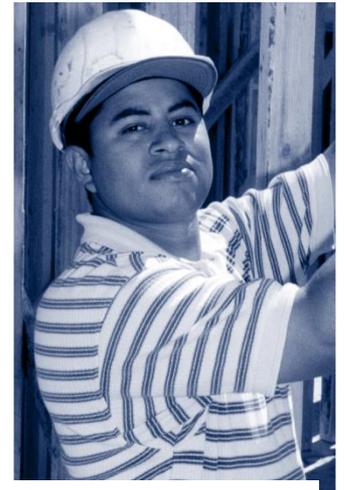


CITY & COUNTY OF SAN FRANCISCO

HUMAN SERVICES AGENCY

*promotes well-being and self-sufficiency
among individuals, families and communities*

Human Services Agency
Supplemental Appropriation Request



Board of Supervisors, Budget and Finance Sub-Committee
April 23, 2014

CITY & COUNTY OF SAN FRANCISCO

HSA Supplemental Appropriation

- Funds staff/programs to ensure HSA meets State-mandated requirements.
- Fully covers costs in FY13-14 and beyond with new revenue.

Program	FY13-14 Revenue (in Millions)	FY14-15 Revenue (in Millions)
In-Home Supportive Services	\$ 27.2	\$ 28.4
CalWORKs	\$ 1.1	\$ 9.3
CalFresh & Service Integration	\$ 0.2	\$ 1.6
Family and Children's Services	\$ 1.0	\$ 2.6
CalWIN	\$ 2.0	\$ -
Total	\$ 31.5	\$ 41.8

- Amends the annual salary ordinance to add 68 positions.

CalWORKs

FY 13/14 State budget added \$230.8 M in new funding (\$7.9 M in SF) to implement SB1041 & AB74 mandates:

- Shortened time for clients to work (from 48 months to 24 months)
- Engagement of parents with young children (previously exempted);
- Implementation of:
 - Early standardized robust assessments
 - Re-engagement services; and
 - Stabilization services, including intensive case management, for homelessness, DV, behavioral health needs

To comply, HSA will add staff (22.4 FTE), services, and employment subsidies to:

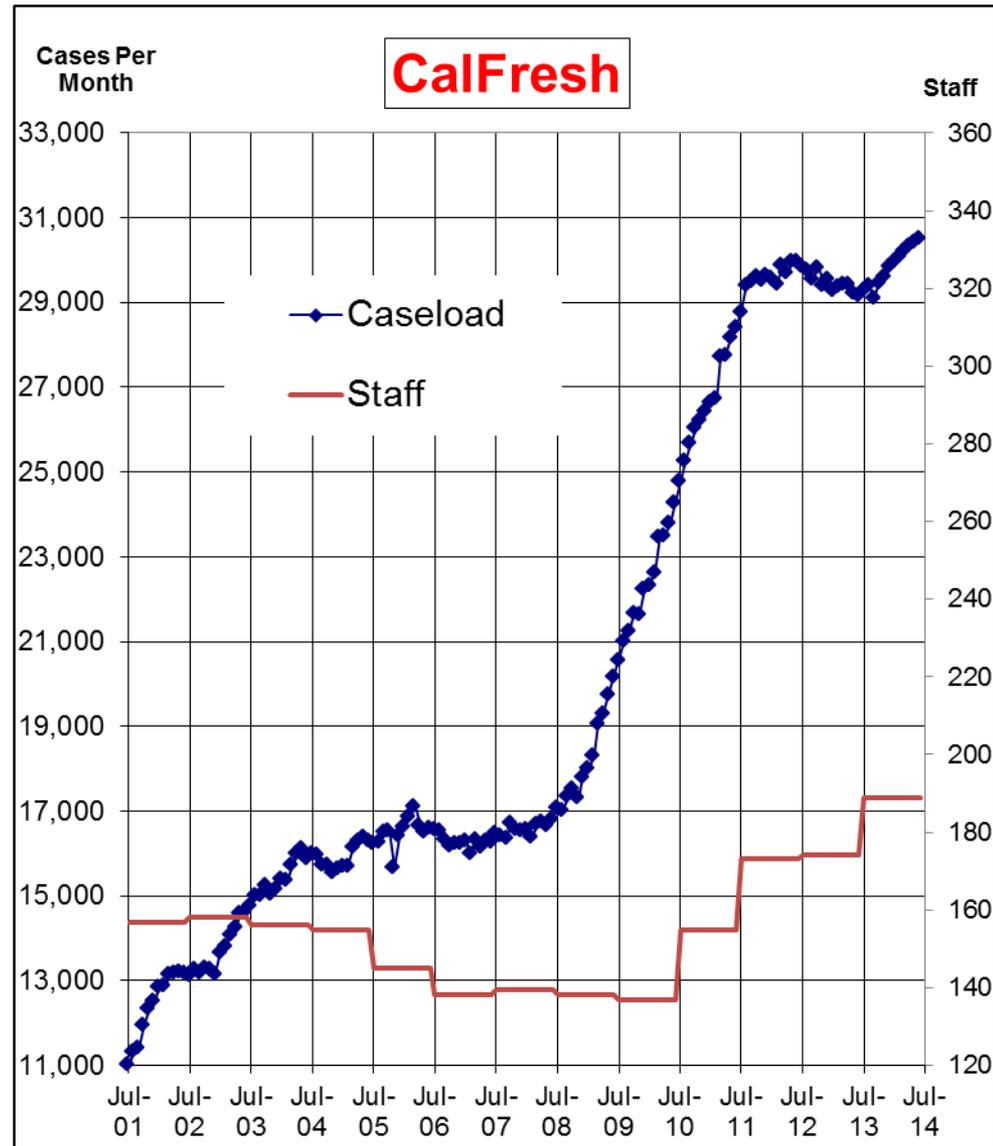
- Reduce employment plan enrollment time to 1 week.
- Provide family stabilization to remove barriers to work:
 - Case management
 - Expanded homeless child care,
 - Expanded behavioral health services—to remove barriers to work
- Create an SSI advocacy program to enroll eligible parents and children.
- Add 70-100 private sector subsidized employment slots; lengthen 140 Public Sector Trainee slots from 6 months to 1 year)
- Build Welfare to work data base to track client progress toward work.

CalFresh

Since FY05-06, 80% increase in cases;
30% increase in staff

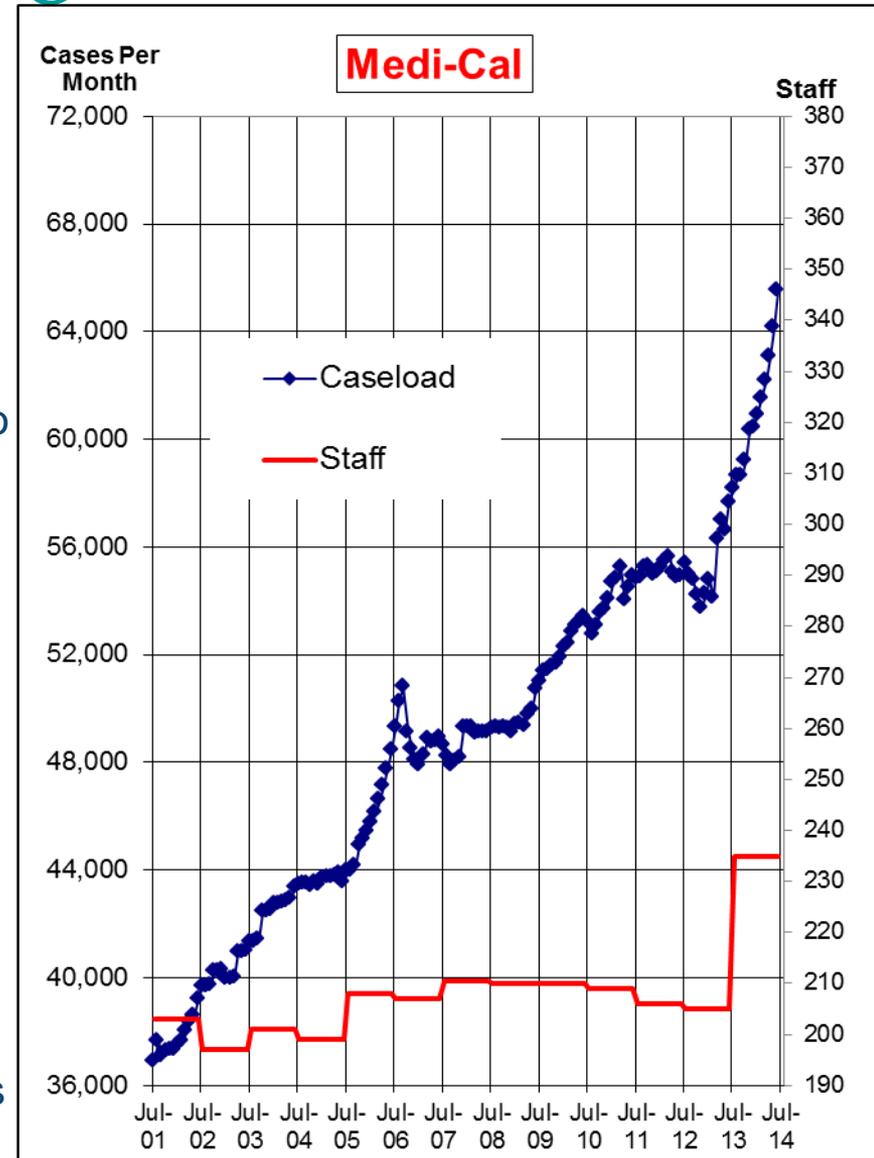
36,000 San Franciscans are eligible but not receiving CalFresh benefits.

- State requires counties to implement strategy to increase participation rates
- Increased Medi-Cal caseload (due to ACA) and CalFresh In-reach/Outreach will add thousands more CalFresh clients.
- Increased staffing needed to handle increased eligibility work accurately/timely
- \$1 in CalFresh benefits generates \$1.84 in local economic activity.
- CalFresh administrative allocation is caseload driven.



Service Integration

- Enormous growth in Medi-Cal (33,000+ applications since October) because of **the expansion of Medi-Cal** under the Affordable Care Act. Demand will continue to grow.
- HSA is also moving towards **horizontal integration** of its benefits programs **to ensure clients receive all benefits** they are entitled to
- In response to these challenges, HSA has **invested in new technologies** for lobby management, task assignment, and staff scheduling that allow managers to respond better to changes in client demand
 - Serve twice as many clients in Medi-Cal without twice the staff
- New analytical and systems support staff (11 FTE) is critical for successfully using these technology to serve growing caseloads efficiently and improve overall service to clients



Family and Children's Services

2011 Statewide Katie A. lawsuit settlement requires Counties to:

- Provide intensive in-home and community-based mental health services to children who are in foster care or at imminent risk of removal from their families.
- Ensure services meet quality standards
- 1000 children to receive services in San Francisco

To meet the settlement requirements, HSA will:

- Expand access to enhanced mental health services and assessments, including intensive treatment, therapeutic visitation, and wraparound support, by partnering with DPH Community Behavioral Health Services
- Enable more social workers to provide intensified, onsite, case management services by adding clerical support staff (7 FTE) and mobile tools
- Establish a robust infrastructure for compliance monitoring, training, policy development, and quality assurance to ensure improved outcomes for clients and agency compliance by adding social work and program specialists and regulatory compliance staff
- Restructure services at a new Child Protective Services Receiving Center in partnership with child mental health providers

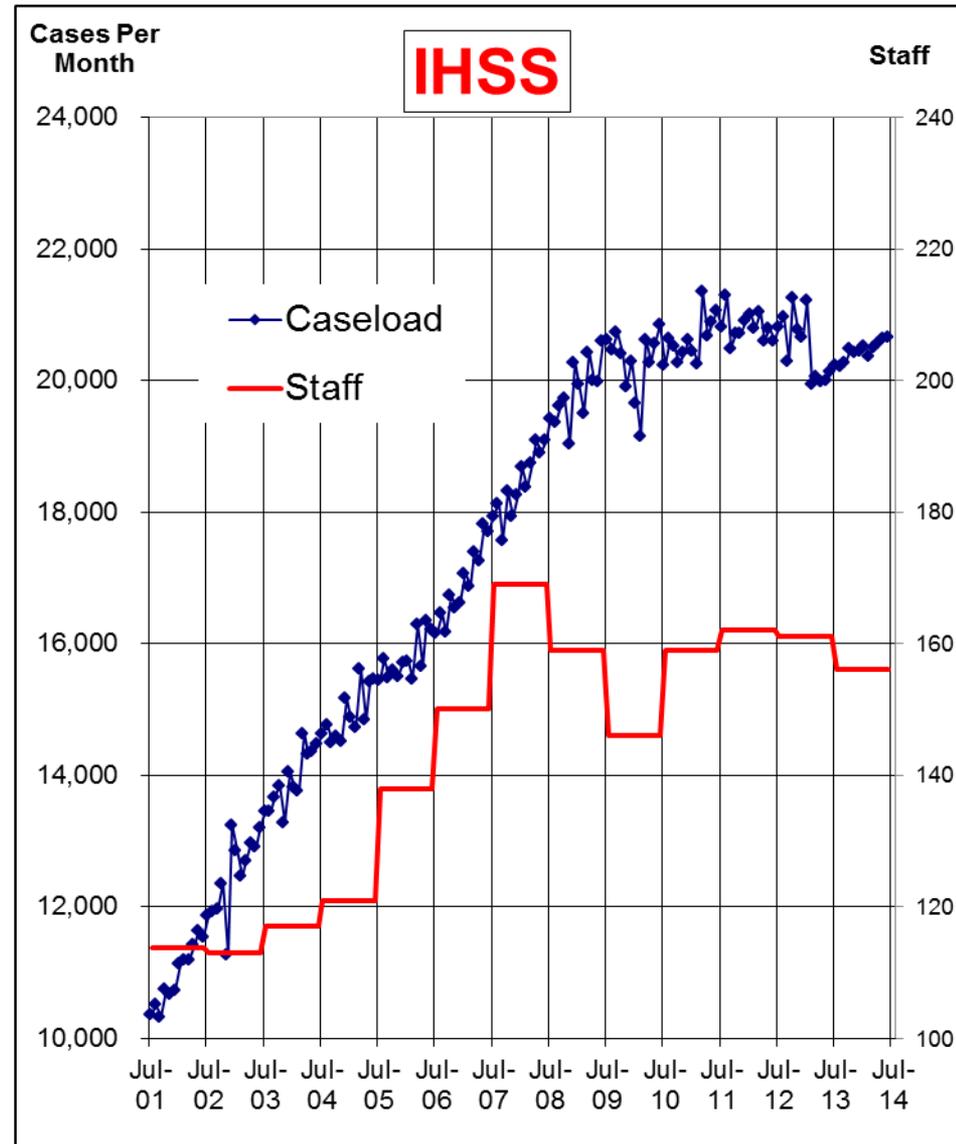
In-Home Supportive Services

IHSS clients must be reassessed annually.

- In San Francisco, social workers, with average caseloads of 390, are on-time with only 45% of clients.
- For the first half of last decade, staff levels grew with increased numbers of cases. Numbers of cases continued to grow during the recession, but staffing did not.

To comply, HSA will:

- Add 8 social workers and 2 technicians to ensure compliance and expedite response to client needs
- Add 1 IHSS nurse to provide case planning, quality assurance, and clinical expertise to ensure clients receive the care they need to remain safe at home.



CalWIN Technical Changes

CalWIN Augmentation

- CalWIN is a welfare eligibility system
- It is managed by CSAC on behalf of an 18 county consortium comprised of most of California's larger counties
- The State approves CalWIN's budget, and allocates to participating counties the funds needed to pay their shares of programming charges
- Because of programming needed this year to implement recent law changes (e.g., the ACA) HSA's allocation (revenue) and associated expenses are \$2.0 million higher than budgeted
- There is minimal impact on City General Funds

Proposed CalWIN Budget Modifications	FY13-14
Source of Additional Funds	
Increased CalWIN Allocation	\$1,966,710
TOTAL SOURCES	\$1,966,710
Uses	
CalHEERS Interface	\$892,103
CalHEERS Call Center	\$509,953
Extend KinGAP and Foster Care Benefits	\$197,162
CalFresh Utility Assistance and Work Incentives	\$118,816
Semi-Annual Reporting	\$125,554
CalFresh Modernization and CalWORKs Redesign	\$135,609
TOTAL USES	\$1,979,197
Net General Fund Impact	\$12,487

IHSS Technical Changes

IHSS Change in Maintenance of Effort (MOE)

- Request for \$27M in expenditures, offset by \$27M in revenue, per new rules resulting from a switch from “Share of Cost” to “Maintenance of Effort” funding methodology
- No service impacts or change to the City General Fund cost of the program

IHSS Payment	Current Payment Model	New MoE Payment Model	Increase from Current Model
County Payment to Contractor	107,000,000	107,000,000	-
NEW County MoE Payment	-	27,000,000	27,000,000
County Share of Cost	107,000,000	134,000,000	27,000,000
Federal Revenue	53,500,000	53,500,000	-
State Revenue	26,500,000	26,500,000	-
NEW State Revenue	-	27,000,000	27,000,000
Revenues	80,000,000	107,000,000	27,000,000
Net County Share	27,000,000	27,000,000	-

HSA Supplemental Appropriation

- HSA's supplemental budget request adds staff and services to meet state and federal mandates and to implement necessary technical budget adjustments.
- Additions are fully covered by state and federal revenue.

