

**DEPARTMENTAL PURPOSE**

The Department of Health and Social Services (H&SS) provides cost-effective services that promote self-reliance and safeguard the physical, emotional and social well-being of the residents of Solano County. The Department administers Health, Mental Health, and Social Service programs that counties are mandated to provide under State and federal law.

<b>Budget Summary:</b>	
FY2017/18 Midyear Projection:	334,039,326
FY2018/19 Recommended:	322,293,275
County General Fund Contribution:	21,012,430
Percent County General Fund Supported:	6.5%
Total Employees (FTEs):	1,295.25

**FUNCTION AND RESPONSIBILITIES**

H&SS is functionally divided into six divisions: Administration, Behavioral Health, Social Services, In-Home Supportive Services (IHSS) – Public Authority, Public Assistance Programs, and Health Services.

Administration (BU 7501) provides day-to-day executive management and direction, budget and fiscal management, research planning, compliance activities, contract management, payroll, recruitment, and departmental training.

Behavioral Health Services (BU 7780) includes Mental Health, Mental Health Managed Care, and Substance Abuse Programs. The Division provides treatment, case management, rehabilitation, and community support services to seriously emotionally disturbed children and mentally ill adults. The programs include emergency psychiatric services and involuntary hospitalizations. Proposition 63 - the Mental Health Services Act (MHSA) (See glossary for definition), provides a large portion of the funds for intensive case management for high-risk clients and funds a variety of early intervention and prevention services, information technology projects to assist with this work, and supportive housing. The Substance Abuse program provides assessment and authorizations for treatment services which are provided by a number of community-based organizations, and prevention, intervention, and recovery services to combat alcoholism and other drug addictions, and support the work of Drug Courts and the Veterans’ Court.

Social Services (BU 7680) includes Employment and Eligibility Services, Welfare Administration, Child Welfare Services, and Older and Disabled Adult Services (ODAS) which includes the Public Guardian’s Office and In-Home Supportive Services (IHSS) Public Authority.

Employment and Eligibility Services (E&E) promotes self-sufficiency by assisting low-income families and individuals with obtaining employment, access to health care, and food and cash assistance.

Welfare Administration (WA) includes Fiscal Issuance and the Special Investigations Bureau (SIB).

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Child Welfare Services (CWS) intervenes on behalf of children who need protection from abuse and neglect. The functions of CWS include programs to strengthen families, adoption assistance, foster home licensing, placement assessment, and independent living guidance so children may grow into healthy productive adults.

ODAS focuses on comprehensive, integrated assistance for older and disabled adults, including domestic and personal in-home care services (In-Home Supportive Services (IHSS)), the investigation and prevention of elder abuse and neglect, and assistance accessing Medi-Cal (See glossary for definition), CalFresh (See glossary for definition) and cash assistance programs. ODAS IHSS staff provide coordinated case management services which include program eligibility, intake assessments, annual reassessments, community referral resources, payroll assistance, and referrals to the IHSS Public Authority - Administration for recipient – provider matching services. The Public Guardian's Office was consolidated with ODAS in 2011 and serves as the County's guardian/conservator. Appointed by the Courts for individuals who are unable to care for themselves and/or manage their own affairs, the Public Guardian also serves as the Public Administrator when the decedent has no next of kin. The Public Administrator directs the disposition of remains and decedents' estate, as needed. ODAS integrated under the Public Health Division in 2015.

IHSS Public Authority-Administration (BU 7690) includes H&SS staff and operating expenditures needed to fulfill the requirements for administering the IHSS Public Authority responsibility under a Memorandum of Understanding with the IHSS Public Authority Board (provider payments are not included in the County Budget, wages are paid directly to the provider by the State).

Public Assistance Programs (BU 7900) budget includes federal, State and County funding for all of the welfare cash assistance programs administered by H&SS. Programs include California Work Opportunity and Responsibility to Kids (CalWORKs) (See glossary for definition), Refugee Resettlement, Adoptions Assistance Program, Foster Care Assistance, General Assistance (GA) funding, Approved Relative Caregiver (ARC) funding, Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS), and Low Income Home Energy Assistance Program (LIHEAP). H&SS also administers the CalFresh (See glossary for definition) program eligibility; however, CalFresh (food subsidize) benefits are issued directly to the recipient via a debit card from the State thus these costs are not included in the County budget.

Health Services (BU 7880) includes Public Health, Family Health Services, and Medical Services. The Public Health Division provides mandated community health services to promote a healthy environment for all County residents. The services include support to Public Health Laboratory testing, Public Health Nursing and home visiting, Communicable Disease surveillance, Maternal, Child and Adolescent Health programs, and Emergency Medical Services (EMS). Family Health Services operates three primary care clinics and a pediatric clinic, three dental clinics, dental services at Women, Infant, and Children (WIC) clinics, as well as mobile dental and mobile primary care services to underserved populations in areas of the county. The Medical Services budget provides funds for the County's medically indigent adult services through participation in the County Medical Services Program (CMSP).

**Functional Area Summary**

**7500 – Fund 902-H&SS-Department Summary  
Gerald Huber, Director of Health & Social Services  
Health & Public Assistance**

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2016/17 ACTUALS	2017/18 ADOPTED BUDGET	2018/19 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
ADMINISTRATION DIVISION	2,317,546	1,302,375	1,427,341	124,966	9.6%
BEHAVIORAL HEALTH DIVISION	68,766,820	78,250,525	84,885,728	6,635,203	8.5%
SOCIAL SERVICES DIVISION	95,180,129	106,803,213	105,217,954	(1,585,259)	(1.5%)
IHSS - PA ADMINISTRATION	4,189,215	6,022,647	978,896	(5,043,751)	(83.7%)
PUBLIC ASSISTANCE PROGRAMS	48,009,282	49,084,290	43,508,315	(5,575,975)	(11.4%)
HEALTH SERVICES DIVISION	66,336,072	82,452,203	64,436,010	(18,016,193)	(21.9%)
GENERAL FUND CONTRIBUTION	25,427,982	25,089,158	21,012,430	(4,076,728)	(16.2%)
<b>TOTAL REVENUES</b>	<b>310,227,046</b>	<b>349,004,411</b>	<b>321,466,674</b>	<b>(27,537,737)</b>	<b>(7.9%)</b>
<b>APPROPRIATIONS</b>					
ADMINISTRATION DIVISION	4,594,105	3,600,316	3,678,416	78,100	2.2%
BEHAVIORAL HEALTH DIVISION	77,610,281	85,904,199	91,339,402	5,435,203	6.3%
SOCIAL SERVICES DIVISION	99,395,636	112,222,588	111,027,930	(1,194,658)	(1.1%)
IHSS - PA ADMINISTRATION	8,949,794	11,509,829	978,896	(10,530,933)	(91.5%)
PUBLIC ASSISTANCE PROGRAMS	52,238,889	53,064,928	47,746,123	(5,318,805)	(10.0%)
HEALTH SERVICES DIVISION	64,680,158	87,837,385	67,522,508	(20,314,877)	(23.1%)
<b>TOTAL APPROPRIATIONS</b>	<b>307,468,863</b>	<b>354,139,245</b>	<b>322,293,275</b>	<b>(31,845,970)</b>	<b>(9.0%)</b>
<b>NET CHANGE</b>	<b>(2,758,183)</b>	<b>5,134,834</b>	<b>826,601</b>	<b>(4,308,233)</b>	<b>(83.9%)</b>
<b>STAFFING</b>					
ADMINISTRATION DIVISION	94.00	96.00	95.00	(1.00)	(1.0%)
BEHAVIORAL HEALTH DIVISION	203.20	205.70	206.00	0.30	0.1%
SOCIAL SERVICES DIVISION	678.75	686.25	659.75	(26.50)	(3.9%)
IHSS - PA ADMINISTRATION	7.00	6.00	5.00	(1.00)	(16.7%)
PUBLIC ASSISTANCE PROGRAMS	0.00	0.00	0.00	0.00	0.0%
HEALTH SERVICES DIVISION	313.60	332.40	329.50	(2.90)	(0.9%)
<b>TOTAL STAFFING</b>	<b>1,296.55</b>	<b>1,326.35</b>	<b>1,295.25</b>	<b>(31.10)</b>	<b>(2.3%)</b>

**DEPARTMENTAL BUDGET SUMMARY**

The Recommended Budget represents decreases of \$31,845,970 or 9.0% in revenues, which includes a County General Fund Contribution and a reduction of \$4,308,233 in transfers from reserves, and \$31,845,970 or 9.0% in appropriations. The General Fund Contribution of \$21,012,430 decreased by \$4,076,728 or 16.2% mainly due to an accounting change which transferred the IHSS Maintenance of Effort (MOE) General Fund Contribution to the IHSS Public Authority (Fund 152).

**Primary Funding Sources**

The primary funding sources for H&SS are federal and State Program revenues of approximately \$157.83 million (49% of total); 1991 Realignment (See glossary for definition) a Statewide revenue - \$49.99 million; 2011 Public Safety Realignment (See glossary for definition) a Statewide revenue - \$35.99 million; and Charges for Services estimated at \$26.23 million in reimbursements for services. The County General Fund Contribution of \$21,012,430 represents 6.5% of H&SS funding and includes the required local (County) maintenance of effort (MOE) for several State and federal program areas.

Program Revenue

Program revenues are earned primarily by two methods. The first method is through reimbursement for actual costs from State and federal governments based upon time studies in which staff document hours worked in each program/activity, cost reports, or other methods of documenting actual program costs. The second method is through fee for service revenue as a result of billing various third-party payers, primarily Medi-Cal, on either a unit-of-service basis, a capitated payment, or a per-visit payment.

County overhead and departmental administrative costs are distributed to all programs in H&SS and are included in each program's budget. The administrative costs include fixed operational expenses such as: utilities, Department of Information Technology (DoIT), and Countywide Administrative Overhead charges that are incorporated into the Department's federal/State claims for cost reimbursement and are used in calculating H&SS billing rates paid by third parties. As a result, the majority of revenues received by H&SS include reimbursement for both the direct costs associated with the individual employee providing

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specific service as well as departmental administrative costs and direct charges from other County departments providing support services to H&SS. In FY2018/19, direct charges from other County departments plus Countywide Administrative Overhead total \$23.46 million of which 93.5%, or approximately \$21.93 million, in federal and State funds are used to offset the County General Fund costs for various County central service departments.

The State Budget Act of 2011 included a major realignment of public safety programs from the State to local governments. The majority of human services programs receiving State General Fund allocations were realigned to counties. 2011 Realignment shifted the funding and program responsibility for Adoption Services, Foster Care, Child Welfare Services, Adult Protective Services, Substance Abuse, Early Periodic Screening Diagnostic and Treatment (EPSDT), and Managed Care from the State to local government (County) and redirected specified tax revenues to fund this effort. The State share of funding for realigned programs has been replaced by funding based on a percentage of realignment funds (State sales tax and vehicle license fees) collected. However, the County still receives State allocations for a few programs that are matched 50% by federal funds, which includes the administration of the CalFresh, Medi-Cal, and CalWORKs programs. Federal revenues are often matching funds for programs where the State and local governments share costs; however, the federal portions are based upon the actual cost of providing the service. Federal revenues included in the budget are developed using a number of factors: caseload; number of filled positions each quarter, the cost for each position, and overhead and other costs associated with each filled position; productivity rates; and interim, estimated or approved, reimbursement rates.

1991 Realignment Revenue (See glossary for definition)

1991 Realignment, a dedicated percentage of State sales tax and vehicle license fees (VLF), is the second major funding source for H&SS. The distribution of funds amongst counties is based upon formulas established in 1991. Funds are designated for specified human services programs, mostly federal, which the State and the County have traditionally shared the “local” costs in order to draw down federal matching funds. In order to continue to receive 1991 Realignment funds, the County is obligated to fund the State share of program costs, and/or has a fixed maintenance of effort (MOE) amount. Regardless of actual 1991 Realignment revenues received, the County’s share of costs for the realigned programs is a fixed percentage.

Since realignment funds are generated by sales tax and VLF, the funding can fluctuate based on economic conditions; the amount of State collected and distributed revenues substantially declined from \$46.2 million in FY2006/07 to \$34 million in FY2009/10. However, since FY2011/12 these revenues have been slowly trending upward. The FY2018/19 Recommended Budget includes \$49.99 million in 1991 Realignment funds that will be drawn down and recognized as revenues.

1991 Realignment funds are allocated to three main areas:

- Health Services – a portion of the Health Realignment funding (approximately \$6.9 million) previously set aside for the County Medi-Cal services Program (CMSP) for indigent health care is being redirected at the State level to fund Social Services programs. The balance is available to support uncompensated costs in the Family Health Services budget and to fund the realigned Public Health programs.
- Social Services – funds are dedicated for Child Welfare Services, Foster Care and IHSS programs. By statute, any growth (funding above the established base amount) in overall 1991 Realignment Revenue is first used to fund caseload growth for Social Services statewide.
- Mental Health – funds are used to pay the 50% local share for services for adult Medi-Cal clients (the balance is reimbursed by federal funds) and for the full costs of services provided to indigents and other low-income clients. Under 2011 Realignment and following the federal approval of the Affordable Care Act (ACA) (See glossary for definition) and State adoption of the Medi-Cal expansion and Healthcare Exchange, the funds previously allocated to this account have been shifted to pay for the County’s increased share of costs for the CalWORKs assistance programs (approximately \$11.9 million); however, the State is required to fully replace the 1991 Realignment funds shifted from Mental Health to CalWORKs and is responsible for any shortfall in funding.

A portion of the 1991 Realignment funds, previously set aside for the County’s obligation to pay for indigent health care (W&I Code section 17000) has been redirected at the State level to fund Social Services programs with enactment of AB 85, January 1, 2014, including increases in CalWORKs grants. With the implementation of the Affordable Care Act, the State anticipated that County costs and responsibilities for healthcare services for the indigent population would decrease because a majority of

this population, previously uninsured, would now be eligible for Medi-Cal or Covered California. The enactment of AB 85, effective January 1, 2014, provided the mechanism for redirecting these realignment funds.

AB 85, in January 2014, also changed the growth distribution within the three areas of 1991 Realignment. Specifically, Social Services receives first call on growth (to fund caseload growth) but no longer receives general growth. Health Services receives significantly less from general growth, from approximately 52% to 18.45%, while Mental Health remains the same at approximately 40%.

AB 130 and SB 90 created a new County IHSS MOE effective July 1, 2017 which further impacts the 1991 Realignment Social Services, Mental Health, and Health accounts. The State increased In-Home Supportive Services (IHSS) cost to counties partially by redirecting VLF growth from the Health, Mental Health and CMSP accounts to Social Services. Social Services will receive the sales tax growth due to the IHSS caseload increase resulting in Health and Mental Health's sales tax bases being flat funded (since they will not receive any growth to add to subsequent years' base allocations). Additionally, the VLF base for Health and Mental Health will not have a share in any general growth funds until FY2020/21. The new IHSS MOE structure also puts a cap on the State's share of IHSS administration costs resulting in one hundred percent (100%) of the non-federal share of IHSS costs in ODAS over and above the State cap being backfilled by 1991 Realignment.

#### 2011 Realignment Revenue (State)

The major portion of the 2011 Public Safety Realignment funding is dedicated to human service programs and substantially changed how those programs are funded in California. H&SS estimates \$35.99 million in 2011 Realignment funds for FY2018/19. These funds are dedicated to Child Welfare Services, Foster Care, Mental Health, and Substance Abuse programs. Previously, under the 1991 Realignment, counties were required to fund a certain percentage of the program costs; starting in 2011, counties are fully responsible for funding the non-federal share of these programs using the 2011 Realignment revenue.

Both realignment funding streams (1991 and 2011) are heavily dependent upon economic conditions since the source is sales tax and VLF. During periods of economic downturn, funding declines while demand for human services programs increases. The increased risk of revenue loss during periods of peak demand requires H&SS to monitor cash receipts, project future revenues based on economic indicators, track service level demand, and develop cost-effective service delivery systems.

#### County General Fund Contribution

The FY2018/19 Recommended Budget includes a County General Fund Contribution in the amount of \$21,012,430, a decrease of \$4,076,728 when compared to the FY2017/18 Adopted Budget. The decrease is comprised of the following:

- \$46,865 decrease in Administration (BU 7501) reduced contracts.
- \$390,601 increase in Social Services (BU 7680) primarily due to increase for CalFresh administration, Public Guardian, and IHSS Administration, offset by a decrease in General Assistance administration.
- \$5,487,182 decrease in IHSS-Public Authority (BU 7690) due to an accounting change that moved the appropriations and budgeted revenues associated with the IHSS MOE – Services (wages and benefits) to the IHSS Public Authority Fund 152.
- \$809,548 increase in Health Services (BU 7880) to cover the FY2018/19 county participation fee for the County Medical Services Program (CMSP). The FY2017/18 fee was waived by the CMSP governing board.
- \$257,170 increase in Assistance Programs (BU 7900) to cover county share of costs associated with foster care.

The County General Fund Contribution of \$21,012,430 is appropriated with \$4,237,808 funding the Assistance Programs, and \$16,774,622 funding the following operations in H&SS:

- \$2,844,528 for required Maintenance of Efforts for Public Health, California Children's Services, Mental Health, and CalWORKs Administration.
- \$809,548 for the required CMSP participation fee.
- \$1,368,930 in mandatory match or County share of costs for federal/State programs for Child Welfare Services, CalWIN and IHSS administration. (See glossary for definitions)
- \$5,704,565 for mandated substance abuse and adult psychiatric outpatient and inpatient services.

**7500 – Fund 902-H&SS-Department Summary**  
**Gerald Huber, Director of Health & Social Services**  
**Health & Public Assistance**

**Functional Area Summary**

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- \$3,164,395 to fund some programs at the minimum level necessary. These programs include Public Health Laboratory, Public Guardian, General Assistance eligibility determination and administration. In most cases, these programs are supplemented by outside sources of funding including competitive grants and charges for services.
  - \$2,164,206 for principal payments related to debt service and other administrative costs that are non-claimable.
  - \$718,450 to support homeless outreach and community services efforts, Medi-Cal Administrative Activities, and Nurse Family Partnership.

**Primary Operational Expenditures**

Primary costs included in the Health and Social Services Department (Fund 902) allocated by Division:

- Administration (BU 7501) includes \$3,678,416 in appropriations which recovers most costs through Administrative Overhead Intrafund Transfers.
- Social Services (BU 7680) includes \$111,027,930 in appropriations which includes Employment and Eligibility Services, Welfare Administration, Child Welfare Services, and Older and Disabled Adult Services.
- IHSS Public Authority - Administration (BU 7690) includes \$978,896 in appropriations which includes H&SS staff support and operating costs for the administration of the IHSS-Public Authority covered under a Memorandum of Understanding (MOU) between the County and the IHSS Public Authority.
- Behavioral Health (BU 7780) includes \$91,339,402 in appropriations which includes Mental Health and Substance Abuse.
- Health Services (BU 7880) includes \$67,522,508 in appropriations which includes Public Health and Medical Services.
- Assistance Programs (BU 7900) includes \$47,746,123 in appropriations which includes above reference assistance programs.

Other Administered Budgets not part of Fund 902 includes \$17,727,378 for the IHSS Public Authority (Fund 152 - BU 1520), \$851,238 in appropriations for Tobacco Prevention and Education (Fund 390 - BU 7950) and a Transfers-Out of \$24,655,744 from the Mental Health Services Act (Fund 906 - BU 9600) to Behavioral Health Services (Fund 902 - BU 7780). Additional details on the program costs can be found in the H&SS Divisions and Other Administered Budget sections of the Recommended Budget for Health and Public Assistance.

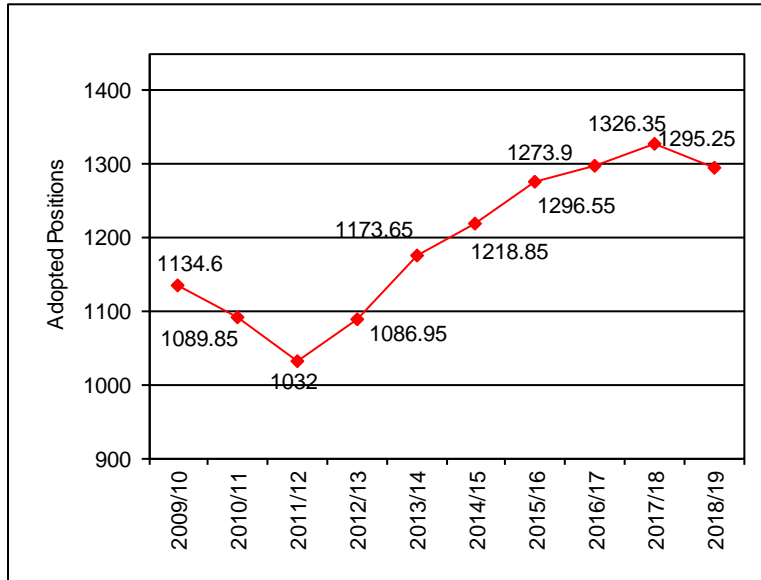
**DEPARTMENT COMMENTS**

None.

**SUMMARY OF POSITION CHANGES**

Details on position changes are described in each H&SS Division.

**STAFFING TREND**



**PENDING ISSUES AND POLICY CONSIDERATIONS**

Details on Pending Issues and Policy Considerations are described in each H&SS Division.

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**DEPARTMENTAL PURPOSE**

Health and Social Services Administration Division provides day-to-day management and direction of support functions needed for the Health and Social Services Department (H&SS) to promote self-reliance and safeguard the physical, emotional and social well-being of Solano County residents.

**FUNCTION AND RESPONSIBILITIES**

The Administration Division provides managerial leadership and support to the six H&SS divisions in various program areas. The Administration Division includes the Administrative Support Bureau, Budget and Financial Management, Community Services and Coordination, Compliance, Contracts Management, Employee Services which includes recruitment and department training, Executive Administration, and Research and Planning.

Administrative Support Bureau

The Administrative Support Bureau (ASB) is responsible for department purchasing and receiving, asset inventory management, records management, courier services, workspace utilization, and logistics and coordination of facilities maintenance and general operations

Budget and Financial Management

Budget and Financial Management is responsible for Financial Services functions including budgeting, accounting, revenue recovery, and financial oversight.

Community Services and Coordination

Community Services and Coordination is responsible for leading projects and establishing partnerships with other departments, agencies, cities, and community organizations to improve the delivery of services within the community; promoting rapid rehousing and sustainable housing; and facilitating collaboration with employment services and other rehabilitative opportunities for residents suffering from poverty or homelessness. Additional functions include assisting in the development of grant applications and researching and developing housing focused initiatives that can be linked to departmental operations and programs.

Compliance Unit

The Compliance Unit is responsible for department regulatory compliance and quality assurance including developing and implementing policies, procedures, and practices defined by regulatory agencies for H&SS programs including federally mandated Health Insurance Portability and Accountability Act (HIPAA) (See glossary for definition) compliance. Additionally, the Compliance Unit identifies and analyzes potential risks, oversees internal and external compliance audits, coordinates compliance training and education, conducts internal and periodic risk evaluations for each H&SS division, investigates and resolves privacy and security incidents, and functions as H&SS' civil rights coordinator.

Contracts Management

Contract Management is responsible for the administration and monitoring of more than 500 contracts and service agreements with a value of approximately \$146 million.

Employee Services Unit

Employee Services oversees H&SS employee hiring and coordinates department wide County mandated training for H&SS employees.

Executive Administration

Executive Administration provides leadership and support to H&SS divisions in fulfilling organizational goals, strategic planning, and developing effective partnerships with organizations and stakeholders within the community, as well as coordinating and implementing Department initiatives.

Research and Planning Unit

The Research and Planning Unit is responsible for researching and planning evidence-based practices, program outcome



measures and benchmarks, special projects, and restructuring service delivery components into a unified system of care and identifying trends in populations that require services. Additional functions include analyzing legislation and assisting to identify approaches to prepare for future mandates.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

- Coordinated the annual Single Audit for all federally funded programs managed by H&SS. The single audit is a rigorous audit of an entity that expends \$750,000 or more of federal funds. H&SS manages approximately \$84 million in federal expenditures. The FY2016/17 Single Audit, issued in December 2017, did not disclose any findings or questioned costs.
- During the Solano Atlas Fire, Community Services Coordination staffed the emergency response center in addition to opening the Alan Witt Park shelter and facilitating the opening of Dixon Fairgrounds to shelter over 200 people from the Sonoma Development Center. Coordinators fielded calls from displaced individuals looking for shelters and participated in Office of Emergency Services (OES) operations.
- In partnership with H&SS' Employment & Eligibility Division, Community Services streamlined the application determination process for individuals encountered during outreach sweeps to people experiencing homelessness. Timeliness for Medi-Cal and CalFresh applications has significantly improved and resources are now made available by phone for immediate contact.
- Employee Services centralized the creation of the agency's official organizational charts utilizing an online software which provides a method to accurately monitor vacant and filled positions across H&SS divisions; implemented an online H&SS Employee Handbook to centralize policies, procedures, and resources for H&SS employees; and created a step-by-step H&SS hiring guide to promote consistent hiring practices and processes across the agency.
- In 2017, Research and Planning, in conjunction with consultant services, researched and established an organizational assessment. The assessment included best practice research on culture and communication, structure and roles, finance, internal process and performance management and incorporated feedback from the Divisions, staff surveys and informational interviews.

**WORKLOAD INDICATORS**

- ASB facilitated over 1,300 purchase transactions with expenditures totaling approximately \$5 million across the Department and completed the annual physical inventory of approximately 8,500 fixed assets assigned to H&SS with no findings.
- Budget and Financial Management managed approximately \$462 million in funds: \$338 million including Assistance and In-Home Supportive Services Program for provider wages, benefits and Public Authority Administration; \$66 million in client benefits paid by the State; \$11 million in client assets; and \$47 million in other funds (including restricted trust funds). The Billing and Collections Unit processed approximately \$29 million in Medi-Cal, Medicare and private insurance claims.
- Accounts Payable and Contracts Units processed approximately 22,200 vendor claims totaling \$94 million.
- The Employee Services Unit coordinated the processing of 102 FTE new hires, 118 FTE terminations and retirements, 57 FTE promotions, and 168 FTE transfers; prepared and processed 1,917 personnel action requests (ePARs); and monitored and troubleshooted the timecard reporting of approximately 1,200 employees in the IntelliTime payroll system. Workload data covers the period July 1, 2017 to March 24, 2018.
- Community Services Coordination conducted quarterly outreach sweeps with different law enforcement entities and supporting agencies and made contact with over 200 individuals.

**DIVISION BUDGET SUMMARY**

The Recommended Budget represents an increase of \$78,101 or 2.2% in revenues and an increase of \$78,100 or 2.2% in appropriations when compared to the FY2017/18 Adopted Budget with no additional increase in the County General Fund Contribution.

Primary Funding Sources

The primary sources of funding for Administration include Intrafund Transfers representing reimbursement of allowable administrative costs from various H&SS program divisions, contract services revenue for administrative fees related to the

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oversight and coordination of the Medi-Cal Administrative Activities (MAA) on behalf of community-based organizations; Operating Transfers-In to fund Board approved contributions to non-County agencies, and General Fund Contribution primarily to fund non-reimbursable costs.

The FY2018/19 Recommended Budget includes a \$78,101 or 2.2% net increase in revenues primarily due to an increase in interest income on the H&SS operating cash balance and in MAA administrative and claiming revenue offset by a decrease in an Operating Transfers-In due to the discontinuance of discretionary funding to the community health clinics.

Primary Costs

The FY2018/19 Recommended Budget includes a \$78,100 or 2.2% net increase in appropriations primarily due to the following:

- Increase of \$505,539 in Salaries and Benefits due to negotiated increases in FY2017/18.
- Increase of \$182,485 in Services and Supplies resulting from increases in property and liability insurance costs, Maintenance – Buildings & Improvement as a placeholder for emergency maintenance projects, Controlled Assets for computer refresh, Software Maintenance & Support for the increase support cost of the contract management software (Tractmanager) and an increase in annual subscription for the billing software (Dimension Reports), Professional Services to facilitate internal planning and capacity building, and Advertising and Marketing for the Network of Care program. These increases are offset by decreases in Managed Print costs due to the County's discontinuance of the Managed Print Services agreement, Contracted and Consulting Services primarily due to reduced security costs, Department of Information Technology (DoIT) costs partly due to a change in cost distribution methodology for DoIT staff assigned in Research & Planning, and a net decrease in various line items to align the budget based on actual spending trends.
- Increase of \$506,322 in Other Charges resulting from increases in Interest Expense due to the higher carrying balance of non-operating cash accounts, Interfund Services – Professional due to increased direct charges from General Services, and Countywide Administrative Overhead costs, offset by decreases in direct charges from the Auditor Controller's Office Contributions to Non-County Agencies due to the discontinuance of funding to the community health clinics.
- Decrease of \$91,656 in Other Financing Uses primarily due to a decrease in Pension Obligation Bond (POB) rates offset by an increase in debt service payments.
- Increase of \$1,024,590 in offsetting Intrafund Transfers primarily due to an increase in net claimable salaries and benefits, services and supplies and charges for services. Administration costs that are claimable to federal and State programs are transferred to program division budgets via the Intrafund Transfer account.

Contracts

The FY2018/19 Recommended Budget includes a total of \$795,187 or 21.6% in contracted services. H&SS will return to the Board after the FY2018/19 Budget Hearings with a master list of contracts for the Board's consideration.

Fixed Assets

None

**DIVISION COMMENTS**

None.

**Summary of Division Budget**

**7501 – Fund 902-H&SS Administration  
Gerald Huber, Director of Health & Social Services  
Health & Public Assistance**

<b>DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY</b>	<b>2016/17 ACTUAL</b>	<b>2017/18 ADOPTED BUDGET</b>	<b>2018/19 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	278,529	153,100	393,566	240,466	157.1%
INTERGOVERNMENTAL REV FEDERAL	1,071,055	700,000	765,000	65,000	9.3%
CHARGES FOR SERVICES	116,390	70,000	87,000	17,000	24.3%
MISC REVENUE	251,597	0	0	0	0.0%
OTHER FINANCING SOURCES	599,975	379,275	181,775	(197,500)	(52.1%)
GENERAL FUND CONTRIBUTION	2,352,940	2,297,940	2,251,075	(46,865)	(2.0%)
<b>TOTAL REVENUES</b>	<b>4,670,486</b>	<b>3,600,315</b>	<b>3,678,416</b>	<b>78,101</b>	<b>2.2%</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	9,484,933	10,927,144	11,432,683	505,539	4.6%
SERVICES AND SUPPLIES	4,147,494	4,215,564	4,398,049	182,485	4.3%
OTHER CHARGES	1,961,849	1,724,217	2,230,539	506,322	29.4%
OTHER FINANCING USES	1,656,860	1,775,924	1,684,268	(91,656)	(5.2%)
INTRA-FUND TRANSFERS	(12,787,024)	(15,042,533)	(16,067,123)	(1,024,590)	6.8%
<b>TOTAL APPROPRIATIONS</b>	<b>4,464,113</b>	<b>3,600,316</b>	<b>3,678,416</b>	<b>78,100</b>	<b>2.2%</b>
<b>NET CHANGE</b>	<b>(206,373)</b>	<b>1</b>	<b>0</b>	<b>(1)</b>	<b>(100.0%)</b>
<b>STAFFING</b>					
ADMINISTRATION DIVISION	94	96	95	(1)	(1.0%)
<b>TOTAL STAFFING</b>	<b>94</b>	<b>96</b>	<b>95</b>	<b>(1)</b>	<b>(1.0%)</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

None

**SUMMARY OF POSITION CHANGES**

A change in the position allocation since the adoption of the FY2017/18 Budget is provided below:

- Deleted 1.0 FTE Accounting Clerk II within the Contracts Unit.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

There are no pending issues or policy considerations at this time.

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### **DIVISION PURPOSE**

The Department of Health and Social Services - Behavioral Health Division includes Mental Health, Mental Health Managed Care, and Substance Abuse. Integration of these programs allows the Department of Health and Social Services (H&SS) to efficiently monitor and manage programs and expenses as a comprehensive behavioral health system of care.

### **FUNCTION AND RESPONSIBILITIES**

Behavioral Health provides mental health services in accordance with Title 9, California Code of Regulations, sections 1820.205, 1830.205, and 1830.210. Substance Abuse Services are delivered under the authority of Title 45, Code of Federal Regulations and California Health and Safety Codes sections 11750-11997.

The Mental Health Division provides emergency psychiatric services 24 hours a day, seven days a week as part of the overall Mental Health Plan (MHP), along with the following services:

- A 24-hour toll-free Access line to obtain mental health care. This is operated by a team of County licensed clinicians during the day and the Crisis Stabilization Unit after hours.
- Recovery oriented treatment, rehabilitation and community support services to seriously emotionally disturbed children and seriously mentally ill adults through the County and contract providers under the MHP.
- Crisis intervention, crisis stabilization and inpatient services when the level of need is acute. The County is responsible for funding psychiatric inpatient hospitalization for any Solano County Medi-Cal beneficiaries or uninsured residents who are admitted anywhere in the State.
- Services that promote recovery and safeguard the physical, emotional, mental and social well-being of Solano residents who live in long-term care facilities, board and care homes, or other types of community housing with supportive case management to optimize each individual's level of independence.
- Care provided in the State Hospital. Often, individuals enter the State Hospital through a forensic felony pathway, determined not guilty by reason of insanity or incompetent to stand trial. While sometimes their admission is covered by the California Department of Community Corrections, after a time period equivalent to incarceration, the responsibility generally transfers to the MHP.
- Services to youth and families involved with the Child Welfare system under the Katie A. (See glossary for definition) mandate and, more recently, AB 403 – Continuum of Care (CCR) (See glossary for definition) which expanded this service beyond the class action lawsuit to include other youth who qualify for a more intensive level of outpatient care.
- Full Service Partnership (FSP) which provides intensive community-based services to adults, older adults, homeless adults, transition age youth, and children and families.
- Three County operated outpatient clinics for adults and youth.
- Contracted outpatient services that are both community and clinic based including children's services such as the 0-5 programs, counseling for youth at school sites, and therapeutic behavioral services (TBS) which is an intensive behavior-focused program for youth and families.
- Collaborative services provided by co-locating behavioral health staff at Court, Probation, County jail facilities, and Child Welfare Services locations.
- Administrative functions including quality assurance; utilization management; beneficiary related issue resolution; authorization and denial of services; maintenance of financial records, policies and procedures, and electronic health records; and assurance of cultural competency in the provision of services.
- Mental Health Services Act – Proposition 63 (MHSA) (See glossary for definition) funded programs which may include prevention and early intervention, community services and supports, information technology, and capital housing projects. The County, through the Mental Health Division, completes a Three-Year Plan that is County organized but community driven and an annual report of services provided, which is provided to the Board of Supervisors and posted online.

Substance Abuse Services provide prevention, intervention, treatment, and recovery services for alcoholism and other drug addictions for youth and adults which includes probationers and parolees through:

- Assessment of a client’s alcohol and drug abuse treatment needs and authorization of appropriate services for delivery by contracted providers. Services include residential treatment for adults with preferential placement given to pregnant and postpartum women and IV drug users.
- Case management and outpatient counseling through individual, group, and family sessions for adults and adolescents.
- Behavioral Health services for California Work Opportunity and Responsibility to Kids (CalWORKs) (See glossary for definition) participants.
- Administration of drug diversion services through Penal Code 1000, Substance Abuse and Crime Prevention Act of 2000 (SACPA, Proposition 36), and Adult and Dependency Drug Courts.
- Oversight of services for Driving Under the Influence (DUI) programs.
- Federally mandated Primary Prevention Services, in coordination with Public Health, to delay the onset of youthful Alcohol and Other Drug use.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

Solano County Mental Health

With financial challenges predicted, it is more important than ever that services are timely and high quality. Continued emphasis on both short-term and long-term outcomes will be critical in programmatic oversight and future planning.

- Through the implementation of an “open access” model in Vallejo and Fairfield, the wait time for adults to access services was reduced to an average of 4 days. This model allows for a client to come to the clinic at any time of their choosing after requesting services to receive an assessment. This provides a solution to a typically high no-show rate for initial assessment appointments. Through careful scheduling of coverage, the clinics have been able to meet the demands that occur unpredictably. Over the next year the Division will be exploring a model which will allow for urgent drop-in for psychiatry (medication services) so that urgent needs are met.
- The lack of housing (locally and regionally), especially affordable housing, poses a challenge for care providers and complicates planned discharge from long-term care facilities when adults are ready to live in the community with intensive supports. Over the coming year, the Division intends to explore implementation of supportive employment in addition to broadening supportive housing programming in order to strengthen the community oriented continuum of care. The Caminar HOME program (homeless and mentally ill outreach and engagement program) was converted to an FSP (Full Service Partnership – case management) in recognition of the intensive services warranted by this population.
- The Division has had recent success in recruiting psychiatric providers, utilizing a combination of psychiatrists, nurse practitioners (NP), and physician assistants (PA). Newly graduated NP and PA staff appear to be a potentially stable workforce moving forward, providing the potential to reduce locum tenens providers over time.
- All three adult and child clinics are equipped for telepsychiatry, though the children’s psychiatry staffing is currently stable with County contractors and employees who provide services in person. Telepsychiatry is a strategy that has enabled the division to secure, when necessary, high-quality locum providers who live elsewhere but are licensed in California and provide services over video conferencing.
- The Division provided training and certification to hospital emergency department staff to enable them to evaluate for involuntary admission for inpatient care under the authority of Welfare & Institutions Code 5150. This has enabled emergency departments to manage patient flow in their hospitals, in particular to release 5150 holds written by law enforcement. In prior years, County staff responded to the hospitals to place and release holds. This was inefficient and impacted timely response across three local hospitals.

Substance Abuse

- The County succeeded in obtaining a Bureau of State and Community Corrections Proposition 47 (See glossary for definition) grant of \$6 million for the next three years to increase in County residential and detox beds and to add step-down

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housing and case management to the continuum of care. Proposition 47 funded services also include access to legal services which may include court representation, and incorporation of the faith-based community as a resource for former offenders.

### **WORKLOAD INDICATORS**

The following workload indicators cover calendar year 2017:

- Solano County Behavioral Health provided mental health services to approximately 5,973 seriously mentally ill adults and seriously emotionally disturbed children for a total of 168,184 services. The services were provided through County Programs, Contract Programs and the Managed Care Provider Network. Although the number of individuals served was slightly less than the prior year, the total services provided were higher. There were 7,747 new admissions (assessments) to the mental health system and fewer individuals, 7,057, were discharged.
- The adult outpatient clinics provided 20,595 services to 2,995 individuals. Of those served, 1,075 were newly admitted. In addition, 730 adults were enrolled in a County or contract provider case management program or full-service partnership (FSP). The Division continues to focus on increasing the percentage of adult clients who receive services in addition to psychiatry.
- The County and Contractor provider programs served 1,583 youth, providing 69,717 services, many served in both contractor and County programs as youth often receive case management and therapy services from a contractor and their psychiatric medication services, if needed, from a County provider. The demand for children's services has stabilized during the last two years but is anticipated to increase due to CCR requirements.
- The number of individuals hospitalized has substantially decreased from three years ago with an average of 70-75 individuals in a locked residential facility at any time. For 2017, the number of admissions was 600 as compared to 620 in 2016 and 611 in 2015. The readmission rate for 2017 is 10% within 30 days. However, due to the challenges in finding appropriate community-based housing, the average length of stay in these facilities has slowly increased.
- Contracted outpatient Substance Abuse programs are serving an average of 133 clients per month, almost 600 clients annually, a 19% decrease from the 164 clients per month in the prior year.
- Residential programs are averaging 87 clients per month, a decrease from 96 clients per month in the prior year. This includes the 333 adults who received detox services for an average of 7 days. Substance abuse clients are waiting an average of 50 days for a residential (non-detox treatment facility) placement due to a shortage of available beds locally and regionally, 11 days longer than the prior year.

### **DIVISION BUDGET SUMMARY**

The Recommended Budget represents an increase of \$6,635,203 or 7.8% in revenues and an increase of \$5,435,203 or 6.3% in appropriations when compared to the FY2017/18 Adopted Budget. The County General Fund Contribution remains unchanged at \$6,453,674.

#### Primary Funding Sources

Federal revenues are a primary funding source for Behavioral Health Services. Federal revenue provides 50% reimbursement for adult mental health and Drug Medi-Cal services provided to traditional Medi-Cal recipients. Children's mental health services are also primarily reimbursed at 50%. For those Medi-Cal recipients who became eligible under the Affordable Care Act (ACA) (See glossary for definition), the federal reimbursement is 94% and will decrease to 93% in calendar year 2019. In addition to Federal Drug Medi-Cal revenues, Substance Abuse residential and outpatient treatment services are funded with a Federal Substance Abuse Prevention and Treatment (SAPT) block grant. SAPT provides funding for services that are not Medi-Cal billable.

Billing for Medi-Cal services is on a cost per unit basis. Counties receive an interim reimbursement rate that is based on the most recently filed cost report with an inflation factor added. As final cost settlements typically happen five years after the close of a fiscal year, any changes to the process during the time period between the cost report filing and the final reconciliation can impact final adjustments in the cost report. These adjustments may change the final cost per unit in the current fiscal year. If the final cost per unit is lower than what the County has been paid, then the County will owe the State the overpayment. Typically,

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the State will withhold any amounts owed from the County's interim reimbursement in the current fiscal year. Predicting when withholding may happen and for which fiscal year is difficult as the State is often delayed in their cost settlement process.

The Mental Health Services Act (MHSA) funding is the primary State funding source for mental health services. MHSA provides the non-federal match for MHSA programs that include Medi-Cal billable services.

1991 and 2011 Realignment (See glossary for definitions) are the other significant funding sources for Behavioral Health. In 2011, State General Funds for children's mental health services, substance abuse treatment services, drug court activities, and substance abuse Drug Medi-Cal (DMC) were realigned to the County. Proposition 30 (See glossary for definition) constitutionally protected this funding in 2012. The Department receives annually an established percentage of the State's determined base amount for 2011 Realignment. Any growth above the State's base amount is distributed among counties and the expectation is that the growth will be used to establish a new base for the next fiscal year. The State has not determined a permanent methodology for distributing growth and establishing subsequent years' base amount. Distribution of FY2016/17 growth has not occurred and the State continues to discuss how growth will be distributed among counties.

Counties receive a guaranteed amount of 1991 Realignment for Mental Health. In FY2016/17, any additional 1991 Realignment vehicle license fee (VLF) funding ("growth") above the established base amount was redirected from Mental Health to Social Services to support In-Home Supportive Services (IHSS) costs. All VLF growth was redirected for three years (FY2016/17 – FY2018/19) and 50% of the growth for two years (FY2019/20 and FY2020/21). Additionally, as 1991 Realignment sales tax growth is directed to Social Services caseload growth prior to any distribution to the other growth subaccounts, all Mental Health sales tax growth will also be redirected to fund the increase in IHSS for an unknown time until Social Services caseload growth is fully funded.

2011 and 1991 Realignment are principal funding sources for core services and the primary non-federal match for Medi-Cal along with MHSA. Realignment funding, however, is subject to fluctuations because it is primarily sales tax based and concerns remain that the growth in sales tax revenues will not keep pace with the cost of realigned programs responsibilities.

Mental Health also receives County General Fund to support program operations, primarily for the Integrated Care Clinics (ICCs), indigent inpatient stays, Institutes for Mental Disease (IMDs), and Augmented Board and Care (ABC) costs. In addition to County General Fund, the Recommended Budget includes Public Health Intergovernmental revenues to support the ICCs and Public Health Realignment to support the Whole Person Care (WPC) grant.

The FY2018/19 Recommended Budget projects a \$6,635,203 or 7.8% net increase in revenues primarily due to the following:

- Decrease in Federal Short Doyle Medi-Cal revenues primarily due to a lower projected reimbursement rate for County services due to State delays in the submission of the FY2016/17 cost report, anticipated staff vacancies and productivity outcomes, and reductions in children's services due to current reduced service needs.
- Decrease in Federal Short Doyle Administration due to an adjustment in projecting for these revenues. Counties can claim reimbursement for administrative costs quarterly. Amounts claimed rely on timing of expenditures. The Recommended Budget accounts for the fluctuations in expenditures as well as staff vacancies.
- Decrease in Federal SAPT block grant funds due to prior year unspent rollover funding for discretionary programs not anticipated in FY2018/19.
- Decrease in Federal Other funding primarily due to an adjustment in budgeting for prior year revenues for the Substance Abuse Mental Health Services Administration (SAMHSA) block grant. Previously all revenues were budgeted in Federal Other whereas in the Recommended Budget the prior year revenue is budgeted in the prior year federal revenue sub object.
- Increase in MHSA funding primarily due to the expansion of existing MHSA programs, decreases in Medi-Cal billings and/or increases in program expenditures, and eliminating the use of 2011 Realignment for MHSA programs.
- Increase in 2011 Realignment primarily due a change in the distribution methodology for 1991 and 2011 Realignment that maximizes the use of available revenues. The change in the distribution methodology also resulted in a decrease in 1991 Realignment and shifted 2011 Realignment from MHSA programs to core programs. 2011 Realignment is being used to support the ICCs and the children's Comprehensive Assessment and Research Evaluation (CARE) project due to a funding reduction in Public Health IGT.

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- Decrease in State - 2011 Realignment revenues (AB 109) due to a reduction in contracted behavioral health services.
- Increase in Grant revenues primarily due to receipt of new competitive grant funds from State Proposition 47 Substance Abuse grant project which is intended to increase residential drug treatment capacity.
- Decrease in Charges for Services primarily due to a reduction by First 5 Commission in funding which contributes to the nonfederal match for children's mental health services. The decrease was partially offset with an increase of in Medicare revenue collections.

Primary Costs

Primary costs for Behavioral Health are: \$28,189,542 for Salaries and Employee Benefits; \$5,349,789 for Services and Supplies; \$55,144,345 for Other Charges; \$319,792 for Other Financing Uses; and \$2,335,934 for Intrafund Transfers.

The recommended appropriations for Behavioral Health include \$83,720,711 for Mental Health (BU 7700), \$21,349 Intergovernmental Transfers Projects (BU 7598) and \$7,597,342 for Substance Abuse (BU 7560).

The FY2018/19 Recommended Budget projects a \$5,435,203 or 6.3% net increase in appropriations primarily due to the following:

- Increase of \$1,354,544 in Salary and Benefits primarily due to negotiated increases, retirement and health insurance costs, worker's compensation, and increases in salaries for the addition of 3.2 FTE in the FY2018/19 Recommended Budget. These line item increases in costs were partially offset with a decrease in Call Back/OT, budgeted increase in Salary Savings and a reduction in extra help due to fewer contract psychiatrists being utilized.
- Increase of \$310,709 in Services and Supplies primarily due to increases in consultant services for MHSA programs, refresh computers, and County information technology services.
- Net increase of \$3,076,138 in Other Charges primarily due to proposed new Proposition 47 Grant contracts, augmented board and care costs, contracted services for locum tenens (contract psychiatrist services), WPC contractor costs, MHSA contracted program services for mobile crisis and prevention and early intervention, and the County's match for WPC. The increases are partially offset with a decrease in children's outpatient services due to a reduction in the current demand for children's services, Institute for Mental Disease (IMD) Offset State Hospital primarily due to an estimated reduction in the use of State hospital beds.
- Decrease of \$547,356 in Other Financing Uses due to reduced Pension Obligation Bond (POB) notes.
- Net increase of \$1,241,168 in Intrafund Transfers reflecting a funding reduction from Public Health Intergovernmental Revenue to support the CARES project and Integrated Care Clinics (ICC), a reduction in CalWORKs, Successful Mental Health and Addiction and Recovery Team (SMART) program funds, and a funding reduction in WPC grant funds for Family Health due to changes in the grant program structure. These reductions in funding are partially offset with an increase in Public Health Realignment to support WPC program expenditures that exceed the grant award, and increases in the Departmental Administrative Overhead charged to Behavioral Health.

Contracts

The recommended appropriations for Behavioral Health include \$48,792,566 or 53.4% in contracted services for the provision of an array of substance abuse and mental health services, with over half for the provision on inpatient facilities and crisis residential treatment. H&SS will return to the Board after the FY2018/19 Budget Hearings with a master list of contracts for the Board's consideration.

Fixed Assets

None.

**DEPARTMENT COMMENTS**

None.



**Summary of Division Budget**

**7780 – Fund 902-Behavioral Health  
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<b>DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY</b>	<b>2016/17 ACTUAL</b>	<b>2017/18 ADOPTED BUDGET</b>	<b>2018/19 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
FINES, FORFEITURES, & PENALTY	43,759	43,863	47,475	3,612	8.2%
REVENUE FROM USE OF MONEY/PROP	166,561	4,000	0	(4,000)	(100.0%)
INTERGOVERNMENTAL REV STATE	24,253,285	30,783,403	34,302,245	3,518,842	11.4%
INTERGOVERNMENTAL REV FEDERAL	24,247,560	25,919,835	25,180,059	(739,776)	(2.9%)
CHARGES FOR SERVICES	921,017	827,447	700,205	(127,242)	(15.4%)
MISC REVENUE	343,365	0	0	0	0.0%
OTHER FINANCING SOURCES	18,791,273	20,671,977	24,655,744	3,983,767	19.3%
GENERAL FUND CONTRIBUTION	6,453,674	6,453,674	6,453,674	0	0.0%
<b>TOTAL REVENUES</b>	<b>75,220,494</b>	<b>84,704,199</b>	<b>91,339,402</b>	<b>6,635,203</b>	<b>7.8%</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	23,768,974	26,834,998	28,189,542	1,354,544	5.0%
SERVICES AND SUPPLIES	4,026,070	5,039,080	5,349,789	310,709	6.2%
OTHER CHARGES	46,620,196	52,068,207	55,144,345	3,076,138	5.9%
OTHER FINANCING USES	862,729	867,148	319,792	(547,356)	(63.1%)
INTRA-FUND TRANSFERS	2,330,399	1,094,766	2,335,934	1,241,168	113.4%
<b>TOTAL APPROPRIATIONS</b>	<b>77,608,367</b>	<b>85,904,199</b>	<b>91,339,402</b>	<b>5,435,203</b>	<b>6.3%</b>
<b>NET CHANGE</b>	<b>2,387,873</b>	<b>1,200,000</b>	<b>0</b>	<b>(1,200,000)</b>	<b>(100.0%)</b>
<b>STAFFING</b>					
BEHAVIORIAL HEALTH	203.20	205.70	206	0.30	0.1%
<b>TOTAL STAFFING</b>	<b>203.20</b>	<b>205.70</b>	<b>206</b>	<b>0.30</b>	<b>0.1%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

None.

**SUMMARY OF POSITION CHANGES**

Changes in the Division’s position allocations since the adoption of the FY2017/18 Budget are provided below:

On December 6, 2017, the following positions were deleted due in part to funding and in part to difficulty to fill:

- Deleted 1.0 FTE Mental Health Clinician (Licensed).
- Deleted 0.5 FTE Limited-Term Mental Health Clinical Supervisor.
- Deleted 1.0 FTE Mental Health Nurse.
- Delete 0.4 FTE Psychiatrist (Board Certified).

The FY2018/19 Recommended Budget includes the following position changes:

- Add 3.0 FTE Peer Mentor – (TBD) to provide peer support services funded with MHSA Community Services and Supports monies. (new classification required).
- Add 0.2 FTE to an existing .8 FTE Medical Assistant in the Integrated Care Clinics.
- Delete 1.0 FTE Mental Health Nurse in Adult Specialty Services.
- Add 1.0 FTE Mental Health Clinician (Licensed) in Adult Specialty Services.
- Extend 1.0 FTE Limited-Term Project Manager through June 30, 2019 in Clinical Administration.
- Extend 1.0 FTE Limited-Term Mental Health Clinical Supervisor through June 30, 2019 in Substance Abuse Services.
- Extend 0.5 FTE Limited-Term Office Assistant II through June 30, 2019 in Adolescent and Children’s Services.

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- Extend 1.0 FTE Limited-Term Mental Health Clinician (Licensed) through June 30, 2019 in Mental Health Compliance, Quality and Outcomes.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

A number of issues exist statewide that continue to impact Behavioral Health Services delivery and financing. Access to long-term care facilities and housing for severely mentally ill adults continues to be a challenge in Solano County and across the State. Continued implementation of new County mandates in services to children is expected to increase service demand, particularly for youth with more severe needs. Providing these new mandated services with no dedicated or additional funding, coupled with the demands on the existing system, remains a concern. Revenues and expenditures will be carefully monitored and service levels may need to be adjusted based on available funding streams. It remains particularly important for Behavioral Health services to provide care collaboratively with other healthcare providers and County Departments, including Sheriff, Probation, and the Superior Court.

Implementation of a mobile crisis program is an ongoing need expressed by the community, consumers, and providers alike. As the Division looks to decrease costs, it is important to prioritize care that is more preventive and assertive earlier in the course of illness or an episode of care. Immediate response crisis services, in the home of the adult or child, is a cost-effective service that is shown to improve outcomes and decrease reliance upon crisis units, hospital Emergency Departments, and inpatient psychiatric hospitals. Other prevention-focused and community-driven interventions will need to set the foundation of service delivery.

AB 1297, passed in September 2011, eliminated the maximum cap on Medi-Cal reimbursement retroactive to January 1, 2009. In December 2017, the State issued claiming instructions for counties to claim uncompensated reimbursement for FY2008/09 and FY2009/10. The Department has submitted a claim for \$2,145,499. The timing of the receipt of the monies is unknown so the funding is not included in the Recommended Budget for FY2018/19.

Continuum of Care Reform Act (CCR)-State Mandate

CCR was initiated in FY2017/18 and added intensive services to all youth who would benefit from a particular intensive service array, a service type that was previously provided to Child Welfare Services (CWS) youth. The Division is working closely with CWS in monitoring the transfer of youth into the County; if numbers transferring in increase, the Division may need to adjust service delivery and available contracted services based upon those trends. It is highly likely that due to more affordable housing as compared to neighboring counties and more foster care placements within Solano County, that more youth will be transferred into Solano than will transfer to other counties for placement, with a net increase in youth with high service needs.

The State's efforts to reduce group home care and transition group homes to a "Short-Term Residential Treatment Program" (STRTP) model will require extensive coordination between children's mental health and CWS. This is a new service intended to provide intensive mental health care to youth who would formerly have been in group homes in order to stabilize their mental health so that they can be successful in a foster family placement. This is a new Medi-Cal service and an additional responsibility assigned to County Mental Health. As previous group homes become licensed by the State as STRTP's, Solano County Mental Health is required to contract with those facilities that are providing treatment to Solano County youth and to youth who are transferred to Solano County's jurisdiction for their mental health care. To date, there are no licensed STRTP's in Solano County, but that is likely to change during this fiscal year as existing group homes are working on converting their programs to STRTP. CWS will pay room and board for youth placed in approved STRTP's and the STRTP's will bill Mental Health for the treatment component for all youth placed regardless of county of origin.

Included in CCR is the State and federal approval requirement to allow for foster parents to bill Medi-Cal for services they deliver to their foster youth, referred to as Treatment Foster Care (TFC). As Foster Family Agencies (FFA) prepare their foster parents to deliver TFC, Mental Health is required to contract with FFA's and fund this additional mandate. This will increase the demands upon Behavioral Health to oversee Foster Family Agency contracts and their oversight of the service delivery and documentation of foster parents to mitigate audit risk and assure compliance with regulations. While the State has not yet offered guidance, Mental Health is anticipating this additional service to begin over the fiscal year. The financial demand may not be as significant as originally anticipated when the legislation passed because the requirements for both the foster families and foster family agencies may be so demanding that it discourages seeking this service.

The County's access to substance abuse treatment residential beds is impacted by surrounding counties paying higher rates by as much as double the daily bed rate when compared to Solano because many Bay Area counties have implemented the Drug Medi-Cal waiver, Organized Delivery System (ODS) which generates federal funding for residential services. The Division recently increased its daily bed rate significantly in order to be able access residential services.

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## **DIVISION PURPOSE**

The mission of the Department of Health and Social Services - Health Services Division is to optimize the health of the community through individual and population-based services which promote health and safety through prevention and treatment of disease and injury.

## **FUNCTION AND RESPONSIBILITIES**

### Family Health Services

Family Health Services (FHS) operates brick and mortar, Federally Qualified Health Center (FQHC) (See glossary for definition) medical and dental clinics in Fairfield, Vacaville and Vallejo, as well as satellite and mobile clinics that provide medical and dental services, and limited mental health services, in Rio Vista, Dixon, and outlying areas throughout the County. The majority of patients served by FHS are Medi-Cal recipients; however, there are a number of uninsured, underinsured and homeless patients served by the clinics as mandated by Welfare and Institutions Code section 17000.

The key functional areas in Family Health Services include primary care, dental care, and behavioral health care.

### Medical Services

Medical Services is comprised of the Local Emergency Medical Services (EMS) Agency and the Emergency Preparedness and Response Program and is responsible for designation and oversight of specialty care medical centers, including Trauma Centers, ST Elevation Myocardial Infarction (STEMI) Centers (hospitals that receive heart attack cases), Emergency Departments approved for Pediatrics, and Hospital/EMS Communication Base Stations. The Bureau also provides oversight of emergency medical licensed and accredited personnel, such as Mobile Intensive Care Nurses, Paramedics, and Emergency Medical Technicians, and coordinates and conducts the annual Statewide Medical and Health Exercise designed to test the County's medical partners' ability to effectively respond to, and recover from, catastrophic events and/or disasters. Medical Services also partners with the Occupational Health Program which ensures safeguards are rendered to Solano County's employees meeting the requirement of California Labor Code section 6401 through health screenings, tests, and administration of immunizations for County employees.

The key functional area in Medical Services includes emergency medical services.

### Public Health

Public Health (PH) is responsible for monitoring, understanding, and helping to address health concerns facing the community. Public Health performs surveillance for communicable diseases, chronic diseases and injuries, and risk factors for health conditions, and it responds to emerging disease threats and outbreaks. It provides services to vulnerable populations and focuses on prevention of disease, disability and harmful health outcomes. Public Health communicates with the healthcare community and community partners to inform and coordinate on issues of importance, and with the public to provide residents with sufficient information to make healthy choices. Public Health is in the forefront of fostering and participating in community coalitions and professional networks, as well as in developing public health policies, and it is responsible for enforcing public health laws and regulations. Public Health also assists with emergency planning and response activities.

Key functional areas in Public Health include: communicable disease control; surveillance and epidemiology; health promotion and community wellness; public health laboratory; maternal, child and adolescent health; nutrition services; and vital statistics. In 2015, the Older and Disabled Adult Services Bureau integrated with Public Health along with services provided through In-Home Supportive Services, Adult Protective Services, Public Administrator/Public Guardian/Conservator, and the Public Authority.

## **SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

### Family Health Services

- On August 8, 2017, the Yocha Dehe Wintun Nation adopted a resolution allocating \$1,000,000 to fund several programs, one of which was proposed by FHS entitled 'A Prescription for Healthy Eating'. The program will bring healthy and nutritious food to the low-income, food insecure patients of Solano County's Family Health Services clinics, utilizing a commercial refrigerated vehicle that will work in concert with the existing mobile medical and dental clinics.

- FHS leadership has worked closely with its U.S. Health Resources and Services Administration (HRSA) Project Officer to assemble and resubmit a change in scope request to designate FHS clinics as 330e grant recipients. (330e - allowing for funds to be expended on all FHS patients). The submission was approved January 30, 2018, and allows for transitioning from the current Healthcare for the Homeless designation (330h - allowing for cooperative agreement funds to be expended only on patients qualifying as homeless) to a Community Health Center designation.

Medical Services

- On October 8, 2017, the EMS Agency was notified of the Atlas Fires affecting Napa, Solano, and Sonoma Counties. Local ambulance resources were mobilized to assist with transporting inpatients from various facilities to designated evacuation sites. On October 9, 2017, the EMS Agency was notified by the Sheriff's Department that the County's Emergency Operations Center (EOC) was being activated, and the decision was made to activate the Medical/Health Branch of the Operations Section. During the week of activation many requests for mutual aid were fulfilled with Solano County resources coordinated by the Medical and Health Operational Area Coordinator. EMS related activity continued for several weeks after the EOC was deactivated. Repatriation efforts associated with transporting Department of Developmental Services' patients from the Dixon Fairgrounds, Alternate Care Site back to the Sonoma Developmental Center occurred primarily on October 22, 2017. Medic Ambulance, Solano County's Exclusive Operating Area provider of Advanced Life Support ambulance services, provided all necessary ambulance services without requesting or utilizing mutual aid assets made available by the Federal Emergency Management Agency (FEMA).
- In November 2017, Emergency Medical Services facilitated a functional exercise focusing on public information and media relations. Representatives of the County's medical and health community were invited to hear from subject matter experts representing both the local print and television media markets. Tips were provided on how to effectively communicate with the media and conduct mock interviews.

Public Health

- In 2017, Solano Public Health completed the Community Health Improvement Plan and started the Public Health Strategic Plan. These reports are prerequisites required to apply for Public Health Accreditation through the Public Health Advisory Board (PHAB).
- At the end of 2016, the Solano County Advancing Racial Equity Team graduated from the Government Alliance on Race & Equity (GARE). Starting in January 2017, the Solano Team began facilitating a half-day training, *Advancing Racial Equity in Government: an introduction to institutional & structural racism*. The Solano Team has facilitated 16 Advancing Racial Equity trainings, to over 300 County employees and nearly 50 employees of community-based organizations, including staff of Solano County Health & Social Services, First 5 Solano grantees, Solano County Resource Management, the County Sheriff's Office, and others.
- In 2017, the Public Health Laboratory continued implementing its new Laboratory Information Management System for the maintenance and reporting of laboratory testing results. This modern system provides rapid web access for public health agencies and providers to view lab results 24/7 and is designed to meet the new State and national standards for electronic reporting of communicable diseases.
- Maternal, Child and Adolescent Health collaborated with partner agencies to attain and maintain high rates of entry into early prenatal care (first trimester care). In Solano County, the rates increased from 74.4% in 2004, to 78.7% in 2015, to 80.3% in 2016, and to 81.4% in 2017, exceeding the Healthy People 2020 goal of 77.9%. The overall rate of early prenatal care improved, in large part, because pregnant women with Medi-Cal had early prenatal care rates that significantly improved, increasing from below 50% in 2006 to an all-time high of 71.2% in 2016, over 20 points in ten years.
- The rate of exclusive breastfeeding among participants in the Women, Infants and Children (WIC) Program in 2017 was 26%, compared to 22.6% in 2016, and 22% in 2015. Prior to the Breastfeeding Peer Counseling program starting in 2010, the exclusive breastfeeding rate was 15.9%.
- In 2017, the Nutrition Education and Obesity Prevention Program of the Nutrition Services Bureau provided funding to assist in development of 15 school gardens in the Vallejo City Unified School District and two school gardens in the Fairfield Suisun Unified School District. Funds were provided for gardening supplies and staff salaries to teach gardening concepts as part of nutrition education efforts that reinforce the beneficial nutrition aspects of gardening.

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- In 2017, the Health Promotion & Community Wellness Bureau worked with the City of Suisun City and the Greater Vallejo Recreation District to enhance their parks through a new Healthy Parks Policy, which has led to more than 40 new water stations in their parks, provided by Solano County through the Centers for Disease Control and Prevention (CDC) Partnerships to Improve Community Health grant, as well as to both cities making their parks smoke-free 24 hours per day, seven days a week (including e-cigarettes and vaping). Further work with the City of Fairfield has led to a city ordinance restricting all outdoor smoking in the downtown Fairfield area.

### **WORKLOAD INDICATORS**

#### Family Health Services

- In 2017, FHS provided primary care and dental health services to 25,223 clients, a 3.1% increase over the previous year.
- The number of patients assigned by Partnership HealthPlan of California to FHS for primary care reached 28,943 in 2017.
- The FHS Services' call center received 117,666 calls in 2017, a 2.8% increase over the prior year, and experienced an 8% call abandonment rate, a slight increase from the prior year.

#### Medical Services

- In 2017, there were 348 Emergency Medical Technicians who certified, recertified, and/or registered in Solano County. Of the 348 individuals processed, 75 were initial certifications, 201 were recertifications, and 72 were registrations.
- A total of 141 Paramedics were newly accredited or recertified in Solano County for 2017.

#### Public Health

- In FY2016/17, the Public Health Laboratory performed or referred 21,264 tests for infectious diseases and water quality monitoring, including: over 4,100 tests for active and latent tuberculosis (TB); 2,978 tests for childhood blood lead levels; 1,198 tests for sexually-transmitted diseases; 411 tests for animal rabies; 1,286 tests for Zika virus; and 4,913 water quality tests on drinking water, wells, recreational water, and wastewater systems for providers, agencies and the public.
- In FY2016/17, nearly 1,400 home visits were made by public health nurses and home visiting staff in the District Public Health Nursing Program, with families receiving prenatal and postpartum nursing assessments, breastfeeding support, and referral and linkage to more than 2,100 needed community services. In addition, 1,094 home visits were made by staff in the Healthy Families America Program.
- In FY2016/17, California Children's Services, which serves medically fragile children, opened 382 new cases for an average monthly total caseload of 1,134. In addition, 3,279 Service Authorization Requests were authorized, and 91% of new referrals were entered into the Children's Medical Services Web System within 5 days.
- In 2017, the WIC Program served a monthly average of 8,747 clients (pregnant women, postpartum women and children less than 5 years of age). This is compared to 8,900 per month in 2016; 9,943 per month in 2015; 10,432 per month in 2014; and 10,896 per month in 2013.
- In FY2016/17, the Health Promotion and Community Wellness Bureau, with our community partners NorthBay Hospital, Salvation Army (KROC Center) and Area Agency on Aging, held 11 Stepping On classes, and 8 Tai Chi: Moving for Better Balance classes to prevent and reduce senior falls.
- In FY2016/17, the Sexually-Transmitted Diseases branch of the Communicable Disease Program received 2,308 Chlamydia, 682 Gonorrhea, and 111 new Syphilis case reports. The program provides education and follow-up for all untreated youth, untreated prenatal women and all Syphilis cases.
- The Vital Statistics Unit provided 22,958 death permits, death certificates, and birth certificates in 2017.

### **DIVISION BUDGET SUMMARY**

The Recommended Budget represents a decrease of \$17,206,645 or 20.5% in revenues and a decrease of \$20,314,877 or 23.1% in appropriations when compared to the FY2017/18 Adopted Budget. The Recommended Budget includes \$826,601 in appropriations that will be funded with prior year Public Health-Intergovernmental Transfer (IGT) (See glossary for definition) restricted funds. The Net County Contribution increased by \$809,548.

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Primary Funding Sources

The primary funding source for FHS is Federally Qualified Health Center (FQHC) funds. Primary care and dental clinics are designated as FQHC sites through the Healthcare for the Homeless grant administered by the Health Resources and Services Administration (HRSA). FQHCs are non-profit or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. The FQHC designation allows clinics to bill a bundled rate per visit (PPS – prospective payment system) instead of a fee-for-service rate.

FQHC reimbursement is based on a site-specific encounter rate with an interim encounter rate established during a designated rate setting year. The Department of Health Care Services (DHCS) conducts an audit of the interim rate at a much later date in order to set a permanent rate. H&SS has already received permanent rates for 355 and 365 Tuolumne in Vallejo, 2101 and 2201 Courage in Fairfield, and for the dental van. An interim rate was established for the Vacaville Clinic in FY2013/14 and for the Primary Care Van in FY2016/17. Other important funding sources for FHS include the Healthcare for the Homeless Grant and the Ryan White (HIV/AIDS) Grant.

Funding sources for PH include various federal grants; fee-for-service; revenue contracts with colleges, other counties and private companies; IGT; and federal and State allocations. Programs utilizing federal grants include Nurse-Family Partnership, Health Education and Women, Infants, and Children (WIC). Programs utilizing fee-for-service and revenue contracts include the Public Health Laboratory, Vital Statistics, Health Promotion and Community Wellness, and Student Health Services. Programs utilizing federal and State allocations include Tuberculosis Control, Communicable Disease, AIDS Surveillance, AIDS Community Education, Health Promotion and Community Wellness, Public Health Nursing, Childhood Lead Poisoning Prevention, Immunization, California Children’s Services, Child Health and Disability Prevention, Nutrition Services, and Maternal, Child and Adolescent Health.

The funding sources for Medical Services are 1991 Realignment and County General Fund.

The FY2018/19 Recommended Budget for Health Services includes a \$17,206,645 or 20.5% net decrease in revenues compared to the FY2017/18 Adopted Budget. The County Contribution of \$2,259,897 has increased by \$809,548 or 55.8%. The net decrease in revenue is due to the following:

- Decrease of \$93,631 in Interest Income due to these funds being recorded as part 1991 PH Realignment revenues.
- Decrease of \$932,383 in 1991 PH Realignment due to a decrease in costs that are funded by 1991 PH Realignment such as Pension Obligation Bonds and extra help personnel.
- Decrease of \$1,717,969 in Federal Aid primarily due to the expiration of the Opt Out and Lifetime of Wellness grants in FY2018/19, the expiration of the Partnership in Community Health (PICH) grant in FY2017/18, and decreases in the HRSA grant and California Home Visiting grants.
- Decrease of \$283,134 in Targeted Case Management (TCM) revenues and reimbursement from the Solano Emergency Medical Services Cooperative (SEMSC) due to staff vacancies and reassignments.
- Decrease of \$12,275,358 in IGT revenue as that revenue was associated with prior year participation in the IGT Program.
- A net increase of \$195,669 in State funding due to an increase in Proposition 56 funding for Oral Health and a decrease in California Children’s Services (CCS) funding.
- Increase of \$117,992 in Other Professional Services due to an increase in Public Health Laboratory reimbursement for testing services provided to hospital clients.
- Decrease of \$3,601,265 in FQHC revenues due to a Medi-Cal payback to DHCS in FY2018/19 as a result of continuing vacancies and provider productivity in the FHS clinics, and a reduction in the appropriations for the Touro contract and termination of the Locum Tenens contract.
- Increase of \$570,337 in Other Revenue primarily due to an increase in the Quality Improvement Plan (QIP) payments from Partnership HealthPlan (PHP) and the award of a \$50,000 grant from Kaiser for Health Education.

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- Increase of \$809,548 in County General Fund due to the payment of the CMSP participation fee. This fee was waived in FY2017/18.

#### Primary Costs

Primary costs for Health Services are \$37,949,869 for Salaries and Employee Benefits, \$10,502,421 for Services and Supplies, \$13,354,039 for Other Charges which include \$2,387,398 in contracted direct services; \$175,460 in Fixed Assets; \$437,091 for Other Financing Uses, and \$5,103,628 for Intrafund Transfers.

The primary programs in Health Services are Public Health (BU 7800) with appropriations of \$30,484,282; Medical Services (BU 7588) with appropriations of \$7,948,163 and Family Health Services (BU 7580) with appropriations of \$29,090,063.

The FY2018/19 Recommended Budget for Health Services projects a \$20,314,877 or 23.1% net decrease in appropriations compared to the FY2017/18 Adopted Budget. The net decrease in appropriations is due to the following:

- Net decrease of \$1,082,596 in Salaries and Employee Benefits primarily due to an increase in salary savings from 5% to 15% in FHS and from 5% to 7% in Public Health to more accurately reflect savings due to vacancies and recruitment challenges.
- Net decrease of \$4,918,734 in Services and Supplies primarily due to a decrease in Drugs & Pharmaceuticals, Medical/Dental Supplies, Controlled Assets and Computer Components, and Education & Training in FHS to better align their budget with actual spending trends; a decrease in Contracted Services due to the elimination of scanning, billing and coding, recruitment, and electronic health records contracts in FHS and the elimination of contracts for work completed in the prior year, contracts budgeted as emergency and program placeholders, and contracts with expired funding in Public Health; a decrease in Other Professional Services for recruiter contracting, expired grant programs, and the elimination of emergency contracts previously budgeted; an increase in Department of Information Technology (DoIT) charges; and a \$2.4 million decrease in Special Departmental Expense for the State administrative fee for intergovernmental fund (IGT) that is not budgeted in FY2018/19.
- Net decrease of \$13,265,116 in Other Charges primarily due to a one-time \$12.3 million IGT payment to DHCS in FY2017/18; a decrease in contracted direct services due to reduced appropriations for the Touro contract based on historical usage and the elimination of the Locums contracts, offset by increases for the CMSP participation fee and Countywide Administrative Overhead.
- Increase of \$63,353 in Fixed Assets due primarily to increases in equipment requests for FHS and the Public Health Lab.
- Decrease of \$740,818 in Other Financing Uses primarily due to a decrease in pension obligation bonds (POB) rates.
- Net decrease of \$370,966 in Intrafund Transfers due primarily to an increase in the Division's share of Health & Social Services (H&SS) Administration Overhead, a net decrease in IGT funds transferred to the Behavioral Health for the Integrated Care Clinics and the Child Haven CARE contract, and an increase in IGT funds to Older Disabled Adult Services for the TACOMA project.

#### Contracts

The FY2018/19 Recommended Budget for Health Services includes a total of \$4,092,909 or 6.06% in contracted services for the provision of services to FHS and Public Health. H&SS will return to the Board after the FY2018/19 Budget Hearings with a master list of contracts for the Board's consideration.

#### Fixed Assets

The FY2018/19 Recommended Budget includes the following fixed assets:

- \$135,460 for Public Health Laboratory equipment (iSeq 100 System, Centrifuge, and Sequencing instrument).
- \$30,000 for a Q-matic machine in FHS.
- \$10,000 for equipment enhancements to the smart register in Vital Statistics.



**DEPARTMENT COMMENTS**

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2016/17 ACTUAL	2017/18 ADOPTED BUDGET	2018/19 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
LICENSES, PERMITS & FRANCHISE	19,345	8,500	23,000	14,500	170.6%
FINES, FORFEITURES, & PENALTY	251,317	274,000	266,500	(7,500)	(2.7%)
REVENUE FROM USE OF MONEY/PROP	100,166	93,631	0	(93,631)	(100.0%)
INTERGOVERNMENTAL REV STATE	29,065,858	36,780,456	23,809,749	(12,970,707)	(35.3%)
INTERGOVERNMENTAL REV FEDERAL	11,072,429	12,891,621	11,134,872	(1,756,749)	(13.6%)
INTERGOVERNMENTAL REV OTHER	793,872	976,244	942,563	(33,681)	(3.5%)
CHARGES FOR SERVICES	21,070,679	28,306,611	24,698,784	(3,607,827)	(12.7%)
MISC REVENUE	3,083,025	2,553,206	3,123,543	570,337	22.3%
OTHER FINANCING SOURCES	851,629	567,934	436,999	(130,935)	(23.1%)
GENERAL FUND CONTRIBUTION	2,259,897	1,450,349	2,259,897	809,548	55.8%
<b>TOTAL REVENUES</b>	<b>68,568,217</b>	<b>83,902,552</b>	<b>66,695,907</b>	<b>(17,206,645)</b>	<b>(20.5%)</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	31,644,101	39,032,465	37,949,869	(1,082,596)	(2.8%)
SERVICES AND SUPPLIES	10,103,720	15,421,155	10,502,421	(4,918,734)	(31.9%)
OTHER CHARGES	17,605,685	26,619,155	13,354,039	(13,265,116)	(49.8%)
F/A EQUIPMENT	45,232	112,107	175,460	63,353	56.5%
OTHER FINANCING USES	1,913,549	1,177,909	437,091	(740,818)	(62.9%)
INTRA-FUND TRANSFERS	3,362,278	5,474,594	5,103,628	(370,966)	(6.8%)
<b>TOTAL APPROPRIATIONS</b>	<b>64,674,566</b>	<b>87,837,385</b>	<b>67,522,508</b>	<b>(20,314,877)</b>	<b>(23.1%)</b>
<b>NET CHANGE</b>	<b>(3,893,652)</b>	<b>3,934,833</b>	<b>826,601</b>	<b>(3,108,232)</b>	<b>(79.0%)</b>
<b>STAFFING</b>					
HEALTH SERVICES	313.60	332.40	329.50	(2.90)	-0.9%
<b>TOTAL STAFFING</b>	<b>313.60</b>	<b>332.40</b>	<b>329.50</b>	<b>(2.90)</b>	<b>-0.9%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

- In September 2014, H&SS received grant funding of \$3,693,594 from the Department of Health and Human Services Centers for Disease Control and Prevention for the Partnerships in Community Health Program allowing for increased chronic disease prevention services. This grant program ended in September 2017.
- The County Medical Services Program (CMSP) Participation Fee of \$809,548 that has been waived for the past several years is included in the FY2018/19 Recommended Budget along with corresponding County General Fund.
- The Recommended Budget does not include budgeted revenues or administrative fees associated with next year's IGT (rate year 2017/18 or Round 5) as information on new requirements and contribution amounts have not been finalized.

**SUMMARY OF POSITION CHANGES**

Changes in the position allocations since the adoption of the FY2017/18 Budget are provided below:

On September 26, 2017, the following position was reclassified:

- Reclass 1.0 FTE Social Worker III to a 1.0 FTE Mental Health Clinical Supervisor in the Maternal Child and Adolescent Health program; funded by Title XIX revenues.

On December 6, 2017, the following positions were deleted:

- Deleted 0.2 FTE Dentist in FHS.
- Deleted 0.5 FTE Occupational Therapist in Public Health's California Children's Services program.
- Deleted 0.2 FTE Office Assistant II in Public Health's Vital Statistics program.

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- Deleted 0.5 FTE Project Manager in Public Health's Health Education program.

On December 12, 2017, the following position was deleted:

- Deleted 1.0 FTE Public Health Nurse in Public Health's Maternal, Child and Adolescent Health Bureau.

The Midyear Report, approved by the Board on March 25, 2018, included the following:

- Reclass 1.0 FTE Office Assistant II to a 1.0 FTE Administrative Secretary in Family Health Services.
- Delete 0.5 FTE Public Health Lab Technician in the Public Health Lab.

The FY2018/19 Recommended Budget includes the following position changes:

- Transfer 1.0 FTE Health Education Specialist from Health Services to Tobacco Prevention and Education Program to support the increased demands of that program which require dedicated staff, funded by Proposition 56 funding.
- Transfer 1.0 FTE Senior Health Education Specialist from Health Services to Tobacco Prevention and Education Program to support the increased demands of that program which require dedicated staff, funded by Proposition 56 funding.
- Add 1.0 FTE Clinic Registered Nurse Senior to FHS, Vallejo clinic for the supervision of subordinate staff, funded by FQHC revenues.
- Add 1.0 FTE Health Services Administrator/Clinic Administrator TBD to FHS to oversee clinic operations, funded by FQHC revenues and 1991 PH Realignment.
- Delete 1.0 FTE Health Services Manager in the Emergency Preparedness and Response Bureau.
- Add 1.0 FTE Epidemiologist Senior/TBD to lead and direct epidemiologic, surveillance and applied research activities in the Public Health, Assessment and Policy Development Bureau, funded by 1991 PH Realignment.
- Delete 1.0 FTE Epidemiologist from Public Health, Assessment and Policy Development Bureau.
- Add 1.0 FTE OA I/II to Public Health, Vital Statistics program to assist with workload, funded by 1991 PH Realignment.
- Add 1.0 FTE Mental Health Clinician (Licensed) to the Public Health Maternal Child and Adolescent Health program to provide Mental Health services to new moms experiencing postpartum depression, funded by Mental Health Services Act (MHSA) revenue.
- Delete 1.0 FTE Senior Medical Records Technician from the Public Health California Children's Services program.
- Convert 1.0 FTE Limited-Term Health Education Specialist to 1.0 FTE Health Education Specialist regular position in the Emergency Preparedness and Response Bureau to continue a variety of emergency preparedness assignments, funded by Public Health Emergency Preparedness and Hospital Preparedness federal funding.
- Convert 1.0 FTE Limited-Term Health Education Specialist to 1.0 FTE Health Education Specialist regular position in the WIC program providing health education services to WIC clients, funded by WIC.
- Extend 1.0 FTE Limited-Term Project Manager through June 30, 2019 in the Emergency Preparedness and Response Bureau to continue a variety of emergency preparedness assignments.
- Extend 1.0 FTE Limited-Term Health Education Specialist, Senior through June 30, 2019 in the Health Promotion and Community Wellness Bureau providing communicable disease education.
- Extend 1.0 FTE Limited-Term Project Manager through June 30, 2019 in the Health Promotion and Community Wellness Bureau providing chronic disease prevention services.
- Extend 2.0 FTE Limited-Term Health Education Specialist through June 30, 2019 in the Health Promotion and Community Wellness Bureau providing chronic disease prevention services.
- Extend 1.0 FTE Limited-Term Health Services Manager through June 30, 2019 in the Health Education Bureau providing management services to the following two Health Education programs: Alcohol, Tobacco and Other Drugs Prevention and Injury prevention.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

Physician vacancies in FHS, particularly adult primary care providers, continue to be a challenge. The County, in conjunction with Partnership HealthPlan (PHP), is continuing to provide incentives and moving allowances to eligible providers. Additionally, the County is utilizing State and federal Student Loan reimbursement programs for eligible providers. H&SS continues to contract with a nationwide recruiter to specifically target physician recruitments for the primary care clinics and inform providers that are looking for new employment about the benefits of working for Solano County. With the nationwide shortage of primary care providers, the competition to hire them has increased and continued efforts to enhance compensation for providers will be important to maintain current gains and fill remaining vacancies.

Provider recruitment and retention, along with productivity targets and revenue cycle management, is critical to the generation of revenues in the clinics. The number of vacancies is a contributing factor to revenue reduction in the clinics. To balance the budget, the clinics must maintain a vacancy rate substantially below historical rates, achieve productivity targets, and efficiently manage revenues. The clinics have historically relied upon 1991 PH Realignment to cover the funding gap. While the recent HRSA Community Health Center designation change will likely result in additional grant revenue, there is a chance that FHS may need to ask for additional County General Fund support if the physician recruitment and retention trend continues beyond FY2018/19.

The status of the Affordable Care Act (ACA) under the federal administration remains unresolved. Through ACA, counties' costs of serving the indigent population decreased as many formerly uninsured individuals obtained health coverage through the Medicaid expansion implemented under the ACA. In June 2013, the State signed into law AB 85 (See glossary for definition) which provided a mechanism for the State to redirect counties' 1991 Public Health Realignment funding previously dedicated to pay for indigent healthcare costs to fund social services programs, specifically the CalWORKs grant increases. For Solano County, the amount redirected each year is \$6.9 million. In the meantime, counties remain responsible for providing healthcare to the indigent population under W&I Code section 17000. A repeal of the Medicaid expansion under ACA would significantly increase counties' indigent healthcare costs, leaving counties with no dedicated funding stream. Public Health programs could also be affected if the ACA Prevention and Public Health Fund is either cut or redirected, as these dollars are used to fund numerous programs at the Centers for Disease Control and Prevention, including funds directed to the State and local levels for immunizations, Tuberculosis control and other Communicable Disease programs. The current federal administration's position on immigration and undocumented individuals has created a substantial amount of concern in the community. Many residents of the County have chosen to avoid utilizing certain public services while these tensions remain high. For Public Health, this is most evident in the WIC Program. Prolonged reduction in the number of WIC clients may result in a reduction in the County's WIC funding allocation.

The Governor's decision in January 2017 to eliminate the Coordinated Care Initiative (CCI) (See glossary for definition and Fund 152 - BU 1520 for a detailed explanation) and the associated impacts to funding for In-Home Supportive Services (IHSS) has resulted in redirection of 1991 Realignment growth funding (funding above an annual base allocation), including the Public Health share of 1991 Realignment, to Social Services to offset a portion of the increase in the County's maintenance of effort (MOE) for IHSS. Public Health will not receive growth funding above its 1991 Realignment base allocation for three years, and only half of its growth allocation for two additional years. In addition to the funding level remaining flat at its current base for multiple years, it is possible that in recessionary years the 1991 Realignment base allocation for Public Health may be reduced. It is also possible for up to 10% of Public Health's base allocation to be redirected to County Social Services as a measure to help the County pay for the significantly increased IHSS MOE. While the potential 10% redirection will not occur in FY2018/19, it will have a revenue impact on Public Health in any year where it occurs. Public Health has developed a plan to accommodate these expected and potential reductions in 1991 Realignment funding.

Health Services has applied to the California Department of Health Care Services for a fourth year of IGT funds to help maintain and improve current public health and healthcare services and to improve access to those services for eligible County residents. Health Services is currently working with PHP to explore the feasibility of continued IGT-like funding on an annual prospective basis, but the prospects for this are uncertain at present.

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Implementation of the new Whole Child Model in the California Children’s Services Program will result in a transfer of most case management services in this program from Public Health to PHP, accompanied by a significant reduction in funding for CCS in Public Health. Implementation of this change is tentatively scheduled for January 2019. Public Health is prepared for this change and has begun to implement the necessary adjustments in staffing.

**DIVISION PURPOSE**

The Department of Health and Social Services - Social Services Division Budget has 16 major programs primarily providing services in the following broad categories: Child Welfare Services (CWS); Employment and Eligibility Services (E&E), which includes Welfare Administration (WA); and the Older and Disabled Adult Services Bureau (ODAS). In addition, the Social Services Division is also responsible for In-Home Supportive Services (IHSS) Public Authority Administration (BU 7690). Staff in these divisions are responsible for issuing assistance to clients as budgeted in the Public Assistance Division (BU 7900).

Child Welfare Services

Child Welfare Services (CWS) is a State supervised, County administered program. The program’s purpose is to prevent, identify and respond to allegations of child abuse and neglect. Families in the child welfare system receive services so that children can remain safely in their homes, and children who are temporarily removed from their homes can reunify with their families. For cases in which children are unable to reunify with their families, efforts are made to find a permanent home through adoption or guardianship. CWS services are mandated pursuant to State and federal laws, e.g., Title IV of the Social Security Act, and Chapter 978, California Statutes of 1982.

Employment and Eligibility Services

E&E contributes to Solano County residents’ well-being by providing safety net public assistance, medical insurance enrollment and employment services programs. E&E promotes self-reliance by assisting low income families and individuals with obtaining employment, access to health care, and food and cash assistance.

Welfare Administration

WA and the Special Investigations Bureau (SIB) provide overall administration and program integrity through comprehensive investigations of fraud allegations in social services programs, the collection of debts, and the timely hearing of appeals.

Special Projects

The Special Projects budget is used for projects that have funding sources separate from State social services funds and that are not included in the consolidated social services County Expense Claim for State reimbursement.

Older and Disabled Adult Services

The Bureau of Older & Disabled Adult Services (ODAS) provides interdisciplinary services to the elderly and disabled who are among the County’s most isolated and vulnerable residents. ODAS focuses on comprehensive, integrated assistance through multiple programs: In-Home Supportive Services; Adult Protective Services; Public Administrator/Public Guardian/Public Conservator; and the Public Authority for IHSS. Although included under Social Services for budgeting purposes, ODAS is organizationally integrated under the Public Health Division. This integration provides for a preventative health focus for the aged and disabled communities in the County.

**FUNCTION AND RESPONSIBILITIES**

Child Welfare Services

The mission of CWS is to protect children from abuse and neglect by strengthening families or finding safe, permanent homes so that children can grow into healthy productive adults. CWS includes a Hotline and Emergency Response 24/7 Services, Family Maintenance and Family Reunification Services, Permanent Placement Services including Adoption Services, and Supportive Transition Services. The programs were passed by State legislation in 1982 with Senate Bill 14 to implement federal requirements under Public Law 96-272.

- Hotline/Emergency Response staff investigate allegations of neglect or abuse of children and decides whether children can safely remain in their own home. Emergency Response may initiate a service plan to reduce risk factors sufficiently to allow children to remain at home or, if this is not possible, will complete the legal documentation to request the Juvenile Court to order the children into foster or relative care. Emergency Response is available 24 hours a day, seven days a week, to respond to situations in which a child is at imminent risk of abuse or serious neglect.

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- Family Maintenance and Family Reunification provides an Intensive Family Services model which engages families, including frequent social worker contact, to address the factors that necessitated CWS involvement through a family focused service approach to support families.
- Permanency Placement and Adoption provides services to those children who cannot return to a parent's custody. Permanency Placement services are meant to ensure that these children can grow up in a permanent, safe and secure living arrangement. Adoption Services provides the full range of adoption and support services including concurrent planning, placement of children in adoptive homes, and post-adoptive services to the adopting family and children.
- Supportive Transition provides services to non-minor dependents up to 21 years of age. The majority of these young adults choose to transition into supervised independent living placements or transitional housing programs and are working towards educational and vocational goals.

CWS also provides specialty services including Foster Care Eligibility Services which determine the eligibility and funding source that pays for out-of-home placement for children who are placed in foster care by CWS and Probation; Resource Family Approval (RFA) services for children who are in out of home placements that allow for a safe, less restrictive, environment to meet their needs and, to the extent possible, allow them to remain in their own schools and communities; Legal services and records retention support; Family Preservation Services to support children reunifying with their families and remaining safely in their own homes; and Visitation Services to support the parent child interaction and reunification.

#### Employment and Eligibility Services

E&E provides public assistance, including nutrition, healthcare coverage, housing assistance, cash aid, and employment and training resources to Solano County residents and assists the recipients towards self-sufficiency. As of May 2018, 107,820 County residents, or 24.5% of the County population were receiving public assistance benefits, up from 80,611, or 19.2% of the County population five years earlier. These benefits have a significant impact on the County's economy. E&E provides cash aid to over 4,200 families per month; food assistance to over 21,000 families; Medi-Cal coverage to over 52,300 families per month; and County Medical Services Program (CMSP) coverage to less than 10 individuals.

#### Welfare Administration and Special Investigations Bureau

WA and the SIB conduct investigations annually to ensure the prevention and detection of fraud cases. SIB is also responsible for the computation and collection of California Work Opportunity and Responsibility to Kids (CaWORKs) (See glossary for definition) overpayments and Food Stamp over issuances, as well as the collection of General Assistance debts. The Appeals Unit within SIB is responsible for the timely hearing of appeals of adverse actions filed by recipients. SIB also manages the H&SS employee identification badge access system.

#### Special Projects

Special Projects is used to account for appropriations related to information technology systems and special programs. Information Technology projects include the CaWORKs Information Network (CaWIN) public assistance case management system. Special Programs include Transitional Housing Program Plus (THP-Plus) for transition age youth.

#### Older and Disabled Adult Services

ODAS is responsible for the In-Home Supportive Services (IHSS) program, Adult Protective Services (APS), and the Public Administrator/Public Guardian/Public Conservators (PA/PG/PC) Office. IHSS is a Medi-Cal entitlement program which provides domestic and personal care services to low-income elderly or disabled persons who, without these services, are at risk for out-of-home placement. OSAS IHSS staff provide coordinated case management services which include program eligibility, intake assessments, annual reassessments, community referral resources, payroll assistance, and referrals to the IHSS Public Authority (BU 7690) for recipient-provider matching services. APS responds to and performs investigations of allegations of elderly or dependent adult abuse or neglect (including self-neglect); it is available 24 hours per day, 7 days per week. The Public Guardian (PG) provides personal and financial services to individuals who have been conserved by the Court and who are unable to care for themselves and/or manage their own affairs. The Public Administrator's responsibilities are to search for next-of-kin, authorize the disposition of decedents' remains, and oversee the distribution of decedents' estates when they have left no direction and/or executor for that purpose. The Public Authority's (PA) goal is to assist IHSS consumers who need providers by matching them to a provider on the PA's registry; the PA recruits, screens and trains registry providers.

The IHSS Public Authority is discussed in Department (BU 1520) and H&SS Social Services' Bureau IHSS Public Authority (BU 7690).

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

Employment and Eligibility Division (E&E)

- Solano County consistently maintains one of the lowest active error rates for the CalFresh (See glossary for definition) program in the State. In 2017, Solano County's error rate was 0.59% compared to the California State average of 4.58%.

Welfare Administration

- In 2017, the Special Investigations Bureau conducted 2,454 welfare fraud investigations. This has resulted in \$7.6 million in cost savings in the CalWORKs and CalFresh programs.

Child Welfare Services

- Child Welfare successfully decreased its group home care to family based care from the period of February 2017 – December 2017 from 39 youth to 22 youth in care as part of Continuum of Care (AB 403 – CCR) (See glossary for definition) efforts towards permanency.
- Resource Family Approval (RFA), a key component of CCR, was marked with both successes and challenges. RFA provides the opportunity to embrace a new era of recruitment, training, and engaging relative caregivers and prospective foster parents in order to increase community and relative placements so that group home placements are reduced. An ongoing challenge is consistently approving families with placement within 90 days as required, primarily due to staffing resources required initially to address approvals.

Older and Disabled Adult Services

- In 2017, APS continued to work regionally to implement the National Adult Maltreatment Reporting System (NAMRS). Through our APS LEAPS database vendor, quantitative and qualitative data on APS practices and policies are collected for research and best practice development in order to evaluate and improve the APS program. ODAS is reaching out to all community law enforcement agencies to build partnerships with an educational campaign addressing elder abuse.

In-Home Supportive Services

- In response to the County of Solano Office of the Auditor-Controller review of the IHSS program in 2017, multiple program adjustments have been completed including direct mailings, unannounced home visits and State required desk reviews and home visits. Additional adjustments including supervisor review and approval of intake cases and random reviews of provider timesheets and are in progress. The IHSS Quality Assurance (QA) team continues to address CDSS' quality initiative expectations of the county social worker's role and responsibilities in assessing and authorizing IHSS program services.

Network of Care

- Launched in July 2017, SolanoCares4Seniors.org is a one-stop internet based resource to connect seniors, families and service providers to up-to-date information about health topics, events and local services. During FY2017/18, the Network of Care added information for disabilities to the website.

**WORKLOAD INDICATORS**

Child Welfare Services

- In 2017, CWS received 4,897 reports for allegations of child abuse which were evaluated and assessed. Of the 4,897 allegations, 2,199 led to investigations.
- As of May 1, 2018, CWS has 335 children in out of home placement, 129 children residing with relatives, 20 children in group homes, 12 residing in foster family homes, 146 residing in Foster Family Agency homes, 22 young adults in supportive transition arrangements, and 6 children in other types of placements. CWS also provided services to 67 children remaining in the care of their parents and 84 children in Legal Guardianship placements.

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Employment and Eligibility Division

- In calendar year 2017, E&E received an average of 4,016 applications for enrollment to benefits and services per month, a decrease of 113 applications per month from the prior year, and processed 159,776 visitors to the E&E offices.
- In calendar year 2017, E&E continuing caseload Call Center (Benefits Action Center) handled 60,296 calls from the public, a 15% decrease or 10,879 fewer calls from 2016.
- In calendar year 2017, E&E assisted 93 families in obtaining permanent housing, a 60% increase and 35 additional families, over the prior year.

Welfare Administration

- The Special Investigations Bureau Overpayment Recovery Unit computed 479 overpayments/over issuances totaling over \$1.0 million in the CalWORKs and CalFresh programs.
- The Appeals Unit had 1,369 requests for hearings. There was no noticeable change from the prior year.

ODAS

- Adult Protective Services (APS) received 1,627 reports of allegations of abuse, up 3% from FY2016/17 is count of 1,577.
- In-Home Supportive Services (IHSS) received 1,534 applications for services, an increase of 121 requests over the prior period.
- Public Administrator (PA) managed an average of 174 cases per month; Public Guardian (PG) managed an average of 95 cases per month; and Public Conservator (PC) managed an average of 33 cases per month.

IHSS Public Authority workload indicators are provided in the IHSS Public Authority (BU 7690) Budget Narrative.

**DIVISION BUDGET SUMMARY**

The Recommended Budget represents decreases of \$1,194,658 or 1.1% in both revenues and appropriations when compared to the FY2017/18 Adopted Budget. The County General Fund Contribution of \$5,809,976 reflects an increase of \$390,601 or 7.2% primarily to fund increased costs in the administration of CalFresh, IHSS and PG.

Primary Funding Sources

The primary funding sources for Social Services' 16 major programs are State allocations, federal funds, 2011 Realignment (See glossary for definition), and 1991 Realignment (See glossary for definition).

Federal funding includes the following: Title IV-E for Adoptions, Commercially Sexually Exploited Children (CSEC) Program, Child Welfare Services, Independent Living Program (ILP) and Kinship Guardianship Assistance Payment Program (Kin-GAP); Title XIX for Medi-Cal and Health Related (CWS, IHSS and APS); Temporary Assistance for Needy Families (TANF – See glossary for definition) for CalWORKs and CWS Emergency Assistance; Title XX for Child Welfare Services; Title IV-B for Child Welfare Services and Promoting Safe and Stable Families (PSSF); and State Administrative matching grants for the Supplemental Nutrition Assistance Program (SNAP) from the Department of Agriculture also known as CalFresh.

State funds are primarily used for the following programs: IHSS, CalWORKs and CalFresh administration. State funds are also allocated to support components of administering child welfare services that are not part of 2011 Realignment which includes the implementation of CCR. In the FY2018/19 Recommended Budget, the non-federal share of costs related to CCR activities are funded with State revenue and 1991 Realignment.

H&SS is projecting approximately \$20,354,240 in Realignment revenues in FY2018/19. The estimated Realignment receipts are calculated by multiplying Solano County's percentage share of projected sales tax and vehicle license fee revenues by the statewide amount projected in the Governor's Proposed Budget. Although H&SS is projecting that there will be sufficient combined 1991 and 2011 Realignment revenues to cover projected expenditures in FY2018/19, future realignment receipts may not be sufficient to cover increasing administration and assistance costs (foster care and adoptions assistance). This poses an ongoing concern, particularly to CWS and APS programs that solely rely on Realignment funds to cover 100% nonfederal share of administration costs. Both 1991 and 2011 Realignment are funded by sales tax and vehicle license fees. Receipts from both sources typically experience a downward trend during periods of poor economic performance.



State reconciliation of the new FY2017/18 IHSS Maintenance of Effort (MOE) may result in additional FY2018/19 costs not currently included in the Recommended Budget. The new IHSS MOE structure is explained in detail under (Fund 152 - BU 1520).

The Governor's January Proposed Budget for FY2018/19 projects a continuous decline in overall CalWORKs caseload resulting in reductions in the Employment Services and Child Care components of the CalWORKs Single Allocation. The Statewide net decrease in all components of CalWORKs Single Allocation is approximately \$56,511,000 from FY2017/18 to FY2018/19. It is projected that Solano County's allocation will be \$389,769 lower than its FY2017/18 allocation of \$18,385,345.

The County has a required share of cost for the administration of most Social Services programs, with the exception of ILP, Providing Safe and Stable Families (PSSF), Medi-Cal, and CMSP. County General Fund is also used for the administration costs of the General Assistance and Public Guardian programs.

The County MOE for CalWORKs/CalFresh programs is \$1,870,052. The CalFresh Match Waiver (See glossary for definition) is fully phased out in FY2018/19; therefore, in FY2018/19 the County is required to pay 100% of its share of the nonfederal costs that are above the CalWORKs/Cal Fresh Maintenance of Effort. Prior year phase out match costs are calculated during the State closeout process, which is two years after close of a fiscal year. The estimated County match for FY2016/17, payable in FY2018/19, is \$305,595 and is funded with local funds. It is estimated that the County match requirement for FY2017/18 is \$948,499 and will be an additional County General Fund cost in FY2019/20.

Projecting revenues for Social Services continues to be a challenge due to variations in caseloads, staff time studies for programs, and available State and federal allocation information. Costs of the administration of Social Services programs are shared by federal, State, and County agencies based on ratios developed from the State Quarterly County Expense Claim (CEC) (See glossary for definition) which may vary based on time study hours and caseloads. The timing of receipt of revenues also impacts forecasts. In developing the budget, various assumptions must be made based on these noted factors.

The FY2018/19 Recommended Budget for Social Services projects a \$1,194,658 or 1.06% net decrease in revenues compared to the FY2017/18 Adopted Budget.

- Decrease in combined state and federal revenues as the Department continues its efforts to align and right size the Social Services budget. The net decrease is primarily due to the following: CalWORKs State funding reductions, Medi-Cal Administration reductions based on projected costs and caseworker time studies; State IHSS Administration reductions due to the State cap on its share of administrative costs partially offset by increases in various CWS revenues resulting from increased costs on eligible activities; increased revenue for health services associated with APS and IHSS program costs and caseworker time studies; an increase in federal reimbursement for increased CalWIN costs; and a net increase in CalFresh due to the timing of federal revenues between fiscal years.
- Increase in combined 1991 and 2011 Realignment revenues representing the amount of Realignment revenue needed to cover projected program costs.
- Decrease in prior year State and federal revenues due to lower estimated revenues for the administration of CalWORKs and Medi-Cal programs when compared to FY2017/18 Adopted Budget.
- Increase of \$390,601 in County General Fund Contribution primarily due to increases for CalFresh administration, Public Guardian, and IHSS Administration, offset by a decrease for the administration of the General Assistance program.

Primary Costs

Child Welfare Services (BU 7600) With recommended appropriations of \$26,137,729, CWS includes the costs of social workers, supervisors, eligibility workers, and administrative and clerical support staff dedicated primarily to child protective services. Other programs administered by CWS include Adoptions, Foster Care Eligibility, Supportive and Therapeutic Options, Family Preservation, Wraparound Services, Child Abuse Prevention, Transitional Housing Placement Program, Bringing Families Home, Emergency Child Care Bridge Program, and contracted Community Services.

Employment and Eligibility Services (BU 7650) With recommended appropriations of \$58,367,087, E&E includes the costs of staff dedicated to eligibility determination and welfare-to-work programs, eligibility workers, employment services, social workers, supervisors, and administrative and clerical support staff. Also included is the cost of employment services contracts,

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ancillary and transportation services provided to CalWORKs clients, and housing support services. Programs administered include CalWORKs, Medi-Cal, CMSP, CalFresh, Refugee, General Assistance, and housing support programs.

Welfare Administration (BU 7545) With recommended appropriations of \$7,025,732, WA includes the costs of welfare fraud investigators, appeals specialists, and administrative and clerical support staff who receive reports of potential fraud in all social services programs. WA conducts investigations on these reports and also hears appeals from clients regarding decisions made on benefits for assistance programs and IHSS services. Clerical and accounting staff who handle fiscal disbursement functions for the assistance programs are also included in this cost center.

Older and Disabled Adult Services (BU 7640) With recommended appropriations of \$14,119,260, ODAS includes the costs of social workers, and administrative and clerical support staff dedicated to IHSS, APS, and PG functions.

Special Projects (BU 7675) With recommended appropriations of \$5,477,803, Special Projects include the costs for the Transitional Housing Assistance Program for emancipated foster youth, the CalWIN database and case management system used to determine eligibility for Assistance Programs, other costs covered by the CalWIN allocation, and the Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) grants for CalWORKs clients. This budget unit does not have any permanent staff assigned.

The FY2018/19 Recommended Budget includes a \$1,194,658 or 1.1% net decrease in appropriations due to the following:

- Increase of \$1,691,527 in Salaries and Benefits primarily due to negotiated increases and increases in retirement costs, compensation insurance, and accrued leave payoffs. The overall increase is net of the costs of positions deleted during FY2017/18 and those that are recommended for deletion in FY2018/19.
- Increase of \$793,808 in Services and Supplies primarily due to increases in DoIT costs and software maintenance and support costs for the Phase 4 implementation of the TACOMA project in ODAS, offset by decreases in managed print services resulting from the termination of the county managed print services contract, contracted services due to non-renewal of various grant writing contracts, and the cancellation of Solano Handbook, Resources, Policy & Procedures (SHRPP) SharePoint project in E&E.
- Decrease of \$1,382,648 in Other Charges due to decreases in direct charges and direct service contracts funded by CalWORKs based on prior year contract utilization and/or the projected decrease in CalWORKs Single Allocation funding, and decreases in legal services provided by County Counsel, offset by increases in interfund charges from General Services and other departments, housing support services for CalWORKs clients, and Countywide Administrative Overhead.
- Decrease of \$980,000 in Fixed Assets representing a decrease in the cost of automation and improvement projects for E&E that are not moving forward due to funding limitations.
- Decrease of \$1,434,281 in Other Financing Uses largely resulting from a decrease in the allocated share of cost of pension obligation bonds (POBs).
- Increase of \$116,936 in Intrafund Transfers due to an increase in Social Services' allocated share of H&SS administration costs.

Contracts

The recommended appropriations for Social Services include \$3,641,579 or 3.3% in contracted direct services for the provision of services to CWS, E&E and Transitional Housing. H&SS will return to the Board after the FY2018/19 Budget Hearings with a master list of contracts for the Board's consideration.

Fixed Assets

None.

**Summary of Division Budget**

**7680 – Fund 902-Social Services  
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**DEPARTMENT COMMENTS**

None.

<b>DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY</b>	<b>2016/17 ACTUAL</b>	<b>2017/18 ADOPTED BUDGET</b>	<b>2018/19 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	7	650	200	(450)	(69.2%)
INTERGOVERNMENTAL REV STATE	29,455,223	38,191,507	41,902,687	3,711,180	9.7%
INTERGOVERNMENTAL REV FEDERAL	64,444,593	67,461,384	62,276,765	(5,184,619)	(7.7%)
CHARGES FOR SERVICES	1,028,551	882,372	742,000	(140,372)	(15.9%)
MISC REVENUE	201,426	214,300	243,302	29,002	13.5%
OTHER FINANCING SOURCES	50,330	53,000	53,000	0	0.0%
GENERAL FUND CONTRIBUTION	5,371,285	5,419,375	5,809,976	390,601	7.2%
<b>TOTAL REVENUES</b>	<b>100,551,414</b>	<b>112,222,588</b>	<b>111,027,930</b>	<b>(1,194,658)</b>	<b>(1.1%)</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	64,705,243	70,271,205	71,962,732	1,691,527	2.4%
SERVICES AND SUPPLIES	11,359,947	13,045,168	13,838,976	793,808	6.1%
OTHER CHARGES	14,189,546	17,330,083	15,947,435	(1,382,648)	(8.0%)
F/A - INTANGIBLES	0	980,000	0	(980,000)	(100.0%)
OTHER FINANCING USES	2,139,791	2,225,056	790,775	(1,434,281)	(64.5%)
INTRA-FUND TRANSFERS	7,001,598	8,371,076	8,488,012	116,936	1.4%
<b>TOTAL APPROPRIATIONS</b>	<b>99,396,125</b>	<b>112,222,588</b>	<b>111,027,930</b>	<b>(1,194,658)</b>	<b>(1.1%)</b>
<b>NET CHANGE</b>	<b>(1,155,289)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
<b>STAFFING</b>					
SOCIAL SERVICES DIVISION	678.75	686.25	659.75	(26.50)	(3.9%)
<b>TOTAL STAFFING</b>	<b>678.75</b>	<b>686.25</b>	<b>659.75</b>	<b>(26.50)</b>	<b>(3.9%)</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

Changes in the Division’s position allocations since the adoption of the FY2018/19 Budget are provided below by program:

On December 6, 2017, the following positions were deleted:

Child Welfare Services

- Deleted 2.0 FTE Social Worker III

Employment and Eligibility Services

- Deleted 6.0 FTE Eligibility Benefits Specialist I
- Deleted 4.0 FTE Employment Resources Specialist II
- Deleted 2.0 FTE Employment Resources Specialist III
- Deleted 1.0 FTE Employment Resources Specialist Supervisor
- Deleted 2.0 FTE Office Assistance II

On December 12, 2017, the following positions were deleted:

Employment and Eligibility Services

- Deleted 4.0 FTE Eligibility Benefits Specialist I
- Deleted 1.0 FTE Eligibility Benefits Specialist II

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- Deleted 1.0 FTE Employment Resources Specialist II
- Deleted 1.0 FTE Employment Resources Specialist III

The FY2018/19 Recommended Budget includes the following position changes due to projected reductions in State and federal allocations for CalWORKs Single Allocation and CalFresh programs and the IHSS State Administrative cap.

Employment and Eligibility Services

- Delete 2.0 FTE Office Assistant II
- Delete 1.0 FTE Accounting Clerk III

Older and Disabled Adult Services

- Transfer 1.0 FTE Office Assistant II from IHSS Public Authority Administration to ODAS
- Expiring 0.5 FTE Limited-Term Social Worker II effective June 30, 2018

**PENDING ISSUES AND POLICY CONSIDERATIONS**

Older and Disabled Adult Services

The continued aging of Solano County's population is anticipated to place burdens on ODAS programs through caseload growth, affecting IHSS, APS and PA/PG/PC. Implementation of the Elderly Home Visiting Program aims to try to slow this growth through engaging and chronic disease prevention, falls prevention and other activities targeting at-risk adults.

**BUREAU PURPOSE**

On March 5, 2002, the Solano County Board of Supervisors established an In-Home Supportive Services (IHSS) Public Authority (PA) to act as the Employer of Record for In-Home Supportive Services providers. In addition to serving as the employer of record for IHSS, the PA also provides services to IHSS consumers. Health and Social Services (H&SS) Social Services Division, through a Memorandum of Understanding (MOU) with the IHSS PA Board, provides the administration for the IHSS PA. This budget unit was established to track revenues and expenditures for staff positions and other operating costs affiliated with the administration of the IHSS PA.

**FUNCTION AND RESPONSIBILITIES**

H&SS dedicates staff and operating expenditures in this budget unit to fulfill the requirements set forth in Welfare and Institutions Code section 12301.6 as follows: a) operate as the employer of IHSS providers for the purposes of collective bargaining over wages, hours, and other terms of employment such as administering health benefits; b) assist IHSS consumers in finding IHSS providers through the establishment of a registry and referral system under which IHSS providers shall be referred; c) investigate the qualifications and background of all IHSS providers; d) provide training to IHSS providers and consumers; e) provide administrative support to the IHSS PA Advisory Committee; and f) perform any other functions as necessary for the operation of the IHSS PA.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

- In 2017, the IHSS PA provided registry and referral services to 847 new IHSS consumers referred by Older and Disabled Adult Services for assistance in hiring, supervising, and training IHSS care providers.
- In 2017, the IHSS PA enhanced its website and established social media for the purpose of outreach to IHSS consumers and providers regarding upcoming events, training information and important IHSS information.

**WORKLOAD INDICATORS**

In calendar year 2017, the IHSS PA:

- Sent 1,132 provider lists to IHSS recipients who requested assistance in finding a provider.
- Processed 287 applications from individuals interested in being placed on the IHSS PA Provider Registry, resulting in 162 new providers added.
- Assisted over 2,300 individuals through the enrollment process, including review of their qualifications and background, and training for the implementation of electronic timesheets (ETS), paid sick leave and Electronic Visit Verification (EVV).
- Served 847 new IHSS consumers and managed an average monthly caseload of 425 IHSS consumers with complex needs requiring ongoing support to effectively hire, supervise and retain IHSS providers.
- Provided 858 hours of intervention services including intake, information and assistance, mediation to resolve complex issues, and follow-up.

**BUREAU BUDGET SUMMARY**

The Recommended Budget represents decreases of \$10,530,933 or 91.5% in both revenues and appropriations when compared to the FY2017/18 Adopted Budget. The variances are due to a change in the financial reporting structure for IHSS, effective FY2018/19.

IHSS PA Advisory Committee costs and the IHSS Maintenance of Effort (MOE) for provider wages, previously included in Bureau 7690, are now reported in (Fund 152 - BU 1520), IHSS-Public Authority.

Bureau 7690 is now primarily comprised of the cost of H&SS dedicated staff and operating expenditures needed to administer the IHSS PA responsibilities. H&SS costs of \$978,896 reflect a reduction of \$36,993 or 3.6% when compared to the FY2017/18 Adopted Budget.

**7690 – Fund 902-IHSS-Public Authority Admin.**  
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**Social Services Functional Area Summary**

Primary Funding Sources

IHSS - PA Administration is primarily funded with an Operating Transfers-In of \$978,896 from the IHSS PA operating fund (Fund 152 - BU 1520) to reimburse H&SS for administrative support staff and operating costs.

The FY2018/19 Recommended Budget projects a \$36,993 or 3.6% decrease in revenues due to lower reimbursement from Fund 152 as a result of an overall decrease in costs.

Primary Costs

Primary costs for IHSS PA Administration are: \$654,934 for Salary and Employee Benefits; \$110,450 for Services and Supplies; \$66,879 for Other Charges; \$7,084 for Other Financing Uses; and \$139,549 for Intrafund Transfers.

The FY2018/19 Recommended Budget projects a \$36,993 or 3.6% decrease in appropriations primarily due to the following:

- Decrease of \$55,309 in Salary and Employee Benefits due to the transfer of a 1.0 FTE Office Assistant II to the Older and Disabled Adult Services (ODAS) program.
- Decrease of \$14,269 in Pension Obligation Bond (POB) costs.
- Increase of \$37,452 in Intrafund Transfers due to an increase in H&SS departmental Administrative Overhead charged to IHSS PA - Administration.

Contracts

FY2018/19 Recommended Budget includes a total of \$30,000 or 3% in contracted services which includes the following significant contracts:

- \$20,000 Software licenses and maintenance services.
- \$10,000 Provider training and support services.

Fixed Assets

None.

<b>DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY</b>	<b>2016/17 ACTUAL</b>	<b>2017/18 ADOPTED BUDGET</b>	<b>2018/19 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
INTERGOVERNMENTAL REV STATE	3,249,365	4,987,368	0	(4,987,368)	(100.0%)
OTHER FINANCING SOURCES	939,850	1,035,279	978,896	(56,383)	(5.4%)
GENERAL FUND CONTRIBUTION	4,760,579	5,487,182	0	(5,487,182)	(100.0%)
<b>TOTAL REVENUES</b>	<b>8,949,794</b>	<b>11,509,829</b>	<b>978,896</b>	<b>(10,530,933)</b>	<b>(91.5%)</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	688,087	710,243	654,934	(55,309)	(7.8%)
SERVICES AND SUPPLIES	102,250	135,892	110,450	(25,442)	(18.7%)
OTHER CHARGES	8,043,734	10,539,762	66,879	(10,472,883)	(99.4%)
OTHER FINANCING USES	22,975	21,835	7,084	(14,751)	(67.6%)
INTRA-FUND TRANSFERS	92,748	102,097	139,549	37,452	36.7%
<b>TOTAL APPROPRIATIONS</b>	<b>8,949,794</b>	<b>11,509,829</b>	<b>978,896</b>	<b>(10,530,933)</b>	<b>(91.5%)</b>
<b>NET CHANGE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
<b>STAFFING</b>					
IHSS - PA ADMINISTRATION	7	6	5	(1)	(16.7%)
<b>TOTAL STAFFING</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>(1)</b>	<b>(16.7%)</b>

**BUREAU COMMENTS**

None.

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

Appropriations and budgeted revenues for the IHSS PA Advisory Committee and the IHSS MOE for provider wages are now directly reported under the IHSS PA budget (Fund 152 – BU 1520).

**SUMMARY OF POSITION CHANGES**

The FY2018/19 Recommended Budget includes the following position change:

- Transfer 1.0 FTE Office Assistant II from IHSS PA to ODAS

**PENDING ISSUES AND POLICY CONSIDERATIONS**

The IHSS PA continues to recruit for additional IHSS providers for the Registry. In spite of implementation of overtime for IHSS providers and a wage supplement in the new IHSS provider MOU, recruitment remains challenging, as the number of new IHSS clients continues to grow.

Please refer to IHSS PA (Fund 152 - BU 1520) for more information regarding the new IHSS MOE structure effective July 1, 2017.

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**DIVISION PURPOSE**

This budget unit tracks financial aid for recipients of mandated social services assistance programs.

**FUNCTION AND RESPONSIBILITIES**

The Assistance Programs provide mandated categorical aid to eligible persons based on federal and State criteria. These include California Work Opportunity and Responsibility to Kids (CalWORKs) (See glossary for definition), Refugee Resettlement Program, Adoptions Assistance Program (AAP), Foster Care Assistance, and General Assistance (GA), Approved Relative Caregiver (ARC), Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS), and Low-Income Home Energy Assistance Program (LIHEAP) payments.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

Projecting the cost of Assistance Programs is challenging, given constant changes in federal and State regulations, court decisions and economic conditions. The projections are based on current trend in caseloads, which is not always predictable.

Continuum of Care Reform (AB 403 - CCR) (See glossary for definition) Effective February 1, 2018, the new Home-Based Family Care (HBFC) and Short Term Residential Therapeutic Program (STRTP) level of care (LOC) rates structure was implemented retroactive December 2017. The new LOC structure applies to the following:

- Foster Family Agencies (FFAs)
- Short-Term Residential Therapeutic Program
- Foster Family Homes
- Intensive Services Foster Care (FFA-based, County-based [non-FFA] and Family-Only) and Intensive Treatment Foster Care
- Adoptions Assistance Program (AAP) homes, Kinship Guardian Assistance Program (Kin-GAP), Fed-GAP rates that changed beginning January 1, 2017
- Relative placements, including the Approved Relative Caregiver

The new rates impact only new and re-evaluated cases. The new rates under CCR are higher and the State's assumption is that group home payments will decrease to a level which offsets the increases under the new rate structure. The FY2018/19 Recommended Budget does not include an adjustment for the new LOC rate structure as there is not enough data to identify cases impacted by the new rate structure.

**WORKLOAD INDICATORS**

Operational costs associated with Assistance payments and relevant workload indicators are included in the H&SS Social Services budget.

**DIVISION BUDGET SUMMARY**

The Recommended Budget represents decreases of \$5,318,805 or 10.0% in both revenues and appropriations when compared to the FY2017/18 Adopted Budget. The County General Fund (CGF) Contribution of \$4,237,808 represents an increase of \$257,170 or 6.5%.

Primary Funding Sources

The primary funding sources are federal entitlement funds, State funds, 1991 and 2011 Realignment (See glossary for definition), and CGF. Federal funds include Foster Care and Adoptions Assistance (Title IV-E), CalWORKs or Temporary Assistance for Needy Families (TANF) (See glossary for definitions), and Title XX federal funds.

Both Foster Care and Adoptions Assistance programs are included in the 2011 Realignment that redirected sales tax revenues to counties to fund the State's share of these programs and shifted the financial responsibility to counties for 100% of the non-federal share of costs. The cost to the County General Fund will increase if sales tax revenues are not sufficient to cover costs.



CalWORKs Assistance was realigned with 2011 Realignment differently from other programs. The State shifted Proposition 63 – Mental Health Services Act (MHSA) (See glossary for definition) funding on a one-time basis in order to fund Mental Health Programs which were, at that time, funded through 1991 Realignment. The State then shifted the freed up 1991 Mental Health Realignment funds to pay for CalWORKs Assistance costs.

In addition, AB 85 (See glossary for definition) changed the 1991 Realignment structure to enable counties' indigent health care savings to be captured and redirected to pay for CalWORKs State General Fund assistance costs, thereby freeing up State General Fund to pay for the State's Medi-Cal expansion costs. The State added subaccounts in the 1991 Realignment structure, namely the Family Support Account, funded with 1991 Realignment Sales Tax revenues and the Child Poverty and Family Supplemental Support, funded by Vehicle License fees.

To provide funding for the Child Poverty and Family Supplemental Support subaccount, AB 85 changed the 1991 Realignment general growth formulas, capping general growth for the Health subaccount at 18.45% and eliminating general growth funding for Social Services. The Child Poverty and Family Supplemental Support subaccount is used to fund CalWORKs Assistance grant increases and the repeal of the Maximum Family Grant (MFG) rule (See glossary for definition), effective January 1, 2017. To the extent that 1991 Realignment funds resulting from the account structure change do not cover the State's share of cost for CalWORKs, the State is continuing to fund their share from State General Fund. The Governor's FY2018/19 proposed budget assumes that there will be sufficient State General Fund provided each year to cover any shortfalls in the amount needed to fully fund the grant increases and MFG repeal.

The FY2018/19 Recommended Budget for Assistance Programs projects a \$5,318,805 or 10.0% net decrease in revenues compared to the FY2017/18 Adopted Budget due to an overall decline in CalWORKs, Foster Care, ARC, Adoptions expenditures. The decreases are reflected in the following revenue sources:

- \$1,991,400 decrease in State and federal revenues.
- \$3,502,143 decrease in combined 1991 and 2011 Realignment revenues
- \$257,170 increase in CGF due to increase in County Only and Aid to Families with Dependent Children (AFDC) - Foster Care expenditures.
- \$82,432 decrease in prior year federal revenue.

Primary Costs

The FY2018/19 Recommended Budget for Assistance Programs projects a \$5,318,805 or 10.0% net decrease in appropriations compared to the FY2017/18 Adopted Budget. The projected decrease is primarily the result of the following:

Adoptions Assistance Program (BU 7901) - \$368,077 or 5.0% decrease in appropriations due to a decrease in the estimated average grant from \$1,105 in FY2017/18 Adopted Budget to \$1,001 in FY2018/19.

Foster Care Assistance Programs - \$2,748,745 or 18.7% net decrease in appropriations due to the following:

- Kin-GAP (BU 7902) – Costs are projected to increase by \$459,130 or 45.0% when compared to FY2017/18 Adopted budget. FY2018/19 cost estimates are based on an estimated 134 average cases, up from an estimated average of 93 in FY2017/18, at \$917 average grant per month.
- Foster Care (BU 7903) – Costs are expected to decrease by \$3,683,920 or 27.2% when compared to FY2017/18 Adopted Budget due to reduced caseloads based on CA800 Assistance claim information.
- County Only Foster Care (BU 7908) – Costs are projected to increase by \$476,045, or 277.9% when compared to the FY2017/18 Adopted Budget. FY2018/19 costs are estimated based on current year average cost.

CalWORKs Assistance (BU 7904) - \$1,751,096 or 6.4% decrease in appropriations primarily due to a downward trend in CalWORKs caseloads and a slight reduction in the average grant per month. FY2018/19 cost estimates are based on an estimated 4,014 average cases, a decrease of 202 average cases from FY2017/18, at \$535 average grant per month.

General Assistance (BU 7907) - \$133,272 or 4.9% net decrease in appropriations based on an estimated average monthly caseload of 577, a decrease of 99 average cases from FY2017/18, with an average monthly grant of \$363 per case.

**7900 – Fund 902-Assistance Programs**  
**Gerald Huber, Director of Health & Social Services**  
**Health & Public Assistance**

**Summary of Division Budget**

Approved Relative Caregiver (BU 7909) - \$284,019 or 65.1% decrease in appropriations. ARC average monthly caseload increased from 23 in FY2015/16 to 33 in FY2016/17, but decreased to 18 in FY2017/18. For FY2018/19, the average monthly caseload is projected to decrease to 13. The estimated average grant is projected to decrease from \$1,007 in FY2017/18 Adopted Budget to \$976 in FY2018/19.

Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS) and Low-Income Home Energy Assistance Program (LIHEAP (BU 7911)) - \$53,528 or 14.3% decrease in appropriations. This budget is used to record the expenditures for these State programs that assist CalWORKs clients with utility bills and provide a supplement to their monthly CalFresh (See glossary for definition) grant.

Contracts

The recommended appropriations for Assistance Programs include \$1,177,308 or 2.5% in contracted direct services for the provision of adoption and wraparound services. H&SS will return to the Board after the FY2018/19 Budget Hearings with a master list of contracts for the Board's consideration.

Fixed Assets

None.

**DIVISION COMMENTS**

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2016/17 ACTUAL	2017/18 ADOPTED BUDGET	2018/19 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
INTERGOVERNMENTAL REV STATE	36,039,292	37,563,242	33,693,526	(3,869,716)	(10.3%)
INTERGOVERNMENTAL REV FEDERAL	11,969,990	11,521,048	9,814,789	(1,706,259)	(14.8%)
GENERAL FUND CONTRIBUTION	4,229,607	3,980,638	4,237,808	257,170	6.5%
<b>TOTAL REVENUES</b>	<b>52,238,889</b>	<b>53,064,928</b>	<b>47,746,123</b>	<b>(5,318,805)</b>	<b>(10.0%)</b>
<b>APPROPRIATIONS</b>					
OTHER CHARGES	52,050,262	53,064,928	47,746,123	(5,318,805)	(10.0%)
OTHER FINANCING USES	188,627	0	0	0	0.0%
<b>TOTAL APPROPRIATIONS</b>	<b>52,238,889</b>	<b>53,064,928</b>	<b>47,746,123</b>	<b>(5,318,805)</b>	<b>(10.0%)</b>
<b>NET CHANGE</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

None.

**SUMMARY OF POSITION CHANGES**

There are no positions allocated to this budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

Financial projections are based on caseload counts included in the CA800 Assistance Claim and do not include pending cases. The implementation of CCR has extended the time required to grant Child Welfare Services cases and temporarily lowered the average caseload counts reflected in the Assistance claim while these cases are pending approval. In FY2017/18, the State provided temporary funding, through June 30, 2018, to address families' resource needs during the time cases are pending and added a requirement for counties to submit plans to the State outlining how they will address their pending cases. In addition, County only Foster Care funds and CalWORKs funding is being utilized to support families, when possible, until cases are granted. Once cases are granted it is likely that caseload estimates, and therefore financial projections, will change. However, it is difficult to project the timing and degree to which each program will change at this time.

Currently, Solano County's General Assistance (GA) grants are tied to the CalWORKs grants and will increase on the same schedule as CalWORKs Assistance as approved by the Board on December 10, 2002. SB 982 could have a significant financial impact as GA grant costs are 100 percent funded with CGF.

**7500 – Fund 902-H&SS-Department Summary**  
**Gerald Huber, Director of Health & Social Services**  
**Health**

**Summary of Other Administered Budgets**

<b>DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS</b>	<b>2016/17 ACTUAL</b>	<b>2017/18 ADOPTED BUDGET</b>	<b>2018/19 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	4,170,239	5,303,697	17,727,378	12,423,681	234.2%
9600 MHSA	18,557,569	18,279,214	19,310,794	1,031,580	5.6%
7950 TOBACCO PREVENTION & EDUCATION	108,255	795,162	851,328	56,166	7.1%
<b>APPROPRIATIONS</b>					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	4,170,239	5,303,696	17,727,378	12,423,682	234.2%
9600 MHSA	18,791,337	20,672,252	24,656,023	3,983,771	19.3%
7950 TOBACCO PREVENTION & EDUCATION	178,284	795,162	851,328	56,166	7.1%
<b>NET CHANGE</b>					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	0	(1)	0	1	(100.0%)
9600 MHSA	233,768	2,393,038	5,345,229	2,952,191	123.4%
7950 TOBACCO PREVENTION & EDUCATION	70,028	0	0	0	0.0%

A summary of the budgets administered by the Health and Social Services Department is provided on the following pages.

**DEPARTMENTAL PURPOSE**

The In-Home Supportive Services (IHSS) Public Authority is a distinct legal entity that serves as the Employer of Record for In-Home Supportive Services caregivers (also known as IHSS providers) in Solano County, established in accordance with California Welfare and Institutions Code section 12301.6. The Solano County Board of Supervisors serves as the governing Board for this separate legal entity. In addition to serving as the Employer of Record for IHSS, the Public Authority also provides services to IHSS consumers.

**FUNCTION AND RESPONSIBILITIES**

On March 5, 2002, the Solano County Board of Supervisors established the Public Authority to act as the Employer of Record for IHSS providers. The IHSS Public Authority (PA), a governmental entity separate and distinct from Solano County, established an MOU with the County to provide staff and all administrative services for the IHSS PA.

This budget unit includes administrative costs incurred by the IHSS PA (BU 1521), IHSS Public Authority Advisory Committee (BU 1522), health benefit premium payments for IHSS providers (BU 1523), and the IHSS MOE - Services (BU 1523). The required County General Fund Contribution for these functions is budgeted in this fund.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

- In FY2017/18, the IHSS PA completed bargaining with the IHSS provider employee organization, SEIU 2015, resulting in the adoption of a new Memorandum of Understanding on February 27, 2018. Provisions in the new MOU include: 1) a fifty cent per hour wage supplement effective May 1, 2018; 2) continuation of the health benefits plan through Symetra Life Insurance Company, and 3) funding for first aid and CPR training.
- IHSS PA staff administered health benefits to an average of 1,150 IHSS providers per month. As of December 2017, all eligible providers requesting to be enrolled in the health plan are enrolled within 30 days of receiving their request.

**WORKLOAD INDICATORS**

Relevant workload indicators are incorporated in H&SS Social Services IHSS Public Authority Bureau (BU 7690).

**DEPARTMENTAL BUDGET SUMMARY**

The Recommended Budget represents an increase of \$12,423,681 or 234.2% in revenues and an increase of \$12,423,682 or 234.2% in appropriations when compared to the FY2017/18 Adopted Budget. The net increase is primarily due to a change in the financial reporting structure for Fund 152, effective FY2018/19, and legislative changes associated with the new IHSS MOE. Under the new structure (Fund 152 – BU 1520) is comprised of the following cost centers:

- BU 1521 – Administration which includes the transfer of funds to reimburse H&SS for administrative support staff and operating costs needed to administer the IHSS Public Authority.
- BU 1522 – IHSS Public Authority Advisory Committee costs.
- BU 1523 – IHSS Maintenance of Effort (MOE) - Services. It also includes the cost of health benefits program administered by Symetra Life Insurance Company.

Primary Funding Sources

The primary funding sources for this Budget are Federal Title XIX (Medi-Cal funding), State General Fund, 1991 Social Services Realignment, and County General Fund.

The FY2018/19 Recommended Budget projects a \$12,423,681 or 234.2% net increase in revenues primarily due to legislative changes relative to the IHSS program. The FY2017/18 Adopted Budget was developed based on the assumption that the IHSS MOE would be discontinued as recommended in the Governor’s January 2017 Budget while the FY2018/19 Recommended Budget reflects subsequent changes in legislation (SB 90 and AB 130, see explanation below under Summary of Significant Adjustments) which created a new IHSS MOE structure. Revenue changes include:

- Increase of \$69,271 in State revenues due to the new IHSS MOE structure. The FY2017/18 Adopted Budget included the State share of the IHSS Public Authority (PA) administration costs, IHSS PA advisory committee costs, and the State share of provider benefit costs. FY2018/19 Recommended Budget includes the State allocation for administration costs capped

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at \$278,914 under the new MOE, IHSS PA Advisory Committee costs capped at \$3,000 and the non-federal share of health benefit premiums paid to Symetra.

- Increase of \$6,345,244 in 1991 Social Services Realignment to partially fund the IHSS MOE - Services (wages and benefits).
- Decrease of \$318,676 in federal revenues due to decreased costs in health benefit premiums and Public Authority administration.
- Increase of \$6,327,842 in County General Fund primarily due to change in financial reporting structure between Bureau 7690 and Department 1520.

The combined County General Fund in Bureau 7690 and Department 1520 increased by \$840,660, from \$6,070,873 in FY2017/18 to \$6,911,533 for FY2018/19 due to the following:

- \$781,718 to fund the 5% inflation increase in the FY18/19 IHSS MOE - Services.
- \$49,187 to fund the increased County share of cost of IHSS PA administration under the new IHSS MOE structure. IHSS PA administration costs have a State share of cost cap under the current State budget.
- \$13,470 to fund increase in overhead costs.
- \$3,715 decrease due to reduced IHSS PA Advisory Committee costs.

Primary Costs

Primary costs for IHSS Public Authority are: \$15,675 in Services and Supplies; \$16,732,807 in Other Charges; and \$978,896 in Operating Transfers-Out.

The FY2018/19 Recommended Budget projects a net increase of \$12,423,682 or 234.2% in appropriations primarily due to the following:

- Decrease of \$517,008 in Individual Providers – IHSS due to a change in methodology for projecting health premium payments to Symetra. The FY2018/19 Recommended Budget is based on 1,300 enrolled providers at \$238.32 per month/per provider for a total of \$3,717,791 while the FY2017/18 Adopted Budget was based on projected provider hours multiplied by the \$0.60 hourly benefit rate.
- Increase of \$12,864,659 in IHSS MOE which represents the projected FY2018/19 IHSS MOE - Services under the new IHSS MOE structure. The IHSS MOE includes the impact of the one-time MOE adjustment for the \$0.50 wage supplement effective May 1, 2018 plus an inflation factor of 5% as required by statute.

Contracts

The recommended appropriations include \$3,717,791 in estimated health plan costs through Symetra Life Insurance Company.

Fixed Assets

None.

**DEPARTMENT COMMENTS**

None.

**Summary of Other Administered Budgets**

**1520 – Fund 152-IHSS-Public Authority  
Gerald Huber, Director of Health & Social Services  
Health & Public Assistance**

<b>DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY</b>	<b>2016/17 ACTUAL</b>	<b>2017/18 ADOPTED BUDGET</b>	<b>2018/19 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
INTERGOVERNMENTAL REV STATE	1,449,515	1,931,883	8,346,398	6,414,515	332.0%
INTERGOVERNMENTAL REV FEDERAL	2,183,343	2,788,123	2,469,447	(318,676)	(11.4%)
GENERAL FUND CONTRIBUTION	537,381	583,691	6,911,533	6,327,842	1084.1%
<b>TOTAL REVENUES</b>	<b>4,170,239</b>	<b>5,303,697</b>	<b>17,727,378</b>	<b>12,423,681</b>	<b>234.2%</b>
<b>APPROPRIATIONS</b>					
SERVICES AND SUPPLIES	0	0	15,675	15,675	0.0%
OTHER CHARGES	3,230,389	4,268,417	16,732,807	12,464,390	292.0%
OTHER FINANCING USES	939,850	1,035,279	978,896	(56,383)	(5.4%)
<b>TOTAL APPROPRIATIONS</b>	<b>4,170,239</b>	<b>5,303,696</b>	<b>17,727,378</b>	<b>12,423,682</b>	<b>234.2%</b>
<b>NET CHANGE</b>	<b>0</b>	<b>(1)</b>	<b>0</b>	<b>1</b>	<b>(100.0%)</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

The new financial structure effective FY2018/19 will include the IHSS Public Authority Advisory Committee budget and IHSS MOE - Services (provider wages and benefits) which used to be budgeted in Fund 902 - BU 7690.

The FY2017/18 Adopted Budget was developed with the assumption that the IHSS MOE would be terminated beginning June 30, 2017. However, with the passage of SB 90 and AB 130, a new IHSS MOE structure for Share of Cost between State and Counties was created by the legislature and Governor which became effective on July 1, 2017. The changes associated with the new IHSS MOE include changes to 1991 Realignment revenue apportionment by the State and a State General Fund offset to temporarily fund the increased costs to counties. The changes to 1991 Realignment include the (1) 100% redirection of Vehicle License Fee growth revenues that would have been received by the health, mental health, and County Medical Services Program (CMSP) subaccounts in FY2016/17, FY2017/18, and FY2018/19 and a 50% redirection of the same revenues in FY2019/20 and FY2020/21 to the social services subaccount (where the IHSS MOE is paid); (2) acceleration of payment of sales tax revenues such that the social services subaccount will receive more sale tax revenues every month with less or no sales tax growth revenues available at the end of the realignment year, and (3) a caseload growth adjustment which will eliminate the two-year lag in incorporating expenditures for the net new IHSS costs.

The FY2018/19 County Recommended Budget includes a projected increase in Solano County's IHSS MOE for all components (services, IHSS (ODAS) administration, and IHSS Public Authority administration) of \$1,371,433 due to the negotiated \$0.50 wage supplement effective May 1, 2018 and the 5% inflation increase in FY2018/19 as required by statute.

**SUMMARY OF POSITION CHANGES**

There are no positions allocated to this budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

The FY2018/19 Recommended Budget does not include any adjustment of the FY2017/18 IHSS MOE cost allocation as the State is not expected to finalize its annual reconciliation until September 2018. The reconciliation will establish the final FY2017/18 County IHSS MOE base amount and could result in either a decrease or no change in the base amount for both FY2017/18 and FY2018/19. If the County's FY2017/18 IHSS MOE costs are reduced and the County has received redirected revenues in excess of its costs, the County will be required to remit the excess State funds back to the State with the exception of redirected CMSP funds which can be rolled over to subsequent years to cover increased local Share of Cost.

**DEPARTMENTAL PURPOSE**

On May 7, 2013 the Solano County Board of Supervisors approved the establishment of the Mental Health Services Act (MHSA) budget unit in accordance with State Welfare & Institutions Code (WIC) section 5892(f) to facilitate the MHSA County Fiscal Accountability Certification required by the State.

**FUNCTION AND RESPONSIBILITIES**

MHSA was established in November 2004 with the passage of Statewide Proposition 63 which placed a 1% tax on personal income in excess of \$1 million and provided the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding for personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. Up until FY2013/14, MHSA funds were allocated in H&SS Fund 902.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

MHSA programs continue to set trends for community oriented mental health prevention and early intervention. In partnership with community providers, MHSA programs are providing Mental Health First Aid training, integrated behavioral healthcare based on a model proven to enhance access for underserved populations, and wellness centers that offer a variety of supportive resources and activities in a structured environment that support the seriously mentally ill consumer. The most recent MHSA Three Year Plan expands adult services to include a mobile crisis program as well as increasing children’s school based services and services to underserved, targeted populations.

**WORKLOAD INDICATORS**

Workload Indicators are included in H&SS Behavioral Health (BU 7780).

**DEPARTMENTAL BUDGET SUMMARY**

The Recommended Budget represents an increase of \$1,031,580 or 5.6% in revenues and an increase of \$3,983,771 or 19.3% in appropriations when compared to the FY2017/18 Adopted Budget. There is no County General Fund Contribution to this fund. MHSA revenues are directly recognized in this fund and transferred to Fund 902 to reimburse MHSA qualifying expenditures.

<b>DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY</b>	<b>2016/17 ACTUAL</b>	<b>2017/18 ADOPTED BUDGET</b>	<b>2018/19 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	306,161	206,576	364,574	157,998	76.5%
INTERGOVERNMENTAL REV STATE	18,240,750	18,072,638	18,946,220	873,582	4.8%
CHARGES FOR SERVICES	10,657	0	0	0	0.0%
<b>TOTAL REVENUES</b>	<b>18,557,569</b>	<b>18,279,214</b>	<b>19,310,794</b>	<b>1,031,580</b>	<b>5.6%</b>
<b>APPROPRIATIONS</b>					
OTHER CHARGES	64	275	279	4	1.5%
OTHER FINANCING USES	18,791,273	20,671,977	24,655,744	3,983,767	19.3%
<b>TOTAL APPROPRIATIONS</b>	<b>18,791,337</b>	<b>20,672,252</b>	<b>24,656,023</b>	<b>3,983,771</b>	<b>19.3%</b>
<b>CHANGE IN FUND BALANCE</b>	<b>233,768</b>	<b>2,393,038</b>	<b>5,345,229</b>	<b>2,952,191</b>	<b>123.4%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

The increase of \$1,031,580 in revenues is primarily due to a projected increase in Statewide MHSA revenues due to a projected increase in revenue generation and interest earned on the fund when compared to the FY2017/18 Adopted Budget. The State transfers 1.76% of all personal income tax payments to the MHSA fund monthly. An annual adjustment is done, typically two years later, to reconcile the fund deposits against actual tax receipts. Depending on the result, the adjustment may be either positive or negative against the State MHSA Fund.



The increase of \$3,983,771 in appropriations is primarily due to an increase in Transfers-Out to Fund 902 for MHSA program costs. The Transfers-In expenditures from this Fund needs to equal the MHSA revenues in Behavioral Health and the explanation for the increase in expenditures is described in the Behavioral Health narrative. The projected draw on the restricted MHSA reserve fund is \$5,345,229.

**SUMMARY OF POSITION CHANGES**

There are no positions allocated to this budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

The Department is monitoring the status of the No Place Like Home (NPLH) Program which is intended to divert Statewide MHSA funds to support \$2 billion in bonds for affordable housing but has been delayed due to litigation.

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## **DEPARTMENTAL PURPOSE**

Tobacco Prevention and Education Program (TPEP) is a Health Promotion and Community Wellness program required by the California Department of Public Health (CDPH), Tobacco Control Program (TCP) and located in the Public Health Division of Solano County Health & Social Services (H&SS). The mission of Solano County Public Health is to optimize the health of the community through individual and population-based services which promote health and safety through prevention and treatment of disease and injury.

## **FUNCTION AND RESPONSIBILITIES**

In November 1988, California voters approved the California Tobacco Health Protection Act of 1988, also known as Proposition 99. This referendum increased the State cigarette tax by 25 cents per pack and added an equivalent amount on other tobacco products. A portion of the revenue generated by the tax is deposited in the Health Education Account, which is administered by CDPH, TCP. This program provides funds to 61 Local Lead Agencies, which operate community-based programs to prevent and reduce tobacco use. The TPEP is designated as Solano County's Local Lead Agency for tobacco control.

The TPEP focus is on five major areas:

- Limit tobacco-promoting influences.
- Reduce exposure to secondhand smoke, tobacco smoke residue, tobacco waste, and other tobacco products.
- Reduce the availability of tobacco products.
- Promote tobacco cessation services.
- Build local assets to support local tobacco control interventions.

Every three years, TPEP is required to conduct a community-based needs assessment in order to develop and implement health education interventions and behavior change programs at the local level. These interventions are expected to largely focus on policy change, as well as community norm change. TPEP is also required to maintain a community coalition to advise TPEP and H&SS.

With the passage of Proposition 56 by California voters in November 2016, which added a \$2.00 per pack tax on cigarettes and other tobacco products, effective April 1, 2017, TPEP began to receive additional funding to implement a more robust, comprehensive tobacco control plan that is integrated with the Proposition 99-funded plan.

## **SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

In 2017, TPEP utilized findings from the extensive community needs assessment that had been completed with the Solano County Tobacco Education Coalition and other stakeholders to augment a one-year plan for FY2017/18 to create an updated, four-year plan based on new, extensive guidelines set forth by the California Tobacco Control Program. Stakeholders were engaged in the priority setting, and staff prepared a comprehensive tobacco control plan for Solano County which earned one of the top scores among the 61 local lead agencies in California. The new plan focus areas include: limiting tobacco retail density; developing youth leadership in tobacco prevention; updating local ordinances to match state definitions of smoking and tobacco products; pursuing a policy that would restrict the sale of flavored tobacco products in order to reduce health disparities related to tobacco use; reducing secondhand smoke exposure in multi-unit housing; and building partnerships and training on Adverse Childhood Experiences as a means of preventing tobacco use and chronic disease.

## **WORKLOAD INDICATORS**

- Throughout 2017, TPEP provided technical assistance to a variety of jurisdictions on secondhand smoke and related policies. With support from TPEP and the Tobacco Education Coalition, Benicia adopted a smoke-free parks, recreation areas and trails policy in March 2017 and Suisun City adopted a smoke-free parks and recreation area policy in April 2017.
- In 2017, TPEP, along with members of the Healthy Stores for a Healthy Community Subcommittee, Tobacco Education Coalition, Public Health staff, and other community volunteers assisted with healthy store makeovers at tobacco retailers in Vallejo and Suisun City. Makeover activities included removing unhealthy window and floor advertisements including those for tobacco products, alcohol products, sugary drinks and unhealthy snacks; rearranging products in the store to make healthier choices easier to find, such as displaying fresh fruits and vegetables and healthier items at the front of the store

and sugar-sweetened beverages in the back of the store; and creating a healthier checkout area by replacing some tobacco products, unhealthy snacks and candies with healthier snack items and non-food items such as hand sanitizers and lip balms.

- In 2017, TPEP collaborated with the Benicia Youth Action Coalition and Benicia Police Department to combine tobacco retail license efforts with a project to reduce storefront advertising of such products. Community education and education of retailers occurred; however, due to the City's focus on cannabis, pursuit of this policy is currently on hold and will be pursued in Spring 2018.

**DEPARTMENTAL BUDGET SUMMARY**

The Recommended Budget represents an increase of \$56,166 or 7.1% in both revenues and appropriations when compared to the FY2017/18 Adopted Budget. There is no County contribution to this budget.

Primary Funding Sources

The primary funding source for Tobacco Prevention and Education Program (TPEP) is the State of California Tobacco Prevention and Education Fund Allocation from Proposition 99 and Proposition 56.

The FY2018/19 Recommended Budget includes \$56,166 or 7.1% net increase in revenues primarily due to carryover funds from prior years.

Primary Costs

The FY2018/19 Recommended Budget includes \$56,166 or 7.1% net increase in appropriations primarily due to an overall increase in costs to meet the requirements of Proposition 56.

Primary costs for TPEP are:

- \$247,434 for salaries and employee benefits.
- \$256,961 in services and supplies including \$105,800 for consulting and contracted evaluation and community engagement services and \$116,122 for advertising and marketing.
- \$344,310 in other charges including \$138,137 in contracted services and \$200,906 for Public Health personnel.

Contracts

The FY2018/19 Recommended Budget for Tobacco Prevention and Education includes a total of \$138,137 in contracted services for the youth coalition development for tobacco prevention.

Fixed Assets

None.

**DEPARTMENT COMMENTS**

None.

**7950 – Fund 390-Tobacco Prevention & Education**  
**Gerald Huber, Director of Health & Social Services**  
**Health & Public Assistance**

**Summary of Other Administered Budgets**

<b>DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY</b>	<b>2016/17 ACTUAL</b>	<b>2017/18 ADOPTED BUDGET</b>	<b>2018/19 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	769	720	400	(320)	(44.4%)
INTERGOVERNMENTAL REV STATE	107,486	794,442	850,928	56,486	7.1%
<b>TOTAL REVENUES</b>	<b>108,255</b>	<b>795,162</b>	<b>851,328</b>	<b>56,166</b>	<b>7.1%</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	0	130,048	247,434	117,386	90.3%
SERVICES AND SUPPLIES	19,437	530,140	256,961	(273,179)	(51.5%)
OTHER CHARGES	3,150	4,039	344,310	340,271	8424.6%
OTHER FINANCING USES	155,696	130,935	2,623	(128,312)	(98.0%)
<b>TOTAL APPROPRIATIONS</b>	<b>178,284</b>	<b>795,162</b>	<b>851,328</b>	<b>56,166</b>	<b>7.1%</b>
<b>CHANGE IN FUND BALANCE</b>	<b>70,028</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
<b>STAFFING</b>					
TOBACCO PREVENTION & EDUCATION	0	0	2	2	0.0%
<b>TOTAL STAFFING</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0.0%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

None.

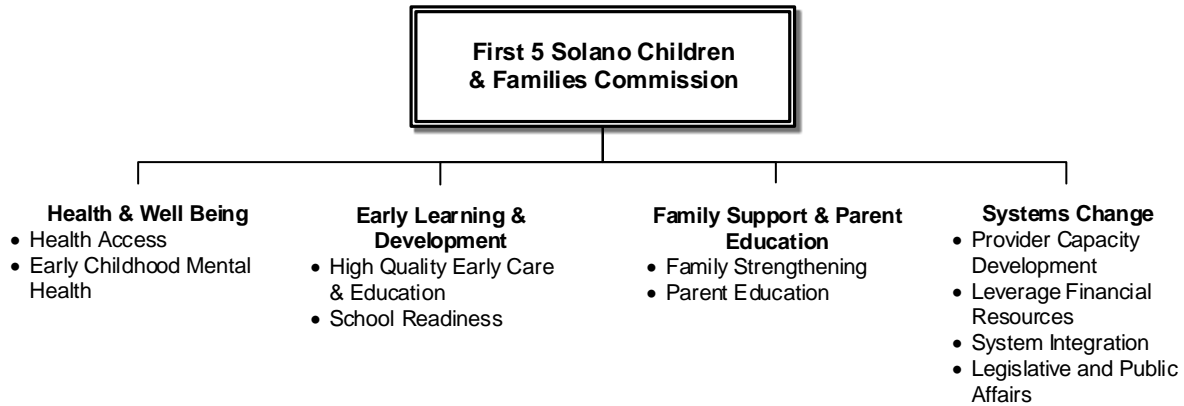
**SUMMARY OF POSITION CHANGES**

The FY2018/19 Recommended Budget includes the following position changes:

- Transfer 1.0 FTE Health Education Specialist from Health Services to Tobacco Prevention and Education Program to support the increased demands of that program which require dedicated staff, funded by Proposition 56 funding.
- Transfer 1.0 FTE Senior Health Education Specialist from Health Services to Tobacco Prevention and Education Program to support the increased demands of that program which require dedicated staff, funded by Proposition 56 funding.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

Passage of Proposition 56 has generated a significant increase in funding to the TPEP program subject to State approval of the County's TPEP. The State is in the process of establishing this program in compliance with the Proposition language and County program approval has been delayed. Initial indications were that funding could transfer to subsequent years; however, there is currently a lack of clarity as to whether or not the multi-year funding authority for these funds will remain. Should the multi-year funding authority be removed, the County may lose FY2017/18 allocated funding due the delay in the State's approval of the County's TPEP.



**DEPARTMENTAL PURPOSE**

First 5 Solano Children and Families Commission (First 5 Solano) exists to develop and support programs and partnerships that improve the lives of young children, their families and their communities. First 5 Solano was created as a result of Proposition 10, approved by California voters in 1998, which established a dedicated funding source for services for children ages birth to five utilizing taxes on the sale of tobacco products. There is a State-level First 5 Commission as well as 58 county commissions; each county commission operates in accordance with a locally-approved strategic plan. County commissioners, appointed by local Boards of Supervisors, have sole authority to allocate county commission funds. These funds, which decline over time, cannot be used to supplant existing programs and/or services. First 5 Solano provides funding for community-

based services that address the health, well-being, social, cognitive, academic, emotional, and developmental needs of expectant parents, young children and their families. First 5 Solano also funds activities that promote and support a stronger infrastructure and more effective system of services for children from birth to five years of age. First 5 Solano’s strategic investments are used to support additional leveraged funds in local, State, federal, and foundation dollars for Solano County’s youngest children.

<b>Budget Summary:</b>	
FY2017/18 Midyear Projection:	4,286,188
FY2018/19 Recommended:	4,779,292
County General Fund Contribution:	0
Percent County General Fund Supported:	0%
Total Employees (FTEs):	7

**FUNCTION AND RESPONSIBILITIES**

First 5 Solano funds local community organizations, government agencies, and school districts which offer programs and services that align with the following Strategic Plan Priority areas and initiatives:

- Health and Well-Being, including early childhood mental health and access to health services.
- Early Childhood Learning and Development, including early care and education quality improvement, pre-Kindergarten academies, and a childcare and early learning facility.
- Family Support and Parent Education, including family strengthening services and an evidence-based parent education program.

In addition to direct services, First 5 Solano provides systems building cross initiative approaches, including funding a referral call center known as “Help Me Grow Solano” to increase the connection of young children to services; the Solano Kids Thrive Collective Impact initiative to align activities within the early childhood system; and a data collection/reporting system for its grantees.

In FY2016/17 First 5 Solano launched the Strategic Plan Priority Area of *Systems Change* with the goal of strengthening, integrating, expanding, and sustaining the early childhood system. Activities in this priority area include cross system collaboration, increasing capacity of early childhood providers, and expanding financial resources for the early childhood system.

**Michele Harris, Executive Director  
Health & Public Assistance**

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### **SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

- Developed a 2018-2023 Program Investment Plan to identify the highest priority needs to support young children in the community.
- Developed a First 5 Solano Legislative Platform and began meeting with local policymakers to identify the importance of the early years on health and development.
- Provided services to over 8,000 Solano residents, including children, parents/caregivers and providers of services to young children.
- Elevated the importance of responding to trauma caused by Adverse Childhood Experiences (ACEs) via the Solano Kids Thrive Collective Impact group.
- Participated in community activities to raise awareness of needs of young children, including highlighting the importance of play at the Solano County Fair's Giant Sandbox.
- Continued valued community programs to improve outcomes for children, such as:
  - Partnered with Solano County Office of Education to enroll over 50 early care and education providers in a quality improvement program.
  - Assisted children and families through the Help Me Grow Solano call center—a national model to connect young children and families to needed services in their community.
  - Supported access to affordable health insurance coverage for over 600 pregnant women and young children through Solano Kids Insurance Program
  - Kept approximately 100 young children at risk of foster care system involvement safely in their homes and communities through neighborhood-based, multi-disciplinary team home visiting and case conferencing through a partnership between the local Family Resources Centers, Public Health and Child Welfare Services.
  - Served approximately 700 at risk families throughout the County with case management, financial planning and parent education.
  - Provided over 400 children pre-kindergarten educational opportunities through Pre-Kindergarten Academies. The children showed improvements in social, emotional and cognitive skills and were more prepared to enter Kindergarten.
- Collaborated with Northern California Grantmakers to continue ongoing discussions with several foundations to identify funding opportunities that would fill critical gaps in Solano County for both families and the non-profit community.

### **WORKLOAD INDICATORS**

- During the period of July 1, 2017 – June 30, 2018, First 5 Solano managed nearly 40 contracts and Memorandums of Understanding totaling over \$2.4 million, which provided services to over 8,000 Solano residents.
- Offered multiple opportunities for the community to engage in small grants for community engagement events, co-sponsorship of trainings and conferences, grant-writing, and business engagement.

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2016/17 ACTUAL	2017/18 ADOPTED BUDGET	2018/19 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
FIRST 5 SOLANO	4,215,354	3,950,102	4,381,553	431,451	10.9%
<b>TOTAL REVENUES</b>	<b>4,215,354</b>	<b>3,950,102</b>	<b>4,381,553</b>	<b>431,451</b>	<b>10.9%</b>
<b>APPROPRIATIONS</b>					
FIRST 5 SOLANO	3,620,278	4,720,477	4,779,292	58,815	1.2%
<b>TOTAL APPROPRIATIONS</b>	<b>3,620,278</b>	<b>4,720,477</b>	<b>4,779,292</b>	<b>58,815</b>	<b>1.2%</b>
<b>CHANGE IN FUND BALANCE</b>					
FIRST 5 SOLANO	(595,076)	770,375	397,739	(372,636)	(48.4%)
<b>CHANGE IN FUND BALANCE</b>	<b>(595,076)</b>	<b>770,375</b>	<b>397,739</b>	<b>(372,636)</b>	<b>(48.4%)</b>
<b>STAFFING</b>					
FIRST 5 SOLANO	7	6	7	1	16.7%
<b>TOTAL STAFFING</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>1</b>	<b>16.7%</b>

**DEPARTMENTAL BUDGET SUMMARY**

The Recommended Budget represents an increase of \$431,451 or 10.9% in revenues and an increase of \$58,815 or 1.2% in appropriations when compared to the FY2017/18 Adopted Budget resulting in a decrease of \$397,739 in Fund Balance.

The FY2018/19 Recommended Budget implements the first year of the Commission’s 2018-2023 Program Investment Plan. This Program Investment Plan positions First 5 Solano to bring its ongoing level of spending in line with its ongoing revenue levels, without requiring a draw on its reserve funds to supplement its annual budget.

Primary Funding Sources

The primary funding source for First 5 Solano is Proposition 10 Tobacco Tax.

The FY2018/19 Recommended Budget includes a \$431,451 or 10.9% net increase in revenues primarily due to a one-time increase in Proposition 10 Tobacco Tax due to a FY2017/18 backfill from Proposition 56 Tobacco Tax. Other smaller increases in revenue include an increase in a First 5 California matching program, increase in interest on reserves, and an increase in services provided to other county departments.

Primary Costs

The FY2018/19 Recommended Budget includes a \$58,815 or 1.2% net increase in appropriations primarily due to one-time expenditures for FY2018/19 related to implementation of a system of care that supports developmental screenings of young children. The 1.0 FTE recommended increase in staffing supports a programmatic investment in evidence-based parent education and is offset over the upcoming First 5 5-year funding cycle by transitioning funding from other early childhood mental health and family support programs.

First 5 Solano will be providing for \$2.7 million to community agencies to implement services and programs in alignment with the Commission’s Strategic Plan. The Department will be changing strategies in several areas to focus on achieving program outcomes with evidence-based solutions that leverage other resources for children and families. In addition to services through community providers, the Department will be implementing several internal programs and funds including community engagement, co-sponsorship of trainings and conferences, and systems change.

Contracts

The FY2018/19 Recommended Budget includes \$2,900,000 in contracted services. This includes the following significant contracts:

- \$200,000 - Help Me Grow call center

Michele Harris, Executive Director  
Health & Public Assistance

- \$200,000 - Annual Grants
- \$100,000 - Health Access
- \$200,000 - Pre-Kindergarten Academies
- \$600,000 - Triple P Parent Education
- \$350,000 - Developmental Screenings
- \$300,000 - Quality Early Care and Education Services
- \$350,000 - Family Strengthening Services

Fixed Assets

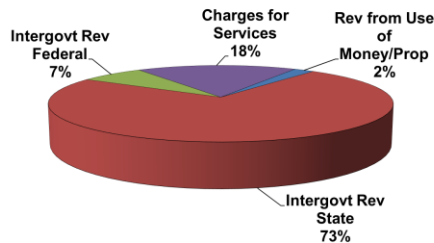
None.

See related Budget Unit 9153 – Fund 153 Contingencies (refer to Contingencies section of the Budget).

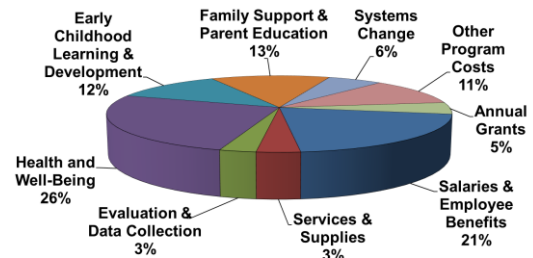
**DEPARTMENTS COMMENTS**

None.

**SOURCE OF FUNDS**



**USE OF FUNDS**



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2016/17 ACTUAL	2017/18 ADOPTED BUDGET	2018/19 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	66,782	52,500	98,113	45,613	86.9%
INTERGOVERNMENTAL REV STATE	3,684,367	2,935,715	3,196,898	261,183	8.9%
INTERGOVERNMENTAL REV FEDERAL	137,760	276,543	311,857	35,314	12.8%
CHARGES FOR SERVICES	316,920	640,344	769,685	129,341	20.2%
MISC REVENUE	9,525	45,000	5,000	(40,000)	(88.9%)
<b>TOTAL REVENUES</b>	<b>4,215,354</b>	<b>3,950,102</b>	<b>4,381,553</b>	<b>431,451</b>	<b>10.9%</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	798,299	831,684	981,730	150,046	18.0%
SERVICES AND SUPPLIES	92,921	126,003	167,001	40,998	32.5%
OTHER CHARGES	2,704,760	3,739,083	3,620,767	(118,316)	(3.2%)
OTHER FINANCING USES	24,297	23,707	9,794	(13,913)	(58.7%)
<b>TOTAL APPROPRIATIONS</b>	<b>3,620,278</b>	<b>4,720,477</b>	<b>4,779,292</b>	<b>58,815</b>	<b>1.2%</b>
<b>CHANGE IN FUND BALANCE</b>	<b>(595,076)</b>	<b>770,375</b>	<b>397,739</b>	<b>(372,636)</b>	<b>(48.4%)</b>



**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

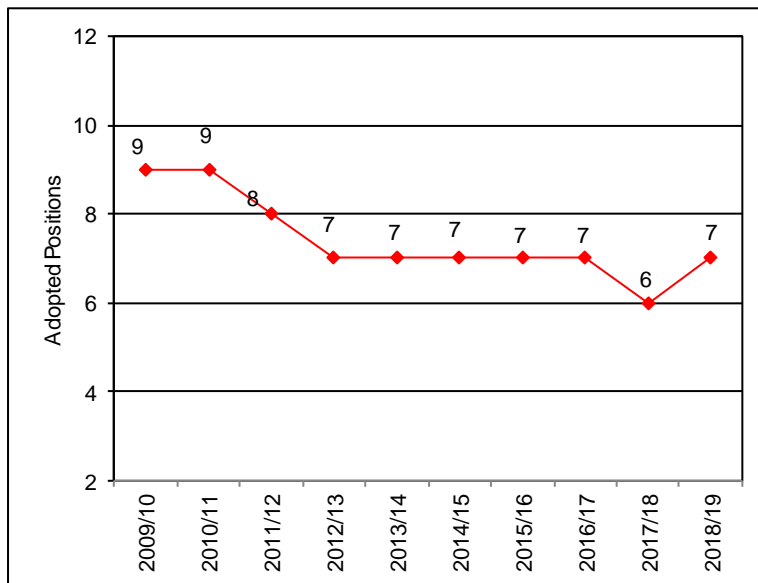
- The net increase of \$431,451 in revenues is primarily attributable to an increase in Proposition 10 tobacco tax due to the prior year backfill from Proposition 56.

**SUMMARY OF POSITION CHANGES**

The FY2018/19 Recommended Budget includes the following position change:

- Add 1.0 FTE Health Education Specialist to support the implementation of an evidence-based parent education program.

**STAFFING TREND**



**PENDING ISSUES AND POLICY CONSIDERATIONS**

First 5 Solano is continuing to seek ways in which the early childhood system can be sustained and even expanded as First 5 Solano revenues and reserves decline. First 5 Solano had been engaging in Systems Change work with its community partners to identify specific actions, such as increasing the capacity of early childhood providers, identifying new funding sources or leveraged dollars, integrating systems, and legislative and policy changes.

The FY2018/19 Recommended Budget utilizes \$397,739 from First 5 Solano’s reserves to cover expenditures. Based upon the Commission’s approved 2018-2023 Program Investment Plan, FY2018/19 is projected to be the last year that a significant amount of reserve dollars will be accessed for ongoing operations.

<b>DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS</b>	<b>2016/17 ACTUAL</b>	<b>2017/18 ADOPTED BUDGET</b>	<b>2018/19 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
1570 GRANTS/PROGRAMS ADMIN	710,243	706,560	706,560	0	0.0%
<b>APPROPRIATIONS</b>					
1570 GRANTS/PROGRAMS ADMIN	670,836	706,560	706,560	0	0.0%
<b>NET CHANGE</b>					
1570 GRANTS/PROGRAMS ADMIN	(39,407)	0	0	0	0.0%

A summary of the budgets administered by First 5 Solano is provided on the following pages.

**DEPARTMENTAL PURPOSE**

This budget unit was established to track County Administrative Office/First 5 Solano’s administration and program costs related to Solano Children’s Alliance (SCA) and has expanded to include other Board of Supervisors approved programs/contributions outside of the scope of First 5 Solano Children and Families Commission such as management of the Family Resource Center (FRC) contracts for children ages 6-18.

**FUNCTION AND RESPONSIBILITIES**

The SCA was formed by the Board of Supervisors in 1982 and charged with advising the Board on children’s issues. The SCA’s goal is to improve the lives of children in Solano County through education, advocacy, coordination of community services, and community-based collaborative. In 2013, the Solano Child Abuse Prevention Council (CAPC) merged with the SCA, and the SCA incorporated the CAPC mission of ensuring the safety, well-being, and protection of all children and families in Solano County. The SCA is staffed through a contractual agreement with the Children’s Network of Solano County to analyze budgets and policies, make recommendations to local and State leaders, and apportion funds earmarked for local children and families.

This budget unit also includes a County contribution to the Solano Child Care Local Planning Council (SCLPC), whose mission is to ensure that all families and children in Solano County have access to quality and affordable child care. The SCLPC is primarily funded by the California Department of Education.

In addition to the contracts mentioned above, First 5 Solano manages a number of County General Fund family support contracts for families with children aged 6-18. First 5 Solano has managed similar First 5 funded contracts with the same entities for children aged 0-5 for the purpose of increasing high-risk families’ access to countywide, integrated and evidence-based family strengthening services to improve family stability, and reduce child abuse and neglect.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

- Provided safety net services through Family Resource centers to over 500 at-risk families, including case management, financial planning, and parent education.

**WORKLOAD INDICATORS**

- Maintained eight direct service contracts.

**DEPARTMENTAL BUDGET SUMMARY**

The Recommended Budget represents no change in revenues or appropriations when compared to the FY2017/18 Adopted Budget. The Recommended Budget includes a General Fund Contribution of \$616,560. The General Fund Contribution includes \$118,751 for the SCA/CAPC, \$415,788 for the FRC contracts, \$12,500 for the Local Child Care Planning Council, \$19,521 for a contract placeholder, and \$50,000 for contract management.

The Recommended Budget also includes \$90,000 in revenue and expenditure from the Children’s Trust Fund. The Children’s Trust Fund is supported through birth certificate fees and donations. The SCA is responsible for making recommendations on the use and appropriation from Children’s Trust Fund. This allocation is the same as from FY2017/18.

Primary Funding Sources

The primary funding source for the Department is County General Fund and the Children’s Trust Fund.

Contracts

The FY2018/19 Recommended Budget includes a total of \$644,060 or 91% in contracted services which includes the following significant contracts:

- \$415,788 for FRC contracts. Dixon and the City of Benicia Police Department FRC contracts were reduced in FY2017/18 due to mutually agreed upon removal of contract activities.
- \$130,723 for Children’s Network of Solano County – Alliance

See related Budget Unit 9126 – Fund 151 Contingencies (refer to Contingencies section of the Budget).

Michele Harris, Executive Director  
 Health & Public Assistance

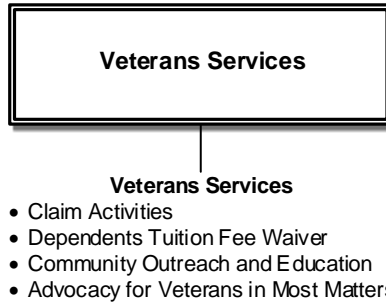
DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2016/17 ACTUAL	2017/18 ADOPTED BUDGET	2018/19 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	1,840	0	0	0	0.0%
CHARGES FOR SERVICES	87,746	90,000	90,000	0	0.0%
GENERAL FUND CONTRIBUTION	620,657	616,560	616,560	0	0.0%
<b>TOTAL REVENUES</b>	<b>710,243</b>	<b>706,560</b>	<b>706,560</b>	<b>0</b>	<b>0.0%</b>
<b>APPROPRIATIONS</b>					
OTHER CHARGES	670,836	706,560	706,560	0	0.0%
<b>TOTAL APPROPRIATIONS</b>	<b>670,836</b>	<b>706,560</b>	<b>706,560</b>	<b>0</b>	<b>0.0%</b>
<b>NET CHANGE</b>	<b>(39,407)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

None.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

There are no pending issues or policy considerations at this time.



**DEPARTMENTAL PURPOSE**

The Solano County Veterans Services Office (CVSO) was established in 1944 by the Solano County Board of Supervisors to assist the men and women who served in the Armed Forces, their dependents and survivors in obtaining benefits from Federal, State and local agencies administering programs for veterans.

<b>Budget Summary:</b>	
FY2017/18 Midyear Projection:	718,606
FY2018/19 Recommended:	772,324
County General Fund Contribution:	482,324
Percent County General Fund Supported:	62.4%
Total Employees (FTEs):	6

**FUNCTION AND RESPONSIBILITIES**

The CVSO assists veterans in applying for Monetary Benefit Programs, Survivors Benefits, Medical Benefits, Educational Programs, Veterans Administration (VA) Life Insurance Programs, State Veterans Homes, Veterans Property Tax Exemptions, Burial Benefits and VA National Cemeteries.

The Office has Veterans Benefits Counselors who are fully accredited by the U. S. Department of Veterans Affairs (VA), and therefore, able to offer comprehensive benefits counseling, claims preparation and submission, claims monitoring and follow-up, and development and submission of appeals.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

Over the past year, the Solano County Veterans Services Office has achieved new levels of service and has been rated as the number one office in the State of California for veteran participation rate. Solano County serves approximately 36% of the veteran population when compared to a 20% participation rate in the State of California and nationwide. The CVSO is also number one in the State for new dollars brought into the County in the form of claims and awards. The Department filed 3,945 claims in FY2017/18 resulting in \$32 million in new dollars for veterans and their dependents. To keep Solano County as a top-performer the Department must maintain existing staffing and performance levels to ensure federal funding dollars flowing into Solano County.

**WORKLOAD INDICATORS**

The CVSO workload has increased from an average of 57 veterans per day in FY2016/17 to more than 60 veterans per day in FY2017/18. To serve this growing demand, the Board of Supervisors approved extending the Limited-Term Veterans Services Counselor position to June 30, 2019 at the midyear budget hearing with the anticipation that the CVSO will receive \$290,000 in revenues from the State to fund the position.

**5800 – Fund 001-Veterans Services**  
**Ted Puntillo, Director of Veterans Services**  
**Veterans Services**

**Functional Area Summary**

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2016/17 ACTUAL	2017/18 ADOPTED BUDGET	2018/19 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
VETERANS SERVICES	286,023	275,000	290,000	15,000	5.5%
<b>TOTAL REVENUES</b>	<b>286,023</b>	<b>275,000</b>	<b>290,000</b>	<b>0</b>	<b>5.5%</b>
<b>APPROPRIATIONS</b>					
VETERANS SERVICES	674,148	715,037	772,324	57,287	8.0%
<b>TOTAL APPROPRIATIONS</b>	<b>674,148</b>	<b>715,037</b>	<b>772,324</b>	<b>57,287</b>	<b>8.0%</b>
<b>NET COUNTY COST</b>					
VETERANS SERVICES	388,125	440,037	482,324	42,287	9.6%
<b>NET COUNTY COST</b>	<b>388,125</b>	<b>440,037</b>	<b>482,324</b>	<b>42,287</b>	<b>9.6%</b>
<b>STAFFING</b>					
VETERANS SERVICES	6	6	6	0	0.0%
<b>TOTAL STAFFING</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0.0%</b>

**DEPARTMENTAL BUDGET SUMMARY**

The Recommended Budget represents an increase of \$15,000 or 5.5% in revenues from the state to provide veteran services and an increase of \$57,287 or 8.0% in appropriations when compared to FY2017/18.

Primary Funding Sources

The CVSO is primarily funded by the County General Fund (GF) and Intergovernmental funding from the State. Revenues are received from the State through a Subvention program that provides \$5.6 million statewide to help offset costs to the counties for providing services to veterans. This funding is distributed based on individual counties' workload data. Solano County has consistently ranked in the top counties for workload and receives \$290,000 in subvention funding.

Primary Costs

The increase in appropriations are primarily due to Salaries and Employee Benefits for retirement and healthcare totaling \$55,396 or 10.2%, whereas two employees have opted to receive healthcare benefits, compared to one employee last fiscal year, doubling the appropriation. There is also an increase in Central Data Processing Services, Countywide Administrative Overhead costs, and other Services and Supplies.

Contracts

None requiring Board approval.

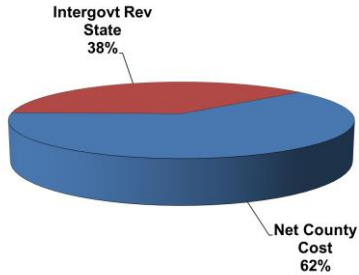
Fixed Assets

None.

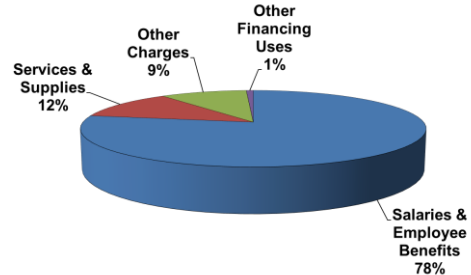
**DEPARTMENT COMMENTS**

None.

**SOURCE OF FUNDS**



**USE OF FUNDS**



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2016/17 ACTUAL	2017/18 ADOPTED BUDGET	2018/19 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
INTERGOVERNMENTAL REV STATE	286,023	275,000	290,000	15,000	5.5%
<b>TOTAL REVENUES</b>	<b>286,023</b>	<b>275,000</b>	<b>290,000</b>	<b>15,000</b>	<b>5.5%</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	515,977	543,510	598,906	55,396	10.2%
SERVICES AND SUPPLIES	77,994	80,210	91,042	10,832	13.5%
OTHER CHARGES	57,231	69,286	73,471	4,185	6.0%
OTHER FINANCING USES	16,092	16,031	5,905	(10,126)	(63.2%)
INTRA-FUND TRANSFERS	6,853	6,000	3,000	(3,000)	(50.0%)
<b>TOTAL APPROPRIATIONS</b>	<b>674,148</b>	<b>715,037</b>	<b>772,324</b>	<b>57,287</b>	<b>8.0%</b>
<b>NET COUNTY COST</b>	<b>388,125</b>	<b>440,037</b>	<b>482,324</b>	<b>42,287</b>	<b>9.6%</b>

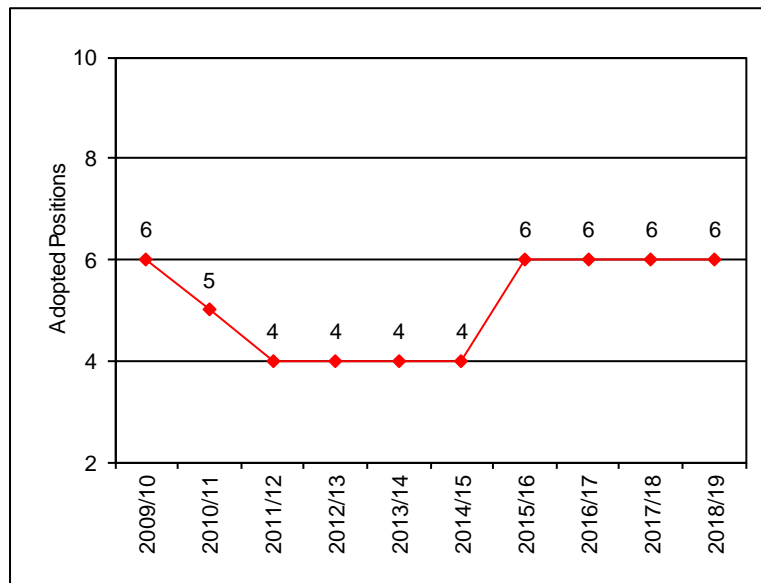
**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

None.

**SUMMARY OF POSITION CHANGES**

During the Midyear Financial Report on March 13, 2018, a Limited-Term Veterans Benefits Counselor position was extended to June 30, 2019 in anticipation of a renewal of funds from the State of California.

**STAFFING TREND**



**PENDING ISSUES AND POLICY CONSIDERATIONS**

Given the continued increase of veterans served by CVSO, it is important for the County to continue to advocate for more funds from the State of California.



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