

8. Increase the number of public/private collaborations with non-profit animal rescue group partners.

9. Focus on recovery and resiliency following the December 2, 2015 Terrorist Attack by supporting effected employees and providing public health staff with training on long-term coping strategies.

How Outcomes Are Measured

DPH MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Activity	Measure
Public Health serves as the staff liaison to the Countywide Vision Project's Wellness Element Group which has initiated a multi-year community-driven process to identify priority areas for improving health and wellness. The department will continue to support and facilitate the development, implementation, and evaluation of the Community Transformation Plan.	• Complete the 2015-16 Work Plan for addressing priorities of the Wellness Element Group of the Countywide Vision. • Launch Community Vital Signs data platform. • Develop and launch comprehensive communications plan. • Target 100% completion.

Increase Health Education Liaison Program (HELP) consultations to businesses (restaurants) to promote food safety, which leads to more successful businesses.	• Number of HELP consultations:
	    2014 – 15 Actual: 204
	    2015 - 16 Target: 220

Activity	Measure

Increase potential number of health professionals in the County through a public health intern and extern program that provides participants with information and experience in a broad range of public health professions.	• Number of post-secondary student internships, ROP instructor externships, and resident physicians.
	    2014 - 15 Actual: 25
	    2015 - 16 Target: 36

Implement relevant, high-quality Public Health Leadership training to ensure stable departmental leadership into the future.	• Percentage of current year workforce development activities completed: ♦ Identify training priorities aligned with the DPH Strategic Plan and Workforce Development Plan. ♦ Develop four leadership courses and conduct four training events. ♦ Target 100% completion.

Increase number of public/private collaborations with non-profit animal rescue group partners (corporations).	• Number of Rescue Group Partners (RGPs):
	    2014 - 15 Actual: 403
	    2015 - 16 Target: 400

Achieve and maintain National Accreditation through the Public Health Accreditation Board (PHAB) to ensure the department continues to focus on quality and performance improvement, transparency and accountability to all stakeholders and funders, and maintains the capacity to deliver the three core public health functions and ten essential services.	• Percentage of current year accreditation activities completed: ♦ Submit Statement of Intent to PHAB. ♦ Identify gaps in required PHAB documentation. ♦ Develop department marketing strategy. ♦ Conduct PHAB trainings aligned with accreditation requirements. ♦ Target 100% completion.

Program Information

Animal Care and Control (ACC) program - ACC works to prevent rabies in humans and pets and teaches responsible pet ownership, which includes the importance of spaying and neutering. In addition, ACC protects and serves the public and pets by enforcing laws and pertinent ordinances which establish levels of care for all animals domestic and wild. ACC also assists with the reunification of lost pets with their owners and places unwanted pets into new homes.

Babies Optimal Nutrition with Ultimate Support (BONUS)/Disease Control and Prevention - BONUS is a comprehensive lactation support program offering 24-hour warm line, made available through 211, to all county residents for support with continued breastfeeding in the months following the birth of their baby. Additionally, materials and information promoting continued breastfeeding upon release from the hospital following the birth of a baby will be provided to local hospitals, prenatal care providers and local businesses (promoting lactation accommodation practices) countywide.

California Children's Services (CCS)/Community Health-Nursing Services - CCS provides diagnostic and treatment services to children and young adults under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions includes, but are not limited to, chronic medical conditions such as Cystic Fibrosis, Hemophilia, Cerebral Palsy, Heart Disease, Cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS also provides medical therapy services that are delivered to the public.

Clinic Operations Section/Community Health-Nursing Services - The Clinic Operations Section is the vehicle by which a majority of Public Health clinical-related services are offered. The Hesperia, Adelanto, San Bernardino and Ontario Health Centers have attained Federally Qualified Health Center (FQHC) status thereby expanding primary care services to uninsured and underinsured county residents. Clinical services are delivered through a comprehensive and coordinated delivery model that includes: immunizations; maternal and reproductive health; well woman examinations covered through state-funded programs (FPACT, Every Woman Counts); cervical and breast screenings with appropriate referrals; Refugee Health Assessment Program (RHAP) services; pediatrics; primary care, including integrated mental health services and psychiatric consultation at the four Federally Qualified Health Centers; nutritional screening services; dental services (Hesperia Health Center); and Tuberculosis screening and clinical care. Specialized HIV/AIDS services include medical care, mental health, clinic-based health education/risk reduction, medical case management; and AIDS Drug Assistance Program (ADAP) enrollment at the Health Centers in San Bernardino, Ontario and Hesperia. Community based services provided by the Clinic Operations Section include: outreach and health education, domestic violence liaison, collaboration with San Bernardino County Fire Community Paramedics to decrease the rate of hospital re-admissions and improve the quality of life of patients with Congestive Health Failure (CHF), and medical care for post-release individuals pursuant to AB109.

Communicable Disease Section (CDS)/Disease Control and Prevention - CDS reduces the spread of communicable disease by investigating reported diseases, implementing control measures, tracking disease trends and identifying potential sources of disease outbreaks. In addition to disease investigation, CDS provides nurse case management of active and suspect cases of Tuberculosis and ensures completion of long-term medical management. CDS reduces vaccine-preventable diseases by

improving immunization practices in physician offices and clinics, by encouraging vaccinations across the lifespan, providing case management services that help prevent the transmission of maternal Hepatitis B to newborns and monitoring how well schools and childcare centers comply with immunization laws.

Community Outreach and Innovation/Administration - Newly implemented in 2016, the Community Outreach and Innovation unit collaborates with partners on a diverse number of strategies to affect comprehensive change throughout the department. The unit makes every attempt to ensure that strategies are diverse, innovative, and aligned with higher level strategies to complement and enhance existing approaches. The following represents strategies in which the unit leads, coordinates, or manages efforts. *Healthy Communities*: Since 2006, the San Bernardino County Department of Public Health's Healthy Communities program has worked collaboratively with local cities, towns, and jurisdictions to develop strategies for improving the health and well-being of local residents. Cities have the ability to transform local environments and increase opportunities for residents to partake in healthier lifestyles. Currently, the County has agreements with 21 local cities and 6 unincorporated areas or entities. *Reentry*: The San Bernardino County Reentry Collaborative (SBCRC) is a partnership of agencies, organizations and individuals focused on strategies for the successful reintegration of the recently incarcerated into our communities and ultimately reducing recidivism rates while ensuring the health and safety of our communities.

Environmental Health Services (EHS) Division - EHS serves the public in the prevention of disease and illness through the use of education, enforcement and collaboration. EHS *Food Protection Program* conducts food facility inspections, provides consultation services to food facility operators that would like to improve their safety standards, trains food service workers on safe food handling practices and investigates complaints on facilities at which food-borne illnesses are suspected. The *Recreational Health Program* inspects public swimming pools, spas, water slides, lakes and lagoons for possible health and safety hazards. The *Housing & Property Improvement Program* inspects and assesses environmental hazards, as well as responding to complaints at apartments, motels/hotels, camps, detention facilities and bed and breakfast facilities. EHS *Land Use Protection Program (LUPP)* serves the public in the prevention of disease and illness caused by environmental factors through effective environmental management, which includes disease surveillance, routine inspections, education and enforcement. LUPP regulates water, wastewater, land use, medical waste, body art facilities and practitioners, solid waste entities and mosquito and vector control.

Family Health Services (FHS) - FHS seeks to address conditions in which the maternal, child, adolescent and young adult populations and their families can be healthy by assessing community health concerns; empowering individuals to adopt health lifestyles; organizing community efforts to embrace health promotion and wellness core values; assuring maternal and child health best practices, and working with the State of California agencies to develop public policy. Primary programs include: Maternal, Child and Adolescent Health; Comprehensive Perinatal Services Program; Black Infant Health; Fetal Infant Mortality Review; Sudden Infant Death Syndrome; Child Health and Disability Prevention; Health Care Program for Children in Foster Care; Rx 4 Kids; Childhood Lead Poisoning Program; Coalition Against Sexual Exploitation (CASE); Partnership for Healthy Mothers and Babies; Children Screening Assessment Referral and Treatment; Low Income First Time Mother's Program (LIFT); School Screening; Jail Inspection; and Nursing Student Placement Coordination.

Health Education & Promotion Section (HEPS)/Disease Control and Prevention - HEPS provides community based prevention and education programs in numerous areas including:

√   Alcohol and Drug Abuse Prevention Program (ADAPP) - ADAPP is focused on preventing underage drinking and drug use by building resiliency skills in high school and middle school teens and through parental/community involvement. ADAPP promotes community policy changes to reduce substance abuse and runs the San Bernardino County Friday Night Live (FNL) Partnership, a youth development program to engage youth as drug-free lifestyle advocates.

√   Traffic S.A.F.E. Program/Child Passenger Safety - The Traffic S.A.F.E. Program conducts classes (in both English and Spanish) to educate parents on proper use of car seats, booster seats and seat belts. New car seats are distributed for children at low-cost to income eligible families who reside in San Bernardino County. The program also conducts a Violator Intervention Program (VIP) for persons referred by the courts for citation of non-use of child restraints.

√   HIV Prevention Program - Provides rapid HIV testing services in non-healthcare settings. The HIV Prevention team also delivers clinic-based education and support to persons living with HIV and works to retain or re-engage individuals in comprehensive system of care.

Nutrition Program/Disease Control and Prevention - The Nutrition Program provides obesity prevention activities and interventions for low-income individuals and families through food and activity education, breastfeeding support, community development strategies and marketing of healthy behaviors consistent with the current Dietary Guidelines for Americans (DGA) and the United States Department of Agriculture (USDA) Food Guidance. Activities are conducted in collaboration with school, university, community, faith, health care and city government partners to assess and conduct surveillance of community needs, plan and implement intervention strategies, engage with local community members and other stakeholders, and to evaluate outcomes to drive local policy, systems, and environmental changes that are necessary to support obesity and chronic disease prevention initiatives. The program also certifies menus and conducts inspections of detention facilities and Senior Nutrition service providers.

Preparedness and Response Program (PRP)/Administration - PRP works collaboratively with 24 cities and towns, local law and fire departments, state and federal agencies to prepare the County and municipalities to respond to emergencies caused by bioterrorism, infectious disease, natural disasters, and other public health threats through the development and exercising of comprehensive public health emergency preparedness and response plans.

Public Health Laboratory/Disease Control and Prevention - The DPH laboratory provides laboratory testing to support public health programs, including Clinic Operations, ACC, EHS, and CDS. It also provides laboratory testing and reference services to local hospitals, medical providers, local animal control agencies, and law enforcement. The DPH Laboratory also works with multiple Public Health and Safety partners to prepare for Public Health emergencies and other catastrophes.

Reentry Initiative-Special Projects - The San Bernardino County Reentry Collaborative (SBCRC), under the chairmanship of Public Health, is a partnership of agencies and organizations representing public safety, health and human services, education and workforce development, and faith– and community-based organizations committed to making San Bernardino communities safer through the successful reentry and reintegration of the formerly incarcerated.

Ryan White program/Fiscal and Administrative Services - The Ryan White program contracts with organizations to provide HIV medical care and support services to approximately 3,500 HIV+ clients throughout Riverside and San Bernardino Counties. The program oversees the administration of the contracts and in-house services and provides continuous technical assistance to ensure quality and compliance with federal and state requirements. The goal of the program is to improve access, quality, and delivery of services to HIV+ consumers of these services to improve their health outcomes and the health of the community at-large.

Women, Infants and Children (WIC) program/Disease Control and Prevention - The WIC program helps families by providing nutrition/breastfeeding education, issuing checks for healthy supplemental foods, and making referrals to healthcare and other community services. Participants must meet income guidelines and be pregnant/postpartum women, infants, or children, including foster children, under age five. The WIC program has been designed to help its participants make choices that can have a positive and lasting difference in their family's health.

Statistical Information

Animal Care and Control (ACC)
- Held 51 adoption events in FY 15/16.
- Housed 9,849 animals in County operated animal shelters.
- Responded to 28,316 field service calls.
- Received 227,182 office inquiries.
- Inspected 227 animal establishments.

Clinic Operations/Community Health-Nursing Services
**As of June 28, 2016, the date for FY 15/16 represents July 2015-May 2016 and has not been fully tabulated due to year end June 2016 projections.
- Provided 5,820 reproductive health visits during FY 2015/16.
- Provided 634 HIV/AIDS visits during FY 2015/16.
- Provided 23,531 primary care visits during FY 2015/16.
- Provided 208 TB visits during FY 15/16.
- Provided 9,998 immunizations visits during FY 15/16.
- Provided 1,096 cancer detection/Every Women Counts visits during FY 15/16.
- Provided 146 refugee visits during FY 15/16.

Communicable Disease Section (CDS)/Disease Control and Prevention
- Processed and/or investigated:
  - More than 36,000 Communicable Disease reports.
  - 99 TB nurse and communicable disease investigator home visits.
  - 95% of San Bernardino County childcare center students are up-to-date with required vaccines (397 out of 398 schools reporting).
  - 95% of San Bernardino County kindergarten students are up-to-date with required vaccines (472 out of 472 schools reporting).
  - 98% of San Bernardino County 7th grade students are up-to-date with required vaccines (275 out of 277 schools reporting).

Environmental Health Services (EHS)
- Trained and certified 58,942 food handlers.
- Conducted 15,601 food inspections and 31,431 routine inspections for all other programs.
- Received 227,182 office inquiries.
- Inspected 227 animal establishments.

Family Health Services, Child Health and Disability Prevention (CHDP)
- The School Health Program completed 5,093 hearing, vision, and scoliosis screenings in 6 school districts throughout the County.
- Participated in 15 health fairs and local events to disseminate educational information and resources to more than 8,860 community members.

STATISTICAL INFORMATION CONTINUED

Maternal Child and Adolescent Health (MCAH)
- The rate of OBGYN Providers/100K population is 14.8 in San Bernardino County compared with 21.3 in Los Angeles County and 24.9 in Orange County.
- The rate of pediatricians per 100K population is 39.1 in San Bernardino County compared with 62.1 in Los Angeles County and 81.8 in Orange County.82.2% received early prenatal care (exceeding Healthy People 2020 goal of 77.9 percent.

Sudden Infant Death Syndrome (SIDS)
- San Bernardino County's SIDS death rate is trending in a positive direction and has decreased by 1 percent.

Child Health and Disability Prevention (CHDP)
- 146 CHDP Providers.
- 4,610 health conditions that required follow-up.
- Provided trainings for: 6 CHDP Provider Overview trainings; 6 Nutrition; 6 Audiometric and Vision; 4 CHDP Billing.

Health Care Program for Children in Foster Care (HCPCFC)
- Provided 2,535 nursing consultations to CFS staff and/or care providers for children and youth (0-17 years of age).
- Provided 14,752 care coordination interactions for children and youth (0-17 years of age).

Childhood Lead Poisoning Prevention Program (CLPPP)
- Six of 6 providers demonstrated an increase of at least 5% in the rate of blood lead tests ordered for their child patients.
- Fourteen of 14 provider medical support staff that participated in fingerstick (capillary) trainings scored at least 80-90% correct on post-test questions associated with their training sessions.

Black Infant Health (BIH) Program
- Conducted 28 educational and promotional presentations to health care providers, educational professionals and participants of the BIH program as of June 30, 2016.

Partnership for Health Mothers and Babies (PHMB)
- Received 8,500 4Ps Plus prenatal substance abuse screenings from participating prenatal providers throughout San Bernardino County as of June 30, 2016.
- Exceeded the expected target goal of 500 participants to 2,089 participants increasing the goal by greater than 300 percent.
- Exceeded the expected target goal of 200 women to 227 unduplicated women who received care coordination.
- Expected target is 55 participants and infants will receive follow-up services. Completed 148 follow-up services exceeding the target by over 200 percent.

Healthy Communities
- 26 jurisdictions in the County have developed Healthy City initiatives reaching 84% of the population.
- 114 documented healthy community-related strategies have been implemented within local jurisdictions.

STATISTICAL INFORMATION CONTINUED

Nutrition Program/Disease Control and Prevention
- Exceeded number of participating sites by 224% and the number of residents served by 32 percent.

Preparedness and Response Program (PRP)/Administration
- Conducted 16 Mass Vaccination Clinic (MVC)s, providing 909 influenza vaccinations to the public.
- Continues hosting the Department of Public Health, Public Information Officer (PIO) Network to train selected Health Educators as back-up PIO's to assist the Department Operations Center and the County Joint Information Center as needed during a public health emergency.
- Hosted 4 quarterly Health Emergency Local Planning Partners meetings with 194 participants and 35 agencies represented.
- Hosted the annual Statewide Medical and Health Training Exercise (SMHTE)/ 5 day full scale Southern California Regional Exercise for Anthrax Disaster Incidents in November 2015 to test emergency response plans for an Anthrax bioterrorist attack.
- The Department Operations Center was activated 1 time in FY 15/16 during the Waterman incident, with a total of 18 resource requests, and 23 situational reports. PRP coordinated the deployment of 188 personnel resources to assist Environmental Health Services.
- Have 69 Point of Dispensing (POD) locations countywide. Additionally, PRP has pre-positioned 4 Mobile POD Trailers throughout the County this fiscal year.
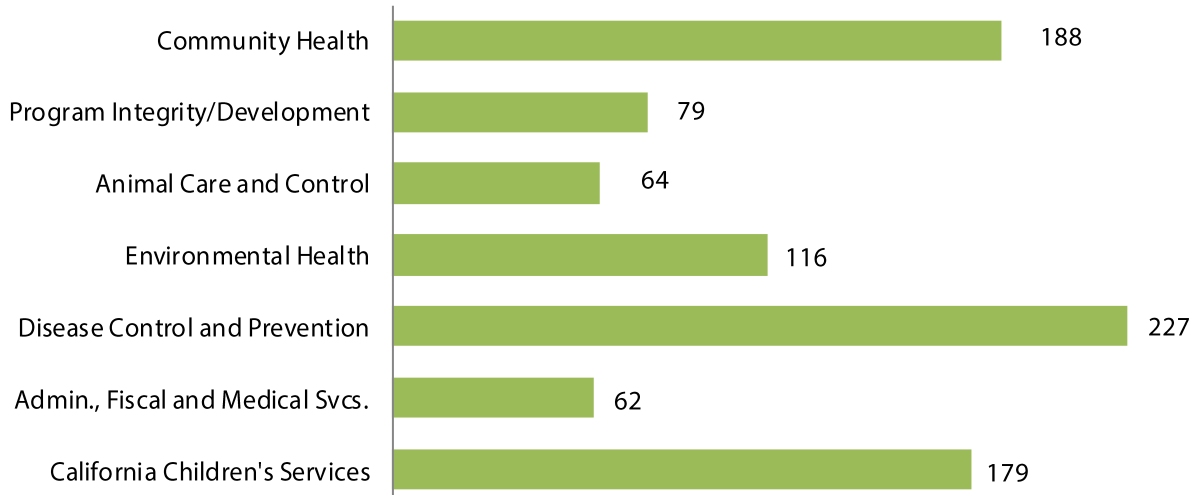
Women, Infants and Children (WIC) program
- Provided over 730,000 food vouchers at 17 sites throughout the County, generating over $43 million in sales at more than 200 authorized WIC grocers.

Staffing Information 2015/16

Total staffing is approximately 915 employees.

**Department of Public Health
Budgeted Staffing**

Category	Value
Community Health	188
Program Integrity/Development	79
Animal Care and Control	64
Environmental Health	116
Disease Control and Prevention	227
Admin., Fiscal and Medical Svcs.	62
California Children's Services	179

Budget Information 2015/16

The department budget for FY 15/16 is $115,924,982.

**Department of Public Health
Budgeted Appropriations**

Category	Value
Capital Expenditures	$1,458,057
Intra-Fund Transfers	$6,173,603
Central Services	$1,400,698
Services, Supplies, Travel and Other	$33,047,126
Salaries and Benefits	$73,845,498
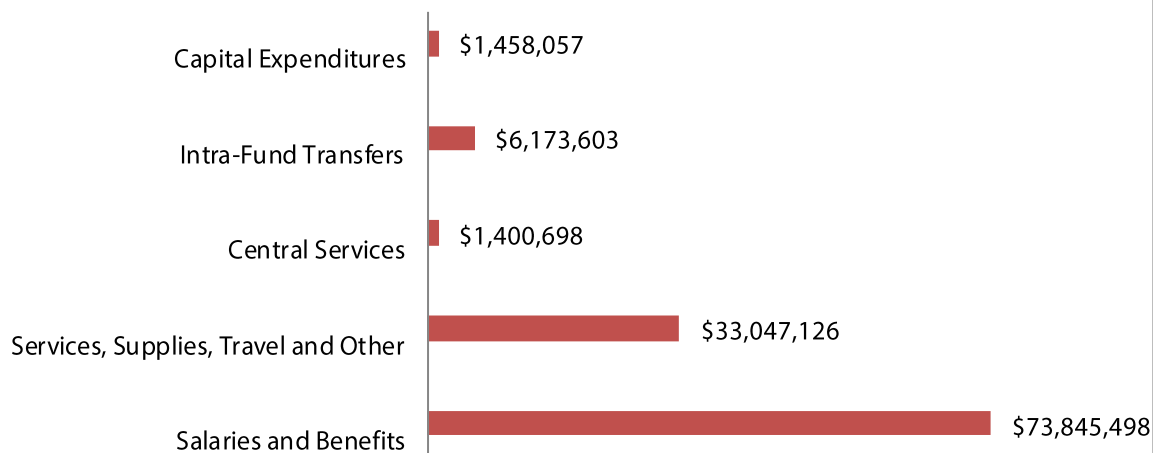
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Director *Nancy Swanson*

The Transitional Assistance Department (TAD) enhances the quality of life in the communities we serve by providing economic support to individuals and families. We are committed to working collaboratively to provide our services accurately and efficiently with a high emphasis on integrity, respect and customer service.

TRANSITIONAL ASSISTANCE

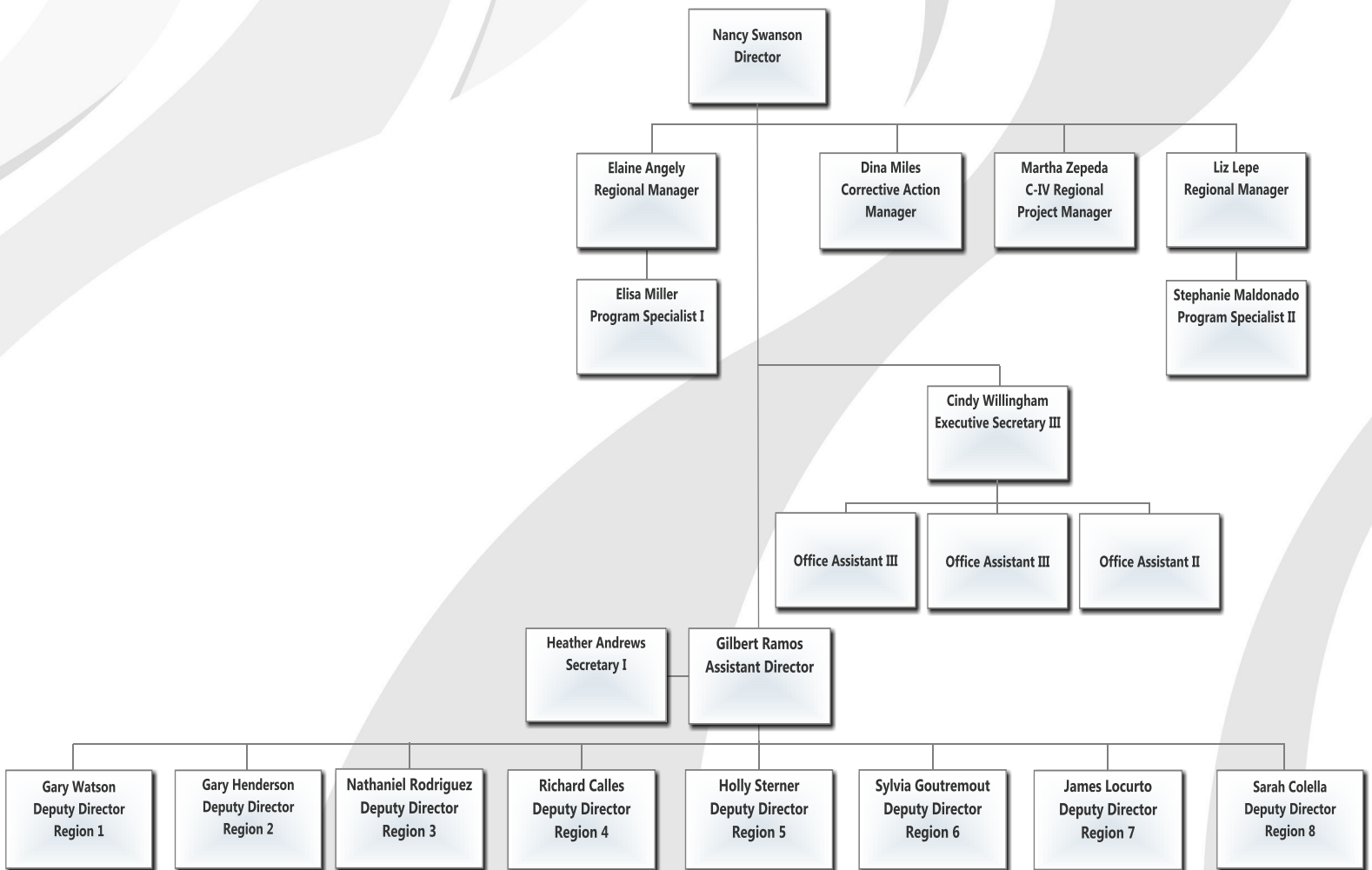## Department

TESTIMONIAL

Janice Malgra, County Employee and Former WEX Worker

Janice Malgra turned to the Transitional Assistance Department (TAD) when she needed help and found an opportunity to enhance her professional development at the same time. A TAD employee introduced her to the Work Experience (WEX) program within the department to which she applied and was successful at obtaining a position there. Janice was now able to fulfill her desire to assist low-income families and make a difference in their lives.

Listen to her story below of how the WEX program helped develop her professional skills and got her back on track in life.

View the YouTube video here.

Organizational Chart

Nancy Swanson
Director

Elaine Angely
Regional Manager

Dina Miles
Corrective Action Manager

Martha Zepeda
C-IV Regional Project Manager

Liz Lepe
Regional Manager

Elisa Miller
Program Specialist I

Stephanie Maldonado
Program Specialist II

Cindy Willingham
Executive Secretary III

Office Assistant III

Office Assistant III

Office Assistant II

Heather Andrews
Secretary I

Gilbert Ramos
Assistant Director

Gary Watson
Deputy Director
Region 1

Gary Henderson
Deputy Director
Region 2

Nathaniel Rodriguez
Deputy Director
Region 3

Richard Calles
Deputy Director
Region 4

Holly Sterner
Deputy Director
Region 5

Sylvia Goutremout
Deputy Director
Region 6

James Locurto
Deputy Director
Region 7

Sarah Colella
Deputy Director
Region 8

FOR MORE INFORMATION

Transitional Assistance Department (TAD) website: http://hss.sbcounty.gov/HSS/tad/

TAD office locations: Interactive Map

TAD social media:

Overview

The Transitional Assistance Department (TAD) is responsible for administering the financial support programs to persons in need of financial, nutritional, and/or medical assistance. The department also provides Welfare-to-Work (WTW) services to California Work Opportunities for Kids (CalWORKs) recipients.

The goals of TAD are to meet the basic needs of families and individuals, while working with them to attain self-sufficiency and to promote work and personal responsibility.

Accomplishments for 2015/16

TAD ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Continued to provide free tax preparation services through the Volunteer Income Tax Assistance (VITA) program for 17,262 eligible low-income San Bernardino County residents resulting in over $34 million in combined refunds (federal and state), including more than $16.6 million in state and federal Earned Income Tax Credits (EITC). This was a 21% increase over 2015 totals, and more than $24 million estimated local economic activity was generated by EITC.

√ Customer Service Center (CSC) staff continued to provide timely responses to calls from county residents for Health Care Reform (HCR). CSC staff offered calls from Covered CA Service Centers for coverage under the Affordable Care Act (ACA) in 30 seconds or less. Between July 1, 2015 and June 30, 2016, - 2,199 calls were handled with an average speed of answer of ten (10) seconds.

√ Continued to increase the Work Participation Rate (WPR) of CalWORKs recipients by expanding job training and certified employment in trades needed locally, reengagement of sanctioned customers, and expansion of the subsidized Work Experience (WEX) program. This represents a cumulative WPR of 44.72 percent.

√ Partnered with the San Bernardino County Housing Authority and successfully served 532 families and permanently housed 334 families through the CalWORKs Housing Support Program, which assists families in quickly obtaining permanent housing and provides wrap-around support to foster housing retention.

√ Customer Service Center continues to handle customer inquiries for CalWORKs/CalFresh/Medi-Cal continuing cases, to include Health Care Reform calls. Over 1,342,461 calls were offered county-wide (111,872 per mo.), freeing up staff resources in district offices to focus on increased caseloads.

ACCOMPLISHMENTS CONTINUED

√ Received four National Association of Counties (NACo) Achievement Awards for Processing Center, Leaders in Action Workshop, Housing Support Program (HSP), and Family Stabilization program, in collaboration with the Department of Behavioral Health.

√ Continued to partner with Technical Employment and Training (TET) Inc. to provide CalWORKs recipients with an industry-based training in manufacturing. Program participants achieved a 66% graduation rate and all graduates successfully passed the National Institute for Metalworking Skills (NIMS) certification. To date, approximately 67% of program graduates have entered employment in the manufacturing field. This is a 43% increase over 2015 total customers employed.

√ TAD staff successfully authorized more than 11,200 additional Medi-Cal cases, including Affordable Care Act (ACA) cases from July 2015 through May 2016. This represents a 2.8% increase over last fiscal year. These cases represent low-income eligible customers/families into Medi-Cal programs for which they qualify.

√ Continued expansion and use of C4Yourself website for access to CalWORKs, Medi-Cal and CalFresh benefits for county residents, and the ability to complete annual re-certifications online. Currently the County receives over 8,000 electronic applications per month via the C4Yourself website.

√ Continued growth of the TAD Leaders in Action Workshop which helps participants gain a better understanding of the department's opportunities for advancement, which encourages promotion within the organization. This represents a 31% promotion rate for the participants and is expected to continue to impact TAD and countywide succession planning for years to come.

Goals for 2016/17

TAD ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

1. Increase the total number of eligible families and individuals served by the VITA program.
    - Provide free tax preparation and e-file services for eligible County families and individuals thereby stimulating economic activity.

2. Increase the Work Participation Rate (WPR) of recipients of CalWORKs benefits.
    - Increase the number of WTW CalWORKs participants who are engaged in a mandated federal WTW activity.

3. Maintain the CalFresh error rate proficiency.
    - Maintain the CalFresh error rate below the federal tolerance level of six percent to avoid fiscal sanction.

4. Provide timely responses to calls from County residents for the ACA from the CSC.
    -   Department CSC staff, designated to handle the transferred calls from Covered CA Service Centers for coverage under ACA, will handle in 30 seconds or less.

How Outcomes Are Measured

TAD MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Activity	Measure
Achieve a 3% increase in number of eligible families and individuals served by the VITA program.	• Measured annually during the tax season - January through April.
Achieve 50% of CalWORKs participants who are engaged in a federal WTW activity.	• Measured monthly through WPR reports.
Maintain a 3% error rate or lower when calculating CalFresh benefits.	• Measured through Quality Control (QC) reports.
Provide timely responses (30 seconds or less) to calls from County residents for ACA from CSC.	• Measured annually during Health Care Reform open enrollment - November through February.

Program Information

California Work Opportunities for Kids (CalWORKs) - is a time-limited program that provides financial assistance and WTW services to families with children who are deprived of support or care due to the death, incapacity, unemployment/underemployment, or continued absence of one or both parents. Homeless assistance is included in this program. CalWORKs is administered following federal and state regulations.

CalFresh program - is a nutritional assistance program designed to help single people and families with little or no income to buy food. CalFresh benefits are issued on an Electronic Benefits Transfer (EBT) card that is used just like a bankcard at most local food stores. The CalFresh program is a federal- and state-funded program.

Medi-Cal - offers free or low-cost health coverage for California residents who meet certain eligibility requirements. Medi-Cal is supported by federal and state taxes. Medi-Cal now also includes health care through the California Health Exchange, also known as Covered California, which provides for expanded health coverage in which eligible recipients receive coordinated services from the County.

Welfare-to-Work (WTW) - is a component of CalWORKs. The program assists CalWORKs recipients in obtaining employment that leads to their self-sufficiency. Employment Services staff work with individuals in overcoming barriers that prevent employment. The program also provides supportive services, such as transportation and child care assistance, to assist individuals in meeting work requirements. Supportive service Child Care assistance payments are reimbursements for child care provided, made directly to the provider, on behalf of CalWORKs recipients in approved work or training programs.

Foster Care - provides financial assistance for children in need of substitute parenting who have been removed from the home by either Children and Family Services (CFS) or the Probation Department.

**General Relief (GR)** - provides loan assistance to indigent individuals and families in temporary need of housing, food and/or transportation. General Relief is the only TAD program that is totally funded, as well as administered, by San Bernardino County.

Statistical Information

TAD continuing caseloads through June 2016:
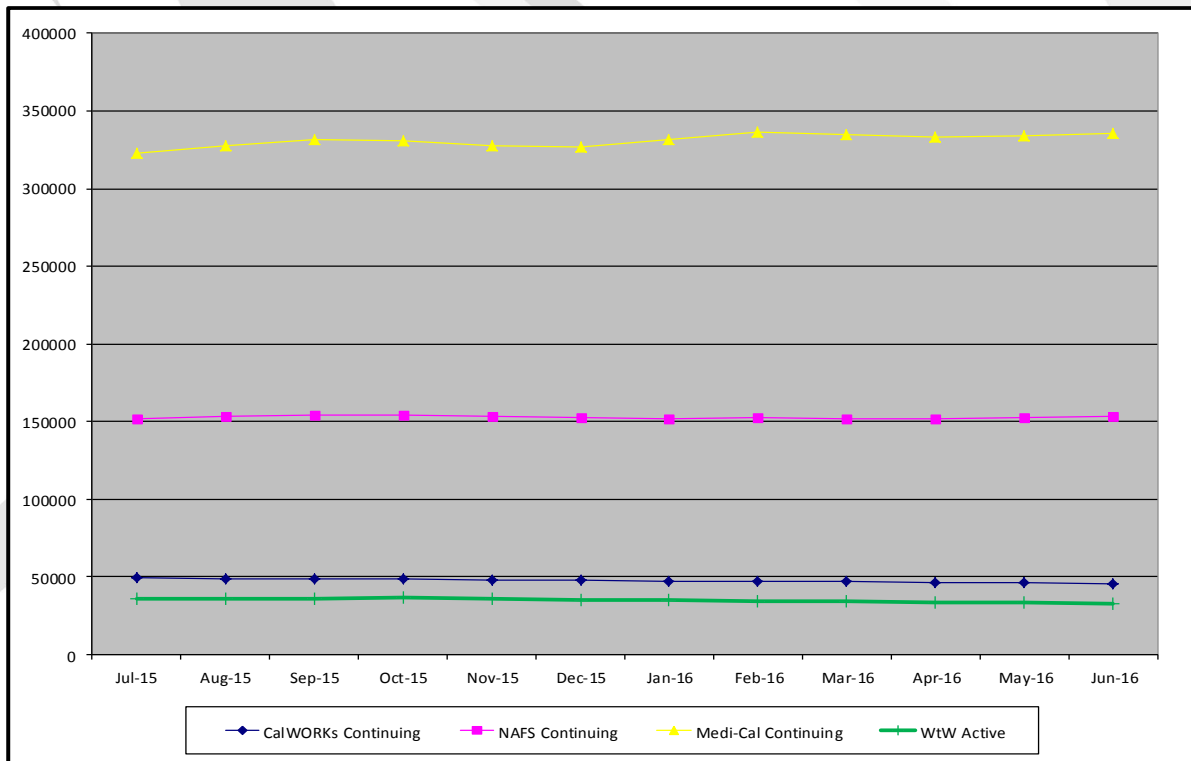
TAD Foster Care, Child Care, and General Relief continuing caseloads through June 2016:
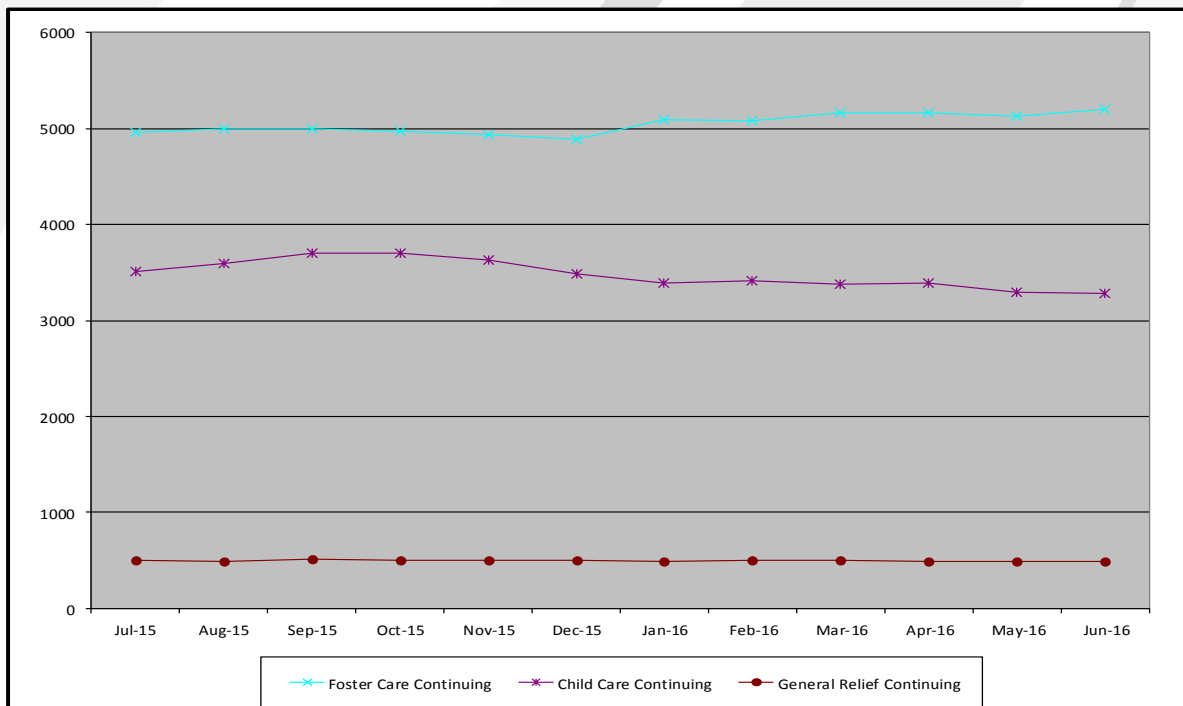
Caseload by Program
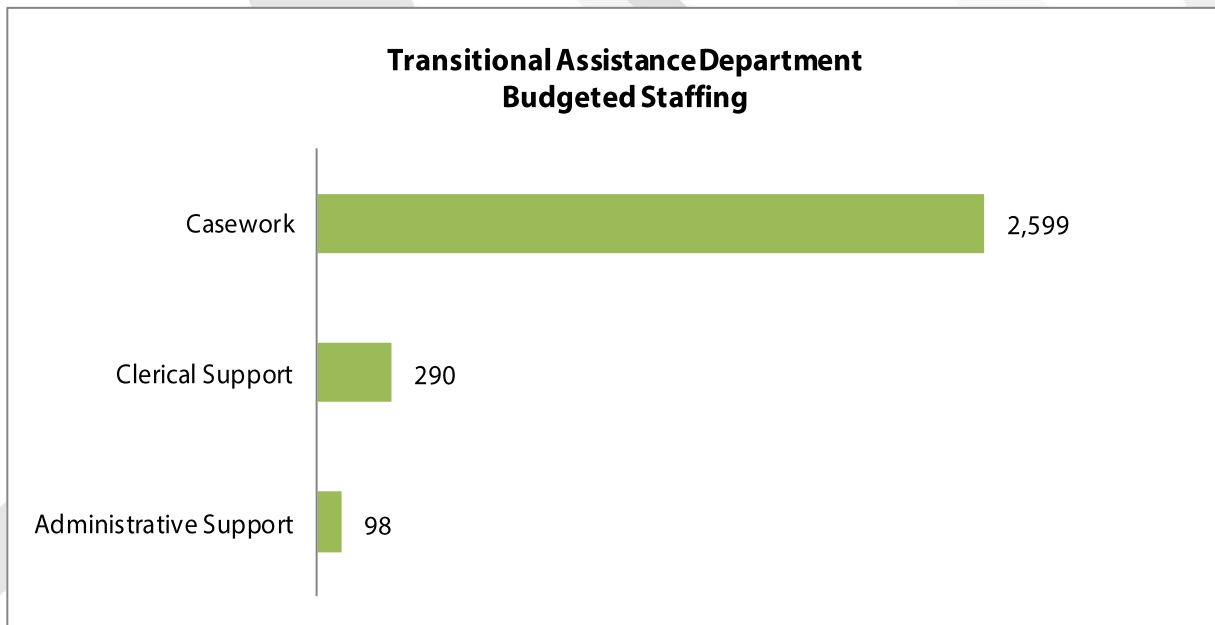
TAD continuing caseloads through June 2016:

Program	Caseload
CalWORKs	45,507
CalFresh	153,385
Medi-Cal	335,930
Child Care	3,278
Welfare to Work	32,682
Foster Care	5,197
General Relief	493

Staffing Information 2015/16

Total staffing is approximately 2,987 employees.

**Transitional Assistance Department
Budgeted Staffing**

Category	Value
Casework	2,599
Clerical Support	290
Administrative Support	98

Budget Information 2015/16

The department budget for FY 15/16 is $343,117,042.

**Transitional Assistance Department
Budgeted Appropriations**

Category	Value
Food Stamps	$100,150,686
Medi-Cal	$76,700,436
CalWorks - Welfare to Work	$76,043,718
CalWorks - Eligibility	$45,944,170
Other Programs	$21,764,833
CalWorks - Mental Health	$8,614,120
Foster Care Administration	$5,589,085
CalWorks - Cal-Learn	$3,805,696
Child Care Administration	$3,795,788
General Relief Administration	$708,510
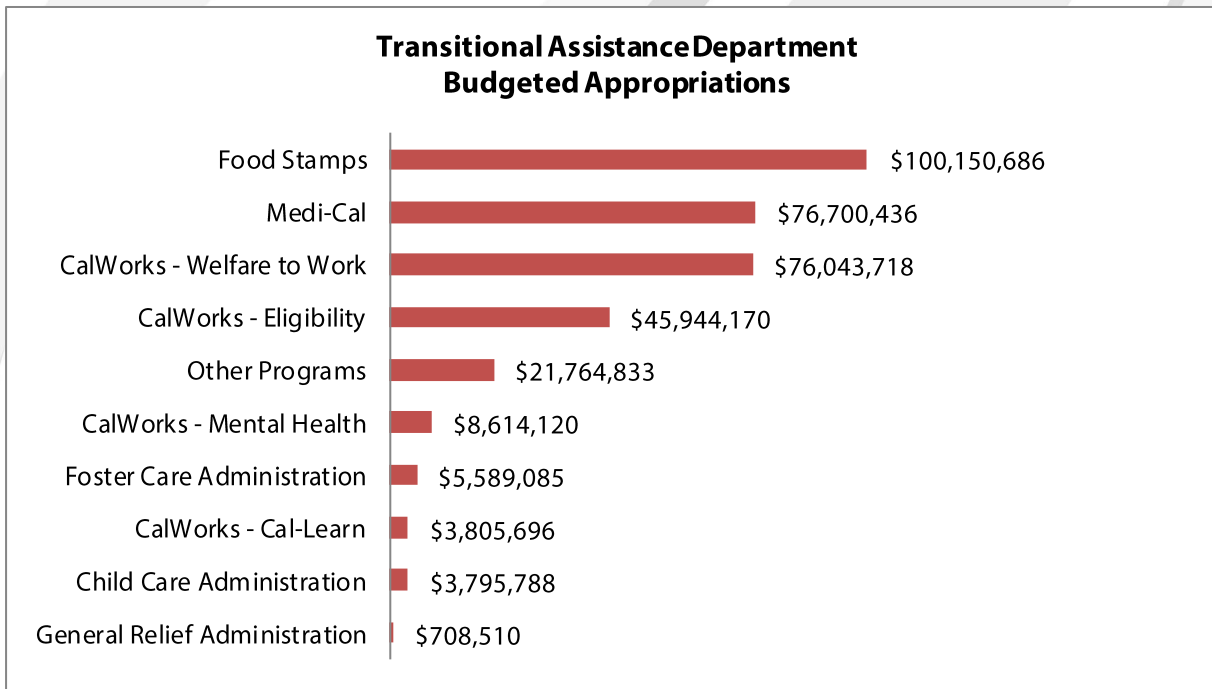
To serve veterans and their families and ensure they receive the benefits they have earned.

VETERANS

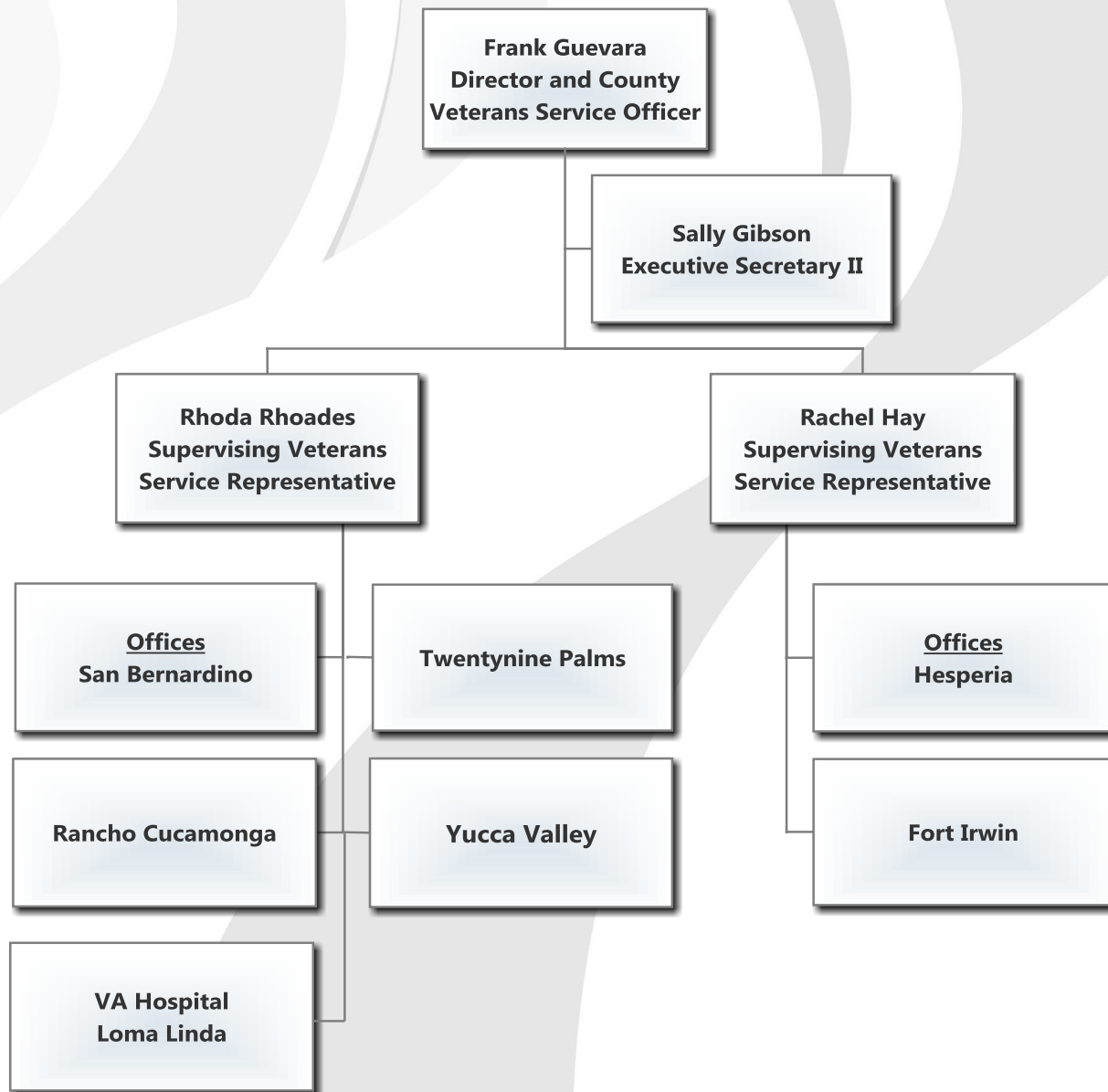# AFFAIRS

TESTIMONIAL

Mack Williams, Customer

After years of dedicated service, Mack Williams became homeless living on the streets of California for over 40 years. He struggled day-to-day with Post Traumatic Stress Disorder (PTSD) and its crippling side effects, which limited his ability to hold a permanent job. Mr. Williams didn't know where to go for help until he was referred to San Bernardino County Veterans Affairs (VA). Veterans Service Representatives obtained benefits for Mr. Williams which included resources for medical treatment, counseling and assistance in finding housing.

Listen to Mr. Williams' story of how VA changed his life.

Click here to view the YouTube video.

Frank Guevara
Director and County Veterans Service Officer

Sally Gibson
Executive Secretary II

Rhoda Rhoades
Supervising Veterans Service Representative

Rachel Hay
Supervising Veterans Service Representative

Offices
San Bernardino

Twentynine Palms

Offices
Hesperia

Rancho Cucamonga

Yucca Valley

Fort Irwin

VA Hospital
Loma Linda

FOR MORE INFORMATION

Veterans Affairs (VA) website: www.sbcounty.gov/va

VA office locations: Interactive Map

VA social media:

Overview

DESCRIPTION

Those who set aside their comfort and personal safety to serve in the United States Armed Forces do so to secure and protect the freedoms we all enjoy. In grateful response, the federal government maintains a wide array of veterans' benefits for former military service members and their families including monetary benefits, medical care, and interment in national cemeteries. In addition to the benefits provided by the United States Department of Veterans Affairs (USDVA), benefits for veterans are currently available from more than 1,000 other federal domestic assistance programs with over 4,000 separate agencies responsible for their administration.

The complicated process of figuring out available benefits, deciphering eligibility requirements, completing intricate application forms, obtaining various supporting documents and tracking the status of a submitted claim is truly daunting!

To increase veterans' ability to obtain their benefits, counties across the U.S. maintain veterans service offices, like the County of San Bernardino Department of Veterans Affairs (County VA). County VA staff members are specially trained in veteran law and once trained, they pass a rigorous USDVA accreditation examination prior to seeing clients. The County VA is often the initial contact to the USDVA system for veterans in our community. It is estimated that 75-90% of all USDVA claims filed annually originate from a county veterans services office.

Our staff makes benefits acquisition as simple as possible and their efforts are measured in number of lives touched, customer satisfaction, and total federal benefit dollars awarded to our veterans and their families.

An army veteran in an unmarked grave was honored with a grave marker bearing his name, rank and service information.

Accomplishments for 2015/16

VA ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Provided services to 28,048 county residents, representing a 6.5% increase over the previous year.

√ Processed and approved 1,059 California College Fee Waivers for dependents of disabled veterans living or attending school in San Bernardino County. This provided county residents a savings of $4,828,716 in tuition and fees at California state colleges and universities.

√ Helped clients obtain more than $85,000,000 in federal benefit dollars compared to $29 million for Los Angeles, $35 million for Riverside, $19 million for San Diego and $14.5 million for Orange counties.

√ Initiated the San Bernardino County Veteran Friendly Business Project, in conjunction with the San Bernardino County Veteran ID Card Project. Over 1,000 businesses were visited and 4,686 ID cards were issue to ensure that it is as easy as possible for local veterans to receive discounts offered by local businesses which they earned through Honorable Service.

√ Obtained $25,000 in Mental Health Services Act (MHSA) funding to support the Incredible Edible Community Garden's high desert aquaponics greenhouse project to help rehabilitate veterans with Post-Traumatic Stress Disorder and Traumatic Brain Injury.

Goals for 2016/17

VA ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

1. Emphasize higher standards of customer service that will promote the health, well-being, and quality of life of all San Bernardino County veterans.

2. Promote staff training and development to maintain United States Department of Veterans Affairs (USDVA) accreditation.

Veterans Affairs

How Outcomes Are Measured

VA MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Activity	Measure
Ensure efficient case management and resolution of claims.	• Percentage of pending case reviews that are less than 90 days old.
Promote staff training and development to meet continuing education requirements necessary to maintain staff's USDVA accreditation.	• Percentage of staff maintaining accreditation.

Program Information

CLAIMS ASSISTANCE

A. Provide benefits counseling, claim preparation, and case development for compensation, pension, and education claims.

B. Monitor VA claim processing and resolve adjudicative issues or questions in favor of our clients.

C. Provide assistance with administrative and/or appellate review of claims.

D. Administer the California College Fee Waiver program for spouses and dependents of disabled veterans.

INFORMATION AND REFERRALS

A. Provide client referrals to and information regarding other San Bernardino County departments including the Department of Aging and Adult Services (DAAS), Transitional Assistance Department (TAD), Department of Behavioral Health (DBH), County Recorder, etc., and area homeless and emergency services providers.

B. Refer clients to state and federal programs and agencies including Social Security and SSI, Employment Development, Railroad Retirement, Department of Defense, etc.

C. Provide veteran-specific information regarding:
   1. Correction of military records and discharge upgrades
   2. Federal tort claims assistance
   3. Government life insurance, home loan guaranty and farm loans
   4. Business licenses, SBA, DVBE and peddler's licenses
   5. Reduced fees for property tax, hunting/fishing licenses, and parks and recreation passes
   6. DMV registration fees, specialty license plates (veterans and Gold Star plates)
   7. Outpatient medical and dental treatment
   8. Veterans Homes of California
   9. Veterans preference for employment examinations
   10. Funeral and burial assistance

ADVOCACY

A. Individual advocacy includes pro-client determination of adjudicative questions and concerns related to processing a veteran's claim.

B. Advocacy at the policy level includes resolution of local policy and procedural issues that better serve the bureaucracy rather than our veterans.

C. Legislative advocacy involves providing state and federal elected officials with technical assistance regarding veterans' legislation.

A. Provide veterans with San Bernardino County Veteran ID cards.

B. Administer the San Bernardino County Veteran-Friendly Business program.

C. Participate in community events relevant to veterans: job fairs, stand-downs, government day events, etc.

D. Conduct outreach to nursing and retirement homes, mortuaries, schools, military separation programs, and service organizations (American Legion, VFW, etc.) to inform the community of veterans' benefits and services.

E. Meet with veterans' services providers in the community to inform them of veterans' special needs.

F. Provide veteran benefit assistance to incarcerated veterans.

G. Verifies veteran status for veteran designation on the California Driver's License.
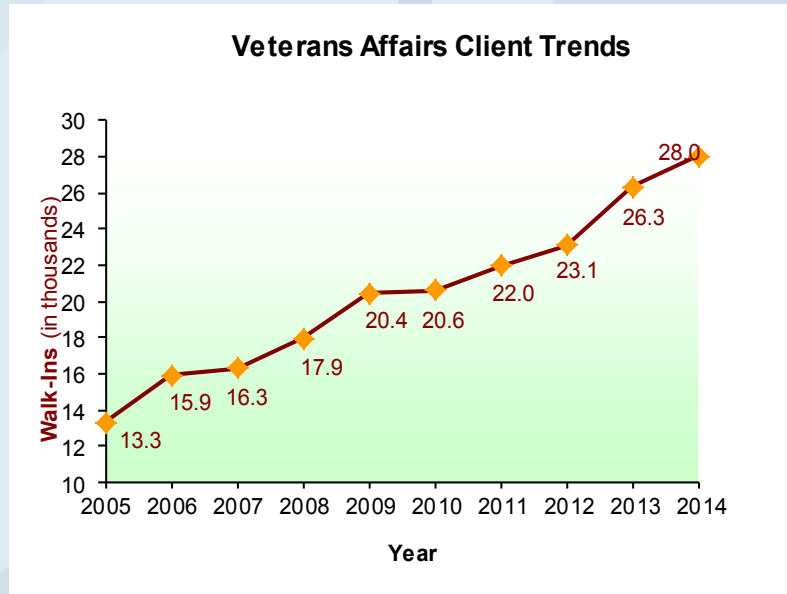
Eligible veterans can go to a County VA office to receive a Veteran ID card (similar to this) that may entitle them to discounts or incentives at area businesses that participate in the San Bernardino County Veteran-Friendly Business program.

Statistical Information

VOLUME

<u>Visitors</u>: Since 2009, walk-in traffic has increased nearly 37%, due to several factors:

- Soldiers who returned from Iraq and Afghanistan continue to discharge from the military.

- Deactivated Reservists and National Guard members continue to seek benefits.

- Vietnam and Gulf War veterans are ageing and they are seeking more benefits and services.

- Increase in collaborative events with other County departments, including DBH, DAAS and TAD, is resulting in a greater number of client referrals.

- Lingering effects of the Great Recession have driven veterans of all eras to apply for any available benefits.

Veterans Affairs Client Trends

Chart showing Walk-Ins (in thousands) by Year:
- 2005: 13.3
- 2006: 15.9
- 2007: 16.3
- 2008: 17.9
- 2009: 20.4
- 2010: 20.6
- 2011: 22.0
- 2012: 23.1
- 2013: 26.3
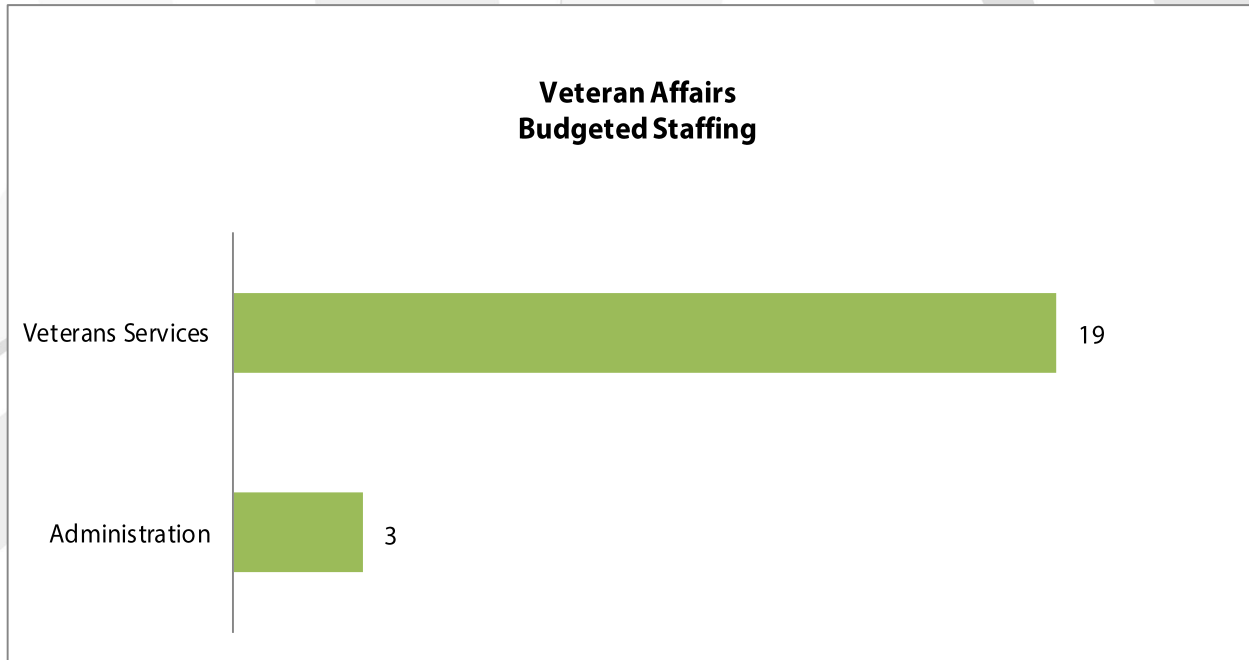- 2014: 28.0

Caseload by Program

WORKLOAD

Although the department workload has decreased 14% from that of the previous year, the 34,039 claim activities performed during the past year represents a 62% increase over the workload five years ago. Workload is defined as completed applications for monetary benefits, medical or mental health services, educational assistance, vocational rehabilitation, client correspondence and the like.

VSR Caseload: The number of open client files has decreased during the past year due to a concerted effort to identify files that could be closed due to completed processing or inactivity. On average, each Veterans Service Representative has 477 open cases. While this number is still high, it does represent a 12% decrease from that of a year ago.

Veterans Affairs Work Trends
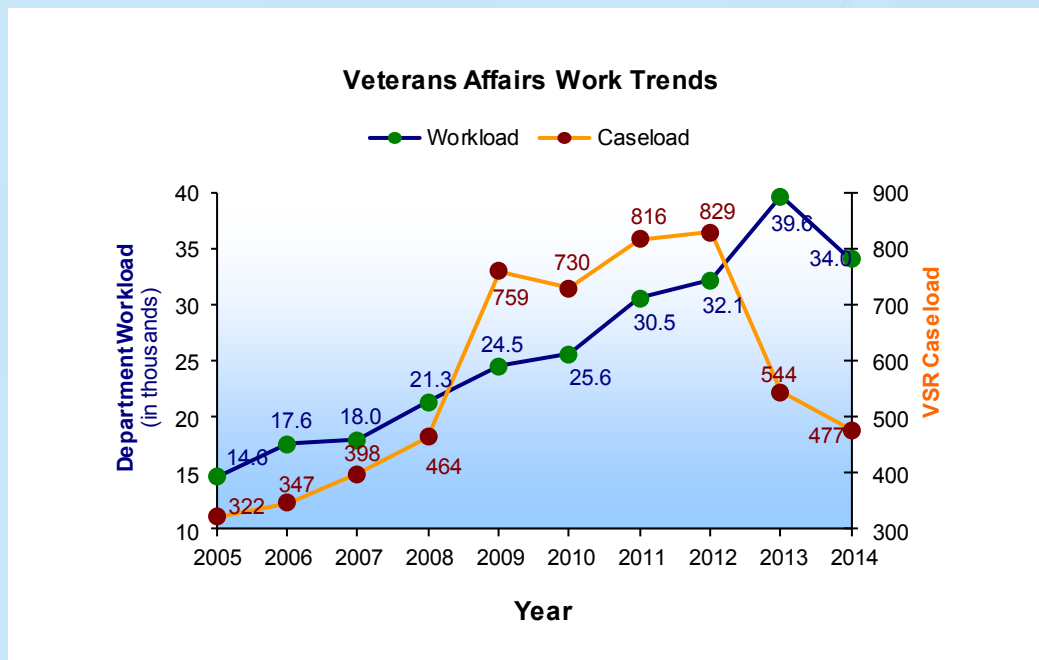
Staffing Information 2015/16

Total staffing is approximately 22 employees.

Veteran Affairs
Budgeted Staffing

Veterans Services	19
Administration	3

Budget Information 2015/16

The department budget for FY 15/16 is $2,167,009.

Veterans Affairs
Budgeted Appropriations

Staffing Expenses	1,574,628
Operating Expenses	592,381

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The Administrative Support Division (ASD) is dedicated to assisting HS departments and divisions in the delivery of their services by providing support in the areas of budget and finance, facilities, emergency services, contracts, special projects and research, outcomes and quality support in a professional, ethical and customer-oriented manner.

MANAGEMENT SERVICES

ADMINISTRATIVE SUPPORT DIVISION

```
                        Tanya Bratton
                   Deputy Executive Officer


Tanya Bratton      Danny Tillman         Regina Funderburk    David J. Quiroz         Virginia Lugo        Lory Klopfer
Deputy Executive   Info. Services        HS Auditing Manager  HS Administrative       Division Chief       Deputy Director
Officer            Administrator         HS Auditing Division Manager                 Program Integrity    Program Development
Administrative     Information,                               HS Personnel            Division             Division
Support            Technology &
Division           Support Division
```

Tanya Bratton
Deputy Executive Officer

Donella Hubis
Clerical Support

John Hallen
Arnold Rocha
Sydney Flood
Administrative Analyst

Roy Bean
Administrative Supervisor II
Finance

Allen Simmons
Administrative Supervisor II
Facilities

Regina Dalton
Administrative Supervisor II
Contracts

Jim Meier
Administrative Supervisor II
Storage and Distribution

Brian Pickering
Administrative Supervisor I
Research, Outcomes &
Quality Support

Daniel Munoz
Administrative Supervisor I
HS Emergency Services
Supervisor

Overview

DESCRIPTION

The Administrative Support Division (ASD) is dedicated to assisting Human Services (HS) departments and divisions in the delivery of services. We do so by providing support and sharing our expertise in the area of budget and finance, contract administration, facilities management, emergency services, storage and distribution, and research, outcomes, and quality support. ASD employs ethical, knowledgeable, and professional staff committed to helping our customers reach their goals.

Accomplishments for 2015/16

ASD ACCOMPLISHED THE FOLLOWING IN 2015/16:

Contracts

√ Successfully administered procurements, prepared and processed all resulting contracts, and monitored administrative, fiscal, and program contract compliance for CFS, Children and Families Commission, CF, CN, DAAS, DCSS, DPH, HS Administration, In-Home Supportive Services Public Authority, PERC, PSD, Probation Department, Public Guardian, TAD, and VA.

√ Prepared, processed, and managed contracts as follows:

⇒ Non-financial contracts and amendments   71

⇒ Revenue contracts and amendments   40

⇒ Service contracts and amendments   381

⇒ Employment contracts and amendments   97

⇒ Memoranda of Understanding   56

⇒ Procurements   31

⇒ Contracts monitored   174

√ Collaborated with ITSD and Special Projects to increase HS database functionality and capabilities to improve operations and payment tracking methods.

√ Collaborated with HS departments to develop a uniform HS data sharing agreement.

ACCOMPLISHMENTS CONTINUED

√ Collaborated with various committees to update and clarify County policies regarding procuring and contracting as well as refining procurement procedures countywide.

√ Interacted with HS customers to improve communications, ensuring goals are achieved, programs are well-defined, and timelines are met.

√ Explored and utilized professional development opportunities, including MLA, and increased intra-unit cross-training.

√ Participated in the State Civil Rights Audit of various HS departments.

√ Incorporated the Countywide Vision in all work projects.

Facilities

√ Completed HS Administration renovation project.

√ Completed 4,000 square foot expansion tenant improvement project for Rancho Cucamonga DAAS.

√ Completed 2,000 square foot expansion tenant improvement project for Fontana CFS.

√ Refreshed and improved several HS facilities with new paint, carpet and tenant improvements.

√ Completed Trona TAD/CFS renovation project.

√ Completed keycard control access system project for CFS.

√ Completed installation of security door scope devices at all TAD facilities.

√ Completed installation of security camera systems for several HS facilities.

√ Completed additional security enhancements at several HS facilities.

Finance

√ Coordinated 2016/17 budget process for 19 budget units totaling over $1.2 billion including over 6,000 employees.

√ Assisted HS departments with maximizing use of available 2015/16 County Expense Claim funding. As a result, over 99% ($526 million) of available capped funding was utilized and HS remained within established Discretionary General Fund and Realignment targets.

√ Continued coordination with Purchasing in support of the Electronic Purchasing (ePro) system.

√ Worked with ITSD to plan and develop a Contracts Database extract application to provide needed reports. Application is built and will be tested in 2016/17.

√ Worked with ITSD to assist in the development and implementation of the HS Time Study Replacement Program which will be implemented by the third quarter of 2016/17.

√ Established a workgroup to plan and develop a Mobile Device Management system which was partially implemented in January 2016.

Storage and Distribution

√ Aligned staffing according to the organizational review performed by Human Resources Department.

√ Continued to partner with Children's Fund to accommodate and store charitable donations from Amazon.

√ Assisted the HS Emergency Services Unit on numerous emergency exercises during the year.

√ Supported the Transitional Assistance Department during Customer Service Week for pickup and delivery of donated items.

√ Continued to partner with Children's Fund for their Christmas toy distribution and Celebration of Giving campaign.

√ Supported the Department of Behavioral Health during their November SoCal READI (Regional Exercise for Anthrax Disaster Incidents) exercise in conjunction with the Preparedness & Response Program (PRP) and Inland Counties Emergency Medical Agency (ICEMA).

√ Received a Shine-A-Light award from San Bernardino County Children's Network for Teamwork-Behind the Scenes.

√ Partnered with CFS and Children's Fund for storing and distributing over 5,000 "Campership" supplies and goods.

√ Qualified two staff members with a "Ham" radio license to support emergency operations within the County.

Research and Outcomes

√ Completed several analyses of budget proposals for impact on HS departments and the customers they serve.

√ Designed, administered, and analyzed online employee surveys for CFS.

√ Continued production of approximately 100 monthly reports utilized by CFS, TAD, and DAAS managers.

√ Utilized ARC-GIS to create maps for TAD and CFS to assist in making policy and business decisions.

√ Assisted TAD, CFS and DAAS in implementing numerous policy and program changes.

√ Assisted TAD in managing significant increases to Medi-Cal caseloads due to the Affordable Care Act.

√ Designed workload and position-tracking tool for CFS.

√ Designed monitoring to ensure that CFS Social Workers are meeting continuing education mandates.

Quality Support

√ Assisted CFS, TAD, DAAS, PDD and the Probation Department with ongoing case reviews of over 6,000 cases.

√ Researched and collected data quarterly for CFS regarding youth aging-out of foster care.

√ Completed annual General Relief Case review to ensure that county general fund dollars devoted to assisting indigents are properly spent.

√ Assisted CFS with improving the quality and structure of narration within the Child Welfare Services/Case Management System (CWS/CMS).

√ Assisted CFS in evaluating the documentation, course of action, and timeframes met by Social Workers and Social Service Practitioners when conducting investigations.

Emergency Services

√ Established a dedicated unit to provide Emergency Management support to HS departments.

√ Established a standardized Safety Coordinator program to strengthen safety and security efforts.

√ Established a Ham Radio program to support emergency communications during emergencies.

√ Established a Community Emergency Response Team (CERT) training program to help prepare HS employees for disasters.

√ Piloted a facility emergency response codes system to standardize and improve building safety and security measures.

√ Assisted with coordination efforts to establish a Family Assistance Center in support of the December 2, 2015 terrorist attack.

√ Provided Department Operations Center (DOC) support to the Department of Public Health in support of the December 2, 2015 terrorist attack.

ASD ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

Contracts

1. Proactively work with HS customers to improve communications, ensuring goals are achieved, programs are well-defined, and timelines are met.

2. Collaborate with various stakeholders to streamline the contract monitoring process.

3. Continue to work closely with fiscal monitoring staff, department staff, and PDD to coordinate, contract monitoring and reports per the HS Monitoring Policy.

4. Assist in implementing the uniform HS Data Sharing agreement.

5. Collaborate with HS departments, Probation, ARMC, and the Sheriff's Department to develop Data Sharing agreements and Medi-Cal Outreach and Enrollment agreements.

6. Continue to interface with various stakeholders to further refine efficient use of resources and consistency in the preparation and processing of Board Items.

7. Continue to collaborate with various stakeholders to update and clarify County policies regarding procuring and contracting.

8. Continue to explore and utilize professional development opportunities, including MLA, and increase intra-unit cross-training.

9. Continue to incorporate the Countywide Vision in all work projects.

Facilities

1. Open new 25,000 square foot TAD facility in Ontario.

2. Open new 20,000 square foot TAD facility in Apple Valley.

3. Open new 42,000 square foot TAD facility in San Bernardino to replace the existing Highland/Del Rosa location.

4. Pursue facility replacements and/or additional space options for several existing HS facilities.

5. Continue design enhancement of HS Ergonomic policies and procedures.

6. Complete industry accepted Auto-CAD training for unit staff.

7. Continue to improve/enhance level of service to our department customers to meet their goals.

Finance

1. Continue participation in County Purchasing workgroups to assist with countywide support and enhancement of ePro.

2. Participate in workgroups as requested by the Auditor-Controller for the development and implementation of the County Enterprise System.

3. Conduct HS budget training presentations as requested for appropriate HS staff.

4. Continue to develop management reporting tools to assist departments and support divisions to operate more effectively and remain within available funding limitations.

5. Continue work with ITSD and HS departments to enhance the Mobile Device Management system to enable the addition of laptops/notebooks and its department-wide rollout. Comply with HS policies regarding issuance guidelines and controls necessary to effectively manage an increasing inventory.

6. Assist ITSD with evaluation and final implementation of the new HS web-based Time Study Program.

7. Continue work with ITSD and HS Contracts Unit to test the HS Contracts Database and implement necessary changes.

8. Compile procedure manual detailing requirements/procedures for the year-end closing process.

9. Work with ITSD to complete refinement of the Online Requisition System. Participate in the final rollout to departments and support divisions.

Storage and Distribution
1. Lease open rack space to interested County departments and solicit new County partners to utilize empty space as it becomes available.

2. Utilize Risk Management training to continue providing a safe and healthy environment for warehouse employees.

3. Partner with charitable organizations to store and distribute donated goods to deserving County programs.

4. Participate in exercises with the State of California and DPH to ensure we have the capability to respond to both physical and natural disasters and Public Health emergencies.

5. Continue to encourage all staff to participate in education and training to enhance their knowledge and ability.

6. Acquire new inventory management software to better track supplies and materials in the warehouse.

7. Provide construction and moving assistance to new facilities as required.

Research and Outcomes
1. Support TAD in meeting expectations regarding timeliness, accuracy, and customer service.

2. Support CFS implementation of the System Redesign, Performance Improvement Plan, and continuous Quality Improvement.

3. Explore best practices in outcome and performance evaluation through collaboration with other public and private agencies.

4. Assist TAD with program monitoring and outcome evaluation related to new service delivery models and regulation changes.

5. Evaluate and monitor programs administered by HS to ensure high-quality, cost effective service delivery to County residents.

6. Support the Countywide Vision by making information on HS programs easily accessible and readily available to residents and stakeholders.

7. Cross-train analysts across programs to reduce specialization and increase flexibility.

8. Implement analytics and performance dashboards to monitor performance at all levels.

Quality Support
1. Continue to support the Countywide Vision by ensuring quality services are delivered according to policy.

2. Provide case reviews, surveys, and data analysis.

3. Increase the ratio of federal to non-federal funds in the Foster Care program by reviewing non-federal eligibility determinations.

4. Provide case review services to In-Home Supportive Services to insure that support is appropriate and meets customer needs.

5. Perform case reads and surveys required to measure improvements in outcomes realized by the CFS System Improvement Plan and Continuous Quality Improvement.

Emergency Services
1. Coordinate training to increase the number of Ham Radio operators at HS locations and coordinate monthly communication drills.

2. Coordinate recruitment and provide training support for quarterly CERT training.

3. Coordinate quarterly Safety Coordinator meetings and provide technical support.

4. Coordinate implementation of facility emergency response codes system at HS buildings and provide technical support.

5. Coordinate standardized quarterly disaster preparedness drills and provide technical support.

6. Coordinate inter-agency disaster preparedness exercises including the Statewide Medical and Health exercise and the County Shelter Operations Compound (SHOC) functional exercise.

7. Establish a HS Department Operations Center (HS DOC).

8. Streamline emergency communication protocols to facilitate coordination efforts during times of emergencies.

How Outcomes Are Measured

ASD measures outcomes through customer evaluations, customer surveys, and comment cards.

Program Information

As identified in our mission statement, ASD provides dedicated resources and administrative support for all HS departments, divisions and programs. ASD consists of the following units:

Contracts - Provides procurement and contracting services to all HS departments. The primary function of the unit is to obtain required program services while ensuring public resources are used efficiently and effectively. Staff ensures all procurements and resulting contracts comply with contracting laws, federal and state regulations, and local policies. Fiscal monitoring staff provides fiscal assistance to HS departments and contractors to ensure they operate within their budget constraints and comply with laws and regulations.

Facilities - Provides building space coordination and integration services for the physical workplace. Specifically, Facilities coordinates acquisition, use and maintenance of leased facilities; determines future space/equipment requirements; oversees site selection, Request for Proposal (RFP) process and facility construction; secures equipment and supplies; purchases and monitors vehicle fleet, office equipment and furniture inventories; administers security and guard services; and plans and coordinates staff and department relocations.

Finance - Develops, prepares, and reviews budgets for departments, support divisions, and subsistence budgets in HS. Collects data and prepares County expenditure claims for HS departments. Processes payments to vendors and employees while applying applicable accounting standards and fiscal controls to ensure that appropriate procurement and purchasing procedures are followed.

Storage and Distribution - Provides forms distribution, warehousing, and archive storage.

Research and Outcomes - A critical function of the Research and Outcomes Unit is to provide research services concerning all HS departments and programs. The unit provides services related to program evaluation, such as research design, creation of survey instruments, survey implementation,

data evaluation, and final reports. Surveys are designed and administered to assist County departments and decision-makers in identifying and addressing the concerns of County residents.

Additionally, the Research and Outcomes Unit conducts assessments of service populations and areas to determine whether a service population's needs are being met. The service population's needs are first identified and then matched to accessible and available service areas using Geographic Information Systems (GIS).

The unit creates specialized reports from administrative databases serving TAD, CFS, and DAAS. This allows departments to quickly answer questions concerning caseload demographics and movement, as well as program performance. It also provides the ability to perform fiscal estimates concerning effects of statewide legislative or programmatic changes, as is often requested by the County Welfare Directors Association (CWDA), the California Department of Social Services (CDSS), and various other state-level entities.

Quality Support - The Quality Support Unit responsibilities include case reviews, audits and data tracking. The unit assists in maximizing funding for CFS by increasing federal Title IV-E revenue for administrative costs for CFS and the Juvenile Probation Department, and for the TAD foster care maintenance. They also track and determine eligibility for foster care children receiving Social Security Income (SSI) to help increase the County's Title IV-E penetration rate. The unit identifies and tracks all non-federal foster children residing with a non-related legal guardian to ensure they are properly counted and identified in the welfare database. Additionally, the Quality Support Unit audits foster care cases for Title IV-E compliance and eligibility. The unit also performs quarterly state-mandated Quality Assurance case reviews for DAAS' IHSS program.

Emergency Services Unit - The Human Services (HS) Emergency Services Unit (ESU) provides emergency management and disaster preparedness support to HS departments. ESU utilizes the National Incident Management System (NIMS) and the Standardized Emergency Management System (SEMS) framework to guide emergency management coordination activities.
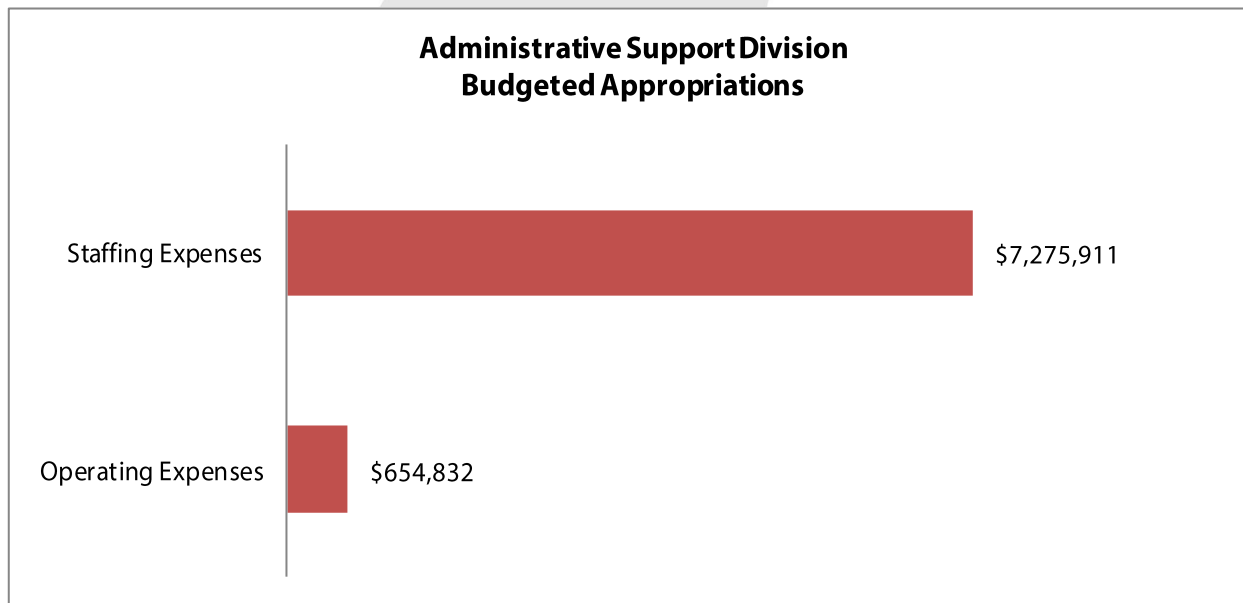
Staffing Information 2015/16

Total staffing is approximately 88 employees.

**Administrative Support Division
Budgeted Staffing**

Department	Staff
Warehouse	23
Finance	19
Legislation, Research and Quality Support Services	15
Contracts	10
Facilities	10
Administration	6
Emergency Management	3
Special Projects	2

Budget Information 2015/16

The division budget for FY 15/16 is $7,930,743.

Costs for this unit are expensed through programs within TAD, CFS and DAAS. Costs shown here are included in program expenditures identified in each respective department.

**Administrative Support Division
Budgeted Appropriations**

Staffing Expenses	$7,275,911
Operating Expenses	$654,832

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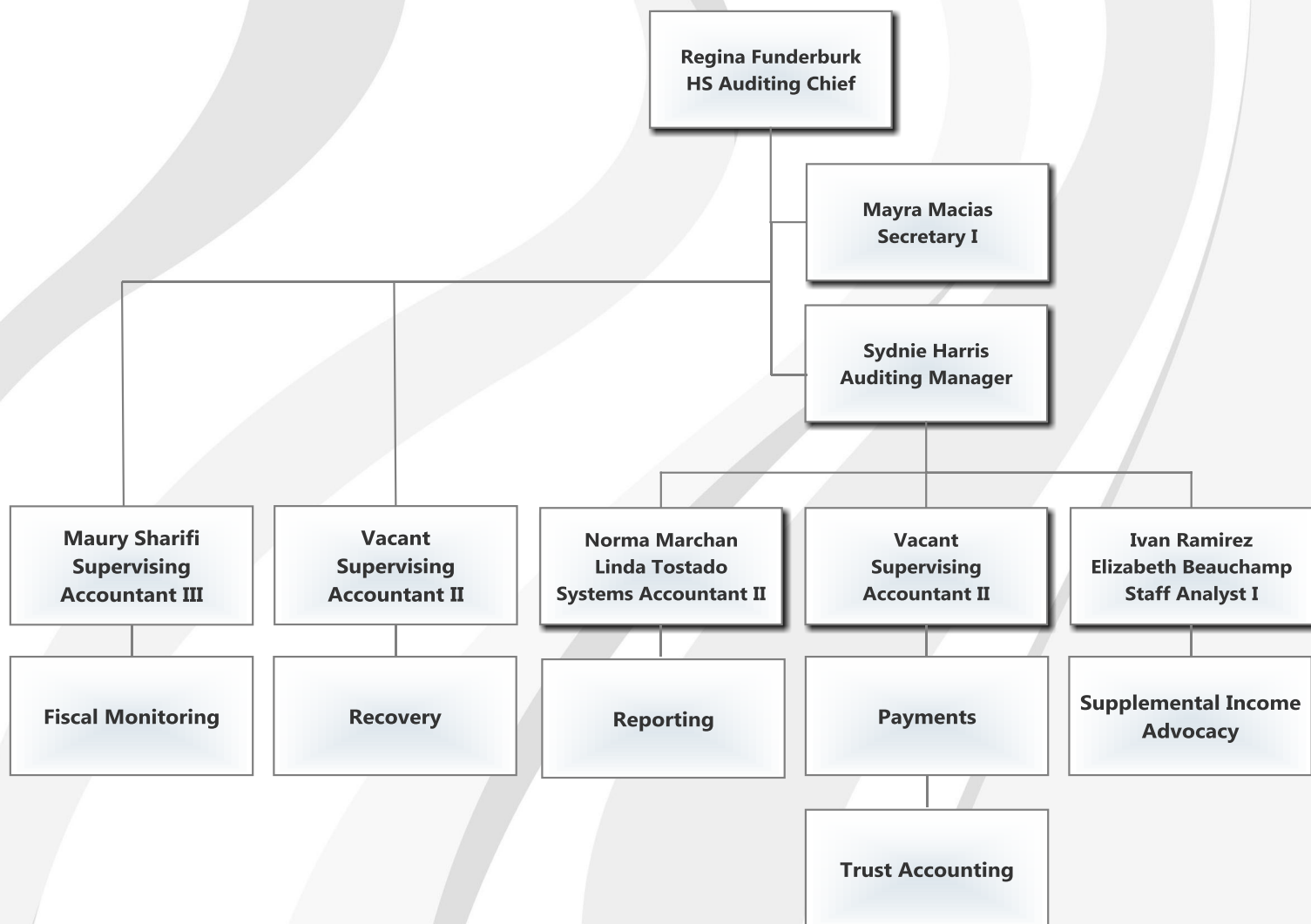
HS Auditing Chief *Regina Funderburk*

The role of HS Auditing Division is to provide accounting, auditing, collections, and benefit payment services for County departments in Human Services.

HUMAN SERVICES AUDITING

```
                          Regina Funderburk
                          HS Auditing Chief

                                              Mayra Macias
                                              Secretary I

                                              Sydnie Harris
                                              Auditing Manager

  Maury Sharifi        Vacant          Norma Marchan        Vacant            Ivan Ramirez
  Supervising          Supervising     Linda Tostado        Supervising       Elizabeth Beauchamp
  Accountant III       Accountant II   Systems Accountant II Accountant II    Staff Analyst I

  Fiscal Monitoring    Recovery        Reporting            Payments          Supplemental Income
                                                                              Advocacy

                                                            Trust Accounting
```

Overview

DESCRIPTION

The Human Services (HS) Auditing division submits cost data to the state, which is the mechanism for the County to receive federal and state funds to administer social service programs to County residents. The division delivers benefit payments for transitional assistance, child care, general relief, and CalFresh programs to residents by County warrant, electronic benefits transfer, and direct deposit to bank accounts.

Accomplishments for 2015/16

HS AUDITING ACCOMPLISHED THE FOLLOWING IN 2015/16:

Payments/Special Processing/SIA

√ Met reporting and claiming requirements for benefit payments paid to program recipients and contractors who delivered those benefits.

√ Met Social Security department's fiscal requirements for both the Sub-Payee and Foster Care programs.

√ Established direct deposit payment option for the Adoptions programs.

Recovery/Trust Accounting

√ Collected approximately $6,597,927 of benefit over-payments through the Welfare Intercept System, intercepting both Internal Revenue Service (IRS) and Franchise Tax Board (FTB) refunds.

√ Established a wage assignment system in the Trust Accounting Unit to levy Contractors' income (1099) in accordance with State and Federal law for Child Support, IRS, FTB and other court appointed judgments.

Fiscal Monitoring

√ Coordinated Single Audit process between the Auditor-Controller (via external auditors) and HS departments.

√ Conducted financial/compliance audits of over 120 Contractors throughout San Bernardino, Riverside, and Los Angeles counties who receive federal and state funding.

√ Provided training to the Fiscal Monitoring staff to conduct their assignments in compliance with the new Federal Regulations relative to Sub-Recipient and Contractor monitoring.

ACCOMPLISHMENTS CONTINUED

C-IV
√ Participated in numerous C-IV workgroups charged with enhancing and refining the system's capabilities relative to accounting and reporting and in order to meet new regulatory mandates and implement new programs. Workgroups include the Collections, Tax Intercept, Fiscal, Reports, and Program committees.

Goals for 2016/17

HS AUDITING ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

Payments/Special Processing/SIA
1. Collaborate with Information, Technology & Support Division (ITSD) to automate the Wraparound program invoice verification process.

2. Collaborate with ITSD to make the Manual Warrant System (MWS) web-based.

3. Transition all banking transactions, including interfaces and petty cash accounts to the new bank vendor.

4. Participate in the countywide implementation of the new enterprise system (SAP) and align all accounting functions with the new system.

Reporting
1. Collaborate with ITSD to develop a website aimed at increasing customer awareness of HS Auditing's processes and services.

Recovery/Trust Accounting
1. Explore the possibility of accepting credit card, ATM and EBT payments at the front counter, over the phone and online.

2. Transfer microfiche accounting ledger images to CD in order to preserve images for future reference.

Fiscal Monitoring
1. Purchase and implement audit management software in order to increase the efficiency of the audit and review process.

2. Hire, train and mentor Accounting Interns to assist with fiscal monitoring assignments and to help Interns better prepare for the job market in the Accounting/Auditing field.

3. Work with ITSD, TAD, PDD and CFS to implement the new Time Study system to support the County Expense Claim (CEC). The estimated time to implement the new Time Study system is November 2016.

4. Provide additional training and guidelines to monitoring staff to ensure Sub-Recipients and Contractors are monitored in accordance with the new Federal Government regulations.

C-IV

1. Collaborate with C-IV to implement changes to the Tax Intercept process. C-IV will implement automatic posting of Tax Intercept funds to Recovery Accounts in lieu of manual posting which will lead to increased efficiency. Estimated start date is September 2016.

2. Engage in C-IV workgroups to support the development of the new C-IV welfare system.

How Outcomes Are Measured

HS AUDITING MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Activity	Measure
Warrants issued for regular monthly disbursements for the Adoptions, Foster Care, and General Relief programs are timely in accordance with mandated scheduled timeframes.	• All warrants were distributed within the specified monthly timeframes.
Total cash benefits for EBT distribution are available timely for the monthly issuance.	• Each monthly projection was funded and available within the specified monthly timeframes.
Daily collection of counter and mail payments deposited into the bank by the following business day.	• Brinks *Received By Log* includes the date Brinks picked up the deposit = specified daily timeframe 100%.

Program Information

HS Auditing performs a variety of fiscal operations and functions that support the County's administration of welfare programs and provides services to departments in HS as follows:
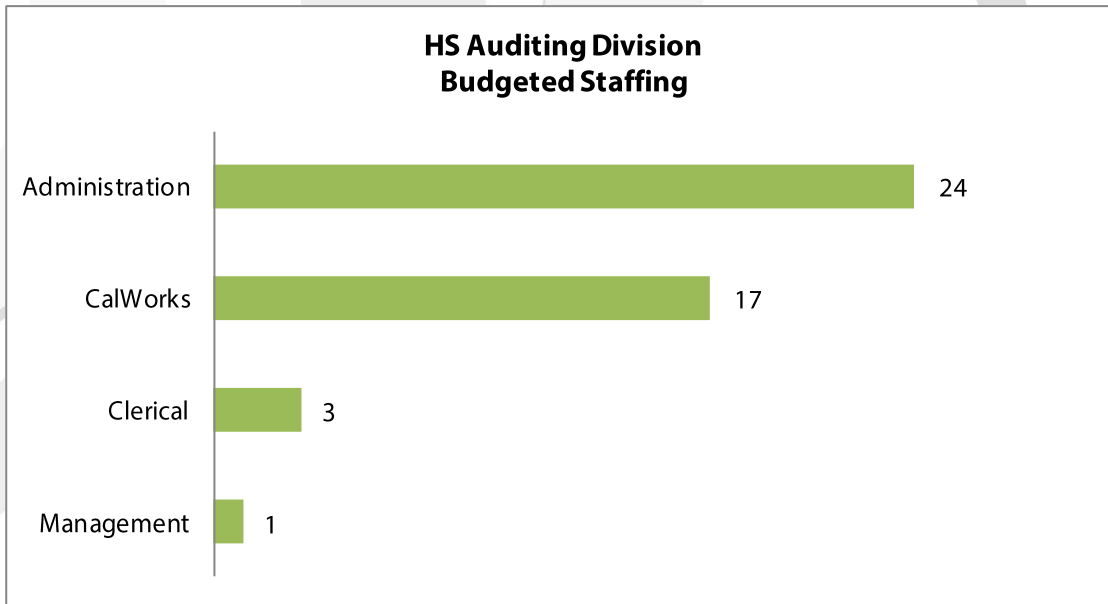
- Prepares assistance claims, which are required for funding and reporting benefits provided to County residents.

- Collects over-payments from benefit recipients.

- Serves as representative payee for Social Security benefits for HS customers who are unable to manage their financial affairs.

- Prepares statistical data for mandated state and federal reporting.

- Provides safekeeping and inventory monitoring of negotiable items: bus passes, gas cards, electronic benefit card stock, warrant and check stock, and voucher forms.

- Reconciles welfare accounting data to accounting records of the County Auditor-Controller/Treasurer/Tax Collector.

- Provides audit assistance and training to HS departments relative to developing and updating internal controls and accounting procedures.

- Reviews auditing and accounting standards, and federal and state fiscal regulations to ensure HS compliance.

- Coordinates the Single Audit process and all state and federal audits/reviews for HS departments.

- Provides fiscal contract monitoring services for multiple departments within HS to ensure fiscal compliance with contract provisions and federal and state regulations.

Statistical Information

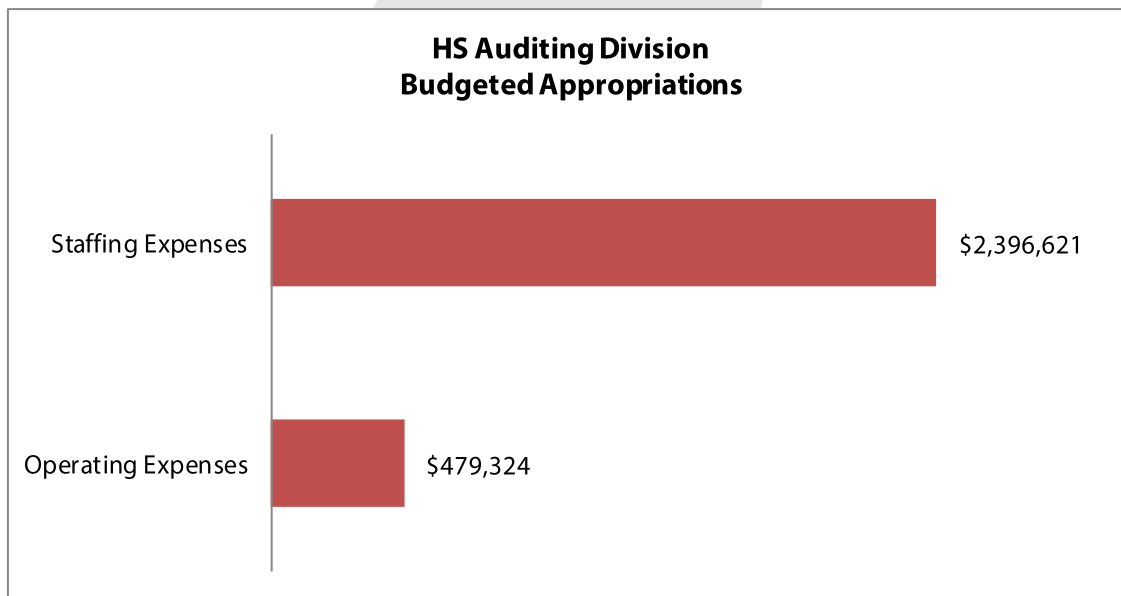| Activity	No. Issued	Amount
Cash benefits issued electronically (EBT)	628,203	$281,562,379
Cash benefits issued by warrant (MW, GR, CIV)	326,438	$235,766,694
Collection of benefit over-payments		$20,233,213

Staffing Information 2015/16

Total staffing is approximately 45 employees.

**HS Auditing Division
Budgeted Staffing**

- Administration: 24
- CalWorks: 17
- Clerical: 3
- Management: 1

Budget Information 2015/16

The division budget for FY 15/16 is $2,875,945.

Costs for this unit are expensed through programs within TAD, CFS and DAAS. Costs shown here are included in program expenditures identified in each respective department.
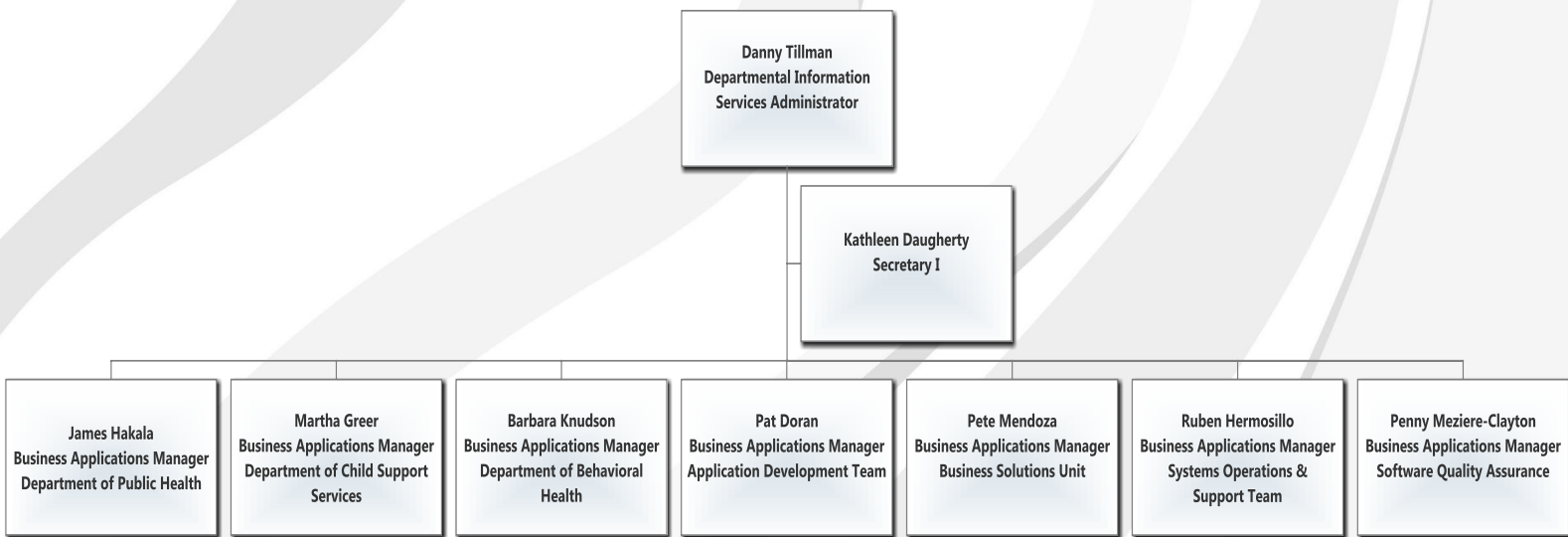
**HS Auditing Division
Budgeted Appropriations**

- Staffing Expenses: $2,396,621
- Operating Expenses: $479,324

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Departmental Information Services Administrator *Danny Tillman*

The Information, Technology & Support Division (ITSD) provides business and technology solutions to Human Services departments and divisions through business consulting, application development, systems consulting and support.

Information, Technology & Support Division

Danny Tillman
Departmental Information
Services Administrator

Kathleen Daugherty
Secretary I

James Hakala
Business Applications Manager
Department of Public Health

Martha Greer
Business Applications Manager
Department of Child Support
Services

Barbara Knudson
Business Applications Manager
Department of Behavioral
Health

Pat Doran
Business Applications Manager
Application Development Team

Pete Mendoza
Business Applications Manager
Business Solutions Unit

Ruben Hermosillo
Business Applications Manager
Systems Operations &
Support Team

Penny Meziere-Clayton
Business Applications Manager
Software Quality Assurance

Overview

DESCRIPTION

The Information, Technology & Support Division (ITSD) strives to become the provider of choice for Human Services (HS) departments and divisions. We are committed to providing innovative business and technology solutions to improve the work processes of our customers. Through a partnership with our customers and our team dedication to their success, we deliver customized solutions to meet our customers' needs. ITSD integrates industry standards and best practice methodologies to support HS departments and divisions in delivering services to the public.

Accomplishments for 2015/16

ITSD ACCOMPLISHED THE FOLLOWING IN 2015/16:

Application Development Team (ADT)

√ Developed and implemented PID Case Assessment Review and Tracking System (CARATS) Application.

√ Worked on and continuing various development projects using Model View Controller (MVC), Net 4.5, Visual Studio 13, SQL server 2014, and SharePoint 2013.

√ Completed the installation and conversion from SQL 2008 environment to new SQL 2014 environment.

√ Doing final work to support local C-IV Data Warehouse processing within the SQL 2014 environment.

√ Developing new improved Timestudy Application.

√ Enhanced FARRS Application and moved from a client/server Application to a web-based Application.

√ Developed and implemented Mobile Device Tracking and Billing Application for ASD Finance.

Business Solutions Unit (BSU)

√ Managed 39 IT projects to increase team efficiencies to better serve our customer's needs.

√ Expanded level II (Business Solutions Unit) customer service support for completed projects (29 post production support projects).

√ Implemented Phase 1 (hardware implementation) imaging/scanning for one department.

√ Completed support to maintain Medi-Cal Personally Identifiable Information (PII) solution throughout HS departments.

Systems Operations & Support (SOS)

√ Completed implementation of Phase 2 of a standardized Storage Area Network (SAN) technology - Storage Expansion - Disaster Recovery Storage.

√ Implemented Microsoft Lync in production (notification module only).

√ Implemented Mobile Iron Administrative console for Human Services.

√ Refreshed 22 File/Print servers throughout Human Services.

√ Implemented new wireless network infrastructure (centralized).

√ Completed the upgrade of the 3270 Emulation Software throughout Human Services.

√ Upgraded 230 PERC training laptop stations.

√ Upgraded 200 ITSD/Admin PC workstations with monitors.

Software Quality Assurance (SQA)

√ Supported HS ITSD customers by completing 1,005 website updates and 184 SharePoint support requests.

√ Supported ADT, SOS, and BSU in the testing and implementation of projects.

√ Implemented HS Personnel intranet site in SharePoint.

√ Implemented the new Work Experience (WEX) SharePoint site that allows tracking of WEX hiring process.

√ Implemented Family Stabilization SharePoint site to allow tracking of FS benefits for reporting to the state.

√ Implemented Phase 1 of PDD Online Handbooks site converting the site and TAD forms to SharePoint.

√ Conducted IE 8 and IE 10 project testing.

Goals for 2016/17

ITSD ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

Application Development Team (ADT)
1. Design, code, test and implement Personnel Application - Phase 4.

2. Complete Online Requisition System (ORS) Phase 2 enhancements.

3. Fully implement new Vehicle Tracking Applications for JS Admin/Finance.

4. Continue support, application development and custom programming for SharePoint.

5. Continue to support local C-IV Data Warehouse processing and DCSS Data Warehouse operations.

6. Establish new SharePoint (SP) 2016 environment, migrate to SP 2016, and establish SP Business Intelligence services.

7. Support and complete requested enhancements to Mobile Device Tracking and Billing Application for ASD Finance.

8. Develop and implement Dashboard Key Performance Indicator (KPI) display page for TAD.

9. Rewrite FARRS Application and move from a client/server application to a web-based application.

Business Solutions Unit (BSU)
1. Expand Production Support for Mobile Devices for HS Enterprise.

2. Continue project management lessons and curriculum for all project managers to increase team efficiencies to better serve our customer's needs.

3. Project managers to continue to complete Project Management Institute (PMI) identified core courses for project management enrichment.

4. Continue to expand level II (Business Systems Unit) customer service support for complete projects.

5. Implement Phase II (post hardware implementation) imaging/scanning for one department.

Systems Operations & Support (SOS)
1. Replace current ITSD Helpdesk produce using ISD's new Helpdesk Infrastructure - Complete Phase I implementation.

2. Deploy new HS Active Directory network domain - Complete Phase 2 implementation.

3. Complete implementation of Proxy internet monitoring reporting tool.

4. Refresh 4,100 non-managed workstations.

5. Refresh 3,600 C-IV workstations.

6. Upgrade Lenel card key security system.

7. Implement new Personnel badge printing system.

8. Upgrade CommVault Backup software system.

9. Upgrade Virtual Machine environment (VMware).

10. Support approximately 4 new or remodeled site moves.

11. Support implementation of a new LiveScan background check system in Personnel.

Software Quality Assurance (SQA)
1. Continue the conversion of public websites to public SharePoint sites. This will allow departments to manage their site content.

2. Continue the conversion of internal websites to SharePoint sites to allow departments to manage their site content.

3. Complete development of and implement Phase 2 of PDD Online Handbooks project. Phase 2 involves moving all remaining forms and manuals to SharePoint and creating an interface for viewing the content.

4. Upgrade to SharePoint 2016.

How Outcomes Are Measured

ITSD MEASURES OUTCOMES BY THE FOLLOWING METHODS:

ITSD measures outcomes through customer feedback from HS departments and divisions. Information received is organized and reviewed to measure the impact, changes, and benefits offered to its customers.

Program Information

ITSD provides business and technology solutions to HS departments and divisions through business consulting, application development, system consulting and support. It accomplishes its mission through integration of four (4) units working dependently and independently as one division within HS.

Application Development Team (ADT) - ADT develops and supports applications, including technical consultation, user interface design, software application design, web design, data conversion, report creation and development, Ad Hoc reports, and technical documentation.

Business Solutions Unit (BSU) - BSU provides business process analysis and project management for the purpose of improving business systems in HS departments and divisions. Its main function is to act as customer service liaison between HS customers and technical staff.

Systems Operations & Support (SOS) - SOS provides technical support for HS's hardware and software needs, including Help Desk assistance, onsite desktop and peripherals, IT inventory and vendor quotes, warehousing, networking, data storage, data back-ups, data security, printing, scanning and imaging, mobile phones and devices, and audio/video.

Software Quality Assurance (SQA) - SQA team ensures the software products and processes conform to the customer's specific requirements and standards are met. In addition, this team is another level in software testing. SQA performs detailed system testing of applications that reduces programmer and user testing time.

Statistical Information

SOS provides support to approximately 6,000 users in 140 HS offices countywide. The charts below detail equipment supported and services provided.

Equipment	2014/15	2015/16
Desktop computer systems (C-IV and non C-IV)	7,732	8,015
Printers (network and personal)	1,892	1,952
Laptops	823	1,159
Servers (physical)	216	230
Tablets	177	215
Servers (virtual)	141	180
Switches	114	116
UPS (Universal Power Supply)	142	142
Pocket PC's	2	1
Projectors	225**	196**
Scanners (non C-IV)	229	239
C-IV Scanners	2,916	2,666
Wireless Access Points	277	277

**Includes displays, projectors, and Polycoms.
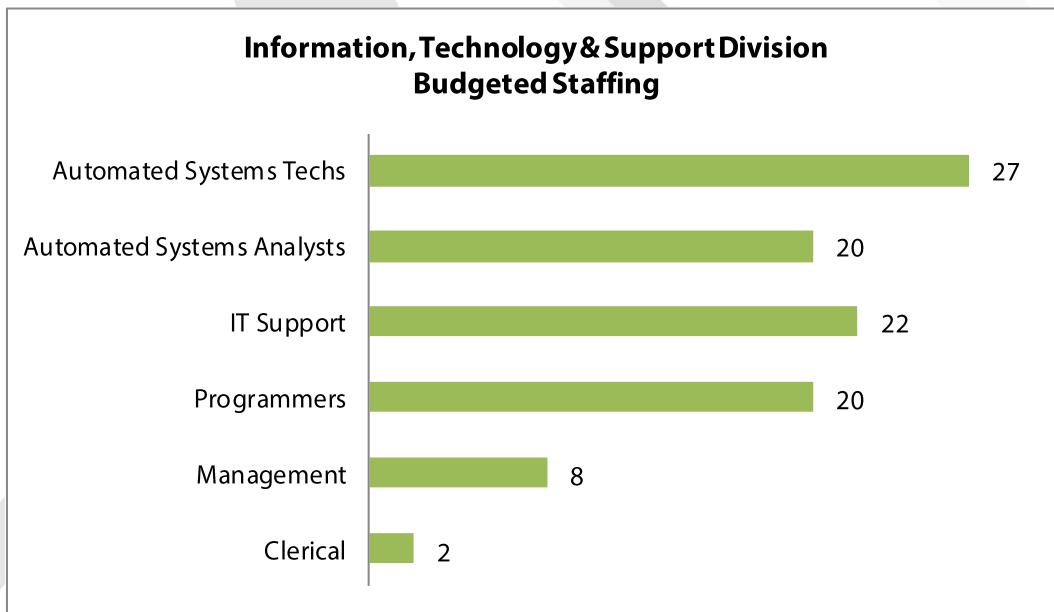
STATISTICAL INFORMATION CONTINUED

Service Provided	2014/15	2015/16
Calls to Help Desk	25,706	32,729
New equipment installed	200	1,307
Moved/changed-out equipment	270*	2,072***
Servers installed (new or upgraded)	38	35
Site inventories	90	86
Equipment and software orders for departments	224	350
County-owned Smart phones	702	715
Site moves and remodels	8	9

*Includes TAD, CFS and DAAS refresh projects.
***Includes property transferred from C-IV
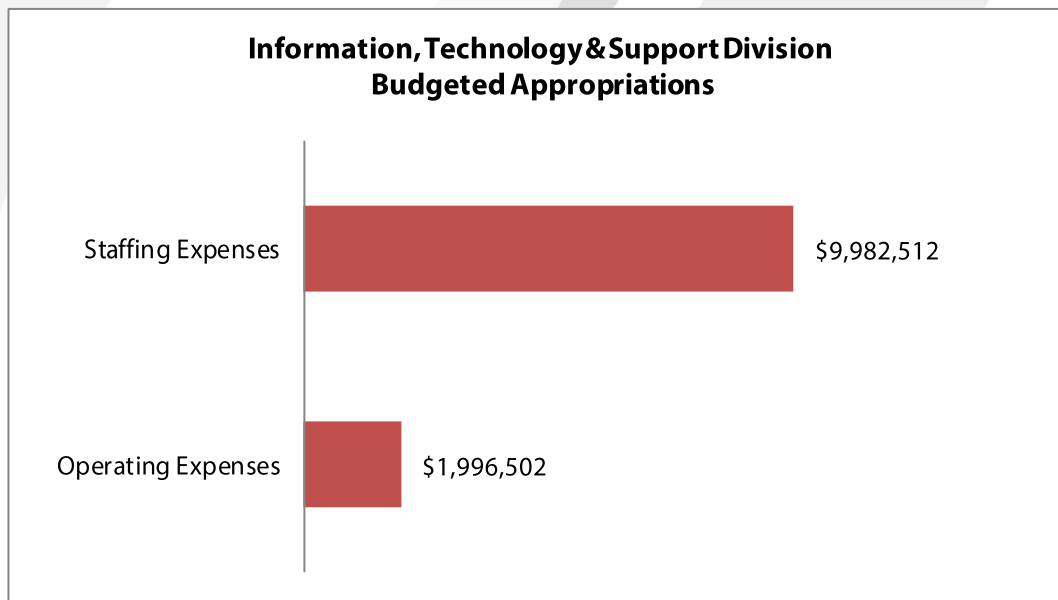
Staffing Information 2015/16

Total staffing is approximately 99 employees.

**Information, Technology & Support Division
Budgeted Staffing**

Category	Value
Automated Systems Techs	27
Automated Systems Analysts	20
IT Support	22
Programmers	20
Management	8
Clerical	2

Budget Information 2015/16

The division budget for FY 15/16 is $11,979,014.

Costs for this unit are expensed through programs within TAD, CFS and DAAS. Costs shown here are included in program expenditures identified in each respective department.
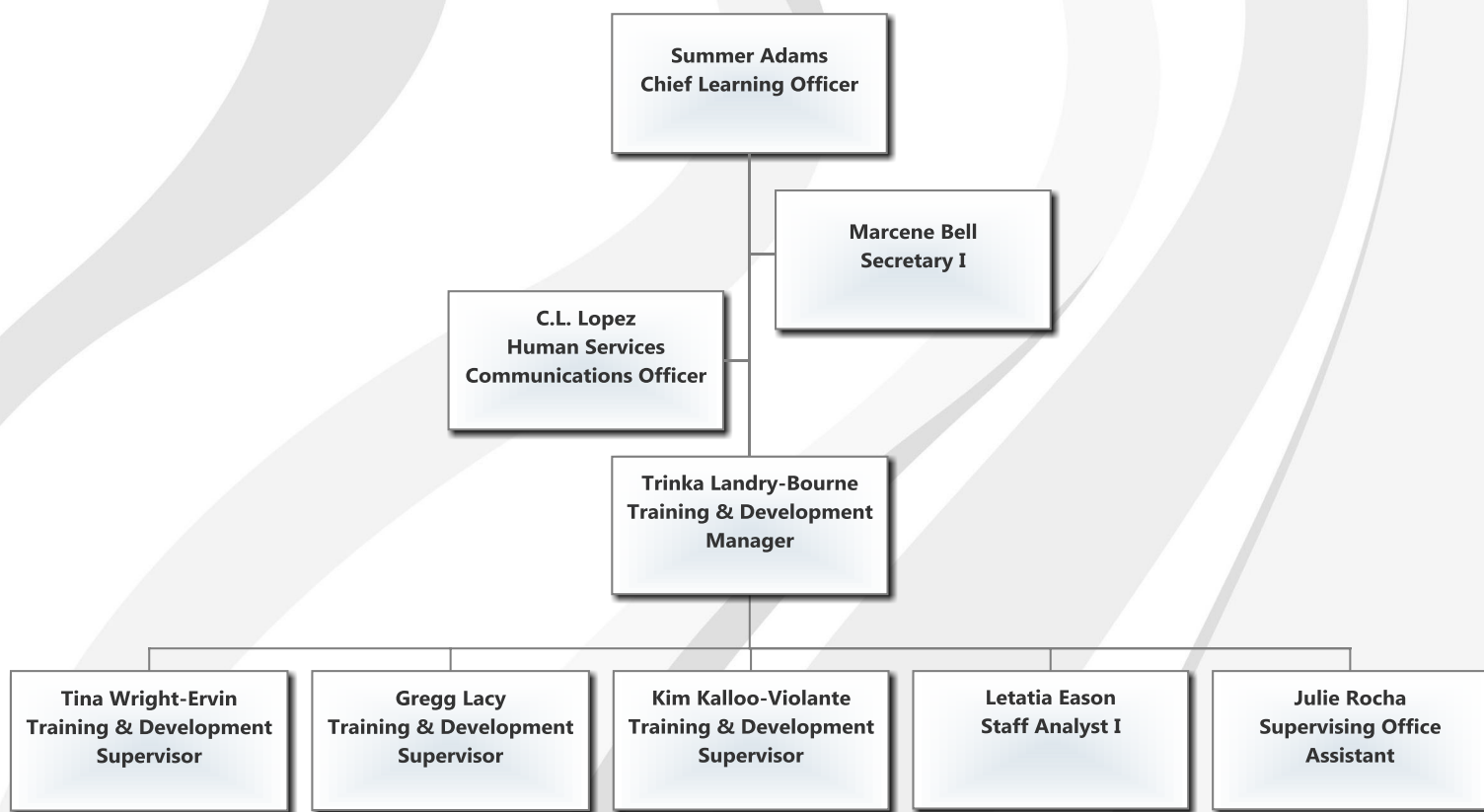
**Information, Technology & Support Division
Budgeted Appropriations**

Category	Amount
Staffing Expenses	$9,982,512
Operating Expenses	$1,996,502

Chief Learning Officer *Summer Adams*

The Performance, Education & Resource Centers (PERC) further professional development, promote rich educational opportunities, and create excellence in and among individuals and organizations. We accomplish this by using the most current resources in providing quality, comprehensive training, organizational consulting, facilitation, and career development services.

PERFORMANCE, EDUCATION & RESOURCE CENTERS

Summer Adams
Chief Learning Officer

Marcene Bell
Secretary I

C.L. Lopez
Human Services
Communications Officer

Trinka Landry-Bourne
Training & Development
Manager

Tina Wright-Ervin
Training & Development
Supervisor

Gregg Lacy
Training & Development
Supervisor

Kim Kalloo-Violante
Training & Development
Supervisor

Letatia Eason
Staff Analyst I

Julie Rocha
Supervising Office
Assistant

Overview

The Performance, Education & Resource Centers (PERC) provides workplace training to assist groups and individuals with identifying and achieving professional and operational goals. Skilled professionals develop, coordinate, and deliver training that supports and prepares the County's workforce to meet the needs of our community. Customized performance improvement services are available. PERC also processes tuition reimbursements for many occupational units. In addition to these services, PERC supports departments within the Human Services (HS) organization with the development and coordination of internal and external communications and media relations.

Accomplishments for 2015/16

PERC ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Utilized social media and technology to create awareness of Countywide Vision (CWV), Paradigm and Job Statement.

√ Developed/delivered succession planning training for National Staff Development and Training Association (NSDTA) conference.

√ Delivered Online CalWORKs Appraisal Took (OCAT) training to Transitional Assistance Department (TAD) staff.

√ Increased the number of Modified Adjusted Gross Income (MAGI) and California Healthcare Eligibility, Enrollment, and Retention System (CALHEERS) training modules for TAD staff.

√ Redesigned Children and Family Services (CFS) onboarding curriculum.

√ Increased the use of TurningPoint polling software technology in trainings and curriculums for CFS, DAAS and TAD.

√ Incorporated Replay2 videos into curriculum for TAD staff.

√ HS Communications team received various awards/recognitions:
   Award of Distinction for marketing/communications and an *Award of Excellence* for photography from the California Association of Public Information Officials (CAPIO) for the *Be a Hero Campaign*; also this project won a National Association of Counties (NACo) award.

Polaris Award for marketing/communications and social media public relations tactics for the *Be a Hero Campaign.*

√ Facilitated strategic planning sessions for Children's Policy Council (CPC) and provided final reports to HS Children's Network.

√ Facilitated strategic action planning sessions and provided final reports to the Office of Homeless Services (OHS).

√ Increased awareness and utilization of PERC services and resources throughout Human Services.

√ Conducted virtual classroom facilitation for CFS, "Use of Technology in the Field."

Goals for 2016/17

PERC ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

1. Continue to enhance community awareness of Human Services.

2. Continue to support Human Services department initiatives through collaboration and strategic action.

3. Increase awareness and utilization of PERC services and resources throughout Human Services.

4. Broaden utilization of technology resources to enhance training options and deliverables.

5. Redesign the PERC website.

6. Implement redesigned onboarding curriculum.

7. Assess and redesign Fundamentals of Supervision/Management to align with current needs throughout Human Services.

8. Build awareness of the Title IV-E funding program to promote educational opportunities within Human Services.

How Outcomes Are Measured

PERC MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Results are measured through a customer driven approach, which includes the following methods:

♦ Student evaluations; participant response

♦ Feedback from collaborative partners

♦ Cognitive outcomes and knowledge checks

♦ Skill-based outcomes

♦ Pre-/post-assessments

♦ Transfer of learning

♦ Program evaluation

♦ Peer review and self-evaluation

Program Information

Employee Training and Development
PERC provides initial and ongoing job skills training in support of various HS programs. These include:

♦ Orientation and Induction (O&I) training for new Eligibility Workers in the Transitional Assistance Department (TAD)

♦ Orientation and Induction (O&I) training for new Social Workers in Children and Family Services (CFS)

♦ Ongoing program training for TAD, CFS and the Department of Aging and Adult Services (DAAS)

PERC is a continuing education provider accredited by the Board of Behavioral Sciences.

In addition to programmatic training, PERC offers a broad spectrum of general enrollment training to County employees. These programs are designed to assist employees with professional development and skill enhancement. Standard training categories include:

- ♦ Supervision and Management
- ♦ Leadership
- ♦ Professional and Career Development
- ♦ Computer Applications
- ♦ Interpersonal Skills
- ♦ Written and Verbal Communication
- ♦ New Employee Orientation
- ♦ Training Mandated by State or Federal Regulations or County Policy

The Management & Leadership Academy (MLA), Fundamentals of Supervision, and Fundamentals of Management are eligible for degree applicable credit from California State University, San Bernardino.

Organizational Development
PERC offers custom services to County departments, as well as public and private sector organizations throughout the Inland Empire. PERC's professional consultants are available to assist departments with the following services:

- ♦ Consultations and Assessments
- ♦ Succession Planning
- ♦ Meeting Facilitation
- ♦ Team Building
- ♦ Work Process Mapping
- ♦ Strategic Planning
- ♦ Performance Improvement Solutions
- ♦ Data Collection
- ♦ Other Custom Services

Media and Communication Services

PERC provides a wide range of media and communication services for HS departments. The Human Services Communications Officer oversees these services, acting as a liaison to the County's Public Information Office and serving as a point of contact for media inquiries related to HS departments or services. PERC's Communications Unit issues press releases, creates and manages various social media sites, assists with creating marketing materials, produces the HS Annual Report, and responds to requests for information from the media. This unit is also responsible for assisting with internal communication among HS departments through the publication of the HS Connection e-newsletter.

Human Services Connection e-newsletter
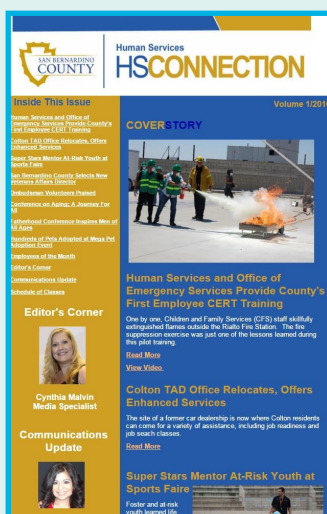
Video - Heart Gallery video featuring "Joanna" and her caregiver.

Preschool Services Department Assistant Director Phalos Haire in the KFON-TV studio recording a "Local Matters" segment with Fontana Mayor Acquanetta Warren.
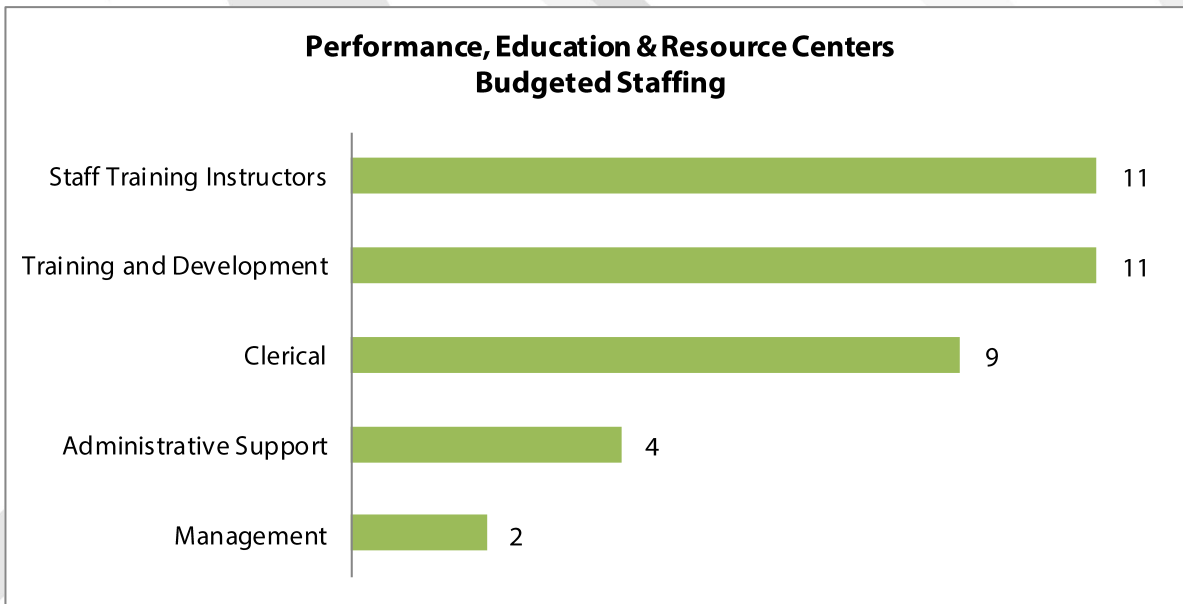

The Communications Unit received the 2016 Award of Distinction from the California Association of Public Information Officials (CAPIO) for the Children's Network Inland Empire Fatherhood Conference. The Unit also received a 2016 Achievement Award from the National Association of County Organizations (NACo) for the Children and Family Services Take the Lead Campaign.
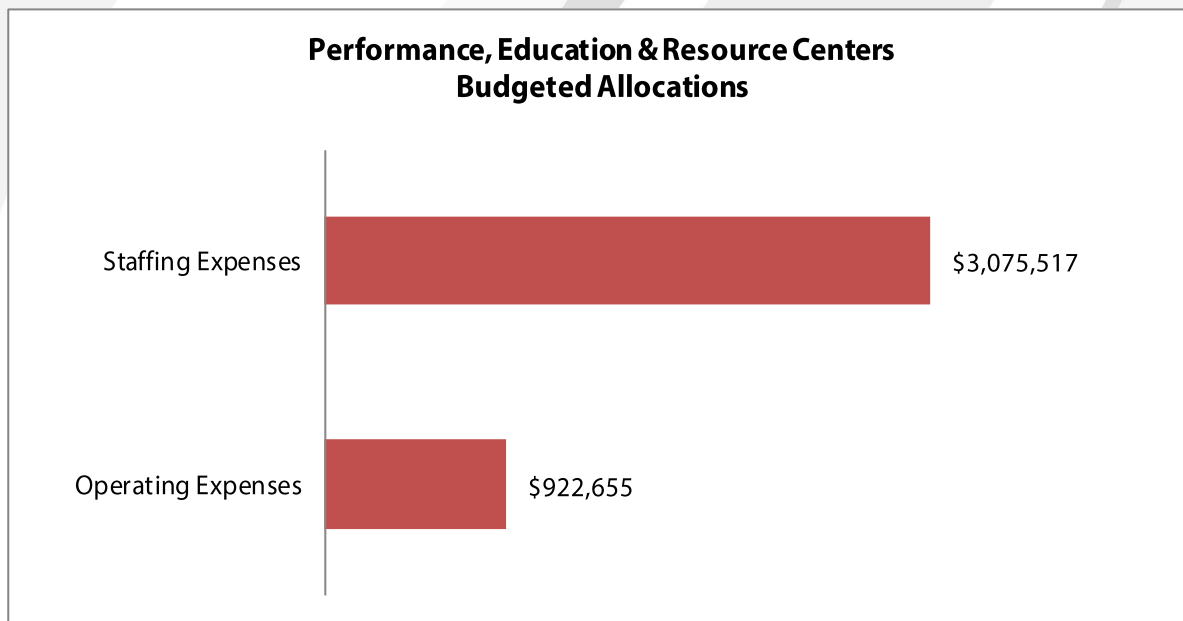
Staffing Information 2015/16

Total staffing is approximately 37 employees.

**Performance, Education & Resource Centers
Budgeted Staffing**

Category	Value
Staff Training Instructors	11
Training and Development	11
Clerical	9
Administrative Support	4
Management	2

Budget Information 2015/16

The division budget for FY 15/16 is $3,998,172.

Costs for this unit are expensed through programs within TAD, CFS and DAAS. Costs shown here are included in program expenditures identified in each respective department.
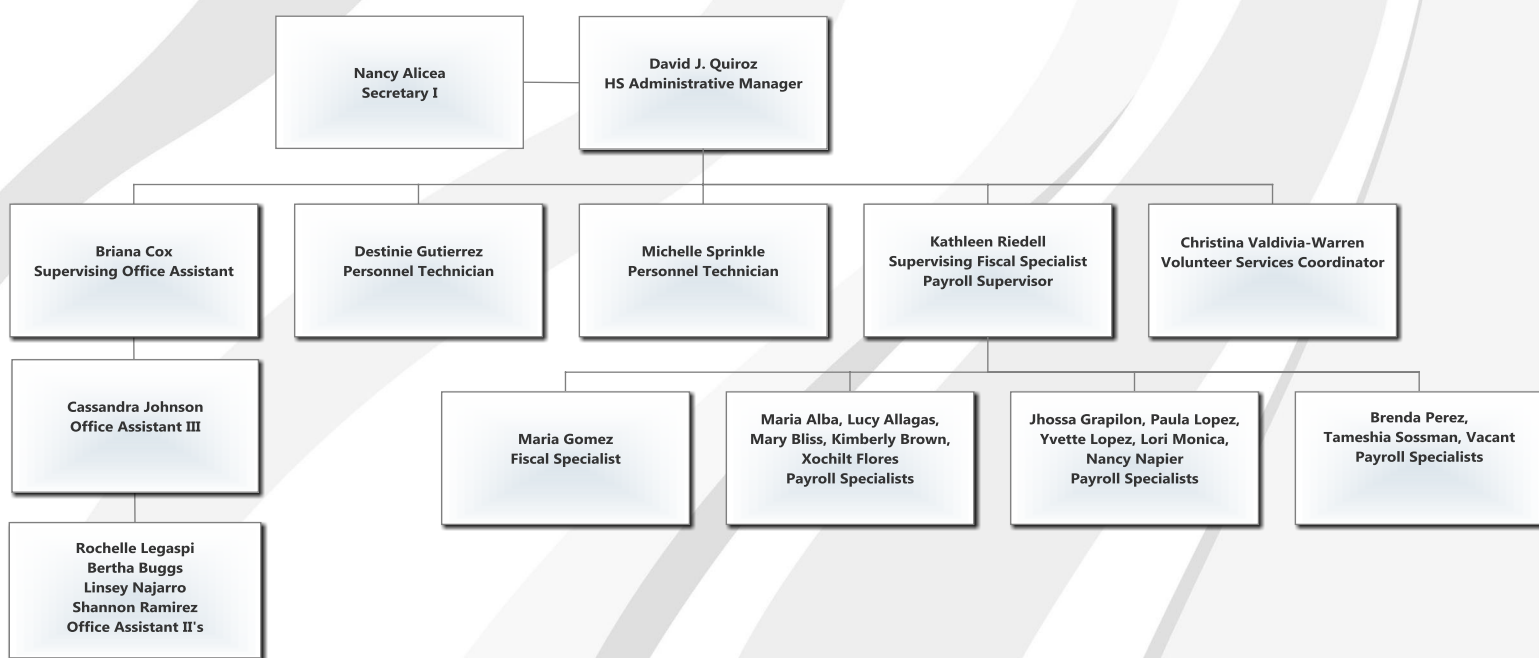
**Performance, Education & Resource Centers
Budgeted Allocations**

Category	Value
Staffing Expenses	$3,075,517
Operating Expenses	$922,655

Our mission at Human Services (HS) Personnel is to provide high quality customer service, ensuring HS employees receive their pay and benefits in a prompt and accurate manner, while providing HS departments the staffing tools they need to provide critical services to County customers.

HS
PERSONNEL
DIVISION

Nancy Alicea
Secretary I

David J. Quiroz
HS Administrative Manager

Briana Cox
Supervising Office Assistant

Destinie Gutierrez
Personnel Technician

Michelle Sprinkle
Personnel Technician

Kathleen Riedell
Supervising Fiscal Specialist
Payroll Supervisor

Christina Valdivia-Warren
Volunteer Services Coordinator

Cassandra Johnson
Office Assistant III

Maria Gomez
Fiscal Specialist

Maria Alba, Lucy Allagas,
Mary Bliss, Kimberly Brown,
Xochilt Flores
Payroll Specialists

Jhossa Grapilon, Paula Lopez,
Yvette Lopez, Lori Monica,
Nancy Napier
Payroll Specialists

Brenda Perez,
Tameshia Sossman, Vacant
Payroll Specialists

Rochelle Legaspi
Bertha Buggs
Linsey Najarro
Shannon Ramirez
Office Assistant II's

Overview

Human Services (HS) Personnel is responsible for handling departmental needs, which includes managing payroll and handling internal personnel transactions for over 5,400 employees. Departments served include Children's Network (CN), Children and Family Services (CFS), Department of Aging and Adult Services (DAAS), Preschool Services Department (PSD), Transitional Assistance Department (TAD), Information, Technology & Support Division (ITSD), Performance, Education & Resource Centers (PERC), HS Management Services, Work Experience Workers (WEX) and volunteers.

Accomplishments for 2015/16

HS PERSONNEL ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Increased speed of delivery of County Service Pins to Human Services staff.

√ Initiated and received approval from Department of Justice to begin equipment acquisition for Life Scan/Fingerprinting services on-site at HS Personnel.

√ Began cross-training all staff to increase efficiency and division knowledge base.

√ Added documents to the HS Personnel intranet website to assist with Personnel transactions.

√ Amended outdated internal HS documents and added internal HS documents to better assist departments.

√ In conjunction with ITSD, made numerous changes/fixes inside of the HS Personnel Database.

Goals for 2016/17

1. Add an education tracking capability to the HS Personnel Database for better quality of readily available information.

2. Begin Live Scan/Fingerprinting services at HS Personnel to help decrease hiring timeframes.

3. Continue to expand outreach efforts towards departments and divisions to offer training, presentations, and increase awareness about HS Personnel duties and services offered.

4. Update the HS Personnel website to include Return-To-Work and Work Performance Evaluations (WPE) sections.

5. Collaborate with the Purchasing Department to increase the amount of temporary help vendors to assist with quicker and/or better placement.

6 . Build upon fast and efficient delivery of services to customers and explore additional ways that can enhance or augment customer service practices.

How Outcomes Are Measured

HS PERSONNEL MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Outcomes for payroll are measured on a bi-weekly basis by the number of time sheets processed, the number of pay warrants issued, and the timeliness of completion.

Outcomes for all other HS Personnel transactions are measured by frequency of satisfied department-requested start dates, validity of transaction-required paperwork, and turnaround expectations set forth by the County's Employee Management and Compensation System (EMACS) requirements.

Outcomes for the Volunteer Program are measured by the responses received from recruitments, utilization of volunteer services by departments, feedback from departments and feedback from the HS Personnel website.
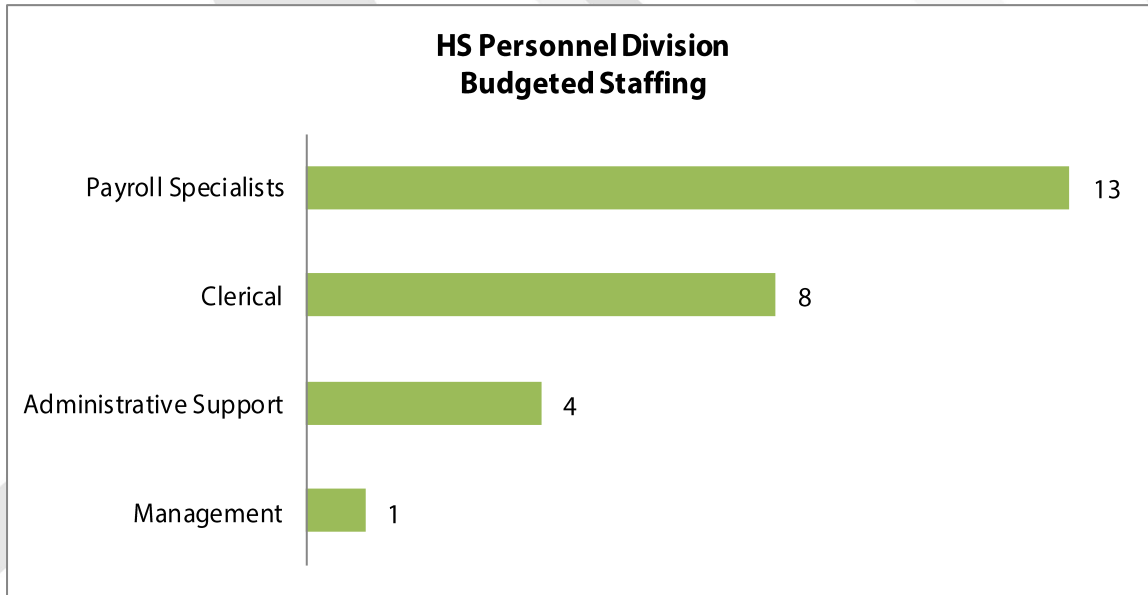
Program Information

Payroll

Responsible for completing all required pre-employment paperwork for newly hired, promoted, or transferred employees; arranging pre-employment physicals, Live Scan fingerprinting and background checks; processing reference checks and employment verifications; maintaining files of all interview materials; processing all electronic time sheets, disability and extended leave paperwork; making payroll corrections; processing step advancements, work performance evaluations and required paperwork to place new employee information in the payroll system; performing reception/customer service, telephone, photo identification card, and mail distribution duties.

Integrated Volunteer Program

Responsible for conducting recruitments; processing applicants; assisting departments in tracking volunteer hours worked; filling vacancies; writing and maintaining volunteer assignment descriptions; maintaining volunteer personnel files; writing public service announcements and press releases; representing the program at a variety of service organizations, school meetings and functions; and maintaining the volunteer website.

Staffing Information 2015/16

Total staffing is approximately 26 employees.

**HS Personnel Division
Budgeted Staffing**

Payroll Specialists	13
Clerical	8
Administrative Support	4
Management	1

Budget Information 2015/16

The division budget for FY 15/16 is $1,853,907.

Costs for this unit are expensed through programs within TAD, CFS and DAAS. Costs shown here are included in program expenditures identified in each respective department.
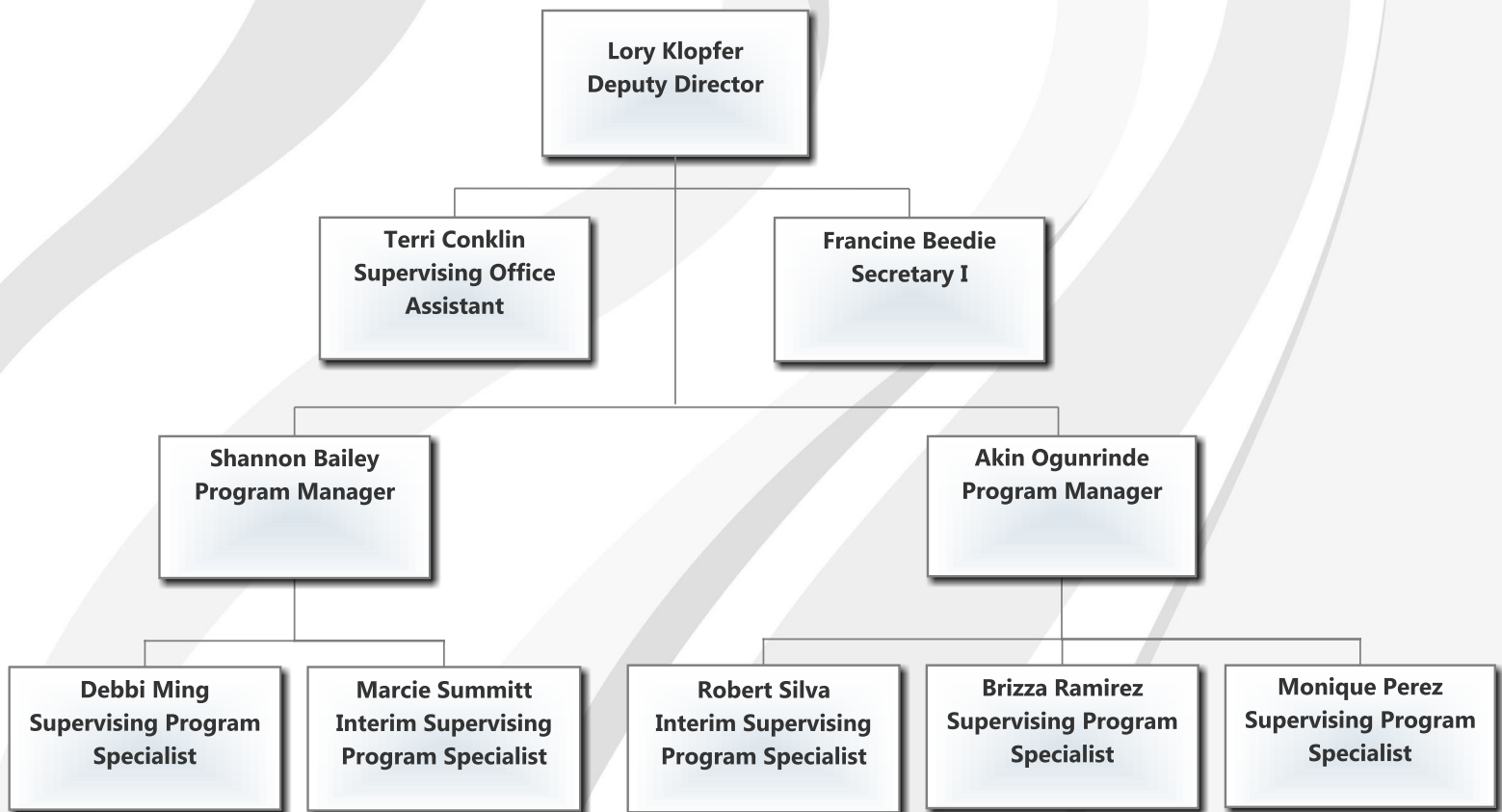
**HS Personnel Division
Budgeted Appropriations**

Staffing Expenses	$1,655,274
Operating Expenses	$198,633
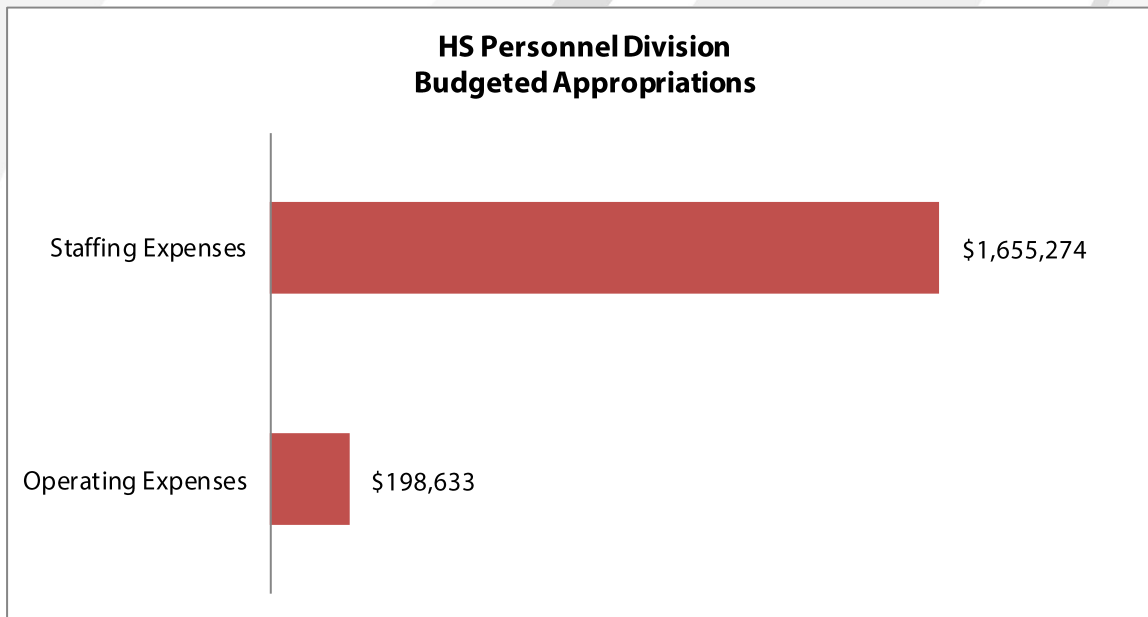
Deputy Director Lory Klopfer

The mission of the Program Development Division (PDD) is to build a foundation for public service by providing accurate and timely program and policy development to HS departments and other agencies, through collaboration, communication, and education.

PROGRAM DEVELOPMENT DIVISION

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                    ┌─────────────────────┐
                    │   Lory Klopfer      │
                    │   Deputy Director   │
                    └─────────────────────┘
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Lory Klopfer
Deputy Director

Terri Conklin
Supervising Office Assistant

Francine Beedie
Secretary I

Shannon Bailey
Program Manager

Akin Ogunrinde
Program Manager

Debbi Ming
Supervising Program Specialist

Marcie Summitt
Interim Supervising Program Specialist

Robert Silva
Interim Supervising Program Specialist

Brizza Ramirez
Supervising Program Specialist

Monique Perez
Supervising Program Specialist

Overview

DESCRIPTION

The Program Development Division (PDD) performs program and policy development support services for Human Services (HS) and other County agency customers. The division provides program representation for HS departments to state, county, and local agencies. PDD coordinates implementation of adopted legislation, regulations, and state/federal policy clarifications. The division develops and maintains administrative program, policy and operations manuals; automated systems user guides; forms; and notifications for use by over 6,000 staff in HS departments.

The division is comprised of six units providing program and policy development services to HS and other County agency customers:

* Adult Services/Contracts Support

* Children and Family Services (CFS)

* Transitional Assistance Department (TAD) Health Care Programs/Special Projects

* Transitional Assistance Department Eligibility/Welfare to Work (WTW)

* Human Services Policy/Privacy & Security/Legislation

* Office Administration & Support

PDD ACCOMPLISHED THE FOLLOWING IN 2015/16:

√ Developed policy materials and procedures for implementation of new or changes to existing processes, including:

- Welfare-to-Work (WTW) Online CalWORKs Appraisal Tool (OCAT) implementation and business approach streamlining.
- WTW Family Stabilization (FS) program (intensive case management) expansion/continuation.
- Direct Deposit services for Adoptions Assistance Program and Kinship Guardianship Assistance Program (KinGAP) customers.
- Elimination of Change Reporting from the CalFresh program.
- Continuation/enhancement of the Housing Support Program (HSP), to assist in rapid rehousing of homeless families.

√ Participated with the District Attorney in development of a plan for improving welfare fraud protocols and procedures.

√ Assisted with implementation of Senate Bill (SB) 75, which transitioned children less than 19 years of age, regardless of immigration status, to full scope Medi-Cal.

√ Created an animated tool via new technology using "Emaze" to provide information to the Transitional Assistance Department (TAD) staff in an innovative way.

√ Supported TAD's major technology changes with policies, procedures, and marketing materials for Texting Notifications, Visual Interactive Voice Response (VIVR), Voice Biometrics, and the Self-Service Options Customer Tutorial.

√ Completed the incorporation of the Medi-Cal Policy Handbook (MCPHB) into the Health Care Programs Handbook (HCPHB).

√ Participated in TAD Customer Service workgroups to develop and implement a new customer service: definition, vision, supervisor training, and Work Performance Evaluation (WPE) standards.

√ Assisted with development of script for/production of a video for the Eligibility Worker Trainee recruitment.

√ Implemented a Memorandum of Understanding (MOU) with 76 Foster Family Agencies (FFAs) utilized by Children and Family Services (CFS) to maximize the safety of children in foster care.

√   Assisted with the successful development and implementation of the Medi-Cal Outreach and Enrollment (MCOE) contract through contract procurement, monitoring, technical assistance, and preparation and review of reports and invoice approval.

√   Researched and produced analysis for integrating the Continuous Quality Improvement (CQI) process into CFS policy and practices.

√   Developed the Child and Family Services Reviews (CFSR) Case Review Manual and assisted in the implementation of the CFSR reviews in line with federal and state requirements for the qualitative review of child welfare services.

√   Supported planning, policy development and implementation of the After-Hours Response Center (ARC) to enhance provision of child welfare services round the clock.

√   Provided project management and policy development services for successful implementation of the automated CFS Structural Decision Making (SDM) system.

√   Provided project management and policy development services for the implementation of In-Home Supportive Services (IHSS) Overtime regulations which aligns compensation of IHSS providers with federal and state regulations.

√   Developed and published the online IHSS Public Authority Handbook.

√   Coordinated the provision of Adult Protective Services (APS) information and data to the Department of Justice (DOJ), APS REPORTING Lines, National Adult Maltreatment Reporting System (NAMRS) and California Readiness Data Survey.

√   Updated Department Emergency Operations Plans (DEOPs) and collaborated with Human Services Emergency Services Unit (HSESU) to develop Emergency Action Plans (EAPs) and Disaster Preparedness documents for customers of HS departments.

√   Revised HS Policy and Standard Practice (HSPSP) Manual sections regarding Business Card Requests, Copier Purchase, Tuition Reimbursement and Closed Cases.

√   Updated HS Privacy and Security documents and website to be comprehensive and consistent with Privacy and Security Agreement (PSA) requirements.

Goals for 2016/17

1. Enhance staff development by training or retraining the Division in Practical Project Management and by updating the Program Specialist II Training Series.

2. Collaborate with Information Technology Services Division (ITSD) to redesign and publish the Division's Publications Portal in a ShareSpace platform.

3. Develop and publish new policy and procedure products, as appropriate.

4. Provide continuing contract and program support services for the MCOE contract aimed at expanding access to healthcare.

5. Provide project management services and develop policy materials and procedures for implementation of Foster Care Continuum of Care Reform (CCR) and the Resource Family Approval (RFA) program.

6. Support HS departments in the implementation of the new California Department of Social Services (CDSS) Privacy and Security Agreement and collaborate with ITSD to finalize the automation of the breach reporting process.

7. Assist in the development and implementation of Time Study Enhancements, which merges the current Time Study program with the County's Employee Management and Compensation System (EMACS).

8. Continue working with automation vendors on system enhancements and reporting capabilities including new/revised TAD eXamplar reports, development and testing for migration of the LEADER Replacement System (LRS) with the C-IV system, and policy updates regarding the proposed Child Welfare Services/Case Management System (CWS/CMS).

9. Streamline the CalHEERS trouble tickets process for submitting and processing efficiency.

10. Support TAD Health Care Reform (HCR) efforts, including policy development and communication with the Department of Health Care Services (DHCS), County Welfare Directors Association (CWDA), Covered California, and C-IV.

11. Work with CWDA and the state to update policy and procedures for Inter-County Transfers (ICTs) of CalFresh, CalWORKs, Welfare-to-Work, and Medi-Cal cases.

12. Work with state on redesign and implementation of WTW 25/25A Monthly Activity Report.

13. Assist with procurement of Foster Parent Recruitment and Retention Services to expand the pool of caregivers for dependents and wards in foster care.

14. Finalize and issue the Adult Protective Services (APS) Photograph Policy and coordinate implementation with Law Enforcement.

How Outcomes Are Measured

PDD MEASURES OUTCOMES BY THE FOLLOWING METHODS:

Activity	Measure
Enhance staff development by training or retraining the Division in Practical Project.	• Program staff attends the three phases of the Practical Project Management Training.
Collaborate with ITSD to redesign and publish the Division's Publications Portal in a ShareSpace platform.	• PDD's Publications Portal is redesigned and published in a ShareSpace platform.

Develop and publish new policy and procedure products, as appropriate.	• Publish policy and procedure products for the implementation of customer departments' programs, mandates and initiatives including:
	   Health Care Reform
	   Foster Care/Child Welfare Services
	   Continuum of Care
	   Resource Family Approval (RFA)
	   Coordinated Care Initiative

Provide continuing contract and program support services for the Medi-Cal Outreach and Enrollment contract.	• Number of individuals contacted and assisted with Medi-Cal application and Annual Redetermination.
Assist in implementation of Time Study Enhancements, which merges the current Time Study program with the County's EMACS system.	• Participate in training/information sessions. • Publish handbook letters, flyers and tools.
Assist with procurement for Foster Parent Recruitment and Retention Services (FPRRS) to expand the pool of caregivers for dependent children and youth.	• Number of foster parents recruited and retained under FPRRS.

Program Information

Services provided by the division support HS departments' objectives and successful outcomes.
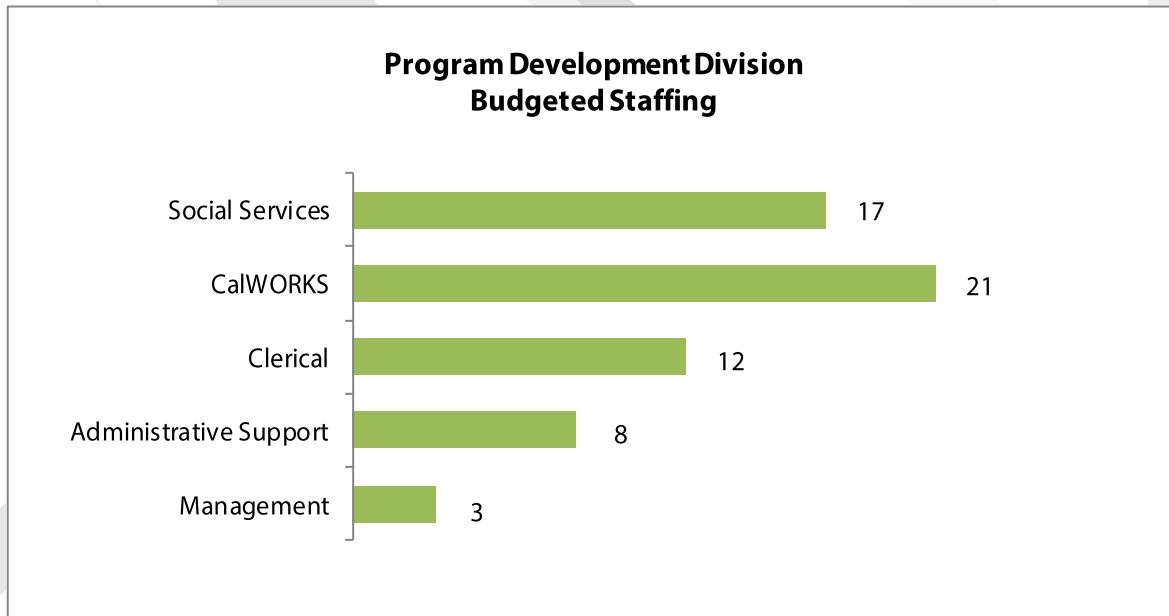
1. Develop knowledge assets, such as policy and procedure handbooks, forms, and electronic tools for use by HS staff.

2. Review and determine the potential impact of proposed and enacted federal and state regulatory/ legislative changes on specific programs and services, providing recommendations and impact analysis to customers.

3. Initiate and maintain contact with federal, state, and other officials to ensure accurate local implementation of regulations.

4. Act as operational, programmatic or technical expert for the various HS programs. Conduct and coordinate comprehensive research and analytical studies of program and operational activities.

5. Organize, coordinate, and monitor progress of special projects and provide reports for HS management.

6. Assist in preparing contract solicitations and monitoring contract program compliance.

7. Prepare reports and recommendations for appropriate action, based on research and studies.

8. Provide assistance to customer departments and management concerning program-related questions or complaints received from the public or community stakeholders.

9. Facilitate cross functional multi-departmental project planning and development of major initiatives.

10. Provide technical assistance and guidelines to staff on use of automated case management systems.

11. Research, prepare and coordinate requests for available funding opportunities.

12. Coordinate legislative analysis and support, and assist in developing legislative platforms.

13. Assist customer departments with preparation for state/federal audits.

14. Prepare submissions for national recognition awards based on customer department achievements.

15. Develop outreach presentations/materials and provide public speaking services regarding HS programs.

Statistical Information

√ Provided program and policy development products/services to assist HS departments in meeting their FY 2015/16 business plan objectives, publishing and disseminating 3,110 policy and procedure products.

√ Developed and/or maintained 3,774 electronic forms in an on-line repository.

√ Analyzed and implemented 512 state regulatory letters/notices.

√ Developed and disseminated 1,226 questions/answers for the online Knowledge Database and dedicated PDD Questions mailbox.

√ Supported a total of 346 Contracts/Memorandum of Understandings (MOUs).

√ Provided response and resolution to 1,604 C-IV system trouble tickets, and processed 6,591 California Healthcare Eligibility and Enrollment System (CalHEERS) trouble tickets.

√ Developed and issued 86 C-IV Announcements with informing information/instructions for staff regarding processing work via the C-IV system.

√ Developed and issued 1,740 Medi-Cal Eligibility Determination System (MEDS) reports for compliance action by TAD staff.

√ Analyzed, tracked and monitored more than 1,015 legislative bills and assisted with developing 12 letters of support/opposition.

√ Developed nine new platform proposals incorporated into County, State and Federal platforms.

√ Developed award submissions for 11 National Association of Counties (NACo) 2016 Achievement Awards with all 11 awards received, and developed 15 submissions for the California State Association of Counties (CSAC) Challenge Award competition.

√ Facilitated 13 privacy and security trainings for HS staff and contractors.
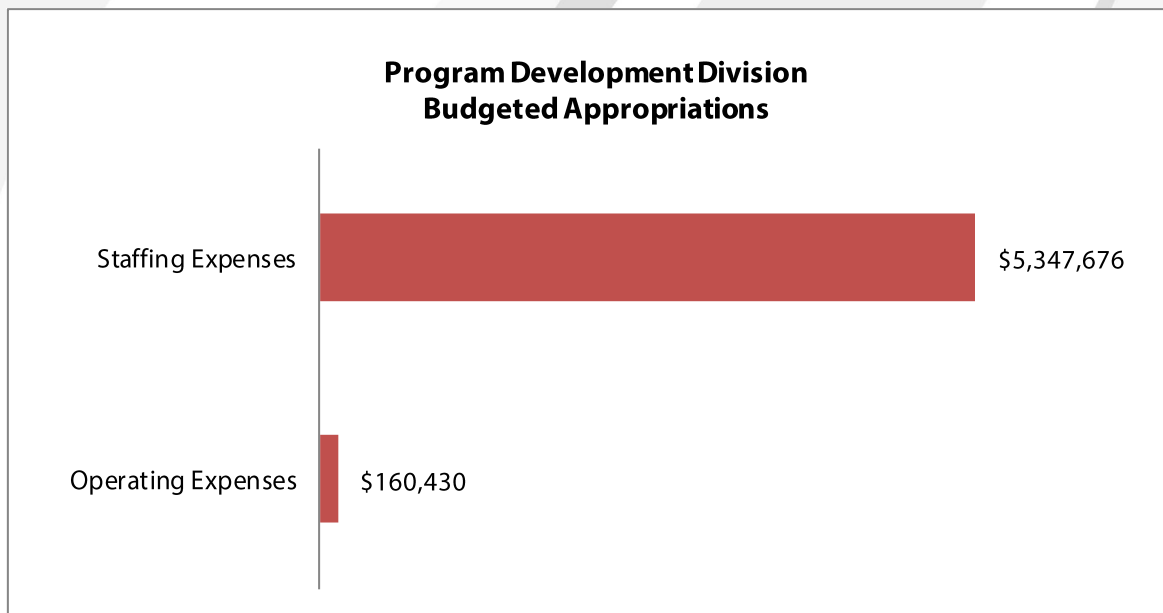
Staffing Information 2015/16

Total staffing is approximately 61 employees.

**Program Development Division
Budgeted Staffing**

Category	Value
Social Services	17
CalWORKS	21
Clerical	12
Administrative Support	8
Management	3

Budget Information 2015/16

The division budget for FY 15/16 is $5,508,106.

Costs for this unit are expensed through programs within TAD, CFS and DAAS. Costs shown here are included in program expenditures identified in each respective department.
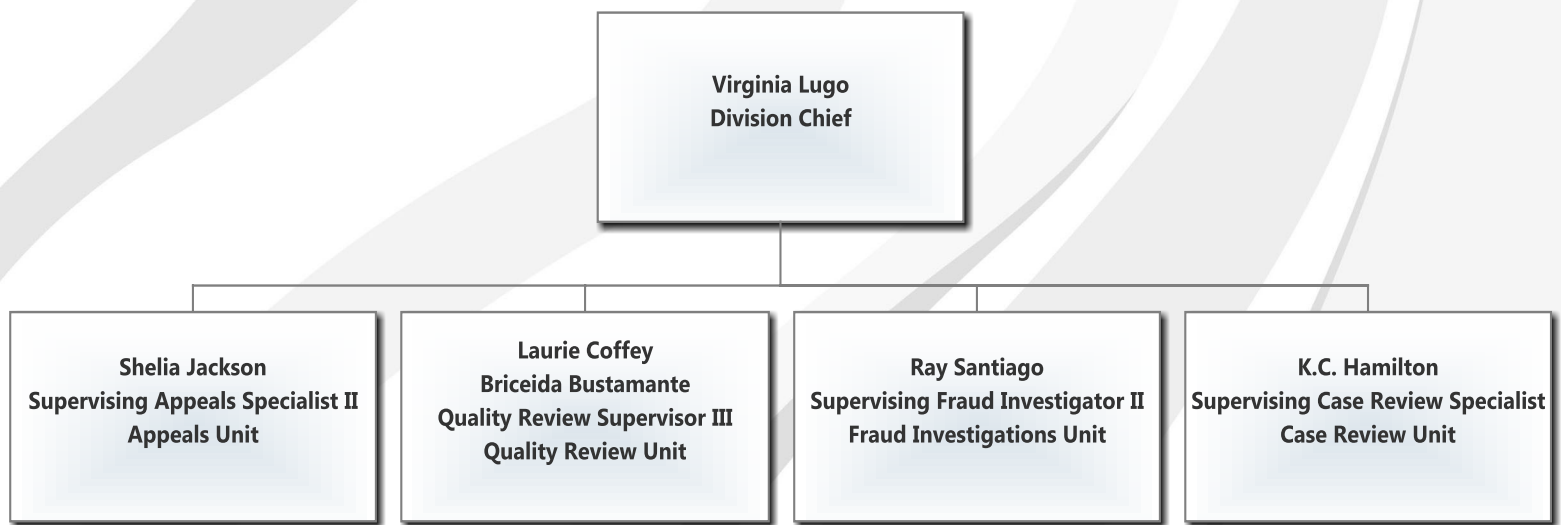
**Program Development Division
Budgeted Appropriations**

Category	Value
Staffing Expenses	$5,347,676
Operating Expenses	$160,430

The Program Integrity Division (PID) is devoted to providing quality services to the Human Services departments it serves, and is committed to ensuring that welfare programs are administered fairly, equally, and without system abuse.

PROGRAM INTEGRITY DIVISION

Virginia Lugo
Division Chief

Shelia Jackson
Supervising Appeals Specialist II
Appeals Unit

Laurie Coffey
Briceida Bustamante
Quality Review Supervisor III
Quality Review Unit

Ray Santiago
Supervising Fraud Investigator II
Fraud Investigations Unit

K.C. Hamilton
Supervising Case Review Specialist
Case Review Unit

Overview

The Program Integrity Division (PID) provides supportive services to three Human Services (HS) departments: the Transitional Assistance Department (TAD), Children and Family Services (CFS) and the Department of Aging and Adult Services (DAAS). PID includes the specialized units that are mandated by state regulations to be a separate organization, independent of the organization performing eligibility and benefit determination functions.

PID is comprised of four units with unique functions that support HS departments.

1. Case Review Unit (CRU)

2. Quality Review Unit (QRU)

3. Appeals Unit (AU)

4. Fraud Investigation Unit (FIU)

Accomplishments for 2015/16

PID ACCOMPLISHED THE FOLLOWING IN 2015/16:

Case Review Unit (CRU)

√ Fully implemented the web-based Case Assessment, Review and Tracking System (CARATS) in collaboration with Information, Technology & Support Division (ITSD).

√ Received 86 Critical Incident (CI) referrals. Investigated and closed 97 CI cases comprised of in-depth investigation, analysis and conclusions for process development and policy/procedure revision with the goal of reducing liability exposure for the county.

√ Received and processed 96 Grievance Review Hearing requests.

√ Received and completed 54 fatality/near fatality referrals.

√ Continued involvement as core participants at Multi-Disciplinary Team (MDT) meetings, including:
   A. Child Death Review
   B. Children's Assessment Center (CAC)
   C. Loma Linda University Children's Hospital, Child Abuse Team
   D. Elder Abuse Team

Quality Review Unit (QRU)

√ Performed 7,904 home visits in support of eligibility and benefit determinations.

√ Conducted 50,886 reviews in support of Quality Assurance functions such as Customer Service Center call reviews, Welfare-to-Work Supervisor re-reviews, TAD Tier/Focus Reviews, National Prisoner Match, Fleeing Felon Match, Deceased Person Match, CalFresh Negative reviews, Electronic Benefit Transfer Out-of-State usage reviews, Beneficiary Earnings Exchange Record (BEER) and Asset reviews.

√ Conducted 2,097 State and Federal Quality Control reviews for CalFresh, Work Incentive Nutritional Supplement (WINS) and Work Participation Rate (WPR) for the Welfare-to-Work program.

√ Reviewed 25,060 CalWORKs cases to determine eligibility for adults based on time-on-aid.

√ Computed $2,991,627 of CalWORKs overpayments and $3,563,203 of CalFresh overissuances resulting from the Quality Assurance reviews completed.

√ Received 106,134 earned income abstracts for reconciliation, resulting in the establishment of $2,996,675 CalWORKs overpayments and $5,361,098 CalFresh overissuances.

√ Computed $790,526 of CalWORKs overpayments and $1,010,135 of CalFresh overissuances based on cases referred for Administrative Disqualification Hearing (ADHs).

Appeals Unit (AU)

√ Received and processed 6,117 requests for hearing.

√ Achieved 25 disqualifications from participation in the CalWORKs and 105 in the CalFresh program through the Administrative Hearing Disqualification process.

√ Of the 1,054 decisions received from Administrative Law Judges who heard our cases, 602 upheld the counties determination.

√ Appeals staff continued its participation in various state trainings and workgroups in focusing on improving practices and consistent interpretation and application of regulations.

√ Incorporated new process in the management of an increased number of Harris hearings by additional staffing and implementation of the CARATS system.

Fraud Investigation Unit (FIU)

√ Conducted 134 investigations which resulted in 130 Administrative Disqualifications; in reference to CalFresh trafficking; currently leading the state at identifying and reducing the misuse of CalFresh trafficking.

√ Through a dedicated team of investigators assigned to Predictive Analytics, 24.46% of referrals completed were found to be discrepant.

√ Referred 94 felony cases to the District Attorney's Office for prosecution, with an additional 184 cases sent to collections.

√ Identified $1,141,382 of fraudulent payments.
    Referred $799,977 to the District Attorney's Office for review and potential criminal prosecution.
    Referred $341,405 for benefit reduction and other collection means available.

√ Completed 10,067 case investigations.

Goals for 2016/17

PID ESTABLISHED THE FOLLOWING GOALS FOR 2016/17:

Case Review Unit (CRU)

1. All Case Review staff to achieve proficiency in the report capabilities.

2. Continue the development and improvement of new processes on the identification of County liability and exposure by identifying practice issues, abuse trends and outlining areas of improvement in managing Critical Incidents in a more expeditious manner.

3. Continue improvement of internal practices in the investigation of Fatality/Near Fatality incidents through analysis, more efficient use of available technology, and consistent updates of current processes to ensure accurate reporting requirements.

4. All Critical Incident investigations to be completed within 90 days of receipt.

Quality Review Unit (QRU)

1. Refine the current process to complete the increase in earned income abstracts.

2. Ensure accuracy of customer benefits through case reviews and collaboration.

3. Develop and implement a process to complete the increase in BEERs and Asset abstracts.

4. Continue to collaborate with the California Department of Social Services (CDSS) in the development, testing and implementation of the new electronic IEVS portal.

5. Continue to collaborate with PID Fraud Unit and send cases to the District Attorney.

Appeals Unit (AU)
1. Collaborate both externally and internally to improve staff communication and positive interaction with all departments served by the Appeals Unit.

2. Improve and standardize process on dual agency hearing decisions received determined grant/denied by the Administrative Law Judge.

3. Complete revision of the Appeals Resource Handbook providing an updated essential tool for staff use.

4. Collaborate with CFS in the planning and preparation for the new Resource Family Approval (RFA) appeals process implementation.

Fraud Investigation Unit (FIU)
1.   Hire and train additional investigators, to increase the unit's ability to provide optimum customer service to TAD.

2. Collaborate with the Probation Department to identify and provide the training needs of the investigators and supervisors of PID to ensure staff are updated in accepted law enforcement practices.

3. Improve the communication between the Fraud Investigation Unit and the District Attorney's Office. The investigators will discuss complicated issues with the Attorneys to ensure the case has met all of the elements needed to secure a successful prosecution.

4.   In collaboration with the District Attorney's Office, complete warrant sweeps twice a year to facilitate timely adjudication of cases.

How Outcomes Are Measured

PID MEASURES OUTCOMES BY THE FOLLOWING METHODS:

1. Analyzing data and tracking specific program outcomes.

2. Surveying staff members.

3. Testing effectiveness of improvements to programs, policies, and processes.

Activity	Measure
Case Review Unit Provides critical incident investigations and reports. Ensure effectiveness of reports to County departments. Investigates and provides preliminary recommendations on fatality/near fatality cases. Proposes Grievance Review Hearing recommendations.	• Customer feedback on investigation outcome outlined on report. • Customer feedback on information contained on reports. • Recommendation adopted by CRU/CFS management consensus. • Recommendation adopted/rejected or modified by the Director of CFS.
Quality Review Unit Refine current process to complete the increase in earned income abstracts. Ensure accuracy of customer benefits through case reviews and collaboration. Develop and implement a process to complete the increase in BEERS and Asset abstracts. Continue to collaborate with the California Department of Social Services (CDSS) in the development, testing and implementation of the new electronic IEVS portal. Continue to collaborate with the FIU on sending cases to the District Attorney.	• Track and monitor the number of abstracts received and processed within regulatory timeframes. • Maintain active case payment error rate below 6%. • Track and monitor the number of abstracts received and processed within regulatory timeframes. • Monitor the results and efficiency of the development, testing and implementation of new e-IEVS system and report findings to CDSS. • Track and monitor the number of cases submitted.
Appeals Unit Identify and update unit practices refining, evaluating and developing innovative approaches to achieve and maintain successful outcomes. Develop and present skill enhancement focused trainings for Appeals staff to increase successful outcomes in hearing.	• Monitor the performance of Appeals Specialists after implementation of the updated Appeals Resource Manual. • Evaluate and determine additional training needs for staff.

Activity	Measure
Appeals Unit continued Continue to work on and improve communication and increase positive interaction with all departments served through active participation and collaboration in the resolution of obstacles and achieving common goals.	• Continue regularly scheduled meetings between Appeals and other agencies as needed (DAAS, CFS, etc.) in order to improve communication and performance in hearings.
Fraud Investigation Unit Continue to provide optimum customer service to TAD by continuously monitoring FIU manpower in order to evenly distribute workloads, complete referrals in a timely and thorough manner. Provide training to FIU investigators and supervisors to maintain and update professional staff ensuring staff are up to date in accepted law enforcement practices and performing in a professional and competent manner.	• Continuously monitor FIU manpower to evenly distribute workloads. • Monitor and document topics trained and training hours.

Program Information

Case Review Unit (CRU)
- Conducts specialized case reviews at the direction of County Counsel.

- Makes preliminary findings on fatality/near fatality incidents which may be reportable to the state.

- Holds the Hearing Officer duties for the Grievance Review Hearings and makes recommendations to the Director of CFS for final determination based on the evidence presented.

Quality Review Unit (QRU)
- Reviews and reconciles Income and Eligibility Verification System (IEVS) reports including Integrated Fraud Detection (IFD), Beneficiary Earnings Exchange Record (BEER), Assets, National Prisoner, Fleeing Felon and Deceased Person Matches. Calculating CalWORKs overpayments and CalFresh overissuances for collection, sending referrals to Administrative Disqualification Hearing (ADH) and Fraud as required.

PROGRAM INFORMATION CONTINUED

- Completes the monthly CalWORKs and Work Incentive Nutritional Supplement (WINS) Work Participation rate reviews.

- Completes monthly CalFresh Quality Control reviews.

- Completes Intake Time-Limit reviews to determine customers' time on aid and future eligibility.

- Completes early Fraud Detection Home Call visits.

- Completes Quality Assurance reviews for the Transitional Assistance Department (TAD).

Appeals Unit (AU)
- Represents the County in State Administration Hearings in which applications or recipients (A/R) of public assistance dispute a case action.

- Requests and prepares Administrative Disqualification Hearings for recipients who have violated program rules.

- As Hearing Officer, conducts General Relief hearings.

- Investigates civil rights complaints and receives/responds to complaints from various sources.
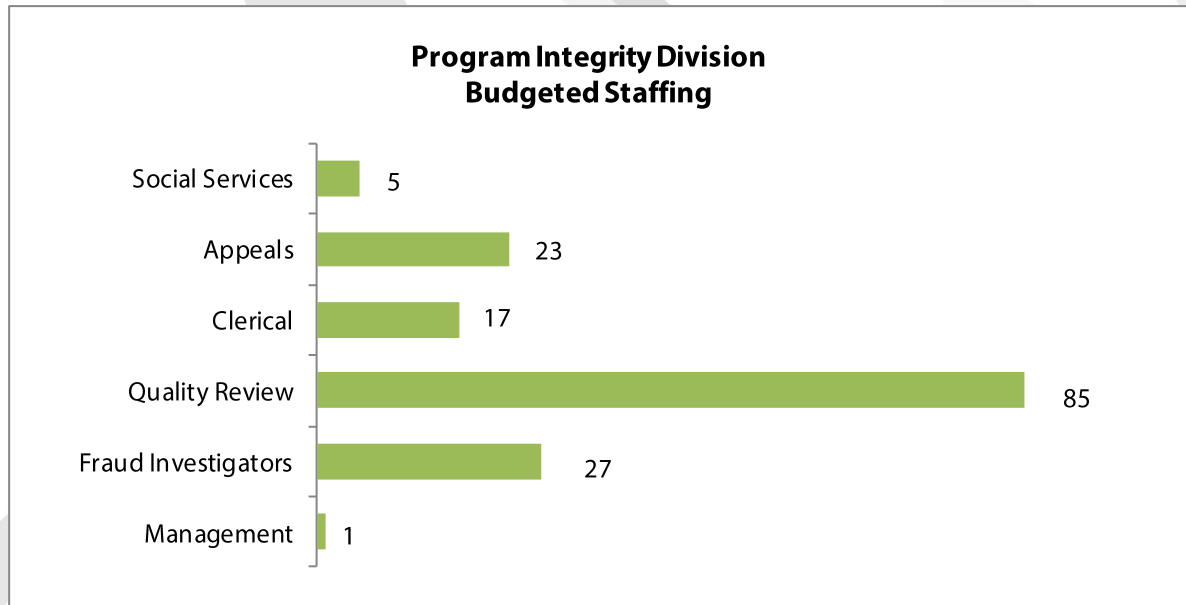
Fraud Investigation Unit (FIU)
- Prevents, fraud, identifies, investigates and prepares cases for prosecution to ensure the integrity of the welfare system.

Statistical Information

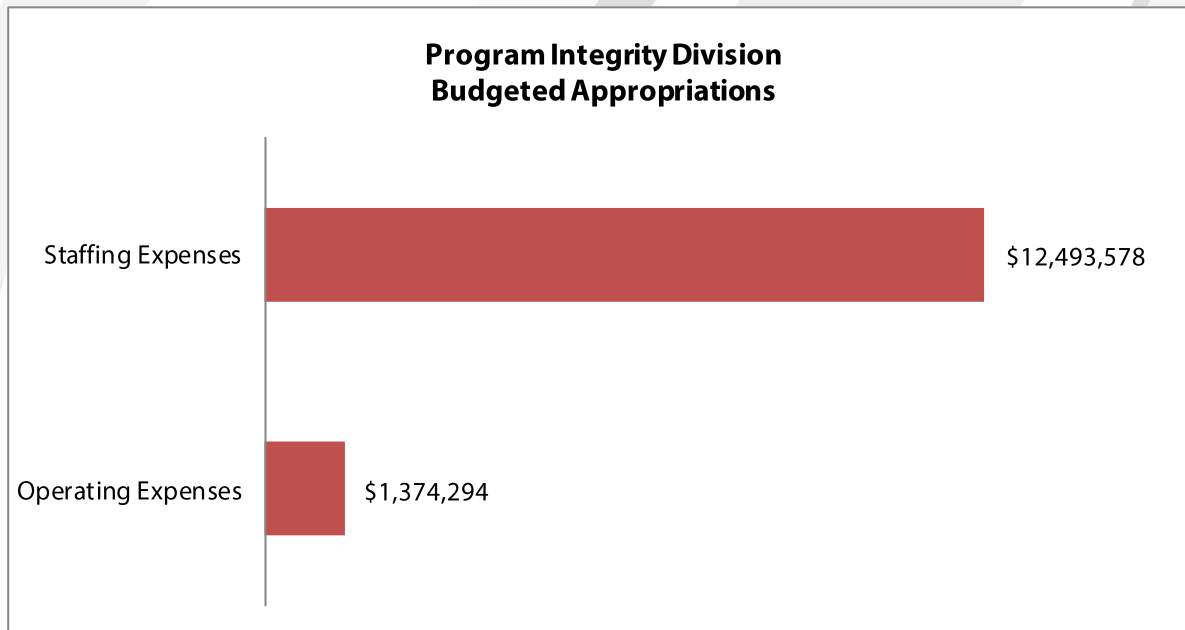|	2014/15	2015/16	Increase/Decrease
Critical Incidents Received	88	86	-2.28%
Critical Incidents Investigations Completed and Closed	56	97	57.7%
Grievance Hearings Requests Received	75	96	21.85%
Grievance Hearings Requests Granted	19	34	44.2%
SB39 Fatality/Near Fatality Received	61	54	-11.4%

Staffing Information 2015/16

Total staffing is approximately 158 employees.

**Program Integrity Division
Budgeted Staffing**

Category	Count
Social Services	5
Appeals	23
Clerical	17
Quality Review	85
Fraud Investigators	27
Management	1

Budget Information 2015/16

The division budget for FY 15/16 is $13,867,872.

Costs for this unit are expensed through programs within TAD, CFS and DAAS. Costs shown here are included in program expenditures identified in each respective department.

**Program Integrity Division
Budgeted Appropriations**

Category	Amount
Staffing Expenses	$12,493,578
Operating Expenses	$1,374,294

San Bernardino County
Board of Supervisors

Vice Chairman First District Supervisor
Robert A. Lovingood

Second District Supervisor
Janice Rutherford

Chairman Third District Supervisor
James Ramos

Fourth District Supervisor
Curt Hagman

Fifth District Supervisor
Josie Gonzales

Chief Executive Officer

Gregory C. Devereaux

We envision a complete county that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play.

We envision a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.

We envision a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.

We envision a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.

From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

For more information about the Countywide Vision visit www.sbcounty.gov/vision.