

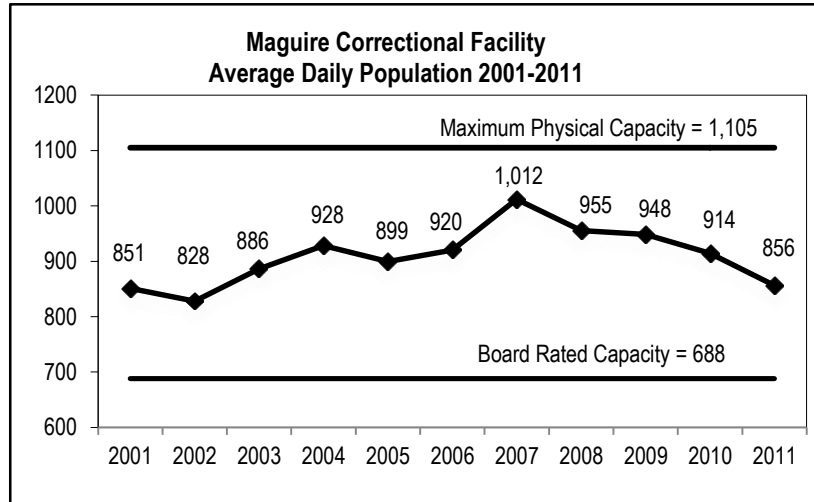
## **LOCAL PUBLIC SAFETY AND SAFETY NET INDICATORS**

The following indicators provide information on current local public safety and safety net activity compared to prior years and State/national trends:

- A. Jail and Juvenile Hall Populations
- B. PeninsulaWorks Participants
- C. Public Assistance Caseloads
- D. Child Abuse Referrals
- E. Emergency Room Visits
- F. Health Insurance Enrollment Adults and Children

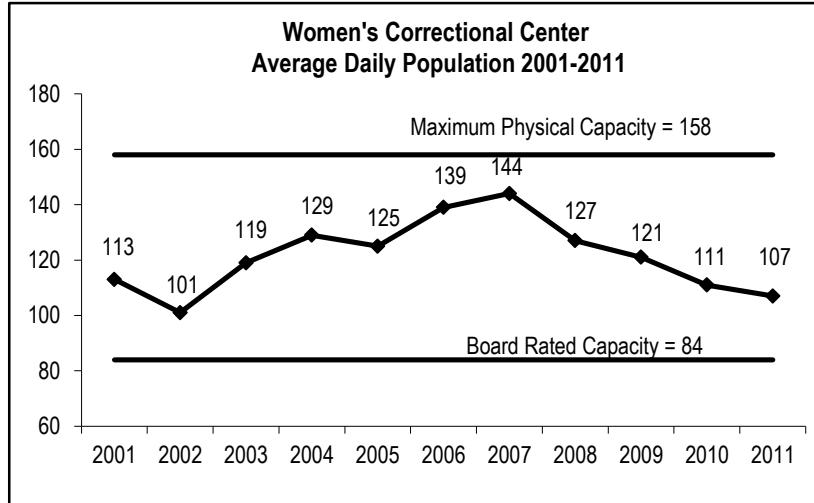
## Jail Populations

The Sheriff, County Manager's Office, and the Board Criminal Justice Committee continue to monitor jail population trends and seek alternatives to further reduce inmate population and/or average length of stay. The average daily population at Maguire has decreased by 6.3% from 914 inmates in 2010 to 856 inmates in 2011. This reduction could be attributed to several factors: reduced crime rate, effective countywide community re-entry efforts that focus on identifying sentenced in-custody inmates for referral to community placement from inside the facility, and enhanced inmate programming and services.



Source: Sheriff's Office Daily Population Report (CJIS)

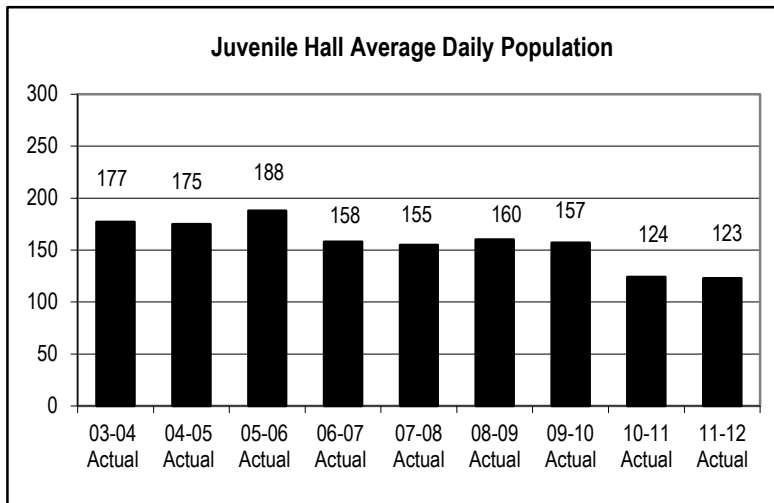
The ADP for women decreased 3.6% from 111 in 2010 to 107 in 2011. This could be attributed to several factors: reduced crime rate, effective countywide community re-entry efforts that focus on identifying sentenced in-custody inmates for referral to community placement from inside the facility, along with enhanced inmate programming and services. This is a significant accomplishment considering, historically, there are limited alternatives to jail for women offenders, limited intermediate out-of-custody options, and limited treatment options for women who either cannot pay for treatment, have children, or both.



Source: Sheriff's Office Daily Population Report (CJIS)

**Youth Services Center Population**

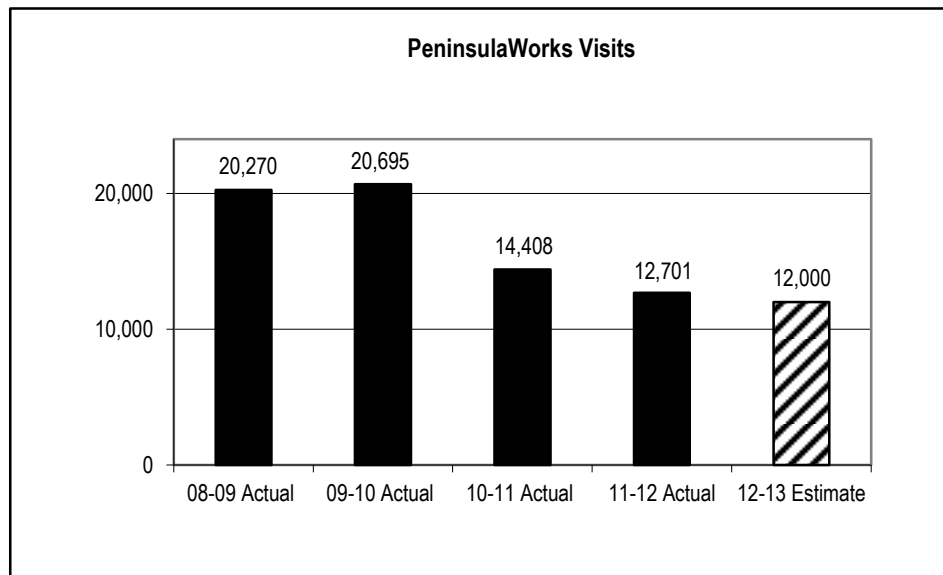
After an increase in the average daily population (ADP) to 160 in FY 2008-09, the ADP at the Youth Services Center decreased to 157 in FY 2009-10; with a sharp decrease in the ADP to 124 for FY 2010-11 and 123 for FY 2011-12. This decrease seems to be a statewide trend that could be due to fewer law enforcement personnel on the streets. Additionally, creative alternatives to detention and incarceration; such as home supervision, electronic monitoring, the Weekend Work Program, and Community Service Work, has also played a key role.



Source: Probation Department Institutions Management

### **PeninsulaWorks Participants**

The number of clients seeking career counseling, skills assessment, and job search assistance decreased 11.8% from FY 2010-11 to FY 2011-12 as the County's unemployment rate declined from 8.8% to 6.2%. PeninsulaWorks participation is projected to continue to decline in FY 2012-13. The decline in participants can be attributed to the improvement in the unemployment rate and the closure of PeninsulaWorks centers in Redwood City and San Carlos in FY 2009-10 due to the conclusion of stimulus funding. In 2011 the Human Services Agency opened a scaled back Job Information Center in San Carlos that will stem the decline in PeninsulaWorks participants, but does not offer the full suite of services that a PeninsulaWorks center does.



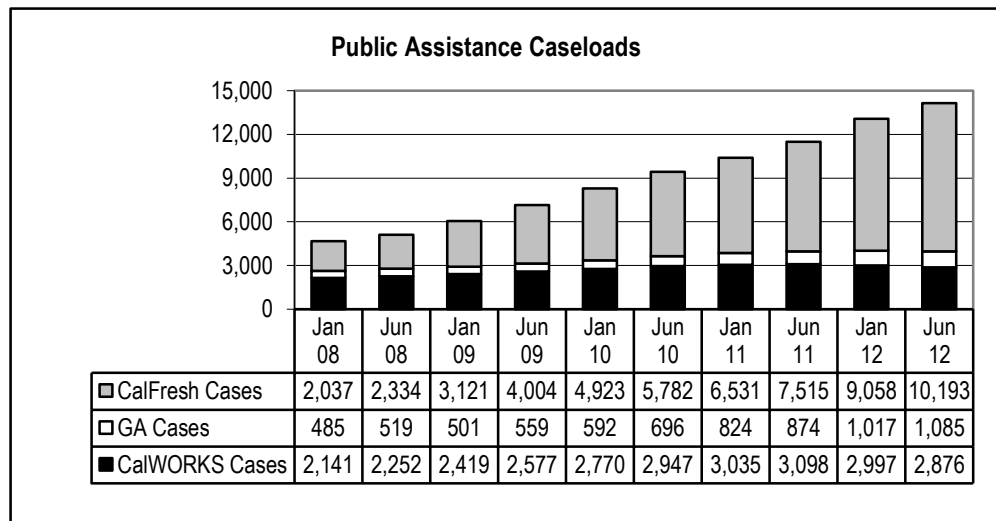
Source: Human Services Agency

**Public Assistance Caseloads**

The CalFresh caseload has increased 36% from June 2011 to June 2012. The reasons for the increase can be attributed to greater access/outreach, including regional offices throughout the County, the ability to apply by mail, fax and online, and assistance from our non-profit partners who provide clients with guidance in navigating the application process. Regulatory changes, such as waiver of face-to-face interviews and elimination of the finger printing requirement have also helped boost participation.

General Assistance (GA) showed 24% increase from June 2011 to June 2012 due to regulatory changes. In 2011, ESS changed the Work Requirements Referral Policy for GA and during the same year, Governor Brown signed AB109 – Public Safety Realignment, shifting parole and inmate responsibility for low level offenders to counties, thereby increasing the number of clients that qualify.

CalWORKs showed a decrease of 7% from 2011 to 2012. The improvement in the economy is believed to be the primary factor for the decrease in CalWORKs caseloads.

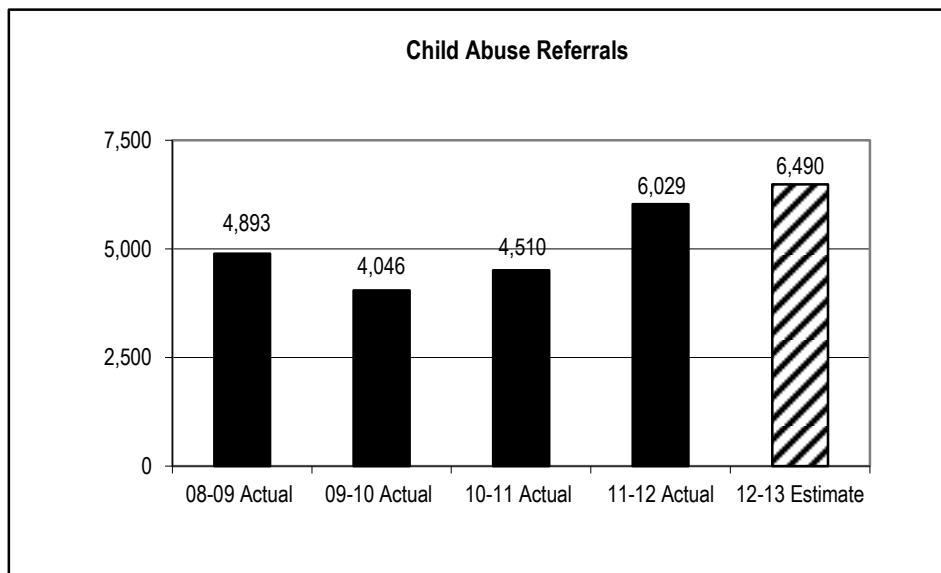


Source: Human Services Agency

### **Child Abuse Referrals**

While the state of California has been experiencing a decrease in Child Abuse Referral Children, with an 8% decrease projected for the coming fiscal year, San Mateo County has experienced a 34% increase from FY 2010-11 to FY 2011-12. There has been a significant increase in the number of allegations we have received for general neglect, “at-risk” and “sibling abused”. Other areas where there have been notable increases include emotional abuse and physical abuse. It is anticipated that this trend will continue in FY 2012-13.

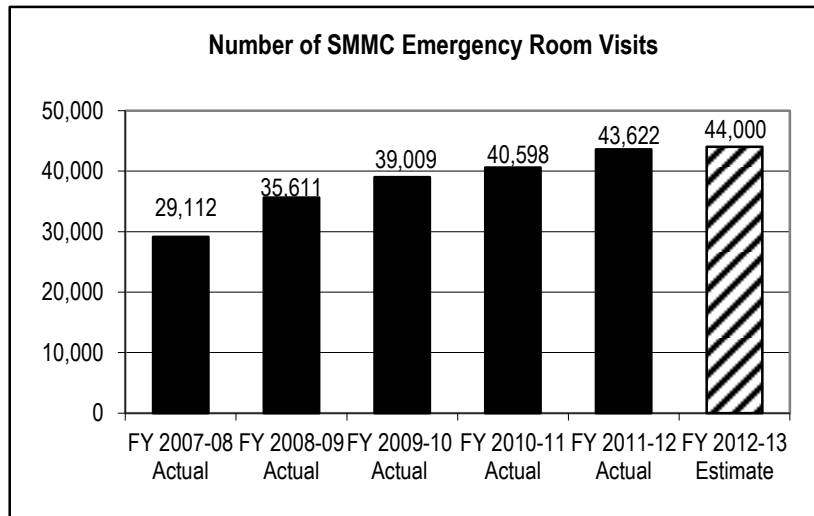
In general it is expected that child abuse referrals would decline with economic improvement as financial strain on families declines. However, the trend in San Mateo County from 2005 – 2012 has shown the exact opposite, with child abuse cases increasing as unemployment declines. This may be attributed to the increasing number of families that are in the “Self Sufficiency Gap”, or the economic status of being between the Federal Poverty Level (FPL) and the Self Sufficiency Standard (SSS) for the county. As these residents secure employment, they exceed the FPL and are disqualified from receiving federal benefits. They do not, however, earn enough to meet the SSS for the county, and continue to struggle to afford things such as child care and transportation. From 2008 to 2011 an additional 22,000 families fell into this “Self Sufficiency Gap” in San Mateo County.



Source: Human Services Agency

### **Emergency Room (ER) Visits**

Medical and Psychiatric Emergency Room visit volume at SMMC in FY 2011-12 increased 7.4% over the previous year with 43,622 visits, compared to 40,598 in FY 2010-11. These volume increases persist in spite of SMMC's new Urgent Care Clinic, opened in September 2009, which sees approximately 125 individuals in a five-day week. In addition, 2,172 people are on a waiting list for primary care visits. The increases in visits are primarily due to rising unemployment and loss of employer-sponsored health insurance. Anticipated State budget cuts in Medi-Cal as well as the continued recession are anticipated to further impact volume increases. In response, the clinic system is in the process of improving flow and productivity to be able to expand capacity.

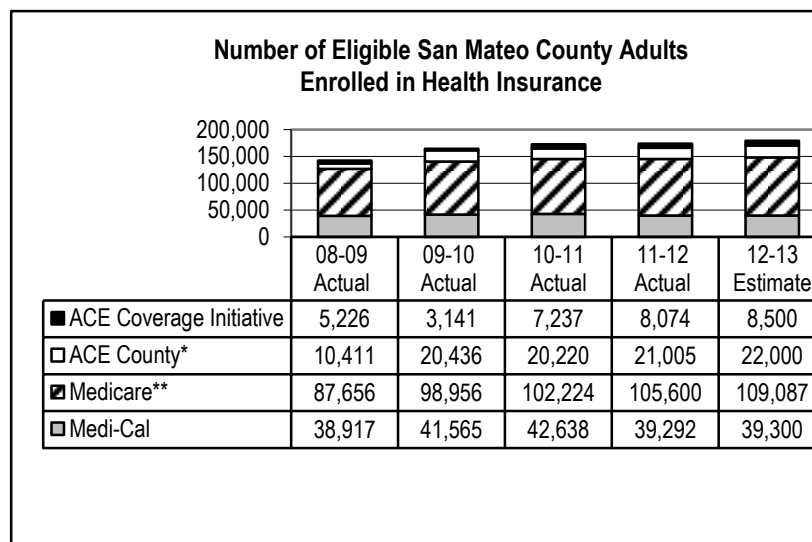


Source: San Mateo SMMC

## Health Insurance Enrollments Adults and Children

Overall, the number of eligible adults enrolled in public health insurance in the County has stayed relatively flat, after spiking significantly in FY 2010-11. The recession has resulted in increased and sustained enrollment in public healthcare coverage programs as employer-sponsored health coverage have been lost along with the loss of jobs. The Health System’s Health Coverage Unit continues to lead efforts in identifying individuals who are eligible for public health insurance, enrolling them in appropriate programs in partnership with the Human Services Agency, and assisting clients in accessing needed care.

The ACE Program—the County’s Section 17000 program that provides coverage for healthcare services to persons living below 200% of the federal poverty line who are not eligible for other programs – is an important component of the array of public coverage programs. The percentage growth in ACE County enrollment is an indicator of the impact of the economic downturn on the demand for safety net healthcare services. The growth in the ACE County program includes growth in the Medicaid Coverage Expansion (MCE) program, which is part of California’s “Bridge to Health Reform” effort aimed at reaching and covering low-income adults who will qualify for Medi-Cal under the expansion that will be implemented as part of the federal health reform law on January 1, 2014.



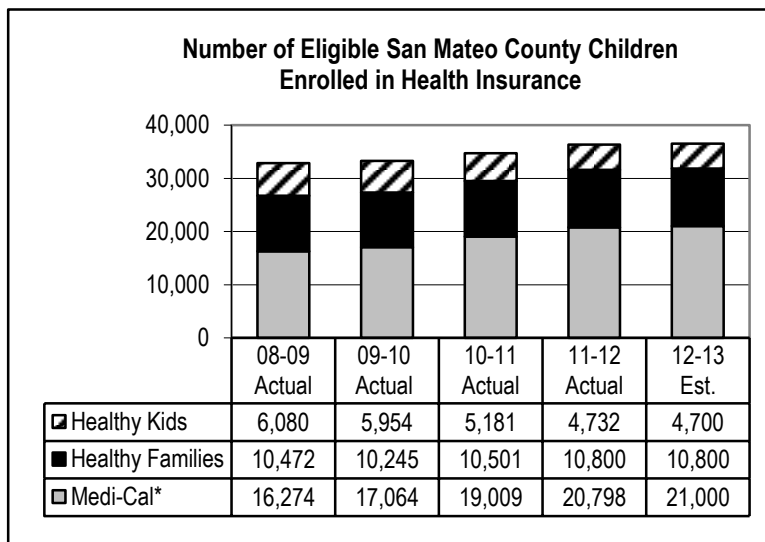
\*Formerly referred to as County WELL Program

\*\*Data for FY 2011-12 and estimates for FY 2012-13 are based on the growth rate from FY 2009-10 to 2010-11

Source: Health System, Human Services Agency



Another key element of this effort is the Children’s Health Initiative, which will celebrate its tenth anniversary in 2013. San Mateo County is one of only two counties in the state to have sustained universal health insurance coverage for children with no waiting lists. Overall growth in enrollment in public health insurance programs has continued, representing about 1 in 5 San Mateo County children in 2012. As more children have qualified for the Medi-Cal and Healthy Families programs, the Health System has seen enrollment in the local Healthy Kids program decrease. In addition, the number of Healthy Kids members turning 19 and aging out of the program has continued. The Health System continues to assess its outreach and enrollment approaches to assure that it is reaching children who could qualify for coverage and is adapting its approach in aligning with the new supports that will be available to families through implementation of California Covered (the Exchange) and Medi-Cal expansion through the Affordable Care Act.



\*The Children’s Medi-Cal data above only accounts for beneficiaries enrolled in Full Scope No Share-of-Cost Medi-Cal.  
 Source: Health System, Human Services Agency

**ATTACHMENTS:**

- A) Revised Board of Supervisors' Meeting Schedule for Calendar Year 2013
- B) Community Impact Measures and Open Data Policy and Reporting Process