STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 445-6410

August 1, 1983

ALL-COUNTY LETTER NO. 83-74

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES FY 1983/84 COUNTY PLAN

REFERENCE: WELFARE AND INSTITUTIONS CODE, SECTION 12300 et. seq.

Welfare and Institutions Code, Section 12302 requires each county welfare department to develop and submit a plan to the Department of Social Services which demonstrates how its In-Home Supportive Services (IHSS) Program will operate within budgetary constraints.

This year's County Plan format has changed. We have separated by mode, Section B, (Record of FY 1982/83 Expenditures) and Section C, (FY 1983/84 Forecast Summary). This change was made in order to facilitate the forecasting process and to aid in the monitoring of county expenditures. It is not necessary for each county to submit all schedules. Counties are only required to complete the sections that apply to their specific mode(s) of service delivery.

The attached County Plan must be completed by all counties and submitted in accordance with the following requirements:

1. County plans are due by August 31, 1983. If the plan includes program reductions pursuant to Welfare and Institutions Code Section 12301 ("a-e"), the implementing notices of actions must be submitted for review by the State. Manual of Policies and Procedures (MPP) Section 30-766.2 et. seq., lists the program reduction requirements. Program reductions must be implemented in the priority listed below.

   (a) Reduction of the frequency with which one or more non-essential services are provided.

   (b) Elimination of one or more of the non-essential service categories.

   (c) Termination and/or denial of eligibility to persons receiving only domestic services.

   (d) Termination and/or denial of eligibility to persons who, in the absence of services, would not require immediate placement in a medical out-of-home care facility.

(e) Equal dollar reduction in costs for each IHSS case.

In the event your county determined that "a-e" Program reductions are necessary to maintain the program within your total allocation, we strongly advise early contact with the Adult Services Program Control Bureau staff. State staff will be able to assist in ensuring that planned reductions are consistent with statutes and the proposed notices of action are acceptable.

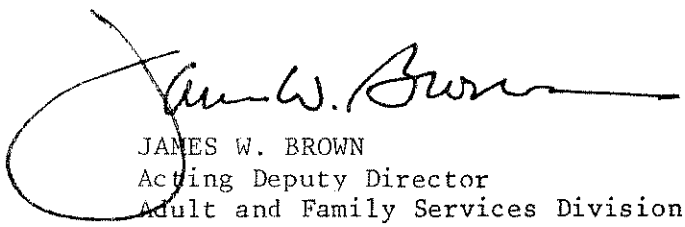
2. Plan amendments are due at least 15 days prior to implementation of proposed changes. If notices of actions are required, implementation is considered to occur on the date such notices are mailed.

   Plans should be amended to report significant changes in expenditure patterns or revisions to service delivery mode, time-per-task guidelines, hourly rates, etc.

3. A mid-year update is due by January 31, 1984. Counties will provide, in accordance with plan guidelines, an updated expenditure forecast for the year and a cover letter explaining any significant changes from the forecast in the original plan.

County Plans, amendments thereto, or any related questions should be addressed to:

John H. Wilson, Chief
Adult Services Program Control Bureau
744 P Street, Mail Station 5-126
Sacramento, CA 95814
(916) 322-6320 ATSS 8-492-6320



JAMES W. BROWN
Acting Deputy Director
Adult and Family Services Division

Attachments

COUNTY PLAN FOR IN-HOME SUPPORTIVE SERVICES

FISCAL YEAR 1983/84

I. Plan Contents:

Section A	COUNTY PLAN SUMMARY - A summary of forecasted expenditures including any necessary "a-e" program reductions.
Sections B-B3	RECORD OF FY 1982/83 EXPENDITURES - An analysis of prior year expenditures by month and mode.
Sections C-C3	FY 1983/84 FORECAST SUMMARY - A summary of future expenditures by month and by mode excluding any necessary "a-e" program reductions pursuant to Welfare and Institutions Code, Section 12301a-e.
Section D	FORECAST DETAIL - An analysis by delivery mode showing cost per hour, hours per case and caseload.
Section E	COUNTY PLAN WRITTEN NARRATIVE - QUESTIONNAIRE - A written narrative questionnaire that provides specific information on county operations.
Section F	PROGRAM REDUCTION FORECAST - Summary of forecasted savings from "a-e" program reductions.
Section G	COUNTY CONTACT ROSTER - A roster of county adult services administrative staff.
	TIME PER TASK GUIDELINES

II. Guidelines for Submission:

A. Initial County Plan should contain all applicable Sections.

B. For the mid-year update and any plan amendments required during the year, counties must submit at minimum revised Sections C through C3, Section E, and Section G. If "a-e" program reductions are proposed, Sections A and F are also required.

C. Initial County Plan, mid-year updates and plan amendments should be submitted using the transmittal form provided. Counties may wish to make extra copies of the transmittal form, as well as the other plan documents, for later use.

COUNTY PLAN FOR IN-HOME SUPPORTIVE SERVICES

FISCAL YEAR 1983/84

Attached is:

- [ ] Initial County Plan
- [ ] Mid-Year Update
- [ ] Plan Amendment

The following Sections are submitted:

- [ ] Section A - County Plan Summary
- [ ] Section B - FY 1982/83 Summary of Expenditures - All Modes
- [ ] Section B1 - FY 1982/83 Individual Provider Expenditures
- [ ] Section B2 - FY 1982/83 Contract Expenditures
- [ ] Section B3 - FY 1982/83 Welfare Staff Expenditures
- [ ] Section C - FY 1983/84 Summary of Forecasted Expenditures - All Modes
- [ ] Section C1 - FY 1983/84 Individual Provider Forecast
- [ ] Section C2 - FY 1983/84 Contract Forecast
- [ ] Section C3 - FY 1983/84 Welfare Staff Forecast
- [ ] Section D - Forecast Detail by Mode
- [ ] Section E - County Plan Written Narrative Questionnaire
- [ ] Section F - Program Reduction Forecast
- [ ] Section G - County Contact Roster
- [ ] Time Per Task Guidelines and Changes

COUNTY: _____ DATE: _____

Contact Person: _____ Telephone: _____

Title: _____

Preparer's Name: _____ Telephone: _____

Title: _____

SIGNATURE OF COUNTY WELFARE DIRECTOR: _____

SECTION A. COUNTY PLAN SUMMARY

County: _____

Date: _____

100% STATE & FEDERAL FUNDS: _____
90% STATE MATCHING FUNDS: + _____
10% COUNTY MATCHING FUNDS: + _____
FY 1983/84 ALLOCATION: = _____

Month	(1) FY 1983/84 Forecast	(2) "a-e" program reductions	(3) Adjusted FY 1983/84 Forecast	(4) Cumulative Total	(5) Percent of allocation
July					
August					
September					
Subtotal 1st qtr.					
October					
November					
December					
Subtotal 2nd qtr.					
January					
February					
March					
Subtotal 3rd qtr.					
April					
May					
June					
Subtotal 4th qtr.					
TOTAL					

Column (1): Taken from Column (4), Section C, FY 1983/84 FORECAST SUMMARY.
Column (2): Taken from Column (4), Section F, PROGRAM REDUCTION FORECAST.
Column (3): Column (1) minus Column (2).
Column (4): Accumulating total of successive months.
Column (5): Cumulative percent of allocation forecasted to be spent through that month. Column (4) ÷ allocation amount.

SECTION B: FY 1982/83 SUMMARY OF EXPENDITURES - ALL MODES

FY 1982/83 Allocation: _____

Month	Cases (1)	Hours (2)	Other costs (3)	Costs (4)	Cumulative totals		
					Cases (5)	Hours (6)	Costs (7)
July 1982							
August							
September							
Sub Total							
October							
November							
December							
Sub Total							
January 1983							
February							
March							
Sub Total							
April							
May							
June							
Sub Total							
TOTAL							

- See Reverse for Instructions -

SECTION B: FY 1982/83 SUMMARY OF EXPENDITURES - ALL MODES

Instructions:

Column (1): This column represents total number of paid cases from Sections B1-B3.

Column (2): This column represents total number of paid hours from Sections B1-B3.

Column (3): This column represents any other costs charged to the IHSS Program.

Column (4): This column represents total cost of services from Sections B1-B3.

Column (5): Accumulating total of successive monthly paid cases in Column (1).

Column (6): Accumulating total of successive monthly paid hours in Column (2).

Column (7): Accumulating total of successive monthly paid costs in Columns (3) and (4).

SECTION B1: FY 1982/83 INDIVIDUAL PROVIDER EXPENDITURES

Month	Open Cases (1)	Paid Cases (2)	Hours (3)	Costs (4)
July 1982				
August				
September				
Sub Total ..				
October				
November				
December				
Sub Total ..				
January 1983 ..				
February				
March				
Sub Total ..				
April				
May				
June				
Sub Total ..				
TOTAL				

- See Reverse for Instructions -

SECTION B1: FY 1982/83 INDIVIDUAL PROVIDER EXPENDITURES

Instructions:

Column (1): This column represents the total number of cases authorized to receive services during the month. Entries should reconcile with Payrolling Management Statistical Summary - "Total Cases" (Authorized Caseload Movement).

Column (2): This column represents the count of paid cases. Entries should reconcile with Payrolling Management Statistical Summary - "Total Recipients".

Column (3): This column represents the number of hours during the month that were paid for. Entries should reconcile with Payrolling Management Statistical Summary - "Total Hours".

Column (4): This column represents the sum of "Total Wages", "Restaurant Meal Allowance", and "Total Social Security and Unemployment" found on the Payrolling Management Statistical Summary.

SECTION B2: FY 1982/83 CONTRACT EXPENDITURES

Month	Cases			Hours				Total Costs Paid (8)
	Authorized (1)	Served (2)	Paid (3)	Authorized (4)	Billed (5)	Served (6)	Paid (7)	
July 1982 ...								
August								
September ...								
Sub Total .								
October								
November								
December								
Sub Total .								
January 1983 .								
February								
March								
Sub Total .								
April								
May								
June								
Sub Total .								
TOTAL								

- See Reverse for Instructions -

SECTION B2: FY 1982/83 CONTRACT EXPENDITURES

Instructions:

Column (1): This column represents the total number of cases authorized to receive services during the month regardless of whether a payment was made or services delivered.

Column (2): This column represents the total number of cases that received services during the month.

Column (3): This column represents the total number of authorized cases for which services were paid during the month.

Column (4): This column represents the total number of service hours authorized to be provided during the month regardless of whether a payment was made or services delivered.

Column (5): This column represents the total number of hours billed to the county by the contractor during the month.

Column (6): This column represents the actual number of service hours provided during the month.

Column (7): This column represents the actual number of service hours paid for in the month regardless of when provided.

Column (8): This column represents the total cost paid during the month. Charges should reconcile to quarterly administrative claim (Form DFA 325.3).

SECTION B3: FY 1982/83 WELFARE STAFF EXPENDITURES

Month	Cases authorized (1)	Cases Served (2)	Recipient hours authorized (3)	Recipient hours served (4)	Time study hours by quarter (5)	Casework costs by quarter (6)	Allocable cost overhead by quarter (7)	Total Cost (8)
July 1982 ...								
August								
September ...								
Sub Total .								
October								
November								
December								
Sub Total .								
January 1983 .								
February								
March								
Sub Total .								
April								
May								
June								
Sub Total .								
TOTAL								

- See Reverse for Instructions -

SECTION B3: FY 1982/83 WELFARE STAFF EXPENDITURES

Instructions:

Column (1): This column represents the total number of cases authorized to receive services during the month, regardless of whether a payment was made or services delivered.

Column (2): This column represents the number of cases served during the month.

Column (3): This column represents the total number of recipient hours authorized to be provided during the month regardless of whether a payment was made or services delivered.

Column (4): This column represents the actual number of recipient hours served during the month.

Column (5): This column represents the total number of hours time studied, by quarter, for county staff (DFA 47, line A).

Column (6): This column represents the total cost of welfare staff charged to the program by the quarter. This column should reconcile to quarterly administrative claim amount (Form DFA 327.1, line A, Column 3).

Column (7): This column represents the total cost of allocable overhead charged to the program by quarter. The allocable overhead should reconcile to quarterly administrative claim amount (Form DFA 327.1, line A, Column 4).

Column (8): This column represents the totals of Columns (6) and (7) by quarter.

SECTION C: FY 1983/84 SUMMARY OF FORECASTED EXPENDITURES - ALL MODES

FY 1983/84 ALLOCATION: _____

Month	Cases (1)	Hours (2)	Other costs (3)	Costs (4)	Cumulative totals		
					Cases (5)	Hours (6)	Costs (7)
July 1983							
August							
September							
Sub Total							
October							
November							
December							
Sub Total							
January 1984							
February							
March							
Sub Total							
April							
May							
June							
Sub Total							
TOTAL							

- See Reverse for Instructions -

SECTION C: FY 1983/84 SUMMARY OF EXPENDITURES - ALL MODES

Instructions:

Column (1): This column represents total number of estimated paid cases from Sections C1-C3.

Column (2): This column represents total number of estimated paid hours from Sections C1-C3.

Column (3): This column represents any other estimated paid costs charged to the IHSS Program.

Column (4): This column represents total estimated cost of services from Sections C1-C3.

Column (5): This column represents the accumulating total of successive monthly estimated paid cases in Column (1).

Column (6): This column represents the accumulating total of successive monthly estimated paid hours in Column (2).

Column (7): This column represents the accumulating total of successive monthly estimated paid costs in Columns (3) and (4).

SECTION C1: FY 1983/84 INDIVIDUAL PROVIDER FORECAST

Month	Open Cases (1)	Paid Cases (2)	Hours (3)	Costs (4)
July 1983				
August				
September				
Sub Total ..				
October				
November				
December				
Sub Total ..				
January 1984 ..				
February				
March				
Sub Total ..				
April				
May				
June				
Sub Total ..				
TOTAL				

- See Reverse for Instructions -

SECTION C1: FY 1983/84 INDIVIDUAL PROVIDER FORECAST

Instructions:

Column (1): This column represents the total number of estimated cases authorized to receive services during the month. Entries should be an estimate of what will appear on the Payrolling Management Statistical Summary - "Total Cases" (Authorized Caseload Movement).

Column (2): This column represents the count of estimated paid cases. Entries should be an estimate of what will appear on the Payrolling Management Statistical Summary - "Total Recipients".

Column (3): This column represents the number of estimated paid hours during the month. Entries should be an estimate of what will appear on the Payrolling Management Statistical Summary - "Total Hours".

Column (4): This column represents the estimated sum of "Total Wages", "Restaurant Meal Allowance", and "Total Social Security and Unemployment" found on the Payrolling Management Statistical Summary.

GIVE A BRIEF EXPLANATION DESCRIBING THE METHODOLOGY USED TO FORECAST INDIVIDUAL PROVIDER CASES, HOURS, AND COSTS.

SECTION C2: FY 1983/84 CONTRACT FORECAST

Month	Cases			Hours				Total Costs Paid (8)
	Authorized (1)	Served (2)	Paid (3)	Authorized (4)	Billed (5)	Served (6)	Paid (7)	
July 1983 ...								
August								
September ...								
Sub Total .								
October								
November								
December								
Sub Total .								
January 1984 .								
February								
March								
Sub Total .								
April								
May								
June								
Sub Total .								
TOTAL								

- See Reverse for Instructions -

SECTION C2: FY 1983/84 CONTRACT FORECAST

Instructions:

Column (1): This column represents the estimated number of cases authorized to receive services during the month regardless of whether a payment will be made or services delivered.

Column (2): This column represents the estimated number of cases that will receive services during the month.

Column (3): This column represents the estimated number of authorized cases for which services will be paid.

Column (4): This column represents the estimated number of service hours authorized during the month regardless of whether a payment will be made or services delivered.

Column (5): This column represents the estimated number of hours that will be billed to the county by the contractor during the month.

Column (6): This column represents the estimated number of service hours that will be provided during the month.

Column (7): This column represents the estimated number of service hours that will be paid for in the month regardless of when provided.

Column (8): This column represents estimated cost that will be paid during the month. Charges should be an estimate of what will appear on the quarterly administrative claim (Form DFA 325.3).

GIVE A BRIEF EXPLANATION DESCRIBING THE METHODOLOGY USED TO FORECAST CONTRACTED CASES, HOURS, AND COSTS.

SECTION C3: FY 1983/84 WELFARE STAFF FORECAST

Month	Cases authorized (1)	Cases Served (2)	Recipient hours authorized (3)	Recipient hours served (4)	Time study hours by quarter (5)	Casework costs by quarter (6)	Allocable cost overhead by quarter (7)	Total Cost (8)
July 1983 ...								
August								
September ...								
Sub Total .								
October								
November								
December								
Sub Total .								
January 1984 .								
February								
March								
Sub Total .								
April								
May								
June								
Sub Total .								
TOTAL								

- See Reverse for Instructions -

SECTION C3: FY 1983/84 WELFARE STAFF FORECAST

Instructions:

Column (1): This column represents the estimated number of cases authorized to receive services during the month regardless of whether a payment will be made or services delivered.

Column (2): This column represents the estimated number of cases that will be served during the month.

Column (3): This column represents the estimated number of recipient hours authorized to be provided during the month regardless of whether a payment will be made or services delivered.

Column (4): This column represents the estimated number of recipient hours that will be served during the month.

Column (5): This column represents the estimated number of hours time studied, by quarter, for county staff (DFA 47, line A).

Column (6): This column represents the estimated cost of welfare staff charged to the Program by the quarter. This column should be an estimate of what will appear on the quarterly administrative claim amount (Form DFA 325.1, line A, Column 3).

Column (7): This column represents the estimated cost of allocable overhead charged to the program by quarter. The allocable overhead should be an estimate of what will appear on the quarterly administrative claim amount (Form DFA 325.1, line A, Column 4).

Column (8): This column represents the totals of Columns (6) and (7) by quarter.

GIVE A BRIEF EXPLANATION DESCRIBING THE METHODOLOGY USED TO FORECAST WELFARE STAFF CASES, HOURS, AND COSTS.

SECTION D. FORECAST DETAIL - Year to Year Comparison

MODE	Comparison of current year to prior year	County Base Rate (1)	Average cost per paid hour (2)	Average paid hours per casemonth (3)	Total paid casemonths for year (4)	Total cost (5)	Percent of Total	
							Cases (6)	Costs (7)
INDIVIDUAL PROVIDER	1983/84 Forecast			X	X	=		
	1982/83 Actual			X	X	=		
	Percent Increase (percent decrease)							
CONTRACT	1983/84 Forecast			X	X	=		
	1982/83 Actual			X	X	=		
	Percent Increase (percent decrease) .							
WELFARE STAFF	1983/84 Forecast			X	X	=		
	1982/83 Actual			X	X	=		
	Percent Increase (percent decrease) .							
OTHER COST	1983/84 Forecast			X	X	=		
	1982/83 Actual			X	X	=		
TOTAL ALL MODES	1983/84 Forecast			X	X	=	100%	100%
	1982/83 Actual			X	X	=	100%	100%

- See Reverse for Instructions -

SECTION D: FORECAST DETAIL BY MODE

Instructions:

Column (1): The county base rate is defined in MPP 30-753(b) and 30-764.21. The county base rate is the standard hourly amount paid to individual providers (e.g., $3.35) exclusive of benefits.

Column (2): For 1983/84, using Sections C-C3 determine the average cost per hour by dividing total cost by total paid hours.

For 1982/83, using Sections B-B3 determine the average cost per hour by dividing total cost by total paid hours.

Column (3): For 1983/84, using Sections C-C3 determine the average paid hours per case-month by dividing total paid hours by total casemonths.

For 1982/83, using Sections B-B3 determine the average paid hours per case-month by dividing total paid hours by total casemonths.

Column (4): For 1983/84, show the total sum of projected cases in Section C, Column (5).

For 1982/83, show the total sum of projected cases in Section B, Column (5).

Column (5): For 1983/84, multiply Columns (2), (3), and (4). The sum of this calculation should reconcile to the total costs in Sections C-C3.

For 1982/83, multiply Columns (2), (3), and (4). The sum of this calculation should reconcile to the total costs in Sections B-B3.

Column (6): For 1983/84, by mode, divide Column (4) by the total of Column (4).

For 1982/83, by mode, divide Column (4) by the total of Column (4).

Column (7): For 1983/84, by mode, divide Column (5) by the total cost of Column (5).

For 1982/83, by mode, divide Column (5) by the total cost of Column (5).

SECTION E: COUNTY PLAN WRITTEN NARRATIVE QUESTIONNAIRE INSTRUCTIONS

PART 1. General - This section to be answered by all counties.

PART 2. Welfare Staff - This section applies to counties that charge welfare staff activities to the IHSS Program on the Quarterly Administrative Claim.

SECTION E: COUNTY PLAN WRITTEN NARRATIVE QUESTIONNAIRE

PART 1. General

1. In regard to share of cost collection:

   a. What process is used to collect share of cost payments?

   b. If the share of cost is not paid, what action do you take?

   c. When do you provide the monthly Medi-Cal card to the recipient if the share of cost is not paid?

2. If you deliver services through more than one mode, what criteria do you use to assign cases by mode? For instance, do you assign all severely impaired recipients to individual providers, etc.?

3. If you are planning a mode shift, explain the rationale and cost or savings.

4. Are you currently planning to participate in any IHSS demonstration or pilot projects? If so, what project, and briefly explain. Also identify any potential program cost or saving that may occur.

5. Each county must attach an organization chart specific to all IHSS activities.

PART 2. Welfare Staff

1. How many provider and first-line supervisor positions are authorized for your service delivery program?

2. What staff functions other than direct service delivery are time studied to the IHSS Program?

3. What staff classifications time study to the IHSS Program? Include a duty statement and pay scale for each classification.

4. What are your pay period cycles by quarter for the 1983/84 Fiscal Year?

5. What process is used to track authorized, served, and paid cases, hours, and costs?

6. Reconcile and explain the variance between the number of hours of actual service delivery (Schedule C3, Column 4) and the hours time studied to the IHSS Program (Schedule C3, Column 5).

SECTION F. PROGRAM REDUCTION FORECAST

Month	Forecasted savings				
	(1) Individual Provider	(2) Contract	(3) Welfare Staff	(4) Total	(5) Cumulative Total
July					
August					
September					
Subtotal 1st qtr.					
October					
November					
December					
Subtotal 2nd qtr.					
January					
February					
March					
Subtotal 3rd qtr.					
April					
May					
June					
Subtotal 4th qtr.					
TOTAL					

Attach a description of the methodology used to forecast your Program reductions. Include a schedule depicting the reductions by mode, service and reduction categories.

SECTION G. COUNTY CONTACT LIST - ADULT SERVICES

COUNTY: _____

Address: _____

_____

Title	Contact Person's Name	Telephone
Director	_____	_____
Assistant Agency Director	_____	_____
Adult Services Division Director	_____	_____
Adult Program Specialist	_____	_____
IHSS and APS - Section Supervisor	_____	_____
Fiscal Section Supervisor	_____	_____
Contracts Section Supervisor ..	_____	_____
Payroll Section Supervisor	_____	_____
Program Assistant	_____	_____
Other: _____	_____	_____

COUNTIES	IHS Allocations (all funds)	State/ Federal 100% Funds	State/Fed 90% Matching Funds	County 10% Matching Funds	3% COLA
ALAMEDA	$ 9,374,777	$ 8,564,545	$ 729,209	$ 81,023	$ 273,052
ALPINE	20,600	18,820	1,602	178	600
AMADOR	189,273	172,915	14,722	1,636	5,513
BUTTE	1,718,966	1,570,401	133,709	14,856	50,067
CALAVERAS	333,528	304,702	25,943	2,883	9,714
COLUSA	183,303	167,461	14,258	1,584	5,339
CONTRA COSTA	8,376,926	7,652,935	651,592	72,399	243,988
DEL NORTE	137,237	125,376	10,675	1,186	3,997
EL DORADO	881,307	805,138	68,552	7,617	25,669
FRESNO	8,747,636	7,991,606	680,427	75,603	254,786
GLENN	520,331	475,360	40,474	4,497	15,155
HUMBOLDT	1,206,075	1,101,838	93,813	10,424	35,128
IMPERIAL	1,257,645	1,148,951	97,825	10,869	36,630
INYO	208,276	190,275	16,201	1,800	6,066
KERN	3,537,592	3,231,849	275,169	30,574	103,037
KINGS	643,755	588,117	50,074	5,564	18,750
LAKE	775,684	708,644	60,336	6,704	22,593
LASSEN	269,291	246,017	20,947	2,327	7,843
LOS ANGELES	125,641,767	114,782,960	9,772,926	1,085,881	3,659,469
MADERA	547,942	500,585	42,621	4,736	15,959
MARIN	2,327,792	2,126,608	181,066	20,118	67,800
MARIPOSA	129,885	118,659	10,103	1,123	3,783
MENDOCINO	738,139	674,344	57,416	6,379	21,499
MERCED	947,157	865,297	73,674	8,186	27,587
MODOC	42,703	39,012	3,322	369	1,244
MONO	45,475	41,545	3,537	393	1,325
MONTEREY	1,474,236	1,346,823	114,672	12,741	42,939
NAPA	526,991	481,445	40,991	4,555	15,349
NEVADA	487,787	445,629	37,942	4,216	14,207
ORANGE	9,774,815	8,930,009	760,325	84,481	284,703
PLACER	925,737	845,729	72,007	8,001	26,963
PLUMAS	117,844	107,659	9,167	1,018	3,432
RIVERSIDE	8,267,421	7,552,895	643,073	71,453	240,799
SACRAMENTO	6,470,536	5,911,308	503,305	55,923	188,462
SAN BENITO	229,428	209,599	17,846	1,983	6,682
SAN BERNARDINO	8,850,694	8,085,757	688,443	76,494	257,787
SAN DIEGO	18,799,175	17,174,423	1,462,277	162,475	547,549
SAN FRANCISCO	17,396,288	15,892,783	1,353,155	150,350	506,688
SAN JOAQUIN	2,264,765	2,069,029	176,162	19,574	65,964
SAN LUIS OBISPO	556,113	508,050	43,257	4,806	16,197
SAN MATEO	3,812,899	3,483,362	296,583	32,954	111,055
SANTA BARBARA	2,251,139	2,056,580	175,103	19,456	65,567
SANTA CLARA	8,151,966	7,447,418	634,093	70,455	237,436
SANTA CRUZ	2,070,847	1,891,870	161,079	17,898	60,316
SHASTA	1,926,634	1,760,121	149,862	16,651	56,116
SIERRA	26,558	24,263	2,066	229	774
SISKIYOU	173,225	158,254	13,474	1,497	5,045
SOLANO	1,691,820	1,545,601	131,597	14,622	49,276
SONOMA	3,550,762	3,243,881	276,193	30,688	103,420
STANISLAUS	2,482,105	2,267,585	193,068	21,452	72,294
SUTTER	291,694	266,484	22,689	2,521	8,496
TEHAMA	509,814	465,752	39,656	4,406	14,849
TRINITY	54,565	49,849	4,244	472	1,589
TULARE	4,614,156	4,215,369	358,908	39,879	134,393
TUOLUMNE	400,945	366,293	31,187	3,465	11,678
VENTURA	1,008,530	921,366	78,448	8,716	29,375
YOLO	1,263,561	1,154,356	98,285	10,920	36,803
YUBA	434,121	396,601	33,768	3,752	12,644
GRAND TOTAL	$279,660,233	$255,490,103	$ 21,753,118	$ 2,417,012	$ 8,145,440

GEN 759 (11/74)