

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.

Budget Summary:	
FY2018/19 Midyear Projection:	324,376,985
FY2019/20 Recommended:	346,621,764
County General Fund Contribution:	20,352,749
Percent County General Fund Supported:	5.9%
Total Employees (FTEs):	1,306.65

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, compliance activities, contract management, payroll, recruitment, and departmental training.

Behavioral Health Services (BU 7780) includes the Mental Health Plan and Substance Abuse Programs. The Division provides treatment, case management, rehabilitation, and community support services to seriously emotionally disturbed youth 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, Napa/Solano Area Agency on Aging (AAA) serving Planning Service Area (PSA) 28, and In-Home Supportive Services (IHSS) Public Authority.

Employment and Eligibility Services (E&ES) 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).

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 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.

In September 2018, the California Department of Aging (CDA) designated Solano County as the lead agency for the Napa/Solano AAA for PSA 28. ODAS provides program management and administrative support to the AAA.

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) 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 program eligibility. CalFresh (food subsidy) 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	2017/18 ACTUALS	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
ADMINISTRATION DIVISION	3,509,637	8,487,964	2,414,027	(6,073,937)	(71.6%)
BEHAVIORAL HEALTH DIVISION	76,665,277	90,162,812	99,619,092	9,456,280	10.5%
SOCIAL SERVICES DIVISION	101,136,996	111,447,544	113,852,347	2,404,803	2.2%
IHSS - PA ADMINISTRATION	11,504,044	978,896	959,101	(19,795)	(2.0%)
PUBLIC ASSISTANCE PROGRAMS	49,397,628	47,937,233	52,749,867	4,812,634	10.0%
HEALTH SERVICES DIVISION	85,188,753	75,884,771	78,382,576	2,497,805	3.3%
TOTAL REVENUES	327,402,335	334,899,220	347,977,010	13,077,790	3.9%
APPROPRIATIONS					
ADMINISTRATION DIVISION	3,580,781	4,487,964	2,414,027	(2,073,937)	(46.2%)
BEHAVIORAL HEALTH DIVISION	77,948,168	90,162,812	99,619,092	9,456,280	10.5%
SOCIAL SERVICES DIVISION	101,152,697	111,447,544	113,852,347	2,404,803	2.2%
IHSS - PA ADMINISTRATION	11,504,600	978,896	959,101	(19,795)	(2.0%)
PUBLIC ASSISTANCE PROGRAMS	49,397,628	47,937,233	52,749,867	4,812,634	10.0%
HEALTH SERVICES DIVISION	74,982,300	73,209,755	77,027,330	3,817,575	5.2%
TOTAL APPROPRIATIONS	318,566,174	328,224,204	346,621,764	18,397,560	5.6%
NET CHANGE	(8,836,160)	(6,675,016)	(1,355,246)	5,319,770	(79.7%)
STAFFING					
ADMINISTRATION DIVISION	96.00	95.00	98.00	3.00	3.2%
BEHAVIORAL HEALTH DIVISION	205.70	206.00	216.25	10.25	5.0%
SOCIAL SERVICES DIVISION	686.25	652.75	654.75	2.00	0.3%
IHSS - PA ADMINISTRATION	6.00	5.00	5.00	0.00	0.0%
PUBLIC ASSISTANCE PROGRAMS	0.00	0.00	0.00	0.00	0.0%
HEALTH SERVICES DIVISION	332.40	329.50	332.65	3.15	1.0%
TOTAL STAFFING	1,326.35	1,288.25	1,306.65	18.40	1.4%

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$13,077,790 or 3.9% in revenues, which includes a County General Fund Contribution, and an increase of \$18,397,560 or 5.6% in appropriations when compared to the FY2018/19 Adopted Budget, excluding the transfers to or from reserves. The General Fund Contribution of \$20,352,749 decreased by \$4,659,681 or 18.6% primarily due to the one-time receipt and designation of SB 90 claim payments from the State in FY2018/19 offset by increases in the County’s share of cost for the IHSS MOE (Administration), CalFresh and the SSI advocacy programs.

Primary Funding Sources

The primary funding sources for H&SS are federal and State Program revenues of approximately \$174.1 million (50% of total); 1991 Realignment (See glossary for definition) - \$54.6 million; 2011 Public Safety Realignment (See glossary for definition) - \$39.1 million; and Charges for Services estimated at \$26.4 million in reimbursements for services. The County General Fund Contribution of \$20.4 represents 5.9% 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

specific service as well as departmental administrative costs and direct charges from other County departments providing support services to H&SS. In FY2019/20, direct charges from other County departments plus Countywide Administrative Overhead total \$24.7 million of which 94.1%, or approximately \$23.3 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 and 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 include 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

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 FY2019/20 Recommended Budget includes \$54.6 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 \$8.8 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 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 increased County IHSS MOE costs and further impacted the 1991 Realignment Social Services, Mental Health, and Health accounts. The increased In-Home Supportive Services (IHSS) cost to counties was partially covered by redirecting VLF growth from the Health, Mental Health and CMSP Board accounts to Social Services. Social Services continues to receive sales tax growth due to the IHSS caseload increase; however, Health and Mental Health do not receive any sales tax growth, resulting in their base funding being flat (since they will not receive any growth to add to subsequent years' base allocations). Additionally, the Vehicle License Fee base for Health and Mental Health will also not receive 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. The Governor's January Budget proposes additional changes to the IHSS MOE which is discussed in Department 1520, Fund 152.

2011 Realignment Revenue

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 \$39.1 million in 2011 Realignment funds for FY2019/20. 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 FY2019/20 Recommended Budget includes a County General Fund Contribution in the amount of \$20,352,749, a decrease of \$4,659,681 when compared to the FY2018/19 Adopted Budget. The decrease is comprised of the following:

- \$6,070,603 decrease in Administration due to the one-time redirection of SB 90 claim payments in FY2018/19 establishing the Mental Health and Permanent Supportive Housing restricted funds, one-time redirection of CMSP participation fees to fund homeless and housing support services, and full payment of the debt service for 275 Beck and 2101 Courage facilities in November 2019.
- \$1,047,708 increase in Social Services mainly due to the IHSS Maintenance of Effort 7% inflation increase, County required match for the CalFresh program, and County cost associated with the SSI advocacy program.
- \$809,548 increase in Health Services to cover the FY2019/20 CMSP participation fee that was waived in prior years.
- \$446,334 decrease in Assistance due to reductions in Foster Care, CalWORKs, and General Assistance costs.

The County General Fund Contribution of \$20,352,749 is appropriated with \$3,791,474 funding the Assistance Programs, and \$16,561,275 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.
- \$2,024,842 in mandatory match or County share of costs for federal/State programs for Child Welfare Services, CalFresh, CalWIN and IHSS administration.

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- \$5,704,565 for mandated substance abuse and adult psychiatric outpatient and inpatient services.
 - \$3,148,317 to fund some programs at the minimum level necessary. These programs include the Public Health Laboratory, Public Guardian, and 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.
 - \$767,844 for administrative costs that are non-claimable.
 - \$1,261,631 to support homeless outreach and community services efforts, Medi-Cal Administrative Activities, SSI advocacy, 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 \$2,414,027 in appropriations which recovers most costs through Administrative Overhead Intrafund Transfers.
- Social Services (BU 7680) includes \$113,852,347 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 \$959,101 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 \$99,619,092 in appropriations which includes Mental Health and Substance Abuse.
- Health Services (BU 7880) includes \$77,027,330 in appropriations which includes Public Health and Medical Services.
- Assistance Programs (BU 7900) includes \$52,749,867 in appropriations which includes above reference assistance programs.

Other Administered Budgets not part of Fund 902 include \$20,171,411 for the IHSS Public Authority (Fund 152 - BU 1520), \$801,423 in appropriations for Tobacco Prevention and Education (Fund 390 - BU 7950), \$3,067,003 Napa/Solano Area Agency on Aging (Fund 216 – BU 2160) and a Transfers-Out of \$26,408,622 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.

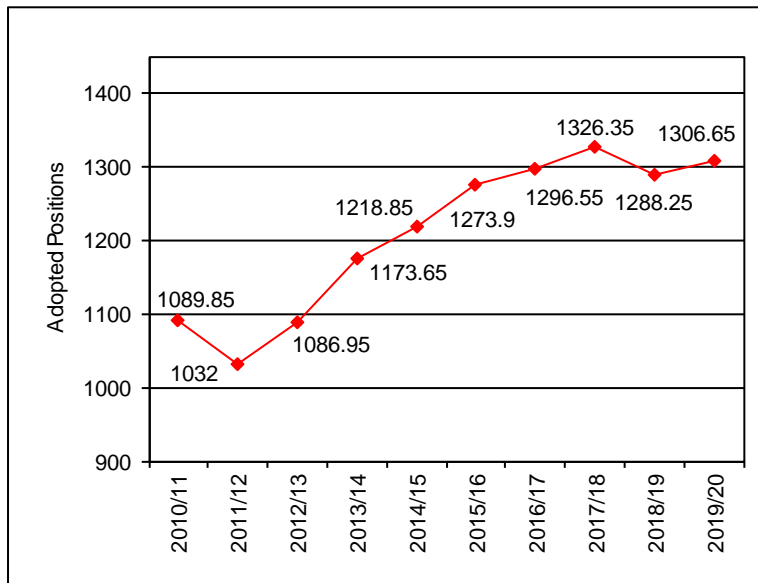
DEPARTMENT COMMENTS

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.

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, Executive Administration, Research and Planning, and Employee Services which includes recruitment and department training.

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.

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

Compliance is responsible for the Department's 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 mandated compliance training and education, conducts internal and periodic risk evaluations for each H&SS division in conjunction with the Auditor-Controller's office, and functions as H&SS' civil rights coordinator.

Contracts Management

Contracts Management is responsible for the administration and monitoring of more than 500 contracts and service agreements with a value of approximately \$127 million.

Research and Planning

Research and Planning 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 and partnering with programs to leverage, develop or create data-informed approaches that improve community outcomes.

Employee Services

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

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 \$85 million in federal expenditures. The FY2017/18 Single Audit, issued in December 2018, disclosed one instance of noncompliance regarding Medi-Cal eligibility redetermination. There were no questioned costs.
- In August 2018, Research and Planning, in conjunction with Community Services and Coordination and Information Technology, piloted a web-based homeless mobile application to count and monitor homeless outreach attempts and record activities. The mobile application includes basic demographic information, referrals made, and how often the same individuals are encountered. Information received will assist in gaining a better understanding of the homeless population and effectively support continuum of services. Ongoing work includes improving the mobile functionality and increasing access to support additional users.
- During FY2018/19, Research and Planning worked with In-Home Supportive Services, California Children’s Services, Compliance, Information Technology, First 5 Solano, and Child Support Services, to develop and pilot the Multi-Agency Release of Information (MAROI) project. MAROI is a release that permits multiple agencies to share information regarding clients they have in common to facilitate better coordination of services.
- In 2018, Employee Services launched the Learning Collaborative, a series of training sessions for Administration staff geared towards professional development. Peers led courses in public speaking, data mining and visualization, and budget development and process.

WORKLOAD INDICATORS

- ASB facilitated over 2,600 purchase transactions, including 1,135 purchases processed through Office Depot, with expenditures totaling approximately \$5.7 million across the Department.
- ABS completed the annual physical inventory, without findings, of approximately 7,783 fixed assets assigned to H&SS.
- Budget and Financial Management managed approximately \$472 million in funds: \$344 million including Assistance and In-Home Supportive Services Program for provider wages, benefits and Public Authority Administration and Napa/Solano Area Agency on Aging; \$61 million in client benefits paid by the State; \$13 million in client assets; and \$54 million in other funds (including restricted trust funds). The Billing and Collections Unit processed approximately \$33 million in Medi-Cal, Medicare and private insurance claims.
- Accounts Payable and Contracts Units processed approximately 22,900 vendor claims totaling \$85 million.
- The Employee Services Unit coordinated the processing of 89 FTE new hires, 101 FTE terminations and retirements, 49 FTE promotions, and 69 FTE transfers; prepared and processed 1,657 personnel action requests (ePARs); and monitored and troubleshooted the timecard reporting of approximately 1,188 employees in the IntelliTime payroll system. Workload data covers the period July 1, 2018 to February 9, 2019.
- Community Services Coordination conducted quarterly outreach sweeps with different law enforcement entities and supporting agencies and reached over 300 individuals.

DIVISION BUDGET SUMMARY

The Recommended Budget represents a decrease of \$6,073,937 or 71.6% in revenues and a decrease of \$2,073,937 or 46.2% in appropriations when compared to the FY2018/19 Adopted Budget. The County General Fund Contribution decreased by \$6,070,603 or 86.0% largely due to the reduction in General Fund one-time contributions in FY2018/19 (see next section of narrative).

**Gerald Huber, Director of Health & Social Services
Health & Public Assistance**

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

The FY2019/20 Recommended Budget includes a \$6,073,937 or 71.6% decrease in revenues primarily due to an increase in interest income based on the Department's current year average daily operating cash balance offset by a decrease in MAA revenues due to changes in the program and a decrease in General Fund Contribution due to the one-time redirection of SB 90 claim payments in FY2018/19; one-time redirection of CMSP participation fees to fund homeless and housing support services, community outreach, and contributions to non-County agencies; and a reduced need for County funds in FY2019/20 due to the debt service/2009 Certificates of Payment (COP) maturing in November 2019.

Primary Costs

The FY2019/20 Recommended Budget includes a \$2,073,937 or 46.2% net decrease in appropriations primarily due to the following:

- Increase of \$1,127,805 in Salaries and Benefits due to increases in retirement and health insurance costs, step and longevity pay, the addition of 2.0 FTE positions during the fiscal year to support the Napa/Solano Area Agency on Aging (AAA), and the costs for the recommended addition of 1.0 FTE and reclassification of 1.0 FTE.
- Decrease of \$382,928 in Services and Supplies due to reduced MAA claim payments as a result of program changes; reduced liability and property insurance allocations; and a change in methodology to directly charge Livescan costs to benefitting programs. These decreases are partially offset by an increase in Software Maintenance & Support to support the cost of the billing (Dimension Reports) and compliance (Wolters Kluwer) software and a new time study system for the Social Services fiscal team; and an increase in allocated Department of Information and Technology (DoIT) charges.
- Increase of \$44,349 in Other Charges resulting from increases in Interest Expense due to the higher carrying balance of non-operating cash accounts and an increase in County Administrative Overhead costs. These increases are offset by decreases in Support and Care of Persons, Contracted Services, and Contribution to Non-County Agencies due to one-time expenditures in FY2018/19 related to homeless and housing support services, community outreach activities, and one-time bridge funding provided to the community clinics.
- Decrease of \$1,564,643 in Other Financing Uses due to the final payment of the debt service/2009 COP for 275 Beck and 2101 Courage facilities in November 2019.
- Increase of \$1,298,520 in offsetting Intrafund Transfers primarily due to an increase in net claimable Salaries and Employee Benefits, services and supplies and charges for services, and the costs of AAA fiscal support staff. Administration costs that are claimable to federal and State programs are transferred to program division budgets via the Intrafund Transfer account.

Contracts

The FY2019/20 Recommended Budget includes a total of \$1,082,000 or 5.5% in contracted services. H&SS will return to the Board after the FY2019/20 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**

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	473,030	393,566	962,292	568,726	144.5%
INTERGOVERNMENTAL REV FEDERAL	422,432	765,000	254,500	(510,500)	(66.7%)
CHARGES FOR SERVICES	48,284	87,000	25,440	(61,560)	(70.8%)
MISC REVENUE	(111,323)	0	0	0	0.0%
OTHER FINANCING SOURCES	379,275	181,775	181,775	0	0.0%
GENERAL FUND CONTRIBUTION	2,297,940	7,060,623	990,020	(6,070,603)	(86.0%)
TOTAL REVENUES	3,509,637	8,487,964	2,414,027	(6,073,937)	(71.6%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	9,954,372	11,432,683	12,560,488	1,127,805	9.9%
SERVICES AND SUPPLIES	2,924,960	4,398,049	4,015,121	(382,928)	(8.7%)
OTHER CHARGES	2,142,639	3,040,087	3,084,436	44,349	1.5%
OTHER FINANCING USES	1,789,397	1,684,268	119,625	(1,564,643)	(92.9%)
INTRA-FUND TRANSFERS	(13,230,587)	(16,067,123)	(17,365,643)	(1,298,520)	8.1%
TOTAL APPROPRIATIONS	3,580,781	4,487,964	2,414,027	(2,073,937)	(46.2%)
NET CHANGE	71,144	(4,000,000)	0	4,000,000	(100.0%)
STAFFING					
ADMINISTRATION DIVISION	96	95	98	3	3.2%
TOTAL STAFFING	96	95	98	3	3.2%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The Recommended Budget includes a significant reduction in General Fund Contribution due to the one-time redirection of SB 90 claim payments of \$4 million in FY2018/19 allocated for mental health and permanent supportive housing initiatives and the final payment of the debt service associated with the 275 Beck and 2101 Courage facilities.

SUMMARY OF POSITION CHANGES

Changes in the position allocations since the adoption of the FY2018/19 Budget are provided below:

On September 25, 2018, the following positions were added to support the new Napa/Solano Area Agency on Aging:

- Added 1.0 FTE Staff Analyst in the Social Services Policy and Financial Management team, funded by federal and State revenues, Napa County and Solano County mental health reserve.
- Added 1.0 FTE Accountant in the Social Services Policy and Financial Management team, funded by federal and State revenues, Napa County and Solano County mental health reserve.

On March 26, 2019, the following positions were reclassified to make recommended changes to the Compliance Unit:

- Reclassified 1.0 FTE Compliance & QA Analyst to a H&SS Training Officer (TBD), funded by federal, State, and Realignment revenues.
- Reclassified 1.0 FTE Compliance & QA Analyst to a Credentialing Specialist (TBD), funded by federal, State, and Realignment revenues.

The FY2019/20 Recommended Budget includes the following position changes:

- Reclassify 1.0 FTE Accounting Supervisor to a 1.0 FTE Medical Billing Supervisor in the Health Services Policy and Financial Management team to better reflect the scope of work of this position which includes medical billing and coding functions; the position is funded by Federally Qualified Health Center revenues and 1991 Public Health Realignment.
- Add a 1.0 FTE Safety Specialist (TBD) to initiate, facilitate, and coordinate department wide safety efforts, funded by federal, State, and Realignment revenues.

PENDING ISSUES AND POLICY CONSIDERATIONS

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

DIVISION PURPOSE

The Department of Health and Social Services - Behavioral Health Division includes the Mental Health Plan (MHP) and Substance Use Disorder services. 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 Use Disorder 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 a continuum of care across the age span for those who qualify for specialty mental health services under the Medi-Cal Mental Health Plan (MHP). Federal law requires that service must be provided in the least restrictive setting appropriate to the individualized needs. The County operates as a managed care plan under contract with the State Department of Health Care Services (DHCS), providing both direct services and contracting with community-based providers to provide services. The Quality Improvement unit oversees compliance with the contractual obligations associated with the MHP as well as quality of care. Services are primarily funded by Medi-Cal, which has both federal, State and local components. The Mental Health Services Act – Proposition 63 (MHSA) (See glossary for definition) provides a funding structure designed expand and transform the mental health system beyond those services traditionally billed to Medi-Cal.

Service provision within the mental health programs of the Division include:

- A 24-hour toll-free Access line to obtain mental health care 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 youth, adults and older adults. Most individuals are served through outpatient clinics with County operated clinics for youth and adults available in Vallejo, Fairfield and Vacaville. A contracted network augments this outpatient capacity and includes specialized services for youth 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.
- Crisis intervention, crisis stabilization and inpatient services for youth or adults with acute needs. The County is responsible for funding psychiatric inpatient hospitalizations for any Solano County Medi-Cal beneficiary or uninsured Solano resident who is admitted to a hospital in a psychiatric emergency.
- Multidisciplinary service teams (psychiatrists, nurse practitioners (NP), physician assistants (PA), nurses, mental health clinicians, specialists, and peers in recovery) partner with clients to provide care including:
 - Supportive case management services geared to promote mental health recovery for clients who live in long-term care facilities (locked and unlocked), board and care homes, foster homes, and youth group homes in order to support successful transitions to the community.
 - Full Service Partnership (FSP) teams provide intensive community-based services to adults, older adults, homeless adults, transition age youth, and children and families. The transition age youth FSP has also been expanded to provide services for commercially sexually exploited youth and young adults.
 - Outreach, supportive housing/homeless services and employment services offer linkage, psychiatric rehabilitation, and independent living supports to maintain clients in the least restrictive settings.
- 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. The County is responsible for the care to misdemeanants. Felony admissions are covered by the California Department of Community Corrections, but after a time period equivalent to their intended incarceration, the financial responsibility and oversight of the care generally transfers to the MHP.
- Collaborative services provided by co-locating behavioral health staff at Court, Probation, County jail facilities, and Child Welfare Services locations. Collaborating across systems has also been a key aspect of outreach, engagement, and service delivery to the homeless population.

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- Intensively coordinated, in-home services to youth and families involved with the Child Welfare system under the Katie A. (See glossary for definition) court mandate and AB 403, Continuum of Care (CCR) (See glossary for definition), which expanded this service beyond those required following the class action lawsuit to also include other youth who qualify for a more intensive level of outpatient care.
- 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.
- MHA funded programs which may include prevention and early intervention, community services and supports, information technology, innovative programs, 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 delivered services which is provided to the Board of Supervisors and posted online.

Substance Use Disorder 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.
- Counseling services for California Work Opportunity and Responsibility to Kids (CalWORKs) (See glossary for definition) participants whose behavioral health issues interfere in their ability to obtain employment toward self-sufficiency
- Administration of drug diversion services through Penal Code 1000, Substance Abuse and Crime Prevention Act of 2000 – Proposition 36 (SACPA) (See glossary for definition), and Adult and Dependency Drug Courts.
- Oversight of services for Driving Under the Influence (DUI) programs operated at contract agencies.
- Federally mandated Primary Prevention Services, administered by the Public Health Division, to delay or prevent the onset of youthful substance use.
- Administration of the Proposition 47 grant project which provides housing and supportive case management while a client with a high-risk criminal history progresses through levels of substance use treatment and recovery.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Mental Health

The Mental Health Division prioritizes identifying the most appropriate service delivery with assertive engagement in order to promote mental wellness at the onset of an illness or episode of care in order to prevent or reduce the need for acute inpatient services or long-term care.

- The “Open Access” drop-in model for accessing outpatient care operates at all three adult outpatient clinic sites. Under this model, individuals seeking care are not provided intake appointments but rather are encouraged to come to the clinic “today or tomorrow, or any business day by 3:30 p.m.” Vallejo and Fairfield implemented this model in prior fiscal years and Vacaville implemented two days per week beginning June 2018. Staffing vacancies over the last year have impacted the operationalization of this model with the average time between service requested and assessment at 7 days, slightly longer than the prior year but significantly improved over the previous intake model. In FY2018/19, open access was extended to outpatient psychiatry, where on any given day a psychiatrist has time slots available to provide “urgent care” that is in fact urgent but not acute enough to warrant the high level of care offered at the crisis stabilization unit. The overall average wait time for adult psychiatry has been reduced to 15 days.
- The FY2018/19 budget approved the allocation of 3.0 Peer Support Specialist positions. This new job description was developed and approved during FY2018/19 and will enable the County to recruit individuals with personal experience in behavioral health recovery to work within the County system.

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- The Division has continued recruiting psychiatric providers, utilizing a combination of psychiatrists, NPs and PAs. Newly graduated NP and PA staff appear to be a potentially stable workforce moving forward, providing the opportunity to reduce locum tenens providers over time. Telepsychiatry continues to provide a stable provider workforce as well.
 - 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 last year contracts with two additional adult residential facilities (also referred to as augmented board and care) enabled a reduction in locked institutional care. The Division is also working with the three major cities in partnership with their planned affordable housing developments to strengthen the housing continuum necessary to allow for access lower levels of care.

Substance Use Disorders

- The County was required by the DHCS in October 2018 to assume contracts formerly held by the State for two in-County providers which offer medically-assisted treatment for opiate dependency. While not expected to be a net increase in cost, this is an increase in approximately \$3 million in claims processing through the H&SS fiscal operation.

WORKLOAD INDICATORS

The following workload indicators cover calendar year 2018:

- Solano County Behavioral Health provided mental health services to approximately 6,109 severely mentally ill adults and youth for a total of 165,346 services. The services were provided through County programs, contract programs and the Managed Care Provider Network. Total clients served increased over the prior year, primarily due to an increase in adult services.
- The adult outpatient clinics provided 27,027 services (31% increase over 2017) to 3,453 individuals (15% increase). Of those served, 1,092 were newly admitted, slightly more than the prior year. In addition, 825 adults were enrolled in County or contract provider therapy, case management, or FSP programs. This increase appears to be related to the tailored outreach and awareness activities across the community; however, the demand has exceeded staffing capacity to provide therapy. There is a significant need for additional clinicians and specialists to offer more variety of services including case management and community-based outreach supports, especially from a diverse and bilingual workforce.
- The County and contractor provider programs served 1,570 youth, providing 69,480 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 may increase under the CCR mandates.
- The number of individuals hospitalized increased slightly in 2018, particularly in the children’s population. This is likely associated with the transition to a new vendor in crisis stabilization unit. The Division expects the increase to level off.
- In 2018 Solano received transfer of 90 youth under Presumptive Transfer (PT) (See explanation of presumptive transfer under Pending Issues) and received 6 other youth who were not fully transferred but who are receiving mental health services locally under an agreement with the placing County.
- Contracted outpatient Substance Use programs are serving an average of 104 clients per month. The 22% decrease constitutes a second year of similar reductions in the number of individuals receiving services monthly. This is primarily due to a combination of factors associated with Probation services. Fewer individuals are being placed on formal Probation due to drug related offenses as a result of changes in the law; this was a large proportion of the treatment population referred by Probation Officers and engaging in care. The other factor is that Probation provides nearly all of its outpatient treatment services in-house with clinic staff and contractors at the Probation offices and the Centers for Positive Change.
- While the wait time for residential substance abuse treatment has decreased by 14 days to 36 days, fewer clients are receiving residential care. This year’s monthly average was 49 clients per month compared to 87 clients in the prior year and 96 the year before that. Slightly more clients (348) entered into the detox program than last year (333) with an average length of 2.5 days per detox admission; however, clients averaged 3 detox episodes over the course of the year.

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DIVISION BUDGET SUMMARY

The Recommended Budget represents an increase of \$9,456,280 or 10.5% in revenues and an increase of \$9,456,280 or 10.5% in appropriations when compared to the FY2018/19 Adopted Budget. The County General Fund in the Recommended Budget remains unchanged.

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 93% and will decrease to 90% in calendar year 2020. To ensure that counties receive 100% reimbursement for the ACA population, State General Fund provides the difference. In addition to federal Drug Medi-Cal revenues, Substance Abuse residential and outpatient treatment services are funded with a federal Substance Abuse Block Grant (SABG) (previously referred to as Substance Abuse Prevention and Treatment - SAPT). SABG 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 recent 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 between the cost report filing and the final reconciliation can impact final adjustments to the cost report. These adjustments may change the final cost per unit. 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, the State will withhold 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 its cost settlement process.

MHSA is the primary State funding source for mental health services. MHSA funding provides cost reimbursement for mental health community support services, prevention and early intervention, and mental health workforce education. MHSA funding 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. Counties receive a guaranteed amount of 1991 Realignment for Mental Health. In FY2016/17, 1991 Realignment Mental Health sales tax and vehicle license fee (VLF) receipts above the base amounts ("growth funding") were redirected to support In-Home Supportive Services (IHSS) cost increases. All Vehicle License Fee (VLF) growth was redirected for three years (FY2016/17 – FY2018/19) and 50% of the growth was redirected for two years (FY2019/20 and FY2020/21).

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 constitutionally protected this funding in 2012. The Department receives an established percentage of the State's determined base amount for 2011 Realignment yearly. Any growth above the State's base amount is distributed among counties. Growth is added to the base to establish a new base for the next fiscal year.

2011 and 1991 Realignment are principal funding sources for core services and the primary non-federal match for Medi-Cal along with MHSA funding. However, Realignment funding is subject to fluctuations because it is primarily State 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.

The FY2019/20 Recommended Budget includes a \$9,456,280 or 10.5% net increase in revenues primarily due to the following:

- Increase in Federal/State Short Doyle Medi-Cal revenues primarily due to increased productivity for children's outpatient services, an increase in the daily bed rate for the Psychiatric Health Facility (PHF) and increases in billable adult and children's contracted services.
- Increase in Federal/State Drug Medi-Cal revenues due to the Division assuming management of the Narcotic Treatment Program (NTP) in October 2018. Previously, the DHCS managed these contracts and billed the County only the non-federal share for services.

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- Increase in Federal Short Doyle Administration revenue due to increases in staffing and operating costs claimable.
 - Increase in Federal Quality Assurance revenues due to a higher fourth quarter claim anticipated. The timing of reimbursement for expenditures is dependent on when costs are recorded and claimed. Historically, more costs are claimed in the fourth quarter, resulting in higher reimbursement in that quarter.
 - Decrease in SABG revenue due to prior year unspent rollover funds for discretionary programs not anticipated in FY2019/20.
 - Increase in Federal Other revenue primarily due to an increase in Substance Abuse Mental Health Services Administration (SAMHSA) block grant funds for First Episode Psychosis services and maximizing federal reimbursement for the Projects for Assistance in Transition from Homelessness (PATH) program.
 - Increase in MHSA funding primarily due to a projected increase in the use MHSA funded programs.
 - Increase in 2011 Realignment primarily because there is an anticipated increase in the need for the nonfederal match for Medi-Cal direct, administrative, and quality assurance services, reimbursement for Substance Abuse expenditures not covered by another revenue source, and the nonfederal match for Drug Medi-Cal NTP services. More 2011 Realignment is also needed to fund the Integrated Care Clinics as the clinics will not receive Public Health Intergovernmental Revenue funds in FY2019/20. The increase was partially offset with a reduction in children's services primarily due to adjusting the Comprehensive Assessment and Research Evaluation (CARES) contract to reflect actual experience.
 - Increase in 1991 Realignment due higher inpatient costs due to the PHF daily rate increase, more bed days for clients in Augmented Board and Care facilities, and increased costs for staff managing institutional care.
 - Decrease in State-2011 Realignment revenues (AB 109) (See glossary for definition) due to a reduction in staffing costs for the program.
 - Increase in grant revenues primarily due to more contracted administrative and direct service expenditures for the Proposition 47 Substance Abuse grant project that is improving residential drug treatment capacity.
 - Decreases in Charges for Services primarily due to fewer Medicare revenues projected and in Forfeitures and Penalties due to fewer fees projected to be received from Probation for drug and alcohol offenses.

Primary Costs

Primary costs for Behavioral Health are: \$30,357,936 for Salaries and Employee Benefits; \$5,873,111 for Services and Supplies; \$59,472,107 for Other Charges; \$440,010 for Other Financing Uses; and \$3,475,928 for Intrafund Transfers.

The recommended appropriations for Behavioral Health include \$88,418,969 for Mental Health (BU 7700), \$28,951 Intergovernmental Transfers Projects (BU 7598) and \$11,171,172 for Substance Abuse (BU 7560).

The FY2019/20 Recommended Budget includes a \$9,456,280 or 10.5% net increase in appropriations primarily due to the following:

- Increase of \$2,077,868 in Salary and Benefits primarily due to the addition of 9.25 FTE, adjustments to retirement and health insurance costs, and an increase in budgeted Salary Savings.
- Increase of \$523,787 in Services and Supplies primarily due to increases in consultant services for evaluation and coordination of the Proposition 47 grant; Substance Abuse Prevention; Mental Health Stigma Reduction and Suicide Prevention media and program material costs; liability and malpractice insurance; community education and training; and County garage service due to the addition of new vehicles.
- Increase of \$5,550,631 in Other Charges primarily due to an increase of \$2,574,131 in Support and Care of Persons due to the Division managing the NTP direct contracts, and an increase of \$3,144,306 in Contracted Direct Services due to increases in augmented board and care costs; increases in daily rates for substance abuse residential, detox treatment, and the PHF; and new contracts for child care, vocational rehabilitation, and homeless services. The increase was partially offset with a reduction in the CARES contract to reflect actual experience.

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- Increase of \$120,218 in Trans Out-Fleet due to the purchase of five new vehicles and an exchange of one vehicle for a van for MHSA FSP programs.
- Decrease of \$724,144 in Institutions for Mental Disease (IMD) due to fewer clients placed in these types of facilities.
- Increase of \$1,183,776 in Intrafund Transfers reflecting less CalWORKs funding for the Successful Mental Health and Addiction and Recovery Team (SMART), a reduction in IGT funding from Public Health to support the ICCs, increased departmental overhead charged to Behavioral Health, and an increase in funding to Public Health to support prevention and early intervention activities for mothers’ participation in the Maternal Child Health program.

Contracts

The recommended appropriations for Behavioral Health include \$55,113,565 or 55.3% in contracted services for the provision of an array of substance abuse and mental health services. H&SS will return to the Board after the FY2019/20 Budget Hearings with a master list of contracts for the Board’s consideration.

Fixed Assets

The FY2019/20 Recommended budget includes the following fixed assets:

- \$125,100 for five (5) new vehicles and the exchange of one (1) vehicle for a van for MHSA FSP programs. MHSA Community Services and Support (CSS) will fund this purchase.

DIVISION COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FINES, FORFEITURES, & PENALTY	40,577	47,475	40,627	(6,848)	(14.4%)
INTERGOVERNMENTAL REV STATE	25,475,933	33,610,544	37,584,759	3,974,215	11.8%
INTERGOVERNMENTAL REV FEDERAL	23,757,233	24,276,657	28,284,873	4,008,216	16.5%
CHARGES FOR SERVICES	857,723	700,205	685,948	(14,257)	(2.0%)
MISC REVENUE	449,504	0	0	0	0.0%
OTHER FINANCING SOURCES	19,630,632	25,074,257	26,569,211	1,494,954	6.0%
GENERAL FUND CONTRIBUTION	6,453,674	6,453,674	6,453,674	0	0.0%
TOTAL REVENUES	76,665,277	90,162,812	99,619,092	9,456,280	10.5%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	25,332,138	28,280,068	30,357,936	2,077,868	7.3%
SERVICES AND SUPPLIES	4,341,844	5,349,324	5,873,111	523,787	9.8%
OTHER CHARGES	45,500,334	53,921,476	59,472,107	5,550,631	10.3%
OTHER FINANCING USES	775,208	319,792	440,010	120,218	37.6%
INTRA-FUND TRANSFERS	1,998,644	2,292,152	3,475,928	1,183,776	51.6%
TOTAL APPROPRIATIONS	77,948,168	90,162,812	99,619,092	9,456,280	10.5%
NET CHANGE	1,282,891	0	0	0	0.0%
STAFFING					
BEHAVIORIAL HEALTH	205.70	206.00	216.25	10.25	5.0%
TOTAL STAFFING	205.70	206.00	216.25	10.25	5.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

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

On February 26, 2019, as part of the Midyear Budget Report, the Board approved the following position changes:

- Converted 1.0 Limited-Term Mental Health Clinical Supervisor to a regular FTE.
- Converted 1.0 Limited-Term Project Manager to a regular FTE.
- Converted 1.0 Limited-Term Mental Health Clinician to a regular FTE.
- Converted 0.5 Limited-Term Office Assistant II to a regular .50 FTE.
- Reclassified 1.0 FTE Mental Health Specialist I to 1.0 FTE Mental Health Specialist II.
- Reclassified 1.0 FTE Office Assistant III to 1.0 FTE Office Assistant II.
- Deleted 1.0 FTE Psychiatrist Supervisor.
- Added 1.0 FTE Mental Health Medical Director.

On April 17, 2019 the following Budget Unit change was processed:

- Transfer 1.0 FTE Nurse Practitioner/Physician Assistant from BU 7583 in Family Health Service to BU 7747 in the Integrated Care Clinic, funded with Short Doyle Medi-Cal, State General Fund, 2011 Realignment, County General Fund, and third-party payers.

The FY2019/20 Recommended Budget includes the following position changes:

- Add 1.0 FTE Mental Health Clinician (Lic) to assist with implementation of program requirements under the Federal Medi-Cal Final Rule, funded with Short Doyle Medi-Cal Quality Assurance and 2011 Realignment.
- Add 1.0 FTE Mental Health Clinical Supervisor to oversee mobile crisis implementation and act as a liaison with the Crisis Stabilization Unit (CSU), funded with Short Doyle Medi-Cal Administrative and MHSA.
- Add 0.25 FTE Mental Health Clinician (Lic) to an existing .075 FTE Mental Health Clinician (Lic) to provide clinical services in the Integrated Care Clinics, funded with Short Doyle Medi-Cal, State General Fund, 2011 Realignment, County General Fund, and third-party payers.
- Add 1.0 FTE Mental Health Clinician (Lic) to provide clinical services in the Integrated Care Clinics, funded with Short Doyle Medi-Cal, State General Fund, 2011 Realignment, County General Fund, and third-party payers.
- Add 1.0 FTE Mental Health Clinician (Lic) to the Forensics Assessment and Community Treatment (FACT) FSP program to provide clinical services, funded with Short Doyle Medi-Cal and MHSA.
- Add 1.0 FTE Limited-Term Mental Health Clinician (Lic) through July 14, 2022 to the Forensics Assessment and Community Treatment (FACT) FSP program to provide clinical services for the Department of State Hospitals/Pre-Trial Felony Mental Health Diversion program, funded with Short Doyle Medi-Cal and MHSA.
- Add 1.0 FTE Mental Health Specialist II to the County FSP program to provide employment and housing services, funded with Short Doyle Medi-Cal and MHSA.
- Add 1.0 FTE Project Manager to provide ongoing coordination and administrative services for new housing initiatives, funded with MHSA and MHSA, No Place Like Home and the Homeless Mentally Ill Outreach and Treatment Program.
- Add 1.0 FTE Psychiatrist (Board Certified) to provide clinical services in the Integrated Care Clinics, funded with Short Doyle Medi-Cal, State General Fund, 2011 Realignment, County General Fund, and third-party payers.
- Add 1.0 FTE Nurse Practitioner/Physician Assistant to provide clinical services in the Integrated Care Clinics, funded with Short Doyle Medi-Cal, State General Fund, 2011 Realignment, County General Fund, and third-party payers.

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Health & Public Assistance****PENDING ISSUES AND POLICY CONSIDERATIONS**

A number of policy changes at the State and federal levels continue to impact Behavioral Health with new mandates and additional complex regulatory functions creating uncertainty in projecting both service delivery and financing. Continued implementation of new County mandates in services to children may increase service demand, particularly for youth with more severe needs; however, nearly two years into implementation, this increase has not yet occurred. 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.

It remains particularly important for Behavioral Health services to provide care collaboratively with other healthcare providers and County Departments, including the Sheriff, Probation, Public Defender, District Attorney, and the Superior Court. The Division is anticipating significant impact as a result of the new diversion law, AB 1810, which authorizes the Court to consider diversion to mental health treatment as opposed to criminal prosecution when an untreated mental health condition significantly contributed to the commission of the crime. Limited, one-time grant funding for a 3-year period was set aside by the Department of State Hospitals to assist counties in the implementation of a felony diversion program; however, no additional funding was provided for a broader diversion population. The felony diversion grant funding services clients that are the responsibility of the State not the County. The Division is anticipating applying for grants to provide mental health services as well as housing in order to create and sustain a diversion program. In the interim, diversion referrals are being assessed for the appropriateness of existing service programs. Recent adoption of Laura's Law, civil court-assisted outpatient treatment, may also have an impact on existing service capacity

A Federal Office of Inspector General (OIG) audit of statewide specialty mental health claims for FY2013/14 resulted in a \$180,689,611 million payback due to the federal government. The payback is apportioned to counties based on each County's share of the total FY2013/14 claims. Solano County's share is 1.03% or \$1,861,103. Repayments will be made over four years from August 1991 Realignment receipts beginning August 2019. As 1991 Realignment primarily funds adult services not funded by Medi-Cal, this repayment puts an additional demand on a funding source not keeping pace with growing expenditures.

Implementation of a mobile crisis program is an ongoing need expressed by the community, consumers, and providers alike and a Request for Proposal process and contracted implementation is anticipated in FY2019/20. The program will be implemented in one jurisdiction first to pilot the service model and monitor the outcomes. Upon successful implementation, the contract will be expanded ultimately to cover all areas of the County.

The County's access to substance abuse treatment residential beds continues to be negatively impacted by surrounding counties paying more than double Solano's daily bed rate due to their implementation of the Drug Medi-Cal waiver, Organized Delivery System (ODS) which generates federal funding for residential services. The Division continues to discuss the fiscal details related to implementation of the Drug Medi-Cal Waiver option with Partnership Health Plan. The fiscal impact for the County remains unknown.

Continuum of Care Reform Act (CCR) – State Mandate

Continuum of Care Reform (CCR) continues to influence the way that counties deliver mental health services to Child Welfare Services (CWS) youth and other high-risk youth

A major aspect of CCR implementation is the focused effort to reduce placement into congregate care settings; group homes are expected to close if they do not successfully convert to a treatment facility model, Short Term Residential Treatment Program (STRTP), where youth are expected to be in a setting that is not a home for no more than 6 months. Counties and local group homes are struggling to meet all of the obligations to convert to the new model. If facilities become licensed as STRTP, Solano County will be required to enter into contracts with these agencies.

Also related to CCR, Presumptive Transfer (PT) is a complex County to County process with both financial and service delivery implications. It requires that when CWS or Probation agencies place youth in a care facility or foster home in another County, that the mental health services are transferred to the new County of residence. This requires that the local MHP coordinate with all placing agencies and provide necessary services; the financial obligations of the placing agency are expected to involve a transfer of funds, but this process has not been fully defined and Solano County has received transfer from 18 counties across the State, most frequently from Contra Costa, Napa, and Alameda. These transfers will include a pending cost settlement with the original counties of jurisdiction.

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). To be eligible, the foster parent(s) must be trained and supervised by the local Foster Family Agency (FFA). This adds additional oversight demands on the Division to provide the necessary oversight to FFAs which is an additional unfunded, intensive service mandate. While most foster parents are not interested in participating because of the onerous requirements, the MHP is required to offer this service.

Effective January 1, 2019, DHCS changed the distribution of SABG funds from an advancement to reimbursement basis and counties are now required to provide a quarterly invoice for reimbursement. There remain outstanding questions related to the new process and cash flow impact. DHCS also updated its SABG contracts with counties and the program manual, including clarification on the appropriate use of SABG funds. SABG funds provide a significant reimbursement for County staff and services. The Division is working with DHCS and California Behavioral Health Directors Association (CBHDA) to research fiscal and program impacts of these updates.

AB 1297, passed in September 2011, eliminated the maximum cap on Medi-Cal reimbursement retroactive to January 1, 2009. In January 2019, the State issued claiming instructions for counties to claim for uncompensated reimbursement for FY2010/11 and FY2011/12. In FY2018/19 the Division submitted claims for \$4,858,798 but the timing of receipt of these funds is unknown and the funds are not included in the Recommended Budget.

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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 fixed-site, 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 and outlying areas throughout the County. The majority of patients served by FHS are Medi-Cal recipients; however, there are a number of uninsured, vulnerable 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.

Emergency Services

Emergency Services is composed of the 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. Emergency 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 areas in Emergency Services are emergency medical services and emergency preparedness and response.

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 merged with Public Health along with services provided through In-Home Supportive Services, Adult Protective Services, Public Administrator/Public Guardian/Conservator and the Public Authority. In 2019, the Napa/Solano Area Agency on Aging was established in the Older and Disabled Adults Services Bureau.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Family Health Services

- In March 2018, the We're All Family! Mobile Food Pharmacy (MFP) sponsored by the Yocha Dehe Wintun Nation initiated a pilot phase at the Fairfield, Vacaville, and Vallejo clinics. During the pilot phase, staff distributed over 4,280 pounds of fresh produce and conducted 230 taste tests. In September 2018, the MFP truck was unveiled and began to deliver fresh fruits and vegetables to the different FHS clinics throughout Solano County on a weekly schedule. The MFP has helped address such barriers as lack of transportation and time that patients face by bringing the healthy food to them after their

appointments. FHS patients are also provided with free cookbooks and recipe cards which makes healthy cooking more affordable and accessible.

Emergency Services

- In support of the Solano Emergency Medical Services Cooperative (SEMSC) (JPA) and on behalf of the JPA EMS staff engaged a consulting firm to conduct an EMS System Review and manage the process of requesting proposals and selecting a vendor to provide these services for the next contract period. This work was undertaken in anticipation of the May 2020 expiration of the Master Services Agreement for Advanced Life Support ambulance services for the established Exclusive Operating Area (EOA) in Solano County. In December 2018, a termination letter was received from that vendor. Alternatives are currently under review.
- The annual Statewide Medical and Health Exercise took place on November 15, 2018. The scenario was an influx of patients descending upon the hospital emergency departments and a rash of elderly and/or infirmed residents of long-term care and skilled nursing facilities infected with an influenza-like illness. To prepare for the functional exercise a tabletop exercise was conducted one week prior, with representatives of hospitals, long-term care and skilled nursing, first responders, and various other allied agencies. Following the functional exercise, on November 16, 2018, a debriefing, or “hotwash,” was facilitated wherein lessons learned, areas for improvement, and best practices were discussed. An After-Action Report was developed and will prove valuable for improving the medical community’s response to a healthcare surge or epidemic or pandemic event.

Public Health

- In 2018, responsibility for oversight of the Whole Person Care Program was transferred to Public Health, and, following a Request for Proposals procurement process, a new vendor was identified to provide Whole Person Care services. The Whole Person Care Program is a pilot that identifies individuals who use Emergency Department and other healthcare resources for non-medical purposes and assists them with case management to address their underlying needs, such as shelter. The selected vendor provides similar services in Alameda County, and it provides behavioral health services for clients.
- In 2018, Public Health continued implementation of its Population and Public Health Hub (Solano Hub), a public health data health information exchange. Data relating to Immunizations, Electronic Laboratory Reports, and encounters (including Syndrome Surveillance) were successfully received from the County’s five hospitals and the FHS Clinics, and data were successfully transmitted to the California Department of Public Health. This system is helping Solano Public Health transition to electronic data exchange from paper-based and faxed data transmissions, resulting in more efficient and more accurate data transmission.
- In FY2018/19, the Health Promotion and Community Wellness Bureau and Touro University California achieved Full Recognition Status from the Centers for Disease Control and Prevention (CDC) for the National Diabetes Prevention Program (DPP). Earning this Full Recognition means that the CDC recognized the joint Touro University-Solano Public Health program as meeting all of its standards, including achieving the hardest standard, which is averaging a 5% weight loss amongst the cohort participants. Reaching this status also means that the joint program is eligible to enroll as a Medicare DPP provider to receive reimbursement from Medicare to provide the classes.
- In FY2018/19, a new Blood Pressure Self-Monitoring Program, in partnership with the Solano County Library system, was launched. The Health Promotion and Community Wellness Bureau provided 16 blood pressure kits to County libraries, which are available for community members to check out to monitor their blood pressure at home for up to three weeks at a time.
- In 2018, the Public Health Laboratory acquired the CDC approved instrument for national Laboratory Response Network Biological (LRN-B) molecular testing. With this instrument, the Public Health Laboratory now has the capability to test for mumps, Zika virus and other emerging viruses.
- 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 73.2% in 2005, to 80.2% in 2016, and to 80.9% in 2017, exceeding the Healthy People 2020 goal of 77.9%. The overall rate of early prenatal care improved, in

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large part, because pregnant women with Medi-Cal had early prenatal care rates that significantly improved, increasing from below 50% in 2006 to 71.6% in 2017 (an all-time high for Solano County), over 20 points in twelve years.

- In 2018, the Maternal, Child and Adolescent Health Bureau launched the Strive2BeHealthy (S2BH) Program, a new, prevention-focused initiative that combines community-level activities (such as increased outreach to seniors and implementation of fall prevention classes and social activities at senior centers) with home-based, direct services targeting medically fragile older adults. S2BH conducted a needs assessment and began providing direct services for clients.
- In 2018, the Nutrition Services Bureau continued the Farmer's Market Nutrition Program (FMNP), receiving and distributing nearly 1,000 FMNP booklets. Each FMNP booklet is worth \$20 to be spent on fresh local fruits and vegetables from certified farmers' markets, and the FMNP booklet redemption rate for WIC participants in Solano County was 87%, far surpassing the California redemption rate of 67%.
- The rate of exclusive breastfeeding among participants in the Women, Infants and Children (WIC) Program in 2018 was 37.5%, compared to 26% in 2017, 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 2018, the Communicable Disease Program developed and began implementing infection control training for long-term care facilities and developed and implemented community and healthcare provider education regarding sexually-transmitted diseases.
- In 2018, the Vital Statistics Unit implemented the Electronic Births Registry System, replacing the previous birth registry. This new birth registry uses modern software that permits more birth-related data to be collected, allows for better electronic data uploading and transmission, and permits birth data to be assessed by public health officials.

WORKLOAD INDICATORS

Family Health Services

- In 2018, FHS provided primary care and dental health services to 24,347 clients. The number of clients served is a reduction from 2017 reflecting a reduction in Medi-Cal enrollment and the increased presence of other, non-County FQHCs.
- The number of patients assigned by Partnership HealthPlan (PHP) of California to FHS for primary care was 27,232 in 2018.
- The FHS call center received 110,518 calls in 2018, an 8.4% decrease over the prior year, and experienced a 5% call abandonment rate, an improvement from 8% the prior year.

Emergency Services

- In 2018, there were 311 Emergency Medical Technicians who certified, recertified and/or registered in Solano County. Of the 311 individuals processed, 84 were initial certifications, 152 were recertifications and 75 were registrations.
- A total of 155 Paramedics were newly accredited or recertified in Solano County for 2018.

Public Health

- In FY2018/19, the Health Promotion and Community Wellness Bureau continued its partnership with the Yocha Dehe Wintun Nation to further expand the work of VibeSolano. Water stations with bottle fillers have been installed in more than 30 schools, a senior center and an early childhood learning center, creating access to clean water and healthier choices; over 20 people have been trained to teach chronic disease prevention classes in community settings; two Grocery Outlet Stores in Vallejo added healthy checkout lanes; and, over 20,000 water bottles were distributed to students in schools with high need, in order to increase consumption of water and decrease consumption of sugary beverages.
- In FY2018/19, the Health Promotion and Community Wellness Bureau distributed 414 bicycle helmets through its Helmet Safety Program, and it held 48 car seat classes (37 in English, 11 in Spanish), distributing 617 gift cards to 297 parents to purchase car seats for their children.
- In FY2018/19, the Health Promotion and Community Wellness Bureau partnered with Touro University California to host four Diabetes Prevention Program (DPP) year-long classes in Solano County.

- In FY2017/18, the Public Health Laboratory performed or referred 21,307 tests for infectious diseases and water quality monitoring, including: over 6,300 tests for active and latent tuberculosis (TB); 2,631 tests for childhood blood lead levels; 1,308 tests for sexually-transmitted diseases; 410 tests for animal rabies; 1,118 tests for Zika virus; and 7,494 water quality tests on drinking water, wells, recreational water, and wastewater systems for providers, agencies and the public.
- In FY2017/18, the Maternal, Child and Adolescent Health Bureau's Central Referral Line (implemented in 2015) received and processed 1,734 referrals to various home visiting programs and other services, including no/low-cost health insurance.
- In FY2017/18, the Mothers and Babies Perinatal Depression Prevention program in Maternal, Child and Adolescent Health, in collaboration with the Behavioral Health Division, conducted two, 6-week sessions, with 86% of participants reporting reduced depression and/or anxiety and 71% reporting reduced perceived stress levels, both exceeding the program's goals of 70% reductions, respectively. In addition, 29 MCAH staff received Mothers and Babies Training, meeting the annual goal of 20-30 staff trained.
- In FY2017/18, 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, 1,063 home visits were made by staff in the Healthy Families Solano Program (serving 111 high-risk families), 661 home visits were made by staff in the Nurse-Family Partnership Program (serving 85 clients), and 66 clients were served by the Black Infant Health Program.
- In 2018, the California Children's Services Program, which serves medically fragile children, authorized 3,852 Service Authorization Requests, and the Medical Therapy Program provided physical and occupational therapy to nearly 200 children.
- In 2018, the student health center at Solano Community College in Fairfield, staffed by the Maternal, Child and Adolescent Health Bureau, served 2,206 students, faculty and staff with a variety of screening, assessment, counseling, education, consultation, vaccination and other health-related services.
- In 2018, the WIC Program served a monthly average of 7,803 clients (pregnant women, postpartum women and children less than 5 years of age). This is compared to 8,747 clients per month in 2017; 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 FY2017/18, the Sexually-Transmitted Diseases unit of the Communicable Disease Program received 2,802 Chlamydia, 900 Gonorrhea and 455 new Syphilis case reports. The program provides education and follow-up for all untreated youth, untreated prenatal women and all Syphilis cases.
- In 2018, the Tuberculosis (TB) Control Program evaluated over 500 County residents for TB disease and provided intensive nurse case management to 29 patients with active TB disease. In addition, a TB contact investigation was conducted at a local elementary school, and 80 other individuals in the County were tested and evaluated after exposure to TB.
- The Vital Statistics Unit provided 24,055 death permits, death certificates and birth certificates in 2018.

DIVISION BUDGET SUMMARY

The Recommended Budget represents an increase of \$2,497,805 or 3.3% in revenues and an increase of \$3,817,575 or 5.2% in appropriations when compared to the FY2018/19 Adopted Budget. The Recommended Budget includes \$2,407,025 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 or 55.8%.

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 Community Health Center 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.

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FQHC reimbursement is based on a site-specific encounter rate with an interim encounter rate established during a designated rate setting year. The 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, 1119 E. Monte Vista in Vacaville, and the dental van. An interim rate was established for the Primary Care Van in FY2016/17. Other important funding sources for FHS include the Community Health Center grant and the Ryan White (HIV/AIDS) grant.

Funding sources for Public Health 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 (CCS), 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 FY2019/20 Recommended Budget for Health Services includes a \$2,497,805 or 3.3% net increase in revenues compared to the FY2018/19 Adopted Budget. The County Contribution of \$2,259,897 has increased by \$809,548 or 55.8%. The net increase in revenue is primarily due to the following:

- Decrease of \$203,435 in Other Governmental Agencies due to the Solano Transportation Authority (STA) applying for the Office of Traffic Safety grant instead of Public Health and a decrease in the revenue contract with STA due to reduced scope of work, offset by an increase in Public Health Laboratory revenues.
- Increase of \$2,475,614 in 1991 PH Realignment to cover the local match for the Whole Person Care grant (previously funded by 1991 MH Realignment) as well as one-time and ongoing operational costs in Family Health Services that are not funded by FQHC revenues. These increases are offset by a decrease in funding needed for Public Health due to the use of IGT funds for Public Health eligible expenditures.
- Decrease of \$574,119 in Federal Aid primarily due to the expiration of the Opt Out, Lifetime of Wellness, and Homeland Security grants in FY2018/19 and a decrease in the CCS allocation due to State program changes under the Whole Child Model.
- A decrease of \$363,007 in State funding due to the use of Prop 56 one-time rollover funds in FY2018/19 for Oral Health, receipt of one-time CAL-OES grant to purchase laboratory equipment in FY2018/19, State changes in the CCS program, year-to-year fluctuations in awards and changes in timing of claim reimbursements.
- Increase of \$260,264 in use of IGT Revenues from Reserve based on estimates submitted to DHCS for FY2018/19 rate year.
- Increase of \$249,350 in Grant Revenue due to the use of prior year unspent Whole Person Care grant funds in FY2019/20 and an increase in the new Office of Child Abuse Prevention grant to fund one Public Health Nurse in providing case management services to high risk youth.
- Increase of \$274,479 in Targeted Case Management (TCM) revenues and reimbursement from the Solano Emergency Medical Services Cooperative (SEMSC) due to a reduction in staff vacancies.
- Increase of \$502,472 in FQHC revenues due to reduced provider vacancies.
- Decrease of \$83,778 in CMSP revenue for the County Wellness and Prevention three-year pilot project. Annual reimbursements from CMSP are based on a pre-determined declining schedule. The pilot project ends in June 2020.
- Decrease of \$372,345 in Managed Care Services revenues from PHP due to a reduction in capitated members based on December 2018 data.
- Decrease of \$229,807 in Other Revenue primarily due to a decrease in the Quality Improvement Plan (QIP) payments from PHP and expiration of the \$50,000 grant from Kaiser for Health Education.

Summary of Division Budget

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- Increase of \$174,456 in Donations and Contributions due to continuation of Yocha Dehe funds through September 30, 2019.
- Increase of \$809,548 in County General Fund due to the payment of the CMSP participation fee. This fee was waived in FY2018/19.

Primary Costs

Primary costs for Health Services are \$41,065,632 for Salaries and Employee Benefits, \$12,163,284 for Services and Supplies, \$19,096,384 for Other Charges which includes \$3,502,755 in contracted direct services; \$421,376 for Other Financing Uses, and \$4,280,654 for Intrafund transfers.

The primary programs in Health Services are Public Health (BU 7800) with appropriations of \$36,806,617; Medical Services (BU 7588) with appropriations of \$8,154,859 and Family Health Services (BU 7580) with appropriations of \$32,065,854.

The FY2019/20 Recommended Budget for Health Services projects a \$3,817,575 or 5.2% net increase in appropriations compared to the FY2018/19 Adopted Budget. The net increase in appropriations is due to the following:

- Net increase of \$2,970,505 in Salaries and Employee Benefits due to increases in retirement costs and accrued leave/CTO payoff, step increases and longevity pay, and salaries for the net addition of 3.5 FTE in the FY2019/20 Recommended Budget. Contributing to the increase is a budgeted decrease in salary savings of \$1,523,346.
- Net increase of \$148,489 in Services and Supplies primarily due to increases in liability and malpractice insurance and fluctuations supply purchases, software maintenance support and changes in contracts due to expired or partial year grants.
- Net increase of \$1,531,512 in Other Charges primarily due to increases in contracted direct services, food for indigent clients and contributions to Non-County Agencies and in Countywide Administrative Overhead. The net increase also includes the payment of the CMSP participation fee that was waived in FY2018/19.
- Decrease of \$175,460 in Fixed Assets due to no requests for fixed assets in FY2019/20.
- Net decrease of \$641,756 in Intrafund Transfers due primarily to an increase in the Division's share of H&SS Administration Overhead, offset by a decrease in IGT funds transferred to Behavioral Health for the Integrated Care Clinics, and an increase in reimbursement from Social Services for the CalWORKs Home Visiting Initiative.

Contracts

The FY2019/20 Recommended Budget for Health Services includes a total of \$5,332,775 or 6.9% in contracted services for the provision of services to FHS and Public Health. H&SS will return to the Board after the FY2019/20 Budget Hearings with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2019/20 Recommended Budget includes no fixed assets.

DEPARTMENT COMMENTS

None.

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DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
LICENSES, PERMITS & FRANCHISE	26,469	23,000	26,500	3,500	15.2%
FINES, FORFEITURES, & PENALTY	278,435	266,500	266,500	0	0.0%
INTERGOVERNMENTAL REV STATE	45,421,942	32,439,215	34,348,670	1,909,455	5.9%
INTERGOVERNMENTAL REV FEDERAL	11,970,335	12,068,274	11,902,721	(165,553)	(1.4%)
INTERGOVERNMENTAL REV OTHER	752,261	942,563	739,128	(203,435)	(21.6%)
CHARGES FOR SERVICES	19,733,231	24,698,784	24,898,425	199,641	0.8%
MISC REVENUE	4,844,202	3,559,087	3,503,736	(55,351)	(1.6%)
OTHER FINANCING SOURCES	711,528	436,999	436,999	0	0.0%
GENERAL FUND CONTRIBUTION	1,450,349	1,450,349	2,259,897	809,548	55.8%
TOTAL REVENUES	85,188,753	75,884,771	78,382,576	2,497,805	3.3%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	34,344,730	38,095,127	41,065,632	2,970,505	7.8%
SERVICES AND SUPPLIES	11,050,814	12,014,795	12,163,284	148,489	1.2%
OTHER CHARGES	24,531,411	17,564,872	19,096,384	1,531,512	8.7%
F/A EQUIPMENT	79,617	175,460	0	(175,460)	(100.0%)
OTHER FINANCING USES	1,021,487	437,091	421,376	(15,715)	(3.6%)
INTRA-FUND TRANSFERS	3,954,241	4,922,410	4,280,654	(641,756)	(13.0%)
TOTAL APPROPRIATIONS	74,982,300	73,209,755	77,027,330	3,817,575	5.2%
NET CHANGE	(10,206,453)	(2,675,016)	(1,355,246)	1,319,770	(49.3%)
STAFFING					
HEALTH SERVICES	332.40	329.50	332.65	3.15	1.0%
TOTAL STAFFING	332.40	329.50	332.65	3.15	1.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

- In January 2015, H&SS received grant funding of \$1,913,032 from the Department of Health and Human Services Centers for Disease Control and Prevention for the Lifetime of Wellness Program allowing for increased chronic disease prevention services. This grant program ended in September 2018.
- The County Medical Services Program (CMSP) Participation Fee of \$809,548 that has been waived for the past several years is included in the FY2019/20 Recommended Budget along with corresponding County General Fund.
- The Recommended Budget includes budgeted revenues and appropriations associated with the IGT transfer to DHCS for FY2018/19 rate year, approved by the Board of Supervisors on March 12, 2019 but not scheduled to occur until FY2019/20.

SUMMARY OF POSITION CHANGES

Changes in the position allocations since the adoption of the FY2018/19 Budget are provided below:

On February 26, 2019, as part of the Midyear Budget Report, the Board approved the following position changes:

- Added 0.2 FTE to an existing 0.8 FTE Epidemiologist in the Assessment and Policy Development unit.
- Added 0.2 FTE to an existing 0.8 FTE Office Assistant II in the Assessment and Policy Development unit.
- Deleted 1.0 FTE Public Health Nutritionist in the Health Promotion and Education program.
- Added 1.0 FTE Health Education Specialist in the Health Promotion and Education program.
- Deleted 0.75 FTE Health Assistant in the Women, Infants and Children (WIC) program.
- Added 1.0 FTE Office Assistant II in the Women, Infants and Children (WIC) program.
- Converted 1.0 FTE Limited-Term Health Education Specialist (Senior) to 1.0 FTE Health Education Specialist (Senior) in the AIDS Prevention program.

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- Converted 1.0 FTE Limited-Term Project Manager to 1.0 FTE Project Manager in Emergency Preparedness and Response.
 - Extended 2.0 FTE Limited-Term Health Education Specialist through June 30, 2020 in the Health Promotion and Education program.
 - Extended 1.0 FTE Limited-Term Health Services Manager through June 30, 2020 in the Health Promotion and Education program.
 - Extended 1.0 FTE Limited-Term Project Manager through June 30, 2020 in the Health Promotion and Education program.
 - Extended 1.0 FTE Limited-Term Clinic Registered Nurse through June 30, 2020 in Family Health Services.
 - Extended 2.0 FTE Limited-Term Dental Assistant (Registered) through June 30, 2020 in Family Health Services.
 - Extended 2.0 FTE Limited-Term Medical Assistant through June 30, 2020 in Family Health Services.
 - Extended 2.0 FTE Limited-Term Mental Health Clinician (Lic) through June 30, 2020 in Family Health Services.
 - Extended 2.0 FTE Limited-Term Nurse Practitioner/Physician Assistant through June 30, 2020 in Family Health Services.

On April 7, 2019, the following Budget Unit change was processed:

- Transfer 1.0 FTE Nurse Practitioner/Physician Assistant from BU 7583 in Family Health Services to BU 7747 in the Integrated Care Clinic.

The FY2019/20 Recommended Budget includes the following position changes:

- Reclassify 1.0 FTE Health Education Specialist to 1.0 FTE Health Education Specialist (Senior) in the Assessment and Policy Development unit to better reflect the scope of work of this position which includes coordinating and overseeing the PH accreditation process. The position is funded by 1991 PH Realignment.
- Add 1.0 FTE H&SS Planning Analyst to Family Health Services Administration to provide clinical and operational analyses to enhance strategic decision making; funded by FQHC revenues and 1991 PH Realignment.
- Add 1.0 FTE Dentist to Family Health Services to provide dental services; funded by FQHC revenues and 1991 Realignment.
- Add 2.0 FTE Dental Assistant (Registered) to Family Health Services to assist the requested dentist; funded by FQHC revenues and 1991 Realignment.
- Add 3.0 FTE Medical Assistants to Family Health Services to provide sufficient coverage; funded by FQHC revenues and 1991 PH Realignment.
- Delete 1.0 FTE Nurse Practitioner/Physician Assistant in Family Health Services, funded by FQHC revenues and 1991 PH Realignment.
- Delete 0.5 FTE Mental Health Clinician (Lic) in Family Health Services, funded by FQHC revenues and 1991 PH Realignment.
- Delete 1.0 FTE Mental Health Clinician (Lic) in Family Health Services, funded by FQHC revenues and 1991 PH Realignment.
- Delete 1.0 FTE Clinic Registered Nurse (Sr) in Family Health Services, funded by FQHC revenues and 1991 PH Realignment.

PENDING ISSUES AND POLICY CONSIDERATIONS

Physician vacancies in FHS, particularly adult primary care providers, are an ongoing challenge. The County, in conjunction with Partnership HealthPlan of California (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. Recently the County opted to participate in a new program for student loan repayment offered through the County Medical Services Program (CMSP). With the nationwide shortage of primary care providers, the competition to hire them remains high and continued efforts to enhance compensation for providers will be important to maintain current gains and fill the few remaining vacancies.

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A continued effort for provider retention and recruitment, along with improving efficiency of processes to achieve productivity targets, are critical to the generation of revenues in the health centers. To balance the budget, the health centers must maintain a vacancy rate substantially below historical rates, achieve productivity targets and efficiently manage revenues. Challenges remain in streamlining processes within the Electronic Medical Record system, which is key to gaining productivity improvements. Efforts to overcome these challenges include teams that have been created within the health centers to map current processes and find opportunities for improvement. Preparation for the September 2019 HRSA Operational Site Visit, which is an audit to assure that our health centers are in compliance with all regulations required for maintaining enhanced federal funding as FQHCs, is a high priority and will likely result in some productivity reductions for the first half of 2019. However, this is necessary as FQHC funding is essential for the fiscal sustainability of the health centers. Historically the health centers have relied upon 1991 PH Realignment to provide public health services within the health centers and to cover the funding gap. While provider recruitment, productivity and efficiency improvements are aimed at reducing the need for other funding sources, there is a chance that FHS may need to ask for County General Fund support if 1991 PH Realignment is reduced in a State proposal to further expand Medi-Cal in California.

The Affordable Care Act (ACA) under the current federal administration has so far withstood several repeal attempts. 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. As the ACA is nearing its ten-year anniversary, any successful attempt to repeal the ACA would have drastic impacts across the healthcare spectrum. Specifically, for the County health centers, 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.

Additionally, the Governor's Proposed Budget for FY2019/20 also includes a provision that, if enacted, will provide healthcare coverage through Medi-Cal to undocumented adults aged 19 to 26 years. This proposal is to be paid in part by an increase in the redirection of 1991 Realignment CMSP Board funds under AB 85 from 60% to 75%, redirecting Realignment funding for the 35 participating CMSP counties to a statewide initiative and reducing available funding in the event of a change in the ACA or for CMSP programs. CMSP launched a pilot program through August 31, 2021 in 13 counties to provide expanded primary care services to undocumented adults aged 21 to 64. The proposed redirection may limit the ability of CMSP to provide such coverage.

The federal government's current immigration policies and the proposed Public Charge Executive Order by the Administration have had a significant "chilling effect" on utilization of government services by legal immigrants and undocumented persons. For Public Health, this is most evident in the WIC Program and the reduced number of clients. Prolonged reduction in the number of WIC clients may result in a reduction in the County's WIC funding allocation.

Health Services has applied to the California Department of Health Care Services for a sixth 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.

The Governor's Proposed Budget for FY2019/20 includes a change to the County Maintenance of Effort for the In-Home Supportive Services program that will, if enacted, eliminate the current redirection of 1991 Realignment Public Health Vehicle License Fee growth funding to the IHSS program, freeing up funding in years where statewide receipts generate revenue above the base amount.

Implementation of the new Whole Child Model in the California Children's Services Program has resulted 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 occurred on January 1, 2019. Public Health was prepared for this change and had already made the necessary adjustments in staffing.

DIVISION PURPOSE

The Department of Health and Social Services – Social Services Division budget has over 17 major programs primarily providing services in the following broad categories: Child Welfare Services (CWS); Employment and Eligibility Services (E&ES), which includes Welfare Administration (WA); and Older and Disabled Adult Services (ODAS). In addition, the Social Services Division is also responsible for In-Home Supportive Services (IHSS) Public Authority Administration (BU 7690) and Napa/Solano Area Agency on Aging Administration (AAA) (BU 7685). Staff in these bureaus are responsible for issuing assistance to clients as budgeted in the Assistance Programs Division (BU 7900).

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&ES contributes to Solano County residents’ well-being by providing safety net public assistance, medical insurance enrollment and employment services programs. E&ES 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 federal and State reimbursement.

Older and 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: Adult Protective Services, Napa/Solano AAA services, In-Home Supportive Services (IHSS), In-Home Supportive Services Public Authority (IHSS PA), and Public Administrator (PA)/Public Guardian (PG)/Public Conservator (PC). Although included in 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, and Support 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 decide 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, 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.
- Transition to Permanency consists of Permanency, Adoptions and Non-Minor Dependency (Supportive Transition Services for young adults ages 18-21) that provide services to children/youth when reunification efforts are unsuccessful. Permanency Placement services are meant to ensure that these children 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. For Non-minor dependents, youth opt to receive supervised independent living placements and/or transitional housing programs as they work towards educational and vocational goals.
- Support Services consists of Resource Family Approval, Staff Development and Training, Family Preservation and Visitation Services, Legal Processing, and Court Support. This unit provides ancillary services to support program operations, service delivery and staff development. Support Services ensures children are placed in a safe, least restrictive environment and are provided timely reunification services and positive parent child interactions in order to reunify. This unit also supports the development of the skills and knowledge social workers need to be provide safety, permanency and well-being to children and families.

Employment and Eligibility Services

E&ES provides public assistance, including nutrition, healthcare coverage, housing assistance, cash aid, and employment and training resources to Solano County residents and assists recipients in achieving self-sufficiency. As of March 2019, 109,657 County residents, or 24.6% 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&ES provides cash aid to on average 3,980 families per month; food assistance to 19,920 families; Medi-Cal coverage to 51,432 families per month; and County Medical Services Program (CMSP) coverage to 19 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 and the use of the Wraparound Reinvestment Fund.

Older and Disabled Adult Services

ODAS is responsible for APS, Napa/Solano AAA services, IHSS, IHSS PA, and the PA/PG/PC. 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 Napa/Solano AAA manages a wide array of federal and State funded services that help and support older individuals to live as independently as possible in the community; promote healthy aging and community involvement; and assist family members in their vital care giving role. 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. 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 PA for recipient-provider matching services. The IHSS PA provides enrollment services to IHSS providers with the goal of matching IHSS recipients to an IHSS provider on the PA's provider registry. The IHSS PA is also responsible for the recruitment, screening and training of registry providers. The PG and PC provide 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 PA'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 IHSS Public Authority is discussed in Department (BU 1520) and H&SS Social Services' Bureau IHSS Public Authority in Bureau (BU 7690).

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Child Welfare Services

- Bridge Emergency Childcare began May 2018 and is a two-year contract in partnership with Solano Family and Children's Council to provide emergency childcare services for children ten years and under who are entering placement or at risk of placement disruption in the home of a relative or non-relative extended family member. The service funds daycare for up to six months and provides navigator services to assist families with transitioning to other childcare services, as well as training for daycare providers in trauma informed care for Child Welfare Services youth. From May 2018 through December 2018, this program provided daycare for 22 children; ensuring stability of care and allowing their relative care providers to retain employment, continue attending school, or engage with social workers.
- CWS launched a Quality Parenting Initiative, a strategy of the Youth Law Center, which is a new approach to strengthening foster care by refocusing on developing new strategies and practices to create loving, committed, and skilled foster or relative family homes. Based on five core principles, QPI suggests that by working together within our own community and changing the expectations of, and support for caregivers, we will define and create excellent parenting that puts the needs of the child first.
- Resource Family Approval (RFA), a key component of Continuum of Care Reform (CCR) (See glossary for definition), is 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. Solano CWS continues to be challenged in approving families within the 90-day required timeframe, primarily due to the intensive level of staff engagement required, backlog of criminal exemptions and level of relative engagement.

Employment and Eligibility Services

- Solano County consistently maintains one of the lowest active error rates for the CalFresh (See glossary for definition) program in the State. In 2018, Solano County's error rate was 2.28% compared to the California State average of 6.65%.

Welfare Administration

- In 2018, the Special Investigations Bureau conducted 2,461 welfare fraud investigations. This has resulted in \$7.8 million in cost savings in the California Work Opportunity and Responsibility to Kids (CalWORKs) (See glossary for definition) and CalFresh (See glossary for definition) programs.

Older and Disabled Adult Services:

- IHSS responded to the Solano County Office of the Auditor-Controller's (ACO) Internal Control Review of the IHSS Program by making several program adjustments including directed mailings, fraud referral management, home visits, and unannounced home visits. Program adjustments under development include supervisor review and approval of intake cases and a process to randomly check provider timesheets. ODAS will continue to address the concerns identified by the ACO by completing implementation of recommendations currently in progress and maintaining successful implementation of recommendations that have been completed.
- APS is participating in the Cal OES Victim Services Program Unit Elder Abuse (XE) Program. This program partners APS with the Long-Term Care Ombudsman, legal assistance providers and victim service providers to expand the multidisciplinary community response to victims of elder and dependent abuse. A regional partnership of LEAPS enterprise solution counties continues quantitative and qualitative data review to expand and enhance APS practices and policies best practice development in order to evaluate and improve the program. This continued regional work is necessary to implement the National Adult Maltreatment Reporting System (NAMRS). ODAS staff participate in multiple presentations to the community increasing awareness and reporting responsibilities for elder abuse.

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- In 2018, the Public Guardian Office concentrated on the review and use of technology to support team-based case management and enhance client service delivery. Using best practices information gathered from other counties, enhancements were made to the case management system under the existing vendor contract. For example, when an update is made to case by one team member an auto alert notification can be sent to other team members, improving communication and timeliness.
- SolanoCares4Seniors.org is a one-stop resource to connect seniors, families and service providers to up-to-date information about health topics, events and local services. The website enables the community to obtain information on health topics concerning seniors; get involved with community events and physical activities; and get connected to resources, such as housing, medical services, food programs, transportation, and other services. The website is housed on the Network of Care (NOC) resource site and, in 2018, a disabilities website, providing resources and services, was developed and implemented.
- Adult Preventive Health – The “Strive 2B Healthy” program initiated in 2017 provides home-based Public Health nursing which focus on health education, screening and referral, and linkage to community resources for the older and disabled adult population. The care includes, but is not limited to, chronic disease prevention and early intervention addressing hypertension, diabetes, heart disease, cancer and fall prevention.
- On September 27, 2018, the California Department of Aging (CDA) designated the County of Solano as the lead agency for the Napa/Solano AAA for Planning and Service Area 28 beginning January 1, 2019 (Fund 216 – BU 2160). The AAA Oversight Board and Advisory Council have been established. Contracts with service providers have been signed and implemented, and the fourth-year update to the current 4-year area plan completed. The needs assessment for the next 4-year area plan is underway, and the contracts for service providers will need to be renewed for FY2019/20.

WORKLOAD INDICATORS

Child Welfare Services

- In 2018, CWS received 4,731 reports for allegations of child abuse, which were evaluated and assessed. Of the 4,731 allegations, 2,278 led to investigations. These investigations led to the placement out of home for 265 children. During this period, 255 children were returned home.
- As of April 2019, CWS has 443 children and youth in out of home placement. Of 443 children in out of home placements, 160 are with a relative or non-relative extended family member; 24 in Group Homes or Short Term Residential Therapeutic Placements (STRTP’s) (12 in County/12 out of County); 6 in Non-relative Resource Family/Foster homes; 153 in Foster Family Agency Certified Homes; 18 young adults in Supervised Independent Living placements; 77 youth in Non-Dependent Legal Guardianship placements and 5 youth in other placement types (court ordered or specialty homes).

Employment and Eligibility Services In calendar year 2018:

In calendar year 2018:

- E&ES received an average of 3,970 applications for enrollment to benefits and services per month, a decrease of 46 applications per month from the prior year and processed 148,758 visitors to the E&ES offices, a decrease of 11,018 from the prior year.
- E&ES continuing caseload Call Center (Benefits Action Center) handled 58,393 calls from the public, a 3% decrease or 1903 fewer calls from 2017, and a decrease of 18% or 12,782 calls from 2016.
- E&ES provided 86 security deposits and permanent housing assistance in the form of rental payments to 173 clients.

Welfare Administration

- The Special Investigations Bureau Overpayment Recovery Unit computed 413 overpayments/over issuances totaling over \$1.0 million in the CalWORKs and CalFresh programs.
- The Appeals Unit had 1477 requests for hearings, an 8% increase from the previous year.
- In July 2018, the SIB and E&ES established a workgroup to collaborate on cases of interest to both bureaus. The collaboration led to a better understanding of rules and regulations for staff and has helped create better efficiencies in fraud referrals.

Older and Disabled Services

In calendar year 2018:

- IHSS received 1,572 applications for services, an increase of 38 applications, or 2%, over the prior year.
- Assisted 2,031 individuals through the IHSS enrollment process, including review of the qualifications and background, training for the implementation of the electronic services portal to be used when Electronic Visit Verification goes into effect, and claiming overtime and paid sick leave.
- The PA managed an average of 35 cases per month.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$2,404,803 or 2.2% in both revenues and appropriations when compared to the FY2018/19 Adopted Budget. The County General Fund Contribution of \$6,857,684 reflects an increase of \$1,047,708 or 18.0%, primarily to fund increased costs in the administration of CalFresh and Supplemental Security Income (SSI) Advocacy programs.

Primary Funding Sources

The primary funding sources for Social Services' 17 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); Title IIIB, IIIB C1 and C2, and Title III E for Napa/Solano AAA Administration, 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: Napa/Solano AAA, 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 FY2019/20 Recommended Budget, the non-federal share of costs related to CCR activities are funded with State revenue and 1991 Realignment.

H&SS is projecting to use approximately \$19,843,251 in Realignment revenues in FY2019/20. The estimated Realignment receipts are projected at the same level as FY2018/19 base receipts. Although H&SS is projecting that there will be sufficient combined 1991 and 2011 Realignment revenues to cover projected expenditures in FY2019/20, 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. The Governor's January Proposed Budget eliminates all funding for Foster Parent Recruitment, Retention and Support (FPRS) and reduces State funding for Resource Family Approval. Activities related to these programs will be covered by 1991 Realignment in FY2019/20.

The fiscal impact of the proposed changes in IHSS Maintenance of Effort (MOE) structure that are included in the FY2019/20 Governor's January Proposed Budget and discussed in Fund 152 – BU 1520 is not included in the Recommended Budget. This Budget uses the existing IHSS MOE structure. State reconciliation of the FY2018/19 IHSS MOE may result in additional FY2019/20 costs not currently included in the Recommended Budget.

The Governor's January Proposed Budget projects net decreases in the administration of all components of the CalWORKs Single Allocation and CalFresh programs of approximately \$67 and \$31 million, respectively, due to declining caseloads attributed to ongoing economic improvements in California. Although there are proposed decreases in Statewide funding, the Recommended Budget assumes that Solano County will receive flat funding in FY2019/20. The State's methodology to allocate Statewide funding to all counties is based not only on caseloads but also on expenditures.

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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, Public Guardian and SSI Advocacy programs.

The County MOE for CalWORKs/CalFresh programs is \$1,870,052. The CalFresh Match Waiver (See glossary for definition) was fully phased out beginning FY2018/19. The County is now 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 FY2017/18, payable in FY2019/20, is \$751,978 and is funded with local funds. It is estimated that the County match requirement above the County MOE for FY2018/19 is \$663,187 and will be an additional County General Fund cost in FY2020/21.

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 FY2019/20 Recommended Budget for Social Services includes a \$2,404,803 or 2.2% net increase in revenues compared to the FY2018/19 Adopted Budget.

- Increase of \$178,453 in combined State and federal revenues primarily due to an increase in Medi-Cal Administration allocation offset by decreases in Title IV-E for CWS programs due to lower estimated program costs and in grant revenues due to the expiration of housing grants in FY2018/19.
- Decrease of \$890,603 in combined 1991 and 2011 Realignment revenues representing the amount of Realignment revenue needed to cover projected program costs.
- Increase of \$1,802,028 in prior year State and federal revenues due to higher FY2018/19 revenues estimated at Midyear for the administration of CalWORKs and CWS programs when compared to FY2018/19 Adopted Budget.
- Increase of \$434,257 in Operating Transfers-In from Fund 216 – Napa/Solano Area Agency on Aging (AAA) representing reimbursement for program management and administrative support costs.
- Increase of \$1,047,708 in County General Fund Contribution primarily due to the County share of cost increases for CalFresh administration, IHSS MOE (Administration), CalWIN and SSI Advocacy program offset by decreases for General Assistance administration and housing grants expiring in FY2018/19.
- Decrease of \$167,040 in other revenues primarily representing a drawdown from the Wraparound Reinvestment Fund to cover the match requirement for Bringing Families Home program which expires in FY2018/19.

Primary Costs

Child Welfare Services (BU 7600) With recommended appropriations of \$25,713,514, 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 \$61,222,295, E&ES 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, 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 \$7,074,259, 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 \$14,423,341, 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 \$4,931,473, Special Projects includes 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, and other costs covered by the CalWIN allocation.

Napa/Solano Area Agency on Aging (BU 7685) With recommended appropriations of \$487,257, Napa/Solano AAA includes the costs of staff dedicated to Napa/Solano AAA.

The FY2019/20 Recommended Budget includes a \$2,404,803 or 2.2% net increase in appropriations due to the following:

- Increase of \$2,020,710 in Salaries and Benefits primarily due to increases in retirement costs, health insurance, and wages and benefits for new positions offset by an increase in salary savings based on vacancy trends.
- Decrease of \$428,564 in Services and Supplies primarily due to decreases in data processing services due to an over projection in prior year; software maintenance and support costs due to the completion of a calendaring project in FY2018/19; County information technology costs and computer refresh costs. These are offset by increases in liability insurance, ergonomic equipment and building lease costs for 425, 427 and 431 Executive Court facilities.
- Increase of \$112,998 in Other Charges due to increases in Countywide Administrative Overhead and contracted direct services for transitional housing and supportive services to foster care youth, offset by decreases in interfund charges from General Services and other departments, housing support and direct services for CalWORKs clients based on prior year spending.
- Decrease of \$28,000 in Fixed Assets due to no request for fixed assets in FY2019/20.
- Decrease of \$39,126 in Other Financing Uses due to no debt service payments beginning FY2019/20.
- Increase of \$766,785 in Intrafund Transfers due to increases in Social Services' allocated share of H&SS administration costs, program and administrative support costs for the Napa/Solano AAA, and reimbursement to Public Health for the new CalWORKs Home Visiting Initiative.

Contracts

The recommended appropriations for Social Services include \$3,747,777 or 3.3% in contracted direct services for the provision of services to CWS, E&ES and Transitional Housing. H&SS will return to the Board after the FY2019/20 Budget Hearings with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

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DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	27	200	200	0	0.0%
INTERGOVERNMENTAL REV STATE	35,912,884	42,282,301	41,955,035	(327,266)	(0.8%)
INTERGOVERNMENTAL REV FEDERAL	58,351,140	62,276,765	63,693,909	1,417,144	2.3%
CHARGES FOR SERVICES	923,390	782,000	768,062	(13,938)	(1.8%)
MISC REVENUE	371,692	243,302	90,200	(153,102)	(62.9%)
OTHER FINANCING SOURCES	158,487	53,000	487,257	434,257	819.4%
GENERAL FUND CONTRIBUTION	5,419,375	5,809,976	6,857,684	1,047,708	18.0%
TOTAL REVENUES	101,136,996	111,447,544	113,852,347	2,404,803	2.2%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	66,365,843	72,115,729	74,136,439	2,020,710	2.8%
SERVICES AND SUPPLIES	11,492,510	13,810,976	13,382,412	(428,564)	(3.1%)
OTHER CHARGES	14,139,367	15,987,435	16,100,433	112,998	0.7%
F/A EQUIPMENT	25,443	28,000	0	(28,000)	(100.0%)
OTHER FINANCING USES	1,957,789	792,392	753,266	(39,126)	(4.9%)
INTRA-FUND TRANSFERS	7,171,745	8,713,012	9,479,797	766,785	8.8%
TOTAL APPROPRIATIONS	101,152,697	111,447,544	113,852,347	2,404,803	2.2%
NET CHANGE	15,701	0	0	0	0.0%
STAFFING					
SOCIAL SERVICES DIVISION	686.25	652.75	654.75	2.00	0.3%
TOTAL STAFFING	686.25	652.75	654.75	2.00	0.3%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

In September 2018, the California Department of Aging (CDA) designated Solano County as the lead agency for the Napa/Solano AAA for Planning and Service Area 28 following the closure of the previous non-profit performing the work for both counties. The BOS approved an increase of \$421,214 in the Division's FY2018/19 Working Budget to provide program management and administrative support to AAA. Please refer to (Fund 216 - BU 2160) for Napa/Solano AAA programs.

SUMMARY OF POSITION CHANGES

Changes in the position allocations since the adoption of the FY2018/19 Budget are provided below:

On September 25, 2018, the following position was added to support the new Napa/Solano AAA:

- Added 1.0 FTE Program Manager

On February 26, 2019, as part of the Midyear Report the Board approved the following position changes:

- Extend 2.0 FTE Limited-Term Social Worker II in Employment and Eligibility Services through June 30, 2021.

The FY2019/20 Recommended Budget includes the following position changes:

Child Welfare Services

- Add 2.0 FTE Social Worker III Limited-Term Project to June 20, 2021 for CCR implementation, funded with federal and State allocations, and 1991 and 2011 Realignment
- Add 2.0 FTE Social Worker II for emergency response placement support, funded with federal and State allocations, and 1991 and 2011 Realignment
- Add 1.0 FTE H&SS Systems Interface Specialist (TBD) to support implementation of the new statewide CWS database system, funded with federal and State allocations, and 1991 and 2011

Employment and Eligibility Services

- Reclassify 3.0 FTE from Employment Resources Specialist (ERS) II to H&SS Systems Interface Specialist (TBD) to more accurately reflect the duties and responsibilities, funded with federal and State allocations and County General Fund
- Reclassify 1.0 FTE from Employment Resources Specialist Supervisor to H&SS Systems Interface Specialist Supervisor (TBD) to more accurately reflect the duties and responsibilities, funded with federal and State allocations and County General Fund
- Delete 1.0 FTE Office Assistant II, funded with federal and State allocations and County General Fund
- Delete 1.0 FTE Office Assistant III, funded with federal and State allocations and County General Fund
- Delete 2.0 FTE Eligibility Benefits Specialist II, funded with federal and State allocations and County General Fund
- Delete 1.0 FTE Employment Resources Specialist Supervisor, funded with federal and State allocations and County General Fund

Older and Disabled Adult Services

- Add 1.0 FTE Accounting Technician to support the Public Guardian/Public Administrator, funded with County General Fund

Welfare Administration

- Add 1.0 FTE Investigative Assistant to support investigations, funded with federal and State allocations and County General Fund
- Delete 1.0 FTE Welfare Fraud Investigator, funded with federal and State allocations and County General Fund

PENDING ISSUES AND POLICY CONSIDERATIONS

Child Welfare Services

In an effort to support counties' efforts to enhance caregiver recruitment under CCR, funding was provided to County welfare and probation departments for the recruitment of new foster family home caregivers, referred to as Foster Parent Recruitment, Retention and Support (FPRRS). FPRRS funding is proposed to be eliminated for FY2019/20, a loss of approximately \$234,450 for Solano County for this program.

The Governor's proposed State Budget does not continue State funding for CWS' administration of Resource Family Approval or to reduce the backlog of RFA approvals; therefore, the Division will need to utilize Social Services 1991 Realignment to fund these activities.

Social Worker Recruitment and Retention continue to be a challenge in public child welfare nationally and Solano County CWS is not exempt. Although Solano County's CWS trends slightly lower and higher compared to other local counties, the impact on workers, clients, training and practice is immense.

Case Reviews are a requirement of CWS. Solano County CWS is underspending its case review allocation and not able to complete case reviews due to staffing vacancies. The State's ability to pass the Performance Improvement Plan depends 100% on its case review findings; therefore, completing case reviews is critical or the State faces fiscal penalties. Solano County is exploring how best to address this critical case program requirement while balancing the needs of other core child welfare programs.

Employment and Eligibility Services

In FY2018/19, 27 positions were held vacant in order to avoid exceeding State funding allocations for the administration of E&ES programs and these positions were reflected in the budgeted salary savings. As part of the FY2018/19 Midyear review, five of the 27 positions were released. For FY2019/20, five additional positions have been released, leaving 17 frozen positions. At this staffing level, the current E&ES budget is still projected to overspend funding allocations in CalFresh, CalWORKs and Medi-Cal administration; therefore, five positions are recommended for deletion in order to better align the Division's staffing levels with ongoing revenue allocations. The Governor's proposed budgets notes continued caseload decline in CalWORKs and

**Gerald Huber, Director of Health & Social Services
Health & Public Assistance**

CalFresh and future increases in State allocations are not anticipated; however, the remaining 12 positions held unfilled provide future flexibility to the Division should revenue allocations and caseloads increase.

Supplemental Security Income (SSI) Cash Out - Assembly Bill 1811, the FY2018/19 Human Services Omnibus Trailer Bill, reverses the CalFresh eligibility policy known as “cash-out” under which Supplemental Security Income (SSI)/State Supplemental Payment (SSP) recipients are ineligible for CalFresh. In addition, AB 1811 creates the SSI/SSP Cash-In Supplemental Nutrition Benefit (SNB) Program and the SSI/SSP Cash In Transitional Nutrition Benefit (TNB) Program and augments the grant amount for the Cash Assistance Program for Immigrants (CAPI). Beginning June 1, 2019 individuals receiving or authorized to receive SSI/SSP are eligible for CalFresh, provided all other eligibility criteria are met. Additionally, at that time, current CalFresh households negatively affected by the policy change may be eligible for SNB and TNB Program benefits. Statewide, this change is expected to impact approximately 370,000 individuals, and locally in Solano County it is estimated to impact an estimated 4,600 individuals.

CalFresh Able-Bodied Adult Without Dependents (ABAWD) - Individuals that are considered able-bodied adult without dependents (ABAWD) are limited to three full months of CalFresh benefits in any 36-month period unless they are working or participating in any qualifying work activity for at least 20 hours per week, are exempt from the ABAWD time limit, or are living in a waived area. A County, or an entire State, can be approved for a waiver of the ABAWD time limit if it meets federally established criteria for high unemployment or lack of sufficient jobs. California’s statewide waiver of the ABAWD time limit expired on August 31, 2018. Beginning September 1, 2018, California implemented ABAWD time limit in three counties, San Francisco, San Mateo, and Santa Clara. Beginning September 1, 2019 an additional three counties will implement ABAWD time limit – Alameda, Contra Costa and Marin. California’s remaining 52 counties, including Solano County, will maintain their ABAWD time limit waivers through August 31, 2020. When the ABAWD time limit waiver expires for Solano County, employment services and supports will need to be established for the CalFresh population.

Public Charge - Public Charge is an immigration law that allows federal authorities to deny legal status to individuals dependent on the government for certain types of benefits. For decades, this test considered only whether an immigrant would require cash benefits such as Temporary Assistance for Needy Families (TANF), CalWORKs in California, or Supplemental Security Income (SSI), or long-term care, paid by the government. The Federal Administration’s proposed changes would expand the Public Charge rule to include other benefit programs such as Medi-Cal; Medicare Part D Low Income Subsidy; Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California; Public Housing and Section 8 Housing CHOICE Voucher and Rental Assistance. The public comment period for the proposed rule changes ended December 10, 2018. The federal government administration is currently reviewing the submitted comments at the conclusion of which a final rule will be issued and deemed effective 60 days after issuance.

While the public charge test has been in place for decades, the new proposed rule changes takes this principle in a new direction, and, if adopted, would ultimately punish immigrants for accessing non-cash health, nutrition, and housing support programs that are designed to help families succeed and thrive in Solano County. The proposed rule changes could have a negative direct impact on the well-being of immigrant families in Solano County who lawfully receive this assistance.

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, IHSS PA, APS, and PA/PG/PC.

Details on pending issues related to the IHSS MOE are included in the IHSS (Fund 152 - Dept 1520) budget narrative.

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 providers, the IHSS 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 (recipient – provider matching services); 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 2018, the IHSS PA implemented a monthly topic-based support group for IHSS care providers in Fairfield and Vallejo, with a total of 50 IHSS care providers attending across all months. Topics included heart health, nutrition, stress management, dealing with memory loss, and coping with grief.
- In 2018, the IHSS PA received 170 fewer applications from individuals wishing to be listed on the registry which was a reduction of 117 new applicants when compared to 2017. In addition, 115 providers withdrew from the registry, making it more difficult to assist IHSS clients in finding or keeping their IHSS provider.

WORKLOAD INDICATORS

In 2018:

- The IHSS PA maintained an average of 367 providers on the IHSS PA Provider Registry to serve an average of 440 IHSS consumers per month. These providers represent a subset of the 4,375 countywide IHSS paid providers as of March 2019.
- Processed 170 applications from individuals interested in being placed on the IHSS PA provider registry, resulting in 112 new providers added, a decrease of 50 new providers when compared to the prior year.
- Sent 1,124 provider lists to IHSS recipients who requested assistance in finding a provider. Of these lists, 154 were coded as urgent service requests indicating assistance was needed within 24 hours or the same day.
- Served 839 IHSS consumers, an increase of 15 average monthly consumers when compared to the prior year. These consumers experience complex needs requiring ongoing support to effectively hire, supervise and retain IHSS providers.
- Provided 1,203 of intervention services including intake, information and assistance, mediation to resolve complex issues, and follow-up.
- In 2018, IHSS PA staff administered health benefits to an average of 1,165 IHSS providers per month. All eligible IHSS providers who requested to be added to the health plan were enrolled within 30 days of receiving the request throughout the year. In addition to this benefit, IHSS PA staff issued safety supplies (gloves, sanitary wipes) to 22 individual providers who requested them.

BUREAU BUDGET SUMMARY

The Recommended Budget represents decreases of \$19,795 or 2.0% in both revenues and appropriations when compared to the FY2018/19 Adopted Budget.

Bureau 7690 is primarily comprised of the cost of H&SS dedicated staff and operating expenditures needed to administer the IHSS PA responsibilities.

7690 – Fund 902-IHSS Public Authority Admin.
Gerald Huber, Director of Health & Social Services
Health & Public Assistance

Social Services Functional Area Summary

Primary Funding Sources

IHSS PA Administration is primarily funded with an Operating Transfers-In of \$943,501 from the IHSS PA operating fund (Fund 152 - BU 1520) to reimburse H&SS for administrative support staff and operating costs.

The FY2019/20 Recommended Budget projects a \$19,795 or 2.0% 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: \$660,219 for Salary and Employee Benefits; \$105,618 for Services and Supplies; \$57,767 for Other Charges; \$6,233 for Other Financing Uses; and \$129,264 for Intrafund Transfers.

The FY2019/20 Recommended Budget projects a \$19,795 or 2.0% decrease in appropriations primarily due to the following:

- Increase of \$5,285 in Salary and Employee Benefits due to increased retirement costs.
- Decrease of \$4,832 in Services and Supplies due to decreases in IT related costs, education and training, and office equipment.
- Decrease of \$9,112 in Other Charges primarily representing a decrease in Countywide admin overhead.
- Decrease of \$10,285 in Intra-Fund Transfer primarily representing a decrease in H&SS departmental Administrative Overhead charged to IHSS PA - Administration.

Contracts

The FY2019/20 Recommended Budget includes a total of \$35,948 or 3.7% in contracted services which includes the following significant contracts:

- \$17,348 Software licenses and maintenance services.
- \$15,600 Provider training and support services.

Fixed Assets

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	5,059,381	0	0	0	0.0%
MISC REVENUE	1,500	0	15,600	15,600	0.0%
OTHER FINANCING SOURCES	955,981	978,896	943,501	(35,395)	(3.6%)
GENERAL FUND CONTRIBUTION	5,487,182	0	0	0	0.0%
TOTAL REVENUES	11,504,044	978,896	959,101	(19,795)	(2.0%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	672,344	654,934	660,219	5,285	0.8%
SERVICES AND SUPPLIES	106,510	110,450	105,618	(4,832)	(4.4%)
OTHER CHARGES	10,417,137	66,879	57,767	(9,112)	(13.6%)
OTHER FINANCING USES	202,651	7,084	6,233	(851)	(12.0%)
INTRA-FUND TRANSFERS	105,958	139,549	129,264	(10,285)	(7.4%)
TOTAL APPROPRIATIONS	11,504,600	978,896	959,101	(19,795)	(2.0%)
NET CHANGE	556	0	0	0	0.0%
STAFFING					
IHSS - PA ADMINISTRATION	6	5	5	0	0.0%
TOTAL STAFFING	6	5	5	0	0.0%

BUREAU COMMENTS

None.

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

PENDING ISSUES AND POLICY CONSIDERATIONS

The IHSS PA continues to recruit additional IHSS providers for the registry to meet the continued demand of referrals. Recruitment and retention of providers on the registry remains challenging as the number of new IHSS clients referred continues to grow, fewer individuals are applying to the registry, and more IHSS providers are requesting to terminate their listing on the registry.

With paid sick leave increasing from 8 hours to 16 hours in FY2019/20, the IHSS PA anticipates an increase in the number of registry urgent service requests, similar to the increase seen in calendar year 2018. There is not an incentive for a registry provider to make themselves available for on-call or backup assistance, and this challenge could result in IHSS consumers not being able to access services, potentially creating safety risks for consumers with greater or more complex needs.

Please refer to IHSS PA (Fund 152 - BU 1520) for more information regarding the new IHSS MOE structure effective July 1, 2017 and the California Governor's January Budget IHSS proposal.

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, 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 the 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. This legislative set of changes raises rates and is intended to support the State's decision under the Continuum of Care Reform to reduce use of group homes and place children in fewer homes. 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.

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 increases of \$4,812,634 or 10.0% in both revenues and appropriations when compared to the FY2018/19 Adopted Budget. The County General Fund (CGF) Contribution of \$3,791,474 represents a decrease of \$446,334 or 10.5% as a result of program funding changes.

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 2011 Realignment which 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 2011 Realignment sales tax revenues for these programs are not sufficient to cover costs.

CalWORKs Assistance program costs were 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 FY2019/20 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 FY2019/20 Recommended Budget includes a \$4,812,634 or 10.0% net increase in revenues due to an increase in the projected number of payments issued in Aid to Families with Dependent Children- Foster Care (AFDC-FC) and increases in CalWORKs grants. The changes are reflected in the following revenue sources:

- \$2,237,387 in AB 85/Child Poverty and Family Support funds to fund CalWORKs.
- \$1,676,934 increase in combined 1991 and 2011 Realignment revenues.
- \$729,800 increase in State and federal revenues.
- \$532,415 increase in State-redirected 1991 Mental Health Realignment to fund CalWORKs.
- \$446,334 decrease in CGF contribution.
- \$82,432 increase in prior year State and federal revenue.

Primary Costs

The FY2019/20 Recommended Budget includes a \$4,812,634 or 10.0% net increase in appropriations primarily due to the following:

Adoptions Assistance Program (BU 7901) - \$737,876 or 10.6% increase in appropriations due to increase in estimated average grant from \$1,001 in FY2018/19 to \$1,101 in FY2019/20.

Foster Care Assistance Programs - \$1,744,127 or 14% net increase in appropriations due to the following:

- Foster Care (BU 7903) – Costs are expected to increase by \$1,929,275 or 19.3% when compared to FY2018/19 Adopted Budget due to increase in projected paid cases based on recent trends.
- County Only Foster Care (BU 7908) – Costs are projected to increase by \$59,131, or 8.9% when compared to FY2018/19 Adopted Budget. FY2019/20 costs are estimated based on FY2017/18 actual expenditures adjusted by the California Necessities Index (CNI) for FY2018/19 and FY2019/20.
- Kin-GAP (BU 7902) – Costs are projected to decrease by \$244,279 or 16.5% when compared to FY2018/19 Adopted Budget. FY2019/20 cost estimates are based on an estimated 99 average cases, a decrease of 35 average cases from FY2018/19, at a \$1,039 average grant per month.

CalWORKs Assistance (BU 7904) - \$2,257,831 or 8.8% increase in appropriations primarily due to grant increase of 10% effective April 1, 2019 and 13% effective October 1, 2019. FY2019/20 cost estimates are based on an estimated 3,613 average cases, a decrease of 401 average cases from FY2018/19 and 603 average cases from FY2017/18. The average grant per month is estimated at \$641.

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

Summary of Division Budget

Refugee Assistance (BU 7906) - \$16,632 or 68.8% net decrease in appropriations due to a decrease in projected paid cases.

General Assistance (BU 7907) - \$110,470 or 4.3% net decrease in appropriations due to a decrease in projected paid cases. FY2019/20 cost estimates are based on an estimated 565 average cases, a decrease of 12 average cases from FY2018/19 and 111 average cases from FY2017/18. The average grant per month is estimated at \$355.

Approved Relative Caregiver (BU 7909) - \$204,794 or 134.4% increase in appropriations due to an increase in projected paid cases. FY2019/20 cost estimates are based on an estimated 30 average cases, an increase of 17 average cases from FY2018/19, at \$992 average grant per month.

Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS) and Low-Income Home Energy Assistance Program (LIHEAP (BU 7911)) - \$4,892 or 1.5% 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 FY2019/20 Recommended Budget includes \$1,787,738 in contracted direct services for the provision of Adoption and Foster Care Wraparound services and \$130,874 in the Emergency Child Care Bridge Program for Foster Care. H&SS will return to the Board after the FY2019/20 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	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	33,605,411	33,882,825	36,431,591	2,548,766	7.5%
INTERGOVERNMENTAL REV FEDERAL	11,811,579	9,816,600	12,526,802	2,710,202	27.6%
GENERAL FUND CONTRIBUTION	3,980,638	4,237,808	3,791,474	(446,334)	(10.5%)
TOTAL REVENUES	49,397,628	47,937,233	52,749,867	4,812,634	10.0%
APPROPRIATIONS					
OTHER CHARGES	48,837,986	47,937,233	52,749,867	4,812,634	10.0%
OTHER FINANCING USES	559,642	0	0	0	0.0%
TOTAL APPROPRIATIONS	49,397,628	47,937,233	52,749,867	4,812,634	10.0%
NET CHANGE	0	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

On March 12, 2019, the Board of Supervisors authorized revisions to the General Assistance (GA) Minute Order. The GA grant amount, previously tied to the CalWORKs grant, remains at the current level of \$355 effective April 1, 2019. Annually, thereafter, the GA grant amount will be adjusted based on the same percentage change as the U.S. Census Bureau Federal Poverty Level increase or decrease. The Recommended Budget reflects this change.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

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

Summary of Other Administered Budgets

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

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	4,283,648	17,727,378	20,171,411	2,444,033	13.8%
9600 MHSA	20,464,734	19,310,794	20,919,206	1,608,412	8.3%
7950 TOBACCO PREVENTION & EDUCATION	349,406	851,328	801,423	(49,905)	(5.9%)
APPROPRIATIONS					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	4,316,426	17,694,599	20,171,411	2,476,812	14.0%
9600 MHSA	19,630,907	25,074,536	26,409,048	1,334,512	5.3%
7950 TOBACCO PREVENTION & EDUCATION	349,406	851,328	801,423	(49,905)	(5.9%)
NET CHANGE					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	32,778	(32,779)	0	32,779	(100.0%)
9600 MHSA	(833,827)	5,763,742	5,489,842	(273,900)	(4.8%)
7950 TOBACCO PREVENTION & EDUCATION	0	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 (PA) 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, 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 2018, the IHSS Public Advisory Committee met bimonthly to discuss issues pertinent to the In-Home Supportive Services program and to make recommendations regarding service delivery. The Committee sponsored the May 2018 Spring Conference and Resource Fair at the County Events Center with over 100 participants attending; co-sponsored the November 2018 Provider Recognition Event to recognize IHSS providers for their dedication to client service; and provided an annual update to the Board of Supervisors.

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 \$2,444,033 or 13.8% in revenues and an increase of \$2,476,812 or 14.0% in appropriations when compared to the FY2018/19 Adopted Budget. The net increase is primarily due to a 7% inflation factor applied to the IHSS MOE for FY2019/20 per statute.

Primary Funding Sources

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

The FY2019/20 Recommended Budget projects a \$2,444,033 or 13.8% net increase in revenues primarily due to increases in 1991 Realignment and County General Fund necessary to fund the increase in the IHSS MOE.

Primary Costs

Primary costs for IHSS Public Authority are \$19,213,335 in Other Charges and \$943,501 in Operating Transfers-Out.

The FY2019/20 Recommended Budget projects a net increase of \$2,476,812 or 14.0% in appropriations primarily due to the following:

- Increase of \$2,603,338 in IHSS MOE – Services primarily representing the 7% inflation factor increase in FY2019/20.
- Decrease of \$68,770 in Individual Providers – IHSS due lower projected health premium payments. The FY2019/20 Recommended Budget is based on 1,450 enrolled providers at \$207.83 per month/per provider for a total of \$3,616,242.

Contracts

The recommended appropriations include \$3,616,242 in estimated health plan costs.

Summary of Other Administered Budgets

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

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	1,278,316	8,346,398	9,780,319	1,433,921	17.2%
INTERGOVERNMENTAL REV FEDERAL	2,240,032	2,469,447	2,407,672	(61,775)	(2.5%)
OTHER FINANCING SOURCES	181,609	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	583,691	6,911,533	7,983,420	1,071,887	15.5%
TOTAL REVENUES	4,283,648	17,727,378	20,171,411	2,444,033	13.8%
APPROPRIATIONS					
SERVICES AND SUPPLIES	0	15,675	14,575	(1,100)	(7.0%)
OTHER CHARGES	3,360,445	16,700,028	19,213,335	2,513,307	15.0%
OTHER FINANCING USES	955,981	978,896	943,501	(35,395)	(3.6%)
TOTAL APPROPRIATIONS	4,316,426	17,694,599	20,171,411	2,476,812	14.0%
NET CHANGE	32,778	(32,779)	0	32,779	(100.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

In April 2019, Symetra Life Insurance Company notified the Solano County IHSS Public Authority of its planned non-renewal of the policy for the Solano County IHSS providers effective July 1, 2019. SEIU 2015 has requested to bargain over any changes to benefits and the IHSS PA is working with Solano County Human Resources and the Insurance Broker.

In FY2019/20, the California Department of Social Services plans to issue clarification regarding the appropriate claiming of expenses for the IHSS PA Advisory Committee and non-health related benefits such as safety supplies. This policy clarification may identify certain Advisory Committee expenses as ineligible for State and federal reimbursement.

The FY2019/20 IHSS MOE was calculated using the current IHSS MOE methodology and the State's interim FY2018/19 IHSS MOE (equal to the FY2017/18 preliminary IHSS MOE) plus the statutory 7% inflation factor. The State is expected to finalize its annual reconciliation of the IHSS MOE in September 2019. The reconciliation will establish the final FY2018/19 County IHSS MOE base amount and could result in either a decrease or no change in the base amount.

The Governor's January Proposed Budget included changes to the IHSS MOE structure based on recommendations contained in the SB 90 1991 Realignment Report presented by the Department of Finance to the State legislature in January 2019. The following methodology changes are included in the recommendations:

- Rebase the IHSS MOE in FY2019/20 to \$1.56 billion. For reference, the final IHSS MOE for FY2017/18 was \$1.66 million (before State General Fund offsets) and the inflation factor for FY2018/19 is 5%, bringing the FY2018/19 IHSS MOE to \$1.74 million without any individual counties' wage/benefit adjustments.
- Reduce the inflation factor in FY2020/21 to 4% from 7% (current law).

-
- Cease the redirection of 1991 Realignment Vehicle License Fee (VLF) growth revenues from Health and Mental Health subaccounts to Social Services beginning FY2019/20.
 - Cease acceleration of payment of Social Services 1991 Realignment sales tax growth revenues beginning FY2019/20 and return to the original methodology for calculating caseload growth for IHSS (comparison to prior years).
 - Eliminate growth allocations to the CMSP Board beginning in FY2019/20 until the Board's operating reserves fall below three months. Note that this proposal eliminates both sales tax and VLF growth revenues to CMSP.

If the IHSS MOE methodology is modified by the State Legislature, the County IHSS MOE amount will be recalculated.

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 continues under the oversight of the Oversight and Accountability Commission. Programs are based upon community specific needs and intended to address a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements necessary. 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, outreach, and early intervention, as well as intensive and population-focused service delivery. The County transitioned its supported employment project to the evidence-based model, Individual Placement and Support (IPS). Adult Full-Service Partnership (FSP) teams are receiving training to implement the Assertive Community Treatment (ACT) model. This year represented the second year of the MHSA Three Year Plan, which includes development of a mobile crisis program, additional expansion of outpatient children’s school-based services, and expansion of intensive services to foster youth and commercially sexually exploited youth. The crisis stabilization unit transitioned to a new vendor, adopting a trauma-informed and recovery-oriented model.

WORKLOAD INDICATORS

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

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$1,608,412 or 8.3% in revenues and an increase of \$1,334,512 or 5.3% in appropriations when compared to the FY2018/19 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.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	473,133	364,574	364,574	0	0.0%
INTERGOVERNMENTAL REV STATE	19,991,601	18,946,220	20,554,632	1,608,412	8.5%
TOTAL REVENUES	20,464,734	19,310,794	20,919,206	1,608,412	8.3%
APPROPRIATIONS					
OTHER CHARGES	275	279	426	147	52.7%
OTHER FINANCING USES	19,630,632	25,074,257	26,408,622	1,334,365	5.3%
TOTAL APPROPRIATIONS	19,630,907	25,074,536	26,409,048	1,334,512	5.3%
CHANGE IN FUND BALANCE	(833,827)	5,763,742	5,489,842	(273,900)	(4.8%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The increase of \$1,608,412 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 FY2018/19 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 after to reconcile the fund to what should have been deposited into the fund. Depending on the result, the adjustment may be either positive or negative against the State MHSA Fund.

The increase of \$1,334,512 in appropriations is primarily due to an increase in transfers out to Fund 902 for MHSA program costs and how the County is budgeting for the draw on the Restricted Fund. The transfer in expenditures from this Fund needs to equal the MHSA revenues in Behavioral Health and the reason for the increase in expenditures is mentioned in the Behavioral Health narrative. The projected draw on the restricted MHSA fund is \$5,489,842.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

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

DEPARTMENTAL PURPOSE

Tobacco Prevention and Education Program (TPEP) is a Health Promotion and Community Wellness program mandated by the California Department of Public Health (CDPH), Tobacco Control Program (TCP) and located in the Public Health Division of Solano County Department of 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 focuses on six major areas:

- Limit tobacco-promoting influences.
- Reduce exposure to secondhand smoke.
- Reduce the availability of tobacco products.
- Promote tobacco cessation services.
- Build local assets to support local tobacco control interventions.
- Include and anticipate emerging products (e.g. electronic nicotine devices) in all these areas.

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

TPEP utilized findings from an extensive community needs assessment to develop the four-year plan approved by the California Tobacco Control Program (CTCP) in February 2018 for the time period July 2017-June 2021. The plan's 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 (ACEs) as a means of preventing tobacco use and chronic disease.

In 2018, two jurisdictions, Suisun City and Solano County (unincorporated) updated tobacco products definitions within their ordinances. The new definitions are important as they are designed to include recent products developed by the tobacco industry and to anticipate future products so that these are restricted immediately in any location where tobacco is restricted, without requiring another ordinance update. TPEP staff provided technical assistance to these jurisdictions.

WORKLOAD INDICATORS

- In 2018, staff worked with residents in the City of Dixon to decrease tobacco retail density. Near the end of 2018, two city council members were identified as champions of this effort, and residents hope to work with these council members to submit a proposal to decrease the density of tobacco retailers within Dixon city limits.

-
- In 2018, TPEP staff was an integral part of local efforts to increase awareness of Adverse Childhood Experiences (ACEs), and their impact on increasing the risk of tobacco use in adults. A media campaign was conducted and screenings of the film “Resilience: The Biology of Stress and the Science of Hope” were held for multiple audiences throughout the County.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents decrease of \$49,905 or 5.9% in both revenues and appropriations when compared to the FY2018/19 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 FY2019/20 Recommended Budget includes \$49,905 or 5.9% net decrease in revenues due to reductions in the Proposition 56 allocation and a reduction in prior year unspent rollover funds.

Primary Costs

The FY2019/20 Recommended Budget includes \$49,905 or 5.9% net decrease in appropriations primarily due to an overall decrease in costs to meet the requirements of Proposition 56 and reduced utilization of other Public Health staff to support the program.

Primary costs for TPEP are:

- \$253,722 for Salaries and Employee Benefits.
- \$228,152 in Services and Supplies including \$90,000 for consulting and contracted evaluation and community engagement services and \$91,974 for advertising and marketing.
- \$317,053 in Other Charges including \$138,137 in contracted services and \$175,401 for Public Health personnel staff time for TPEP programs.

Contracts

The FY2019/20 Recommended Budget for Tobacco Prevention and Education includes a total of \$138,137 or 17% in contracted services for the youth coalition development for tobacco prevention.

Fixed Assets

None.

See related Budget Unit 9290 - Fund 390 Contingencies (refer to Contingencies section of the Budget).

DEPARTMENT COMMENTS

None.

Summary of Other Administered Budgets

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

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	2,000	400	2,500	2,100	525.0%
INTERGOVERNMENTAL REV STATE	347,405	850,928	793,923	(57,005)	(6.7%)
CHARGES FOR SERVICES	0	0	5,000	5,000	0.0%
TOTAL REVENUES	349,406	851,328	801,423	(49,905)	(5.9%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	0	247,434	253,722	6,288	2.5%
SERVICES AND SUPPLIES	73,673	256,961	228,152	(28,809)	(11.2%)
OTHER CHARGES	4,386	344,310	317,053	(27,257)	(7.9%)
OTHER FINANCING USES	271,346	2,623	2,496	(127)	(4.8%)
TOTAL APPROPRIATIONS	349,406	851,328	801,423	(49,905)	(5.9%)
CHANGE IN FUND BALANCE	0	0	0	0	0.0%
STAFFING					
TOBACCO PREVENTION & EDUCATION	0	2	2	0	0.0%
TOTAL STAFFING	0	2	2	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

PENDING ISSUES AND POLICY CONSIDERATIONS

TPEP staff is exploring existing and new partnerships in all Solano County jurisdictions to identify locations where an ordinance restricting the sale of flavored and menthol tobacco products might be successful. Simultaneously, AB 739 (McCarty) and SB 38 (Hill, Glazer, McGuire and Portantino) propose to prohibit a tobacco retailer from selling a flavored tobacco product.

2160 – Fund 216-Napa/Solano Area Agency on Aging Summary of Other Administered Budgets

Gerald Huber, Director of Health & Social Services

Health & Public Assistance

DEPARTMENTAL PURPOSE

The Napa/Solano Area Agency on Aging for Planning and Service Area (PSA) 28 is the entity that serves as the Area Agency on Aging (AAA) in Napa and Solano Counties, established in accordance with the federal Older Americans Act and the Older Californians Act, to administer programs to older adults, adults with disabilities, family caregivers, and residents of long-term care facilities.

FUNCTION AND RESPONSIBILITIES

On September 27, 2018, the California Department Aging (CDA) designated the County of Solano as the lead agency for the Napa/Solano AAA for PSA 28, which includes Napa and Solano Counties, beginning January 1, 2019. This new entity was formed following the closure of the non-profit in July 2018 that served as the program administration. The newly formed Napa/Solano Area Agency on Aging operates via a Joint Exercise of Powers between Napa and Solano Counties with Solano County, as the lead entity, overseeing the Agency's administration.

This budget unit includes administrative costs incurred by the AAA (BU 2161) and direct services costs (BU 2162) and tracks financials for the Napa/Solano Area Agency on Aging (N/S AAA), California Department of Aging (CDA). The County General Fund contribution for these functions is budgeted in this fund.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

In FY2018/19:

- The Napa/Solano AAA was established, and both the mandated Oversight Board and Advisory Council members were recruited and selected by the respective Board of Supervisors of Napa and Solano Counties.
- The Napa/Solano AAA completed the required fourth year update to the existing four-year Area Plan.
- The fiscal team of the new Napa/Solano AAA was recognized by CDA for successfully developing its first budget without error.

WORKLOAD INDICATORS

- Effective January 1, 2019, the Napa/Solano AAA issued 11 emergency contracts with local service providers in order to deliver necessary services to older adults.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget includes \$3,067,003 in both revenues and appropriations. This Department is primarily comprised of contracted direct services and an Operating Transfers-Out to (Fund 902 - BU 7685) (Napa/Solano Area Agency on Aging Administration budget) for the cost of Health and Social Services staff and operating expenditures allocated to the administration of the new Napa/Solano AAA.

Primary Funding Sources

The primary funding sources for this Budget are federal revenues (Titles III B, III C-1, III C-2, III D, III E and VII), State General Fund, required match contributions from Napa County and Solano County General Fund.

The FY2019/20 Recommended Budget projects \$2,830,530 in combined federal and State revenues, \$63,102 in contributions from Napa County, and \$173,371 in Solano County General Fund.

Primary Costs

The FY2019/20 Recommended Budget includes \$3,067,003 in appropriations for the first full year of Napa/Solano AAA operations. Primary costs include:

- \$487,257 in Transfers-Out to Bureau 7685, Fund 902 representing \$413,423 for Salaries and Employee Benefits of staff and \$73,834 for other operating expenditures to administer the Napa/Solano AAA.
- \$2,579,746 in Contracted Direct Services to provide various supportive services, home-delivered and congregate meals, nutrition counseling and education, ombudsman services, and elder abuse prevention.

Summary of Other Administered Budgets 2160 – Fund 216-Napa/Solano Area Agency on Aging
Gerald Huber, Director of Health & Social Services
Health & Public Assistance

Contracts

FY2019/20 Recommended Budget includes a total of \$2,579,746 or 84.1% in contracted direct services. H&SS will return to the Board after the FY2019/20 Budget Hearings with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	0	0	309,570	309,570	0.0%
INTERGOVERNMENTAL REV FEDERAL	0	0	2,520,960	2,520,960	0.0%
MISC REVENUE	0	0	63,102	63,102	0.0%
OTHER FINANCING SOURCES	0	0	173,371	173,371	0.0%
TOTAL REVENUES	0	0	3,067,003	3,067,003	0.0%
APPROPRIATIONS					
OTHER CHARGES	0	0	2,579,746	2,579,746	0.0%
OTHER FINANCING USES	0	0	487,257	487,257	0.0%
TOTAL APPROPRIATIONS	0	0	3,067,003	3,067,003	0.0%
NET COUNTY COST	0	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

Department 2160 was created after the adoption of the FY2018/19 Budget to separately account for the expenditures and revenues of the new Napa/Solano AAA.

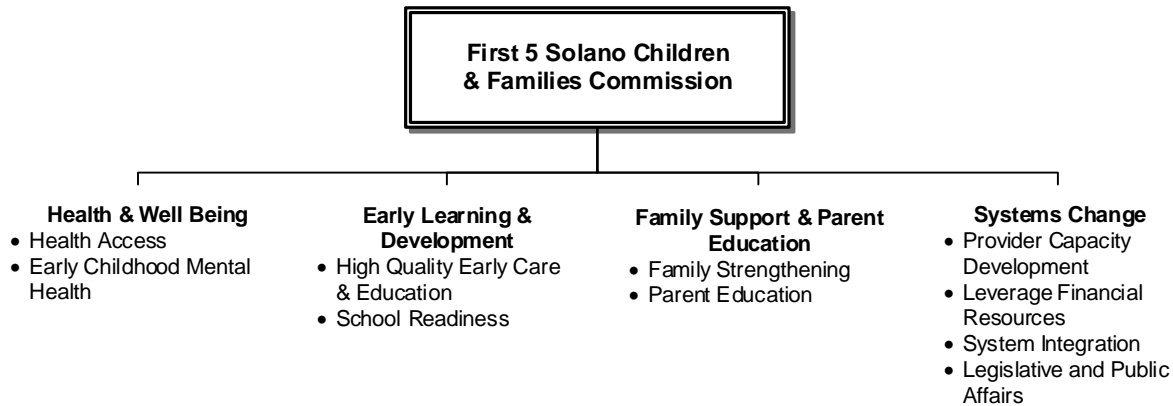
SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

The current contracted vendor for the Napa County Ombudsman program notified Napa/Solano AAA that it is unable to provide support effective July 1, 2019 and the subsequent Request for Proposal for the Napa County Ombudsman program did not result in any qualified respondents. The primary responsibility of the Ombudsman program is to investigate and endeavor to resolve complaints made by, or on behalf of, individual residents in long-term care facilities. These facilities include nursing homes, residential care facilities for the elderly, and assisted living facilities. The Long-Term Care Ombudsman Program investigates elder abuse complaints in long-term care facilities and in residential care facilities for the elderly. The Ombudsman program is mandated, and staff are currently evaluating alternatives for the provision of services.

Michele Harris, Executive Director
Health & Public Assistance



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.

Budget Summary:	
FY2018/19 Midyear Projection:	4,273,241
FY2019/20 Recommended:	5,161,263
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, dental, and access to health services.
- Early Childhood Learning and Development, including early care and education quality improvement, pre-Kindergarten academies, early literacy, and a childcare and early learning facility.
- Family Support and Parent Education, including family strengthening services, a First 5 Center, and an evidence-based parent education program.

In addition to direct services, First 5 Solano has a 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. Systems building cross initiative approaches, include 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, with a focus on Adverse Childhood Experiences (ACEs) and resilience; and supporting community partners in increasing their capacity.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- Provided services to over 8,000 Solano residents, including children, parents/caregivers and providers of services to young children.
- Implemented the first year of the Commission's 2018-2023 Program Investment Plan to support young children and their families in the community, launching several new initiatives including:
 - Triple P Positive Parenting Program - Trained and accredited 42 practitioners across multiple levels of service to implement the evidence-based parent education program. Eight partner agencies began providing services, including workshops, brief intervention, targeted intervention and groups.
 - Vallejo First 5 Center - Began planning for the launch of the First 5 Center in Vallejo which will be a site for comprehensive family support for young children and their families, including activities in the Commission's priority areas of Health and Well-Being, Early Learning and Development, and Family Support and Parent Education. Identified and entered into a lease for a site in Vallejo within a census tract with 58% child poverty.
 - Annual Grants Program - Initiated an Annual Grants program to provide funding in the community to address service gaps or pilot a new or innovative idea and/or address a time-sensitive community need. In FY2018/19, seven grants were awarded to community partners for activities such as increasing access to healthy food, implementing a new assessment tool, and providing mindfulness classes to preschoolers.
 - Raising a Reader - Launched the evidence-based Raising a Reader program to increase access to quality reading materials and provide parents with the skills to encourage their children to have a love a reading.
- In addition to new initiatives, First 5 Solano continued valued community programs to improve outcomes for children including:
 - Partnered with Solano County Office of Education to provide over 60 early care and education providers coaching and professional development as part of the IMPACT 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.
 - 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.
 - Screened over 300 children for developmental and social emotional delays to increase early identification and connection to needed services.
- Other significant activities included:
 - 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.

WORKLOAD INDICATORS

- During the period of July 1, 2018 – June 30, 2019, First 5 Solano managed over 50 contracts and Memorandums of Understanding totaling approximately \$3 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.

Michele Harris, Executive Director
 Health & Public Assistance

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FIRST 5 SOLANO	3,772,081	4,671,553	4,357,036	(314,517)	(6.7%)
TOTAL REVENUES	3,772,081	4,671,553	4,357,036	(314,517)	(6.7%)
APPROPRIATIONS					
FIRST 5 SOLANO	3,779,685	5,069,292	5,161,263	91,971	1.8%
TOTAL APPROPRIATIONS	3,779,685	5,069,292	5,161,263	91,971	1.8%
CHANGE IN FUND BALANCE					
FIRST 5 SOLANO	7,604	397,739	804,227	406,488	102.2%
CHANGE IN FUND BALANCE	7,604	397,739	804,227	406,488	102.2%
STAFFING					
FIRST 5 SOLANO	6	7	7	0	0.0%
TOTAL STAFFING	6	7	7	0	0.0%

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents a decrease of \$314,517 or 6.7% in revenues and an increase of \$91,971 or 1.8% in appropriations when compared to the FY2018/19 Adopted Budget resulting in a decrease of \$804,227 in Fund Balance.

The FY2019/20 Recommended Budget implements the second year of the Commission’s 2018-2023 Program Investment Plan.

Primary Funding Sources

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

The FY2019/20 Recommended Budget includes a \$314,517 or 6.7% decrease in revenues primarily due to the anticipated decrease in Proposition 10 tobacco tax and the end of a one-time grant received from Kaiser in FY2018/19. This is offset by smaller increases in interest on reserves, First 5 California funding for the IMPACT program, and an increase in services provided to other County departments.

Primary Costs

The FY2019/20 Recommended Budget includes an increase of \$91,971 or 1.8% in appropriations primarily due to one-time expenditures for FY2019/20 related to tenant improvements for the Vallejo First 5 Center.

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.

Contracts

The FY2019/20 Recommended Budget includes \$2,900,000 in contracted services. This includes the following significant contracts:

- \$650,000 - Family Strengthening Services at the Vallejo First 5 Center and Rio Vista CARE
- \$450,000 - Triple P Parent Education with eight community agencies
- \$300,000 - Quality Early Care and Education Services
- \$200,000 - Help Me Grow call center
- \$200,000 - Annual Grants
- \$200,000 - Pre-Kindergarten Academies

- \$100,000 - Early Childhood Mental Health Provider Training
- \$75,000 - Raising a Reader

Fixed Assets

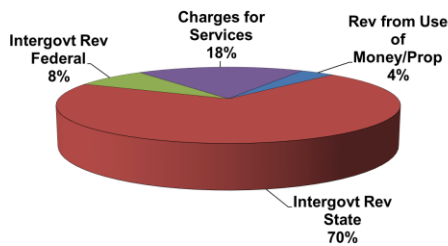
None.

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

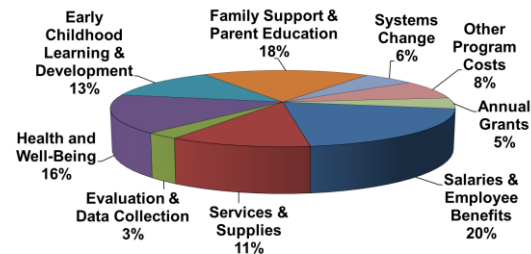
DEPARTMENTS COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	102,534	98,113	163,122	65,009	66.3%
INTERGOVERNMENTAL REV STATE	3,010,354	3,196,898	3,038,986	(157,912)	(4.9%)
INTERGOVERNMENTAL REV FEDERAL	261,704	311,857	347,157	35,300	11.3%
CHARGES FOR SERVICES	344,643	769,685	802,771	33,086	4.3%
MISC REVENUE	52,846	95,000	5,000	(90,000)	(94.7%)
GENERAL FUND CONTRIBUTION	0	200,000	0	(200,000)	(100.0%)
TOTAL REVENUES	3,772,081	4,671,553	4,357,036	(314,517)	(6.7%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	840,880	981,730	1,035,587	53,857	5.5%
SERVICES AND SUPPLIES	111,109	367,001	586,032	219,031	59.7%
OTHER CHARGES	2,801,624	3,710,767	3,529,577	(181,190)	(4.9%)
OTHER FINANCING USES	26,072	9,794	10,067	273	2.8%
TOTAL APPROPRIATIONS	3,779,685	5,069,292	5,161,263	91,971	1.8%
CHANGE IN FUND BALANCE	7,604	397,739	804,227	406,488	102.2%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

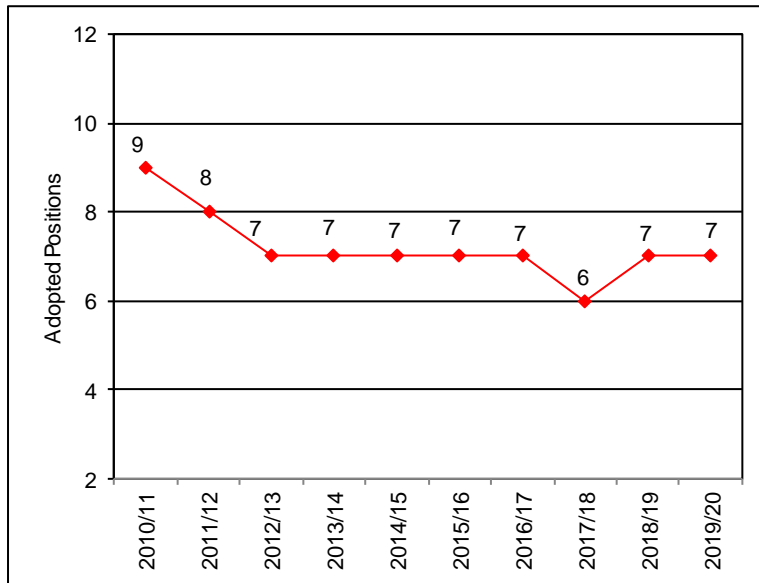
None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

Michele Harris, Executive Director
Health & Public Assistance

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 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 shortfall of \$804,277 in the FY2019/20 Recommended Budget includes funds for the tenant improvements and operations of the Vallejo First 5 Center. First 5 Solano is actively seeking outside funds to cover these costs. However, should outside funds not be secured the shortfall will come from the Commission’s Fund Balance or reserve account.

Summary of Other Administered Budgets 1530 – Fund 153- First 5 Solano Children & Families
Michele Harris, Executive Director
Health & Public Assistance

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1570 GRANTS/PROGRAMS ADMIN	906,664	746,560	706,560	(40,000)	(5.4%)
APPROPRIATIONS					
1570 GRANTS/PROGRAMS ADMIN	833,910	746,560	706,560	(40,000)	(5.4%)
NET CHANGE					
1570 GRANTS/PROGRAMS ADMIN	(72,754)	0	0	0	0.0%

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

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

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 (CCPC), whose mission is to ensure that all families and children in Solano County have access to quality and affordable child care. The CCPC 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 decreases of \$40,000 or 5.4% in both revenues and appropriations when compared to the FY2018/19 Adopted Budget. The Recommended Budget includes a General Fund Contribution of \$616,560. The General Fund Contribution includes \$118,751 for the SCA/CAPC, \$435,309 for the FRC contracts, \$12,500 for the Local Child Care Planning Council, 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 and should they change the recommendation, this change will be included in the Supplemental Budget.

Primary Funding Sources

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

The FY2019/20 Recommended Budget includes a \$40,000 or 5.4% decrease in revenues primarily due to a decrease in funding from the Children’s Trust Fund.

Contracts

The FY2018/19 Recommended Budget includes a total of \$644,060 or 91.1% in contracted services which includes the following contracts:

- \$513,337 for FRC contracts.
- \$130,723 for Children’s Network of Solano County for the Solano Children’s Alliance.

Summary of Other Administered Budgets

1570 – Fund 151-Grants/Programs Administration

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

Fixed Assets

None.

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

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	4,663	0	0	0	0.0%
CHARGES FOR SERVICES	85,441	130,000	90,000	(40,000)	(30.8%)
MISC REVENUE	200,000	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	616,560	616,560	616,560	0	0.0%
TOTAL REVENUES	906,664	746,560	706,560	(40,000)	(5.4%)
APPROPRIATIONS					
OTHER CHARGES	833,910	746,560	706,560	(40,000)	(5.4%)
TOTAL APPROPRIATIONS	833,910	746,560	706,560	(40,000)	(5.4%)
NET CHANGE	(72,754)	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

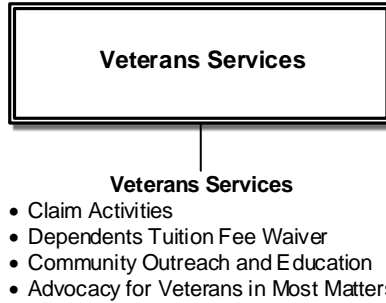
None.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

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.

Budget Summary:	
FY2018/19 Midyear Projection:	767,478
FY2019/20 Recommended:	790,537
County General Fund Contribution:	480,537
Percent County General Fund Supported:	60.8%
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

The Solano County Veterans Services Office continues to maintain one of the highest volumes of claim work and is recognized for its excellent level of service. The Office has been rated as the number one office in the State of California for veteran participation rate. Solano County serves approximately 35% of the veteran population when compared to a 24% 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 benefit awards per capita. The Department filed 12,116 claims in FY2018/19 resulting in \$38.7 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 continues to increase, providing service to an average of 60 veterans per day in FY2018/19, projected to increase to an anticipated 65 veterans per day in FY2019/20. To serve this growing demand, the Board of Supervisors approved extending the Limited-Term Veterans Services Counselor position to June 30, 2020, funded with an anticipated increase in revenue from the State.

Functional Area Summary

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

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
VETERANS SERVICES	295,480	290,000	310,000	20,000	6.9%
TOTAL REVENUES	295,480	290,000	310,000	0	6.9%
APPROPRIATIONS					
VETERANS SERVICES	717,903	772,324	790,537	18,213	2.4%
TOTAL APPROPRIATIONS	717,903	772,324	790,537	18,213	2.4%
NET COUNTY COST					
VETERANS SERVICES	422,423	482,324	480,537	(1,787)	(0.4%)
NET COUNTY COST	422,423	482,324	480,537	(1,787)	(0.4%)
STAFFING					
VETERANS SERVICES	6	6	6	0	0.0%
TOTAL STAFFING	6	6	6	0	0.0%

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$20,000 or 6.9% in subvention revenues from the State to provide veteran services and an increase of \$18,213 or 2.4% in appropriations when compared to FY2018/19.

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 \$310,000 in subvention funding.

Primary Costs

The primary increase in department costs are a result of increases in Salaries and Employee Benefits, Administrative Charges and Postage. The increase in Salaries and Employee Benefits for retirement and healthcare totaling \$13,120 or 2.2%, is primarily due to the reclassification of the Office Assistant II to an Office Coordinator and increase in employer retirement. The increase of \$10,215 or 13.9% in Other Charges is a result of County Administrative Overhead costs. The increase in Interfund Transfers of \$1,000 or 33.3% is due to the anticipated increase in postage resulting from the frequency of mailers sent out by the Department to County veterans.

Contracts

None requiring Board approval.

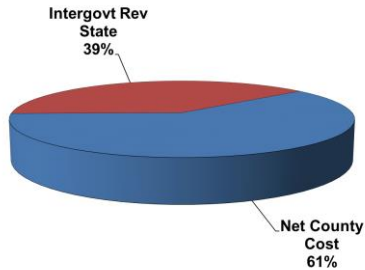
Fixed Assets

None.

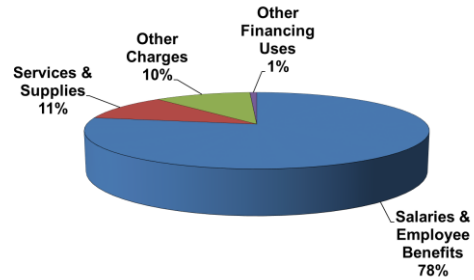
DEPARTMENT COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2017/18 ACTUAL	2018/19 ADOPTED BUDGET	2019/20 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	295,480	290,000	310,000	20,000	6.9%
TOTAL REVENUES	295,480	290,000	310,000	20,000	6.9%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	549,173	598,906	612,026	13,120	2.2%
SERVICES AND SUPPLIES	78,431	91,042	84,825	(6,217)	(6.8%)
OTHER CHARGES	69,286	73,471	83,686	10,215	13.9%
OTHER FINANCING USES	16,602	5,905	6,000	95	1.6%
INTRA-FUND TRANSFERS	4,412	3,000	4,000	1,000	33.3%
TOTAL APPROPRIATIONS	717,903	772,324	790,537	18,213	2.4%
NET COUNTY COST	422,423	482,324	480,537	(1,787)	(0.4%)

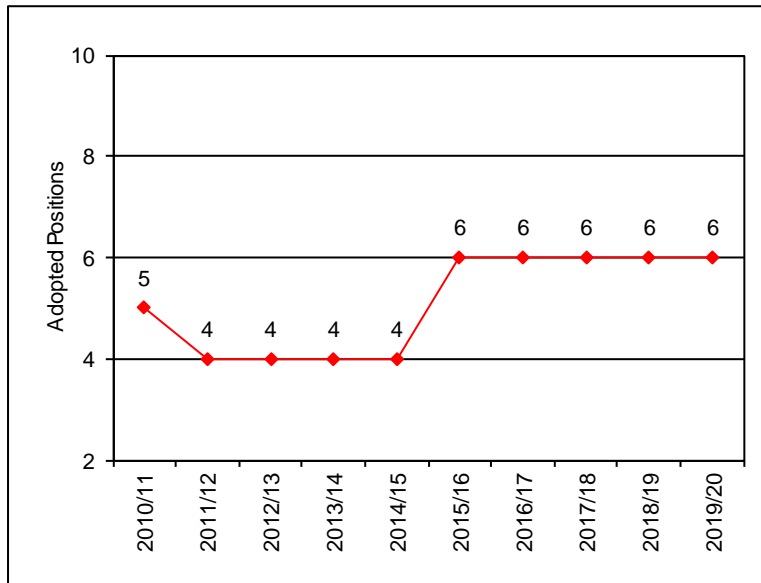
SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

During the Midyear Financial Report on February 26, 2019, the Board of Supervisors approved the reclassification of the Office Assistant II to Office Coordinator and the one-year extension of a Limited-Term Veterans Benefits Counselor (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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